



General  
Medical  
Council

# GMC TRACKING SURVEY 2016: DOCTORS' VIEWS OF FAIRNESS

March 2017

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# EXECUTIVE SUMMARY

This report examines perceptions of the GMC and its associated roles and responsibilities from the perspective of doctors in the UK. Data is drawn from three surveys of doctors conducted in 2013, 2014 and 2016 to look at change over time. This report also looks in greater detail at differences between demographic groups including ethnicity, location of Primary Medical Qualification (PMQ) and gender.

## PERCEPTIONS OF THE GMC



Overall, the majority of doctors are confident in the GMC's regulation of doctors. However, they are less positive about the GMC in 2016 than they were in 2013 and 2014.

There are some differences in perceptions of the GMC's regulation by ethnicity and location of Primary Medical Qualification (PMQ). Doctors of White and Multiple or Mixed Ethnicity are less confident in the GMC's regulation in 2016 than doctors of other ethnicities. In addition, White doctors who received their PMQ in the UK or who are international medical graduates are more likely than those who received it in the EEA to be less confident in the GMC's regulation of doctors. Looking at other questions that relate to perceptions of the GMC, doctors of White ethnicity in particular are also most likely to disagree that the GMC exhibits each of its four organisational values of collaboration, transparency, fairness and excellence.

Doctors who received their Primary Medical Qualification (PMQ) in the UK are less positive towards the GMC than those who received their PMQ either in the EEA or doctors who are international medical graduates. Those who received their PMQ in the UK are less confident in the GMC's regulation of doctors in 2016, and have seen the greatest significant decrease in confidence over time compared to those qualifying in the EEA or who are international medical graduates.

Male and female doctors show the same pattern of confidence in the GMC's regulation in 2014 and 2016.

## REGISTRATION



The majority of doctors think the process of registering for the List of General Medical Practitioners is fair to a majority. However, there appears to have been an increase in the proportion of doctors who say that they don't know about the fairness of the process.

Looking at location of PMQ, there appears to be a significant difference in 2016 between doctors qualifying in the UK compared with international medical graduates. However, those who received their PMQ in the EEA were the most positive in 2014 and have therefore seen the greatest decrease over time in perceptions of fairness. This should be balanced against the fact that this is due to an increase among those who qualified in the EEA, who don't know whether or not the process is fair, rather than an increase who think it is fair to a minority or none and overall the perception of fairness is still high.

Male doctors are more likely to think that the process of joining the medical register is fair to all or a majority than female doctors. The latter are not correspondingly more likely to think it is fair to a minority or no-one, but are more likely to state they don't know.

## REVALIDATION



As in 2014, BME doctors who had been revalidated are slightly more likely than White doctors to report they are collecting more information about their practice, reflecting on their practice, are aware of how to apply the principles of good medical practice to their work, and feeling part of a governed structure that supports their professional development.

In 2014, broadly, those who received their PMQ in the UK were least likely to agree they were completing elements of revalidation more than they were 12 months ago, followed by those who received their PMQ in the EU. International medical graduates were most likely to state they were doing the actions more than they were 12 months ago. This is reflected in the responses in 2016, although to a lesser extent. Doctors who received their PMQ in the UK are more likely than those who received their PMQ in other regions to state that they are collecting information, reflecting on their practice and are aware of how to apply principles of good practice to their work *the same amount* (as opposed to more) as 12 months ago.

## EDUCATION AND TRAINING



Doctors who received their PMQ in or after 2011 on the whole agree that their undergraduate training prepared them for their first foundation post, and that the assessment process for their PMQ was fair to both them and a majority. Doctors are slightly less positive about their assessment of their foundation post although three fifths still think it is fair to a majority. The findings here are comparable with those in 2014.

## ETHICAL AND PROFESSIONAL GUIDANCE



Doctors are more likely to say they would go to a defence organisation, a colleague or the British Medical Association for advice or support on ethical and professional guidance relating to their practice than the GMC.

Linked to perceptions of the GMC found elsewhere, doctors of Asian or Asian British and Black, African Caribbean or Black British ethnicity are more likely than those of White ethnicity to say that they would go to the GMC for advice or support on ethical and professional guidance relating to their practice. In addition, those who completed their PMQ in either the EEA or who are international medical graduates are more likely to select the GMC as a source of advice or support than those who completed their PMQ in the UK.

## CONCERNS FOR PATIENT SAFETY AND CARE



The vast majority of doctors do not feel that patient safety or care has been compromised by a colleague in the last 12 months which represents no change since 2014.

Female doctors are more likely to report having come across a situation in which they believed that patient safety or care was being compromised by a doctor's practice, however, male doctors are more likely to not remember.

Nine in ten doctors who experienced a situation in which they believed that patient safety or care was being compromised raised those concerns with someone else. This is a similar proportion to 2014.

## FITNESS TO PRACTISE



Only a third of doctors are either very or fairly confident in the fairness of fitness to practise investigations, compared to just under half who say that they are either “not very confident” or “not at all confident”. These figures are a significant drop in doctors’ confidence relative to 2014.

Concerns about fitness to practise appear closely related to confidence in the overall regulation of the medical profession by the GMC – doctors who say that they are “not very confident” or “not at all confident” in the GMC’s regulation are far more likely than their counterparts to say that they are also not confident in the fairness of fitness to practise investigations.

As in 2014, male doctors are more likely than female doctors to lack confidence that fitness to practise investigations produce fair outcomes for all groups of doctors.

Looking at location of PMQ, there is a notable difference between international medical graduates and those who qualified in the UK. International medical graduates are most likely to be confident that the GMC’s fitness to practise investigations produce fair outcomes for all groups of doctors and correspondingly, UK-qualified doctors are more likely than international medical graduates to state they are *not* confident. This differs slightly from 2014, where UK-qualified doctors were less confident compared with both international medical graduates and those qualifying in the EEA, whereas in 2016, they are only significantly less confident than international medical graduates.

In terms of ethnicity, and picking up on themes seen elsewhere in terms of these groups, doctors of White and Multiple or Mixed Ethnicity are more likely than others to lack confidence that fitness to practise investigations produce fair outcomes for all groups of doctors.



# INTRODUCTION

In 2013 NatCen<sup>1</sup> conducted a survey amongst doctors on their perceptions of fairness and confidence in the GMC's regulation. Some of the same questions were subsequently tracked in a survey carried out by IFF<sup>2</sup> in 2014 and by ComRes<sup>3</sup> in 2016.

The objective of this report is to track changes over time in doctors' perceptions of confidence and fairness and whether there are any differences by gender, ethnicity, location of Primary Medical Qualification (PMQ), disability, age and religion.

## METHODOLOGY

The **stratified sample** was drawn from the GMC's database. In England, Scotland and Wales, it was selected in a way that reflects the wider population of doctors (in terms of age, gender, ethnicity, registration status, and where the doctors' Primary Medical Qualification (PMQ) was achieved).

Doctors went through an '**opt out**' process, whereby they were approached for participation by the GMC in advance of the survey and offered the opportunity to refuse. Those that opted out were not included in the sampling process or sent the email inviting them to participate in the survey.

Online surveys were circulated to doctors between **13<sup>th</sup> June and 13<sup>th</sup> July 2016**. This period was selected to avoid clashes with other research conducted by the GMC (such as the National Training Survey). It should be noted that views in the research could also have been affected by wider factors and media coverage during this period including:

- The ongoing contract dispute between doctors in training and the Government;
- Concerns about the legal protection for doctors in training who raise concerns;
- The introduction of new fees by the GMC.

Out of the total of 24923 invitations sent, 2,306 responses were received; meaning a response rate of 9.3% was achieved. Where quotas were not met, the sample was **weighted** to reflect the population of medical practitioners by ethnicity, UK nation, location of PMQ, registration status, age and gender, based on figures provided by the GMC.

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). With a sample size of 2,306 doctors, the margin of error on results at a 95% confidence level is  $\pm 1.92\%$ . Differences of less than this should be treated as indicative, rather than definitive. In addition, due to weighting and rounding, percentages for questions may not add exactly to 100%.

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<sup>1</sup> 'Fairness and the GMC: Doctors Views' (2014) NatCen [http://www.gmc-uk.org/P10039\\_GMC\\_final\\_report\\_v3\\_to\\_GMC\\_150514.pdf\\_56349839.pdf](http://www.gmc-uk.org/P10039_GMC_final_report_v3_to_GMC_150514.pdf_56349839.pdf)

<sup>2</sup> GMC tracking survey (2014) IFF <http://www.gmc-uk.org/about/research/26472.asp>

<sup>3</sup> GMC Tracking Survey (2016) ComRes

Within this total sample, sub-groups of some key demographic groups (such as those listed above), are large enough for meaningful analysis. As with the overall sample, differences that are drawn out in this report are those that are statistically significant for the base size of those groups.

Further details on the sampling and quotas can be found in the Appendix. For further information, on methodology, sampling, quotas and weighting please refer to the Technical Annex of the main tracking survey<sup>4</sup> report.

## COMPARING DATA OVER TIME

Throughout the report, where questions were asked in a comparative manner (i.e. using the same question wording), results are compared over time. In addition, results are analysed by different sub groups in the data including gender, ethnicity and location of PMQ. Detailed ethnicity information was collected in both 2013 and 2016 and so these are compared (excluding 2014). When reviewing location of PMQ split by ethnicity, the sub group size for different ethnic groups is too small to analyse conclusively, so these are compared as White doctors and BME doctors (grouping Asian or Asian British, Black, African Caribbean or Black British, Multiple or Mixed Ethnic groups and Other).

It must be noted that the published NatCen report from 2013 contains data with the figures for 'don't know' and 'no answer' removed and therefore figures in this report are not comparable with that report. We would like to thank NatCen for providing us with the original data for the purposes of this report.

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<sup>4</sup> GMC Tracking Survey (2016) ComRes

# PERCEPTIONS OF THE GMC

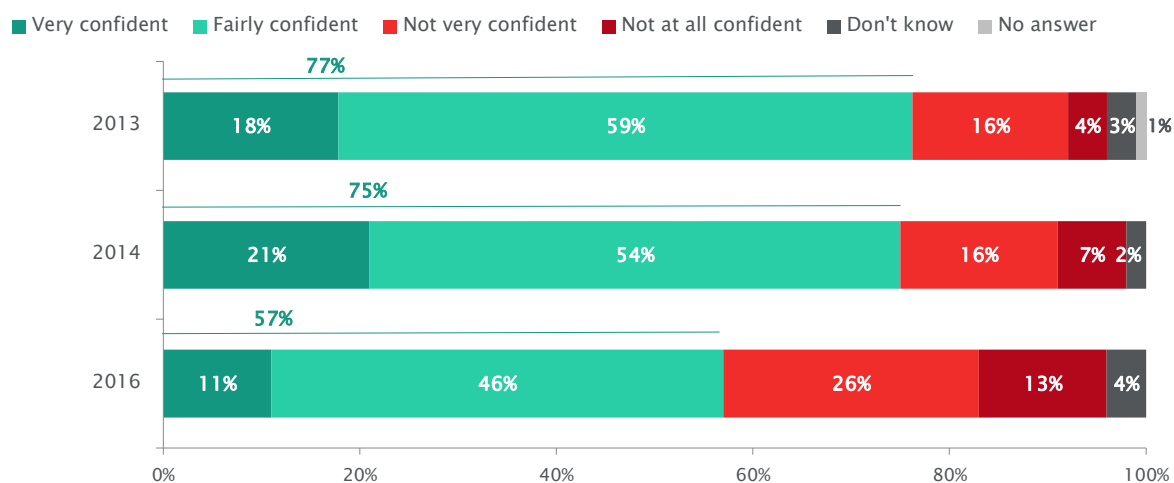
This section will discuss doctors' perceptions of the GMC's regulation of doctors since 2013 at an overall level, and also by gender, ethnicity and location of PMQ. This allows exploration of different groups among doctors holding different perceptions of the GMC's regulation.

## OVERALL CONFIDENCE IN THE GMC'S REGULATION OF DOCTORS

Overall in 2016, confidence among doctors in the way that they are regulated by the GMC has decreased from the levels seen in 2013 and 2014. Three quarters of doctors in 2013 (77%) and 2014 (75%) were confident (very + fairly) in the way that they are regulated by the GMC, and this has dropped to three in five (57%) in 2016.

There have been significant decreases in the proportion of doctors who are *very* confident in the GMC's regulation – from 21% in 2014 to 11% in 2016 – and a corresponding increase in the proportions of those who are *not very* or *not at all* confident. In 2014, 16% were not very confident, and this has increased to 26% in 2016. Just 7% of doctors in 2013 were *not at all* confident in the GMC's regulation, and this has increased to 13% in 2016. This is a significant change in attitudes towards the GMC's regulation among doctors, seen particularly since 2014.

Figure 1: Overall confidence in the regulation of doctors by the GMC over time

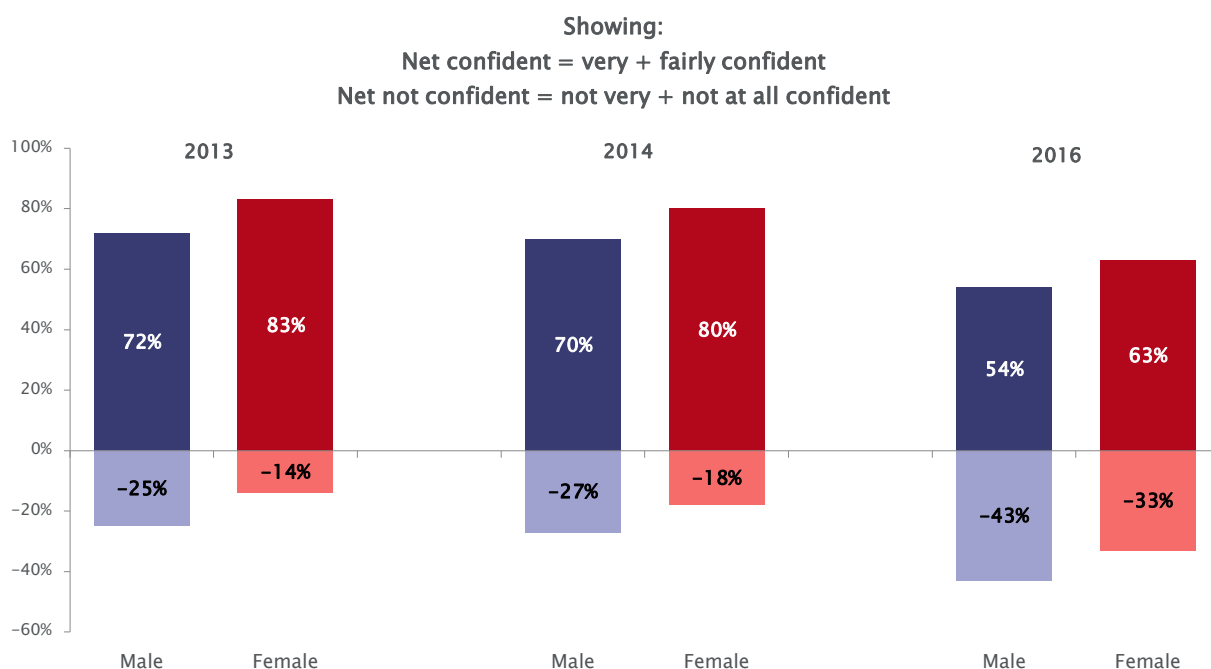


ComRes 2016: Q. How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base: all doctors (n=2306) | IFF 2014: How confident are you in the way that doctors are regulated by the GMC? Base: all doctors (n=2722) | NatCen 2013: Q. In your experience, how confident are you in the way that doctors are regulated by the GMC? Base: all doctors (n=3476)

## CONFIDENCE BY GENDER

As in previous years, female doctors have greater confidence in the GMC's regulation than male doctors. There is around a ten percentage point difference in levels of overall confidence (very + fairly). In 2013, this was 83% for women and 72% for men and in 2016 this is 63% for women and 54% for men, replicating the overall decrease in confidence. This indicates that change in confidence is across the board in terms of gender; not affecting male or female doctors disproportionately.

Figure 2: Confidence in the GMC’s regulation of doctors by gender over time

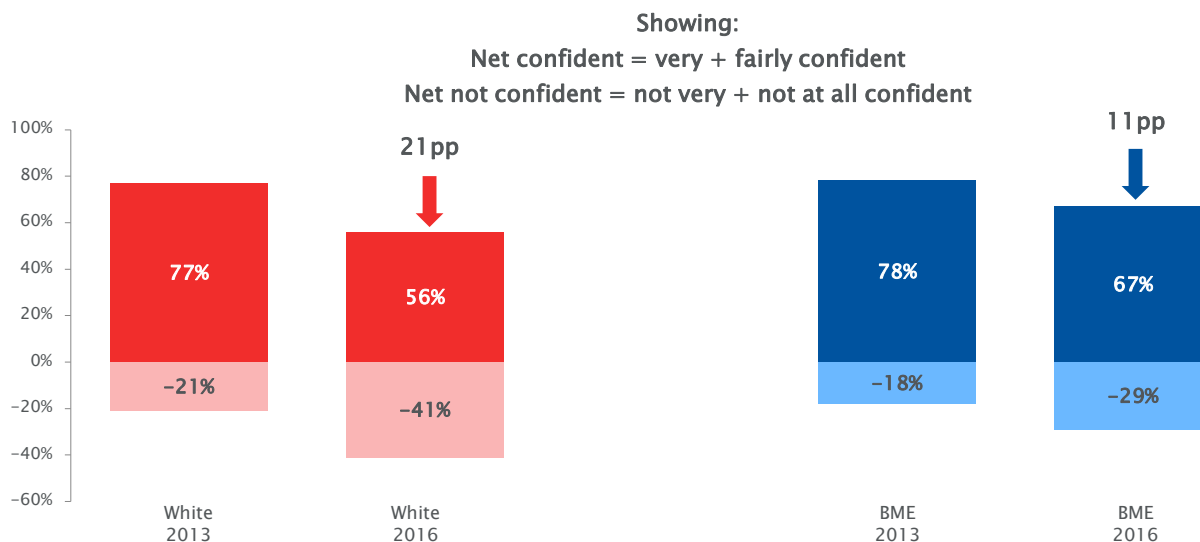


ComRes 2016: Q. How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base: Male: (n=1420); Female: (n=1035) | IFF 2014: How confident are you in the way that doctors are regulated by the GMC? Base: Male (n=1487); Female (n=1235) | NatCen 2013: Q. In your experience, how confident are you in the way that doctors are regulated by the GMC? Male (n=1944); Female (n=1532)

## CONFIDENCE BY ETHNICITY

At an overall level, there have been decreases in confidence in the GMC’s regulation of doctors between 2013 and 2016 for both White and grouped BME doctors. This is more pronounced for White doctors, as their confidence in the GMC has dropped 21 percentage points from 77% in 2013 to 56% in 2016. There has been a drop in confidence of eleven percentage points among BME doctors, from 78% in 2013 to 67% in 2016. There also appears to be a corresponding increase in the proportion of doctors who are not confident in the GMC’s regulation; from 21% of White doctors in 2013 to 41% in 2016 and from 18% of BME doctors in 2013 to 29% in 2016.

Figure 3: Confidence in the GMC’s regulation of doctors by grouped ethnicity over time



ComRes 2016: Q. How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base: White (n=1274); BME (n=801): Q. In your experience, how confident are you in the way that doctors are regulated by the GMC? Base: White (n=1698); BME (n=1567)

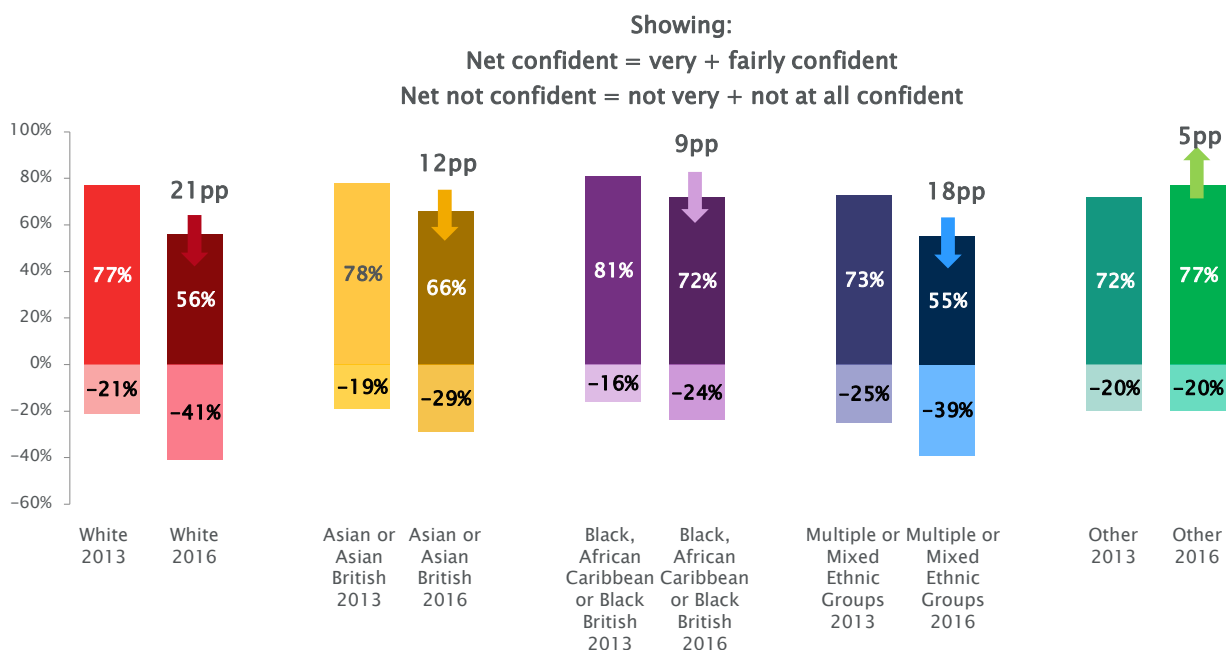
Although we have seen a decrease in confidence among all ethnic groups, there are some ethnic groups who have seen a greater decrease in confidence of the GMC’s regulation, notably White and Multiple or Mixed Ethnicity doctors when compared to Asian or Asian British and Black, African Caribbean or Black British doctors.

At an overall level, in 2013 there was a nine percentage point difference in confidence in the GMC’s regulation, ranging from 72% among Other groups up to 81% among Black, African Caribbean or Black British doctors who said they were confident. This difference is more pronounced in 2016, with 55% of Multiple or Mixed Ethnic groups stating confidence in the GMC compared with 77% of doctors of Other ethnic groups, a 22 percentage point difference.

Looking at changes within ethnic groups, as already mentioned, doctors of White ethnicity have seen a notable drop in confidence of 21 percentage points. In addition, doctors of Multiple or Mixed Ethnic groups have seen a drop of 18 percentage points since 2013, from 73% stating confidence in the GMC to 55% in 2016. This is compared to drops of just nine percentage points among doctors of Black, African Caribbean or Black British ethnicity, 12 percentage points among doctors of Asian or Asian British ethnicity, and indeed an increase of five percentage points of doctors of Other ethnicities.

This indicates that although confidence has decreased to some extent across all ethnic groups, this is more significant in some groups than others.

Figure 4: Confidence in the GMC’s regulation of doctors by detailed ethnic group over time



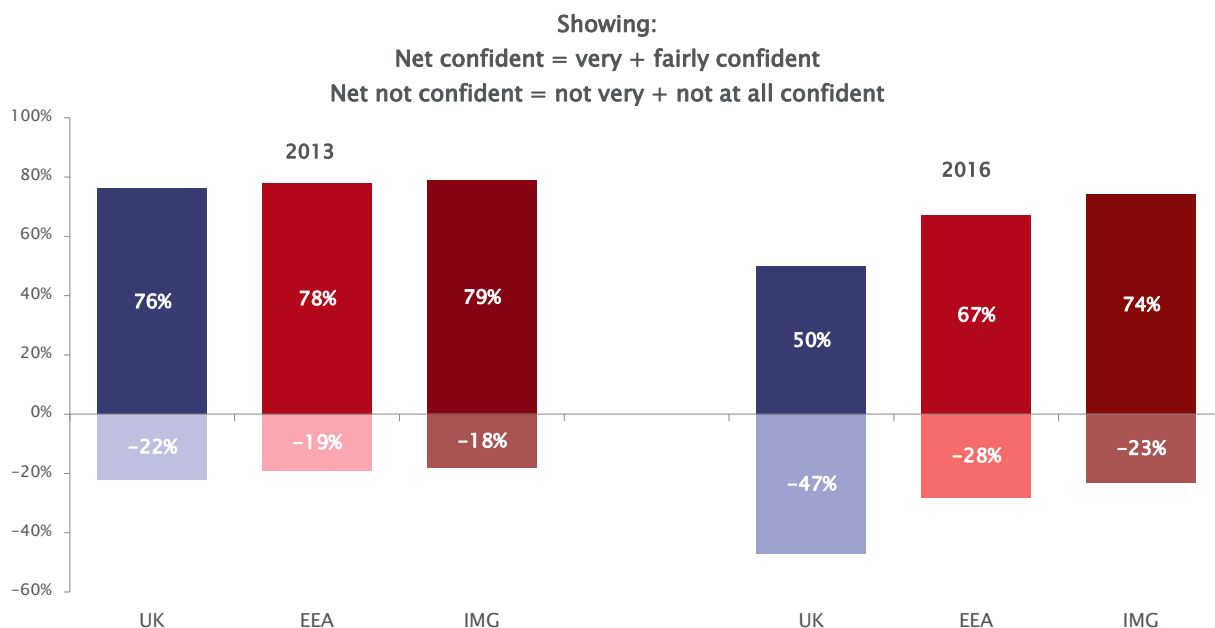
ComRes 2016: Q. How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base: White (n=1274); Asian or Asian British (n=526); Black, African Caribbean or Black British (n=113); Multiple or Mixed Ethnic groups (n=82); Other (n=80). NatCen 2013: Q. In your experience, how confident are you in the way that doctors are regulated by the GMC? Base: White (n=1661); Asian or Asian British (n=1062); Black, African Caribbean or Black British (n=160); Multiple or Mixed Ethnic groups (n=96); Other (n=387)

## CONFIDENCE BY LOCATION OF PMQ

There are striking findings when reviewing confidence in the regulation of doctors by the GMC in terms of location of primary medical qualification (PMQ). Although there have been decreases in confidence among those qualifying in the EEA and international medical graduates, it is those qualifying in the UK who have seen the largest drop in confidence in the GMC since 2013.

In 2013, three quarters (76%) of doctors qualifying in the UK stated confidence in the GMC, on a par with those qualifying in EEA regions (78%) and international medical graduates (79%). However, in 2016 only 50% of those qualifying in the UK are confident in the GMC’s regulation of doctors, compared with three quarters of international medical graduates (74%) and two thirds (67%) of those qualifying in EEA regions. In addition, the proportion of those who qualified in the UK who are not confident in the GMC has doubled, from 22% in 2013 to 47% in 2016. This suggests that there may be factors affecting those who qualified in the UK specifically that are influencing perceptions of the GMC’s regulation among this group.

Figure 5: Confidence in the GMC’s regulation of doctors by location of PMQ over time



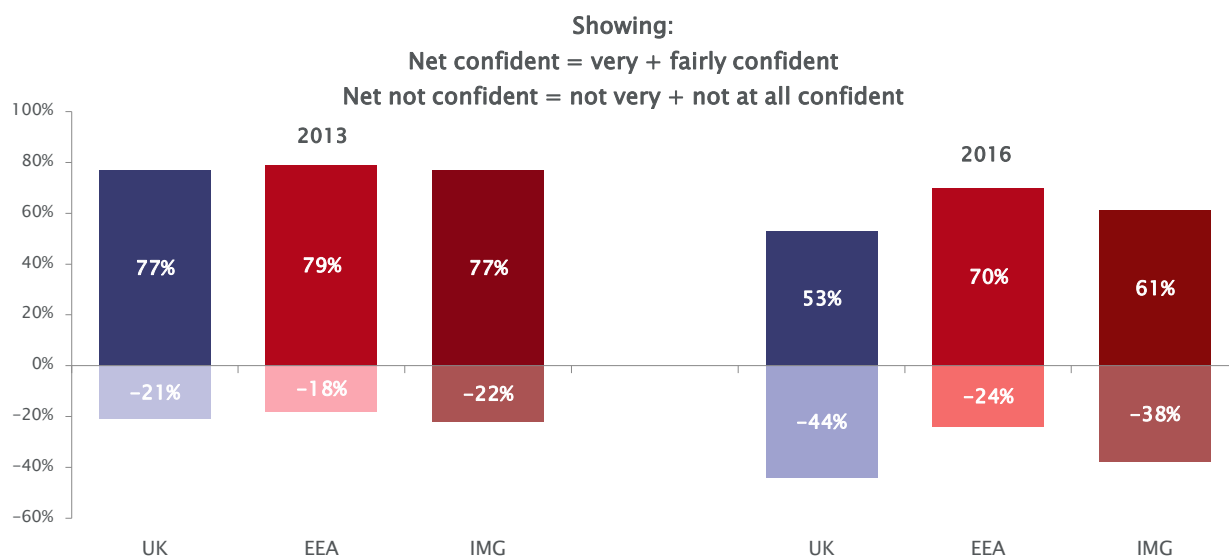
ComRes 2016: Q. How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base: all UK-trained doctors (n=1410); all EEA-trained doctors (n=267); all international medical graduates (n=629) | NatCen 2013: Q. In your experience, how confident are you in the way that doctors are regulated by the GMC? Base: all UK-trained doctors (n=1688); all EEA-trained doctors (n=612); all international medical graduates (n=1176)

## CONFIDENCE BY LOCATION OF PMQ SPLIT BY ETHNICITY

The findings from reviewing the data by location of PMQ and ethnicity can be explored by comparing the relationship between these two demographic variables. This will indicate whether or not the drop in confidence in the GMC between 2013 and 2016 is primarily driven by qualifying region or ethnicity. It must be stated that here, we are looking at location of PMQ split by grouped ethnicity – White and BME – as the more detailed BME groups have too small base sizes to draw reliable conclusions when these are broken down by location of PMQ.

Looking firstly at doctors of White ethnicity, it appears that qualifying in the UK and being an international medical graduate is related to drops in confidence in the GMC’s regulation. In 2013, confidence in the GMC’s regulation was high across all qualifying regions. More than three quarters of doctors qualifying in the UK (77%), EEA (79%) and international medical graduates (77%) were confident in the GMC’s regulation of doctors. These all declined in 2016, but most notably among White doctors qualifying in the UK (down 24 percentage points to 53%) and White international medical graduates (down 16 percentage points to 61%). This compares to a drop of just nine percentage points among White doctors qualifying in the EEA, down to 70% in 2016.

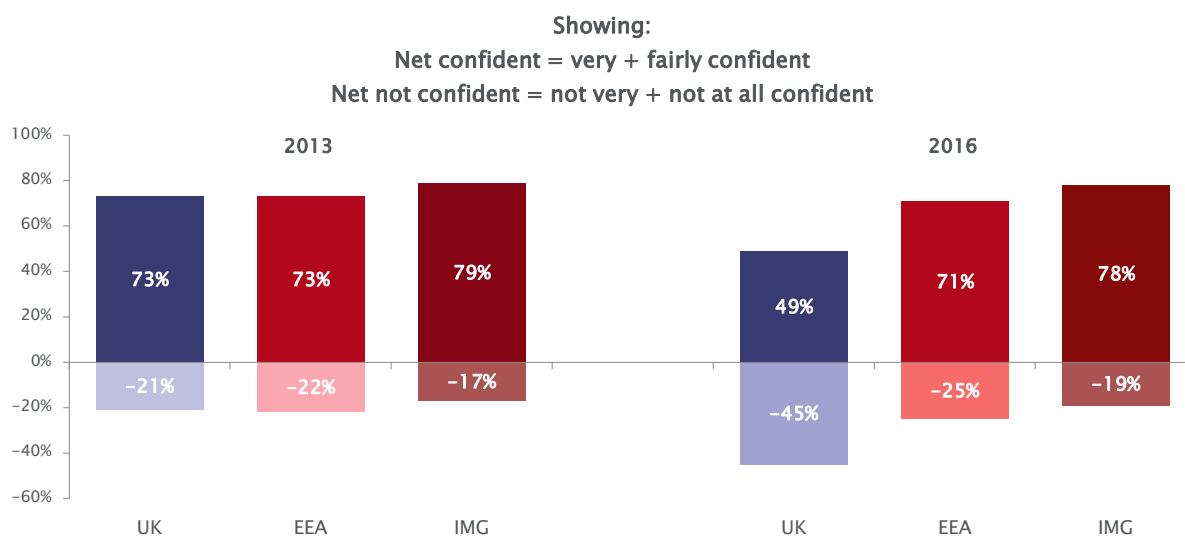
Figure 6: Confidence in the GMC’s regulation of doctors among White doctors by location of PMQ over time



ComRes 2016: Q. How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base: all white UK-trained doctors (n=1015); all white international medical graduates (n=70\*); all white EEA-trained doctors (n=189) | NatCen 2013: Q. In your experience, how confident are you in the way that doctors are regulated by the GMC? Base: all white UK-trained doctors (n=974); all white international medical graduates (n=181); all white EEA-trained doctors (n=543)

Beyond White doctors, the base sizes for individual ethnic groups by location of PMQ are too small to draw strong conclusions, so we have grouped these into Black and Minority Ethnic (BME) group. When looking at doctors in this group, the drop is most noticeable among those qualifying in the UK, and less so for BME doctors qualifying in the EEA and international medical graduates. Here, there is a decrease in confidence of 24 percentage points, down to 49% in 2016 from 73% in 2013.

Figure 7: Confidence in the GMC’s regulation of doctors among BME doctors by location of PMQ over time





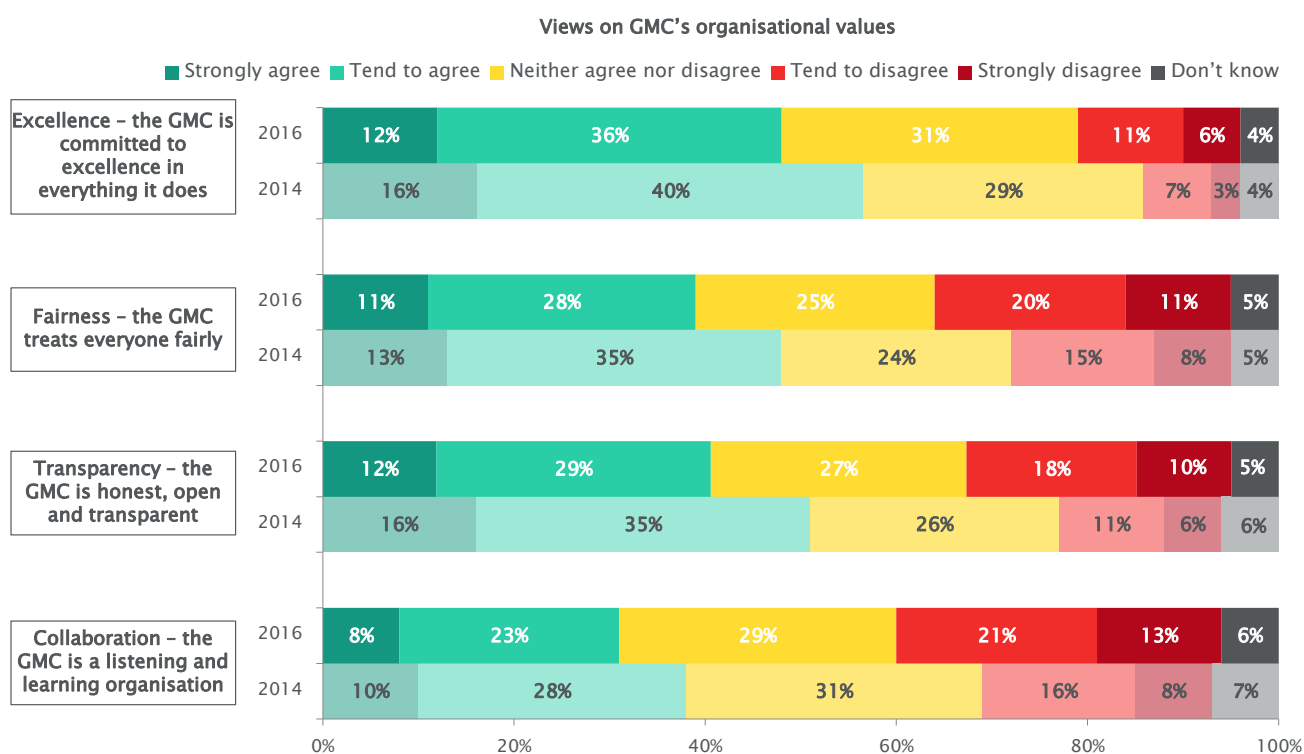
ComRes 2016: Q.A3 How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base: all BME UK-trained doctors (n=267); all BME EEA-trained doctors (n=33\*); all BME international medical graduates (n=501) | NatCen 2013: Q. In your experience, how confident are you in the way that doctors are regulated by the GMC? Base: all BME UK-trained doctors (n=714); all BME EEA-trained doctors (n=69\*); all BME international medical graduates (n=995)

## ORGANISATIONAL VALUES

In 2014 and 2016, doctors were asked to consider whether or not they thought the GMC met its organisational values of excellence, transparency, collaboration, and fairness. On the whole, the GMC is most strongly considered to exhibit excellence – the GMC is committed to excellence in everything that it does, and least associated with collaboration – the GMC is a listening and learning organisation.

Across all values, doctors are less likely to agree that the GMC meets each one than in 2014, and there has been a corresponding increase in disagreement (rather than a shift to neutral or lower levels of knowledge). For collaboration in particular, the proportion of doctors who *disagree* that the GMC exhibits this value is now greater than the proportion who agree (34% vs.31%).

Figure 8: Views of the GMC's organisational values over time



2016 ComRes Q. Listed in the table below are the four organisational values which underpin the work of the GMC. Based on your experiences, how strongly do you agree or disagree that the GMC meets each of these values? Base: all doctors (n=2306) | 2014 IFF Q. How strongly do you agree or disagree that the GMC... Base: all doctors (n=2722)

Looking at differences by demographics, doctors of Black, African Caribbean or Black British ethnicity are most likely to agree that the GMC exhibits excellence (67% vs. 45% of White doctors), transparency (62% vs, 37% of White doctors) and collaboration (51% vs. 26% of White doctors). In general, White doctors are the least likely to agree and most likely to disagree.

Across all four values, and as in 2014, female doctors are more likely to agree the GMC exhibits these than male doctors. For example, 54% of women vs. 44% of men think the GMC exhibits excellence.

Younger doctors are more likely than older doctors to think the GMC exhibits the values of transparency and collaboration. For example, a third (34%) of doctors aged 29 and under agree the GMC is collaborative, compared with 24% of doctors aged 50–59; and 43% of doctors aged 30–39 agree the GMC is transparent compared with 33% of doctors aged 50–59.

# FAIRNESS OF REGISTRATION

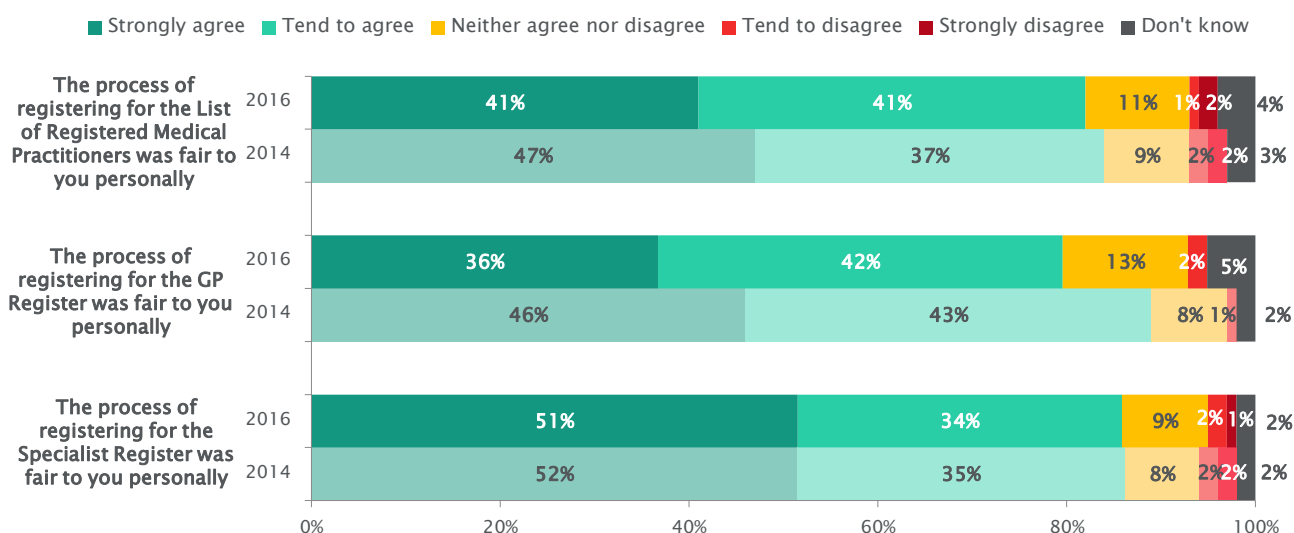
## DOCTORS' PERCEPTIONS OF THE REGISTRATION PROCESS

In 2014 and 2016, doctors were asked the extent to which they agreed that the processes of registration were fair to them personally<sup>5</sup>. All doctors were asked in relation to registering on the List of Registered Medical Practitioners (referred to in the report as 'the medical register'), and those for whom it was relevant were asked in relation to the GP Register and Specialist Register.

On the whole, doctors consider the process of registering for the different registers to be fair. The vast majority of doctors (82%) agree that the process of registering for the medical register was fair to them personally, with two in five (41%) agreeing strongly. An even higher proportion (86%) of those who registered for the Specialist Register felt the process was fair to them personally, with half (51%) stating they strongly agreed that it was fair.

Perceived fairness of registering for the GP Register among those who have done so rates slightly lower, at 78%, and this has also declined since 2014, when 89% of those who had registered thought that the process was fair. However, the decline has been caused by an increase in the proportion who neither agree nor disagree that the process was fair, or who didn't know, rather than an increase in those who did not think it was fair.

Figure 9: Perceived fairness of registration processes to doctors personally over time



2016 ComRes Q. Thinking about the process of registering. how far would you agree or disagree that... Base: all doctors (n=2306); all doctors on the GP register (n=521); all doctors on the Specialist register (n=815) | 2014 IFF Q. How fair would you agree or disagree that the process of registering for the List of Registered Medical Practitioners was fair to you personally? How fair would you agree or disagree that the process of registering for the GP Register was fair to you personally? How fair would you agree or disagree that the process of registering for the Specialist Register was fair to you personally? Base: all doctors (n=2722); all doctors on GP register (n=430); all doctors on specialist register (n=696)

<sup>5</sup> Please note that this question was not asked in 2013.

Doctors of White ethnicity are more likely than those of Asian or Asian British and Multiple or Mixed ethnicity to agree that the process of joining the medical register was fair to them personally. 85% of White doctors think this compared with 79% of Asian or Asian British doctors and 76% of Multiple or Mixed ethnicity doctors. There are few other demographic differences by gender, age, location of PMQ or disability.

Indeed, there are no significant differences in opinion by demographic variables in terms of perceptions of fairness of the registration for both the GP and Specialist Register. This does differ from 2014, where differences in opinion appeared by age and ethnicity.

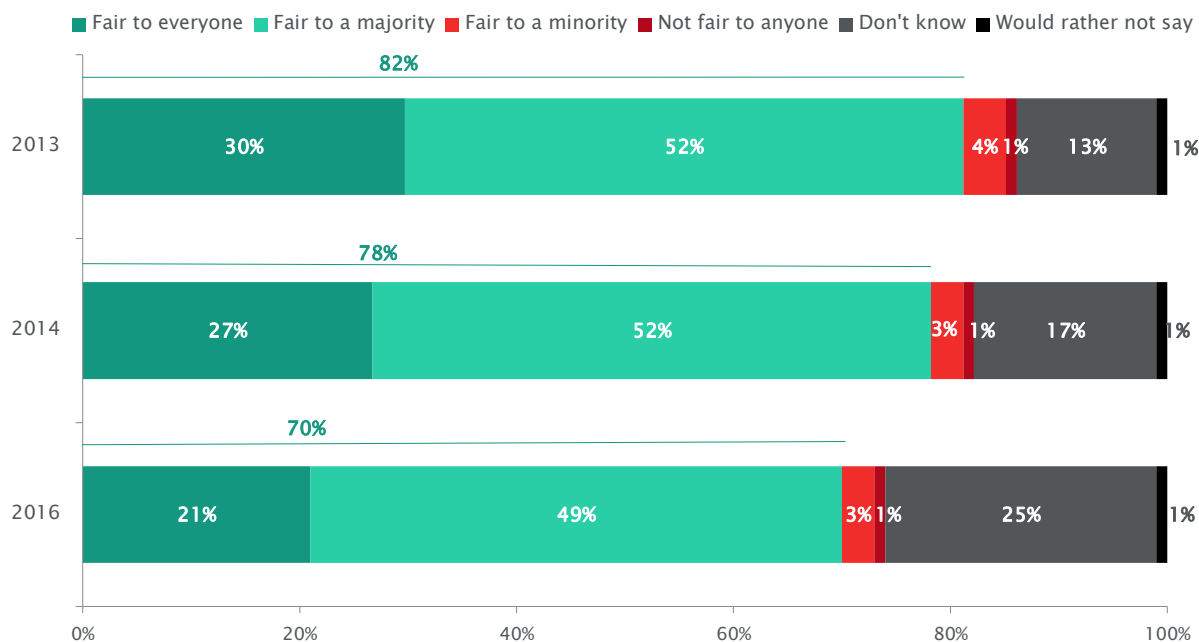
## OVERALL PERCEPTIONS OF FAIRNESS OF THE PROCESS OF REGISTERING FOR THE MEDICAL REGISTER

It appears that views among doctors as to whether the process of joining the medical register is fair to everyone, a majority, a minority or no-one are on a downward trend from 2013, from when it was first measured.

In 2013, just less than a third (30%) of doctors felt that the process was fair to everyone. This dropped to just over a quarter (27%) in 2014 and in 2016 it is at around a fifth (21%). The proportion who perceive the process as fair to a majority has also dropped since 2014, down from 52% in both 2013 and 2014 to 49% in 2016. Positively, the proportion of those who think the process is fair to a minority or fair to no-one has not increased. In actual fact, it is the proportion who state they don't know about the fairness of the registration process that has increased, from 13% in 2013, to 17% in 2014 and 25% in 2016.

It is important to note that there is a relationship between confidence in the GMC's regulation of doctors and perceptions of fairness of the process of joining the medical register. Doctors who are not very or not at all confident in the regulation of doctors by the GMC are more likely than those who are confident to state they don't know about the fairness of the process of joining the medical register (32% of those who are not at all confident, and 28% of those who are not very confident, compared to 18% of those who are very confident). This indicates there may be link between these two questions, and although causality cannot be proven, the fact that doctors state they *don't know* rather than providing a negative response at the fairness questions may indicate that lack of knowledge is driving lack of confidence in the GMC, rather than actively negative perceptions of the registration process.

Figure 10: Perceived fairness of registration over time

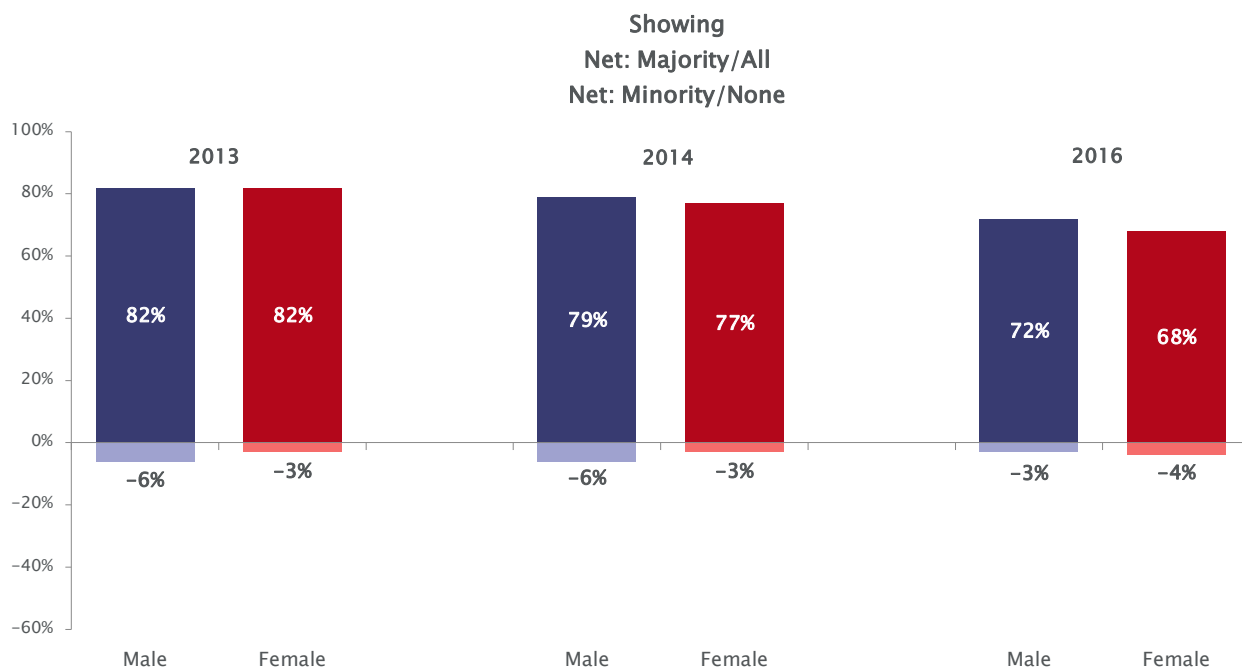


2016 ComRes Q. And thinking more widely, how fair, if at all, do you think the following registration process/processes is/are? Base: all doctors (n=2306) | IFF 2014: More generally, is the process of registering for the List of Registered Medical Practitioners... Base: all doctors (n=2722) | NatCen 2013: Which of the following statements best describes your view of the registration process for doctors? Base: all doctors (n=3476)

## FAIRNESS OF REGISTRATION BY GENDER

Differences in perceptions of fairness of initial registration by gender have become more pronounced in 2016, as compared to 2013 and 2014. The previous IFF report indicated that there was no significant difference in the proportion of male and female doctors who perceive the process for initial registration to be fair to all or a majority (82% for men and women in 2013, 79% for women vs. 77% for men in 2014). However in 2016, male doctors are more likely to think that the process of initial registration is fair to all or a majority (72%) than female doctors (68%). This is partially correlated with the fact that female doctors are more likely than male doctors in 2016 to state they don't know whether or not the process for initial registration is fair (27% vs. 23%).

Figure 11: Perceived fairness of registration by gender over time

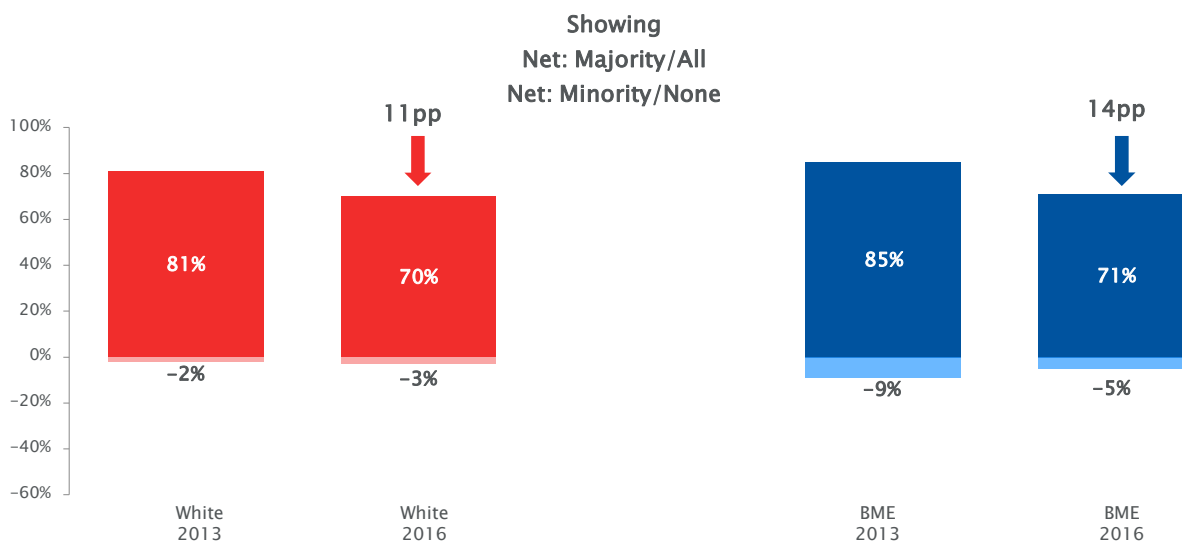


ComRes 2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are? The process of registering for the List of Registered Medical Practitioners (general registration) Base: Male: (n=1240); Female: (n=1035) | IFF 2014: Q. More generally, is the process of registering for the List of Registered Medical Practitioners.... Base: Male (n=1487); Female (n=1235) | NatCen 2013: Which of the following statements best describes your view of the registration process for doctors? Base: Male (n=1944); Females (n=1532)

## FAIRNESS OF REGISTRATION BY ETHNICITY

Although at an overall level, there has not been a significant increase over time in the proportion of doctors who think the process of registration is only fair to a minority or not fair to anyone, perceptions of fairness towards everyone or a majority have decreased between 2013 and 2016 across ethnic groups. They have decreased by eleven percentage points among doctors of White ethnicity, from 81% in 2013 to 70% in 2016, and by fourteen percentage points among doctors of BME groups, from 85% in 2013 to 71% in 2016.

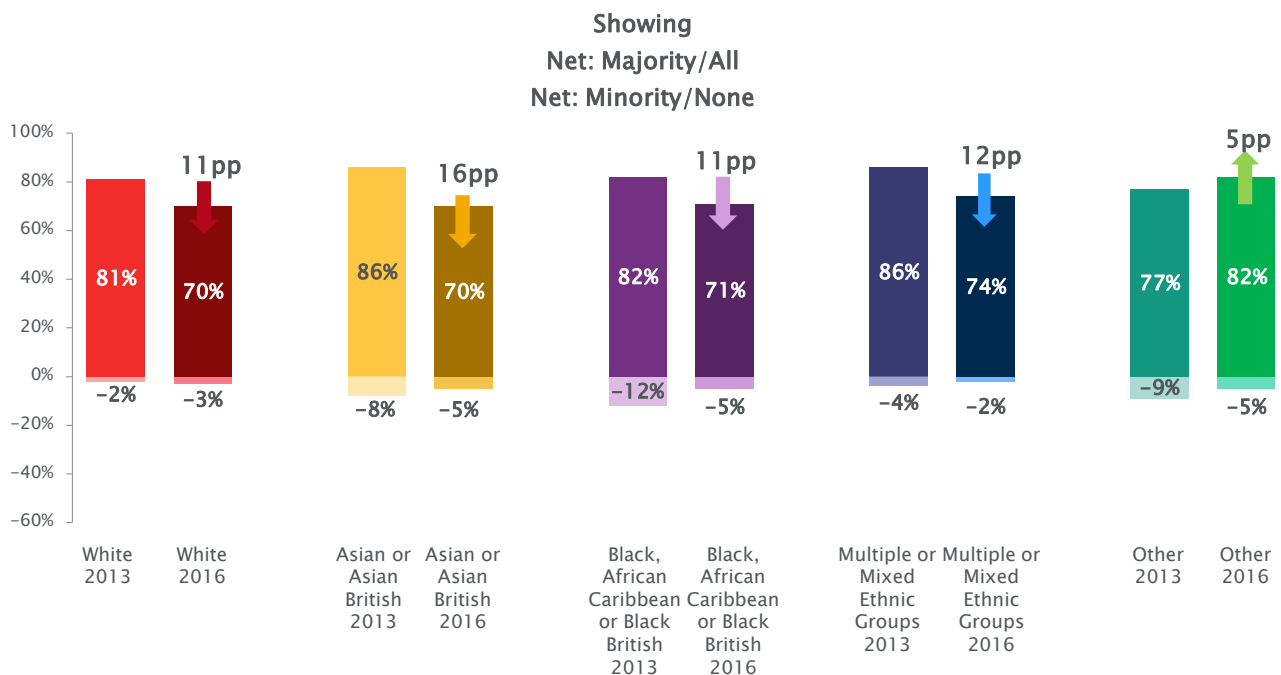
Figure 12: Perceived fairness of registration by grouped ethnicity over time



ComRes 2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are? The process of registering for the List of Registered Medical Practitioners (general registration) Base: White (n=1274); BME (n=801). NatCen 2013: Which of the following statements best describes your view of the registration process for doctors? Base: White (n=1698); BME (n=1567)

Looking at this by detailed ethnic group, the proportion of doctors who perceive the process of registration is fair to everyone or a majority have gone down from the low to mid 80s to the low 70s among doctors of White, Asian or Asian British and Black, African Caribbean or Black British ethnicity. Although these drops are relatively consistent across ethnic groups, the greatest drop is seen among doctors of Asian or Asian British ethnicity, down 16 percentage points from 86% in 2013 to 70% in 2016. This compares to drops of 12 percentage points among doctors of Multiple or Mixed Ethnic groups, 11 percentage points among doctors of White ethnicity and ten percentage points among doctors of Black, African Caribbean or Black British ethnicity. There has been an increase of five percentage points among doctors of Other ethnicities.

Figure 13: Perceived fairness of registration by detailed ethnic group over time



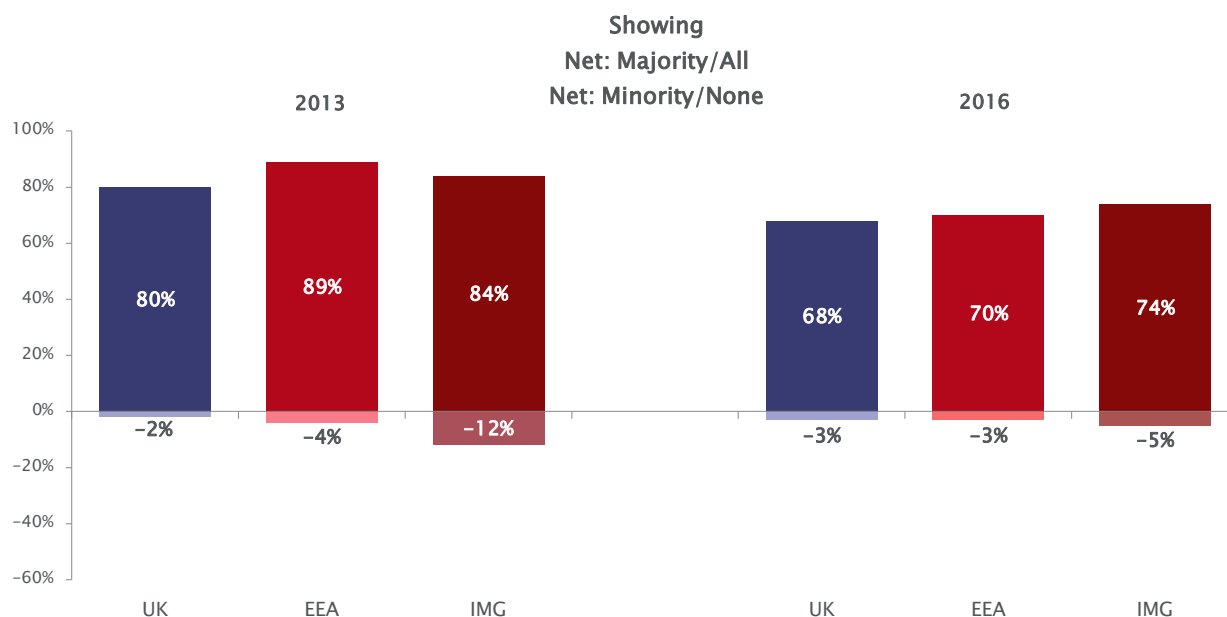
ComRes 2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are? The process of registering for the List of Registered Medical Practitioners (general registration) Base: White (n=1274); Asian or Asian British (n=526); Black, African Caribbean or Black British (n=113); Multiple or mixed ethnic groups (n=82); Other (n=80). NatCen 2013: Which of the following statements best describes your view of the registration process for doctors? Base: White (n=1698); Asian or Asian British (n=1098); Black, African Caribbean or Black British (n=164); Multiple or mixed ethnic groups (n=98); Other (n=418)

## FAIRNESS OF REGISTRATION BY LOCATION OF PMQ

The main difference in perceptions of fairness of the process of joining the medical register is between international medical graduates and those who received their PMQ in the UK. International medical graduates are more likely to think that the process is fair to all or a majority than those who received their PMQ in the UK (74% vs. 68%). However, it is the difference in opinions over time of those who received their PMQ in the EEA that also stands out, dropping 19 percentage points from 89% in 2013 to 70% in 2016. The corresponding increase has been in the proportion who state they don't know whether or not the process is fair (from 7% in 2013 to 26% in 2016), rather than an increase in the proportion who think it is fair to a minority or none.



Figure 14: Perceived fairness of registration by location of PMQ over time

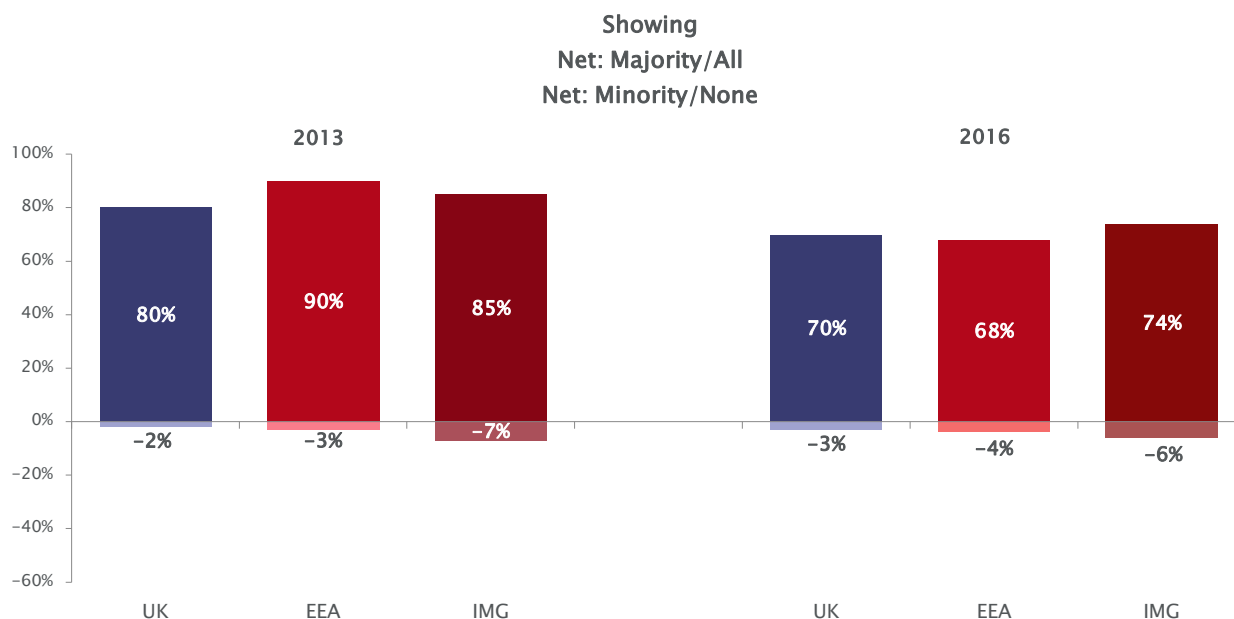


ComRes 2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are? The process of registering for the List of Registered Medical Practitioners (general registration) Base: all doctors (n=2306); all EEA-trained doctors (n=267); all international medical graduates (n=629); all UK-trained doctors (n=1410) | NatCen 2013: Which of the following statements best describes your view of the registration process for doctors? Base: all doctors (n=3476); all EEA-trained doctors (n=612); all international medical graduates (n=1176); all UK-trained doctors (n=1688)

## FAIRNESS OF REGISTRATION BY LOCATION OF PMQ SPLIT BY ETHNICITY

Linked to the overall finding, doctors of White ethnicity who qualified in the EEA have seen the greatest drop in proportion who think the process of registration is fair to all or a majority between 2013 and 2016. In 2013, nine in ten doctors in this category thought the process of registration was fair to all or a majority, and this has dropped 22 percentage points to just over two thirds (68%) in 2016. Among White doctors who qualified in the UK or international medical graduates, the drop has been around ten percentage points (80% to 70% among those in the UK, 85% to 74% among international medical graduates).

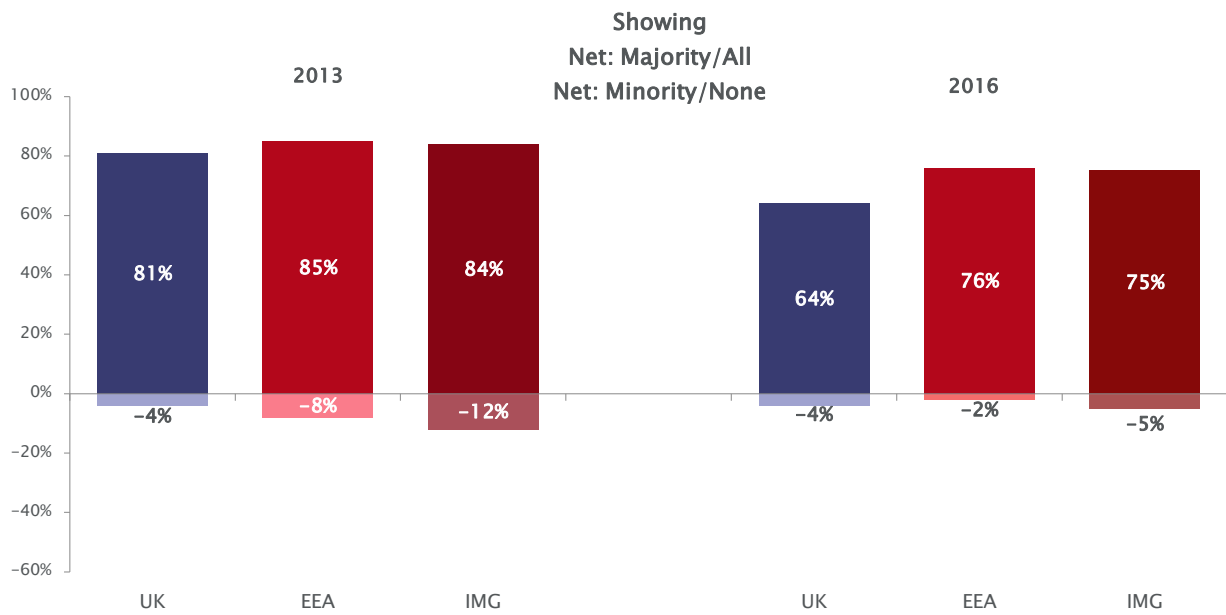
Figure 15: Perceived fairness of registration among White doctors by location of PMQ over time



ComRes 2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are? The process of registering for the List of Registered Medical Practitioners (general registration) Base: all white EEA-trained doctors (n=189); all white international medical graduates (n=70); all white UK-trained doctors (n=1015) | NatCen 2013: Which of the following statements best describes your view of the registration process for doctors? Base: all white EEA-trained doctors (n=543); all white international medical graduates (n=181); all white UK-trained doctors (n=974).

Among doctors of BME groups, those who completed their PMQ in the UK are least likely to think the process of registering for the medical register is fair to all or a majority. The proportion of UK-qualified doctors from BME groups who consider the process of registering to be fair to all or a majority has dropped 17 percentage points from 81% in 2013 to 64% in 2016. Among those completing their PMQ in the EEA or international medical graduates, the drop is nine percentage points, from 85% to 76% among those qualified in the EEA and 84% to 75% among international medical graduates.

Figure 16: Perceived fairness of registration among BME doctors by location of PMQ over time



ComRes 2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are? The process of registering for the List of Registered Medical Practitioners (general registration) Base: all BME EEA-trained doctors (n=33\*); all BME international medical graduates (n=501); all BME UK-trained doctors (n=267) | NatCen 2013: Which of the following statements best describes your view of the registration process for doctors? Base: all BME EEA-trained doctors (n=\*69); all BME international medical graduates (n=995); all BME UK-trained doctors (n=714).

# REVALIDATION

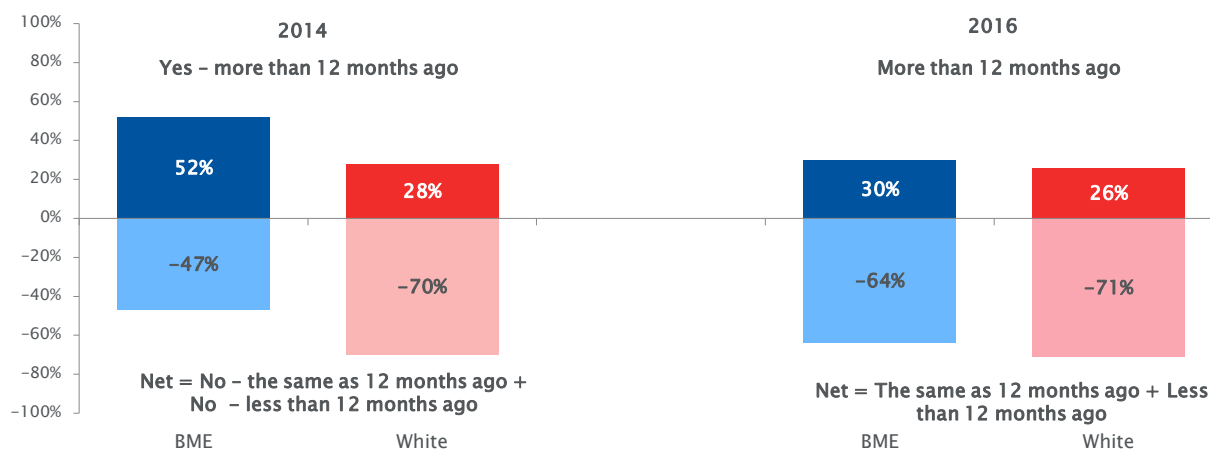
## IMPACT OF REVALIDATION BY ETHNICITY

In 2014 and 2016, doctors were asked a series of questions about revalidation – whether or not they are collecting more information about their practice, whether or not they are reflecting on their practice, whether or not they are aware how to apply the principles of good medical practice to their work and whether or not they feel a part of a governed structure that supports their professional development. We review these questions by looking at a subset of doctors – namely those who have been revalidated, to assess the impact of revalidation on their practice.

In 2014, BME doctors who had been revalidated were more likely than their White counterparts to report that they were doing more in terms of different aspects of revalidation. This pattern holds in 2016, with BME doctors slightly more likely than White doctors to report they are collecting more information about their practice (30% vs. 26%), reflecting on their practice (31% vs. 23%), are aware of how to apply the principles of good medical practice to their work (26% vs. 16%), and feeling part of a governed structure that supports their professional development (16% vs. 10%).

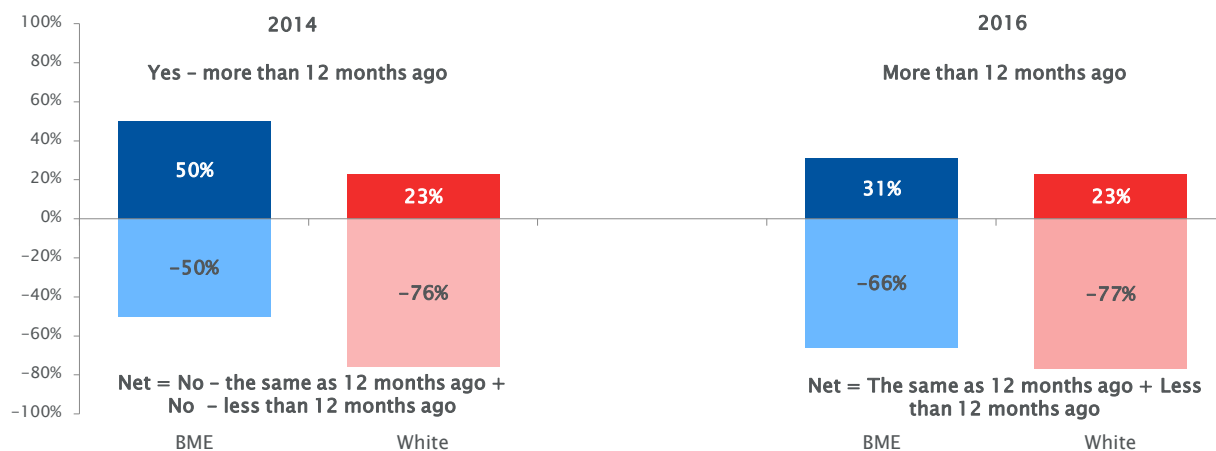
However, this difference appears to have reduced since 2014. It cannot be determined whether or not opinions of BME doctors are becoming more similar to those of White doctors, or if 2016 will be an anomalous year with perceptions becoming differentiated in future years.

**Figure 17: Revalidated doctors’ perceptions of collecting more information about their practice by ethnicity over time**



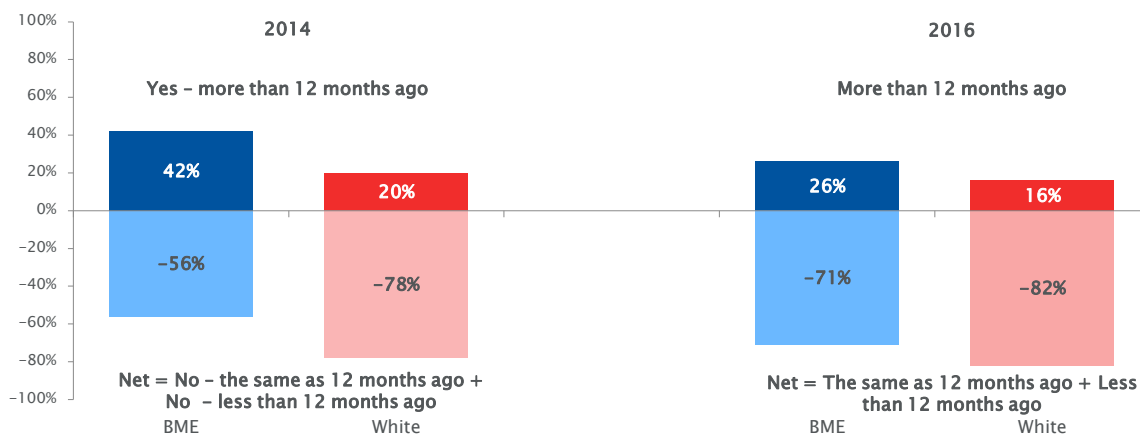
ComRes 2016: Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You are collecting information about your practice. Base: White doctors who have been revalidated (n=893); BME doctors who have been revalidated (n=522) | IFF 2014: Q. Compared with 12 months ago would you say that you are now collecting more information about your practice? Base: White doctors who have been revalidated (n= 473); BME doctors who have been revalidated (n=313)

Figure 18: Revalidated doctors' perceptions of reflecting on their practice by ethnicity over time



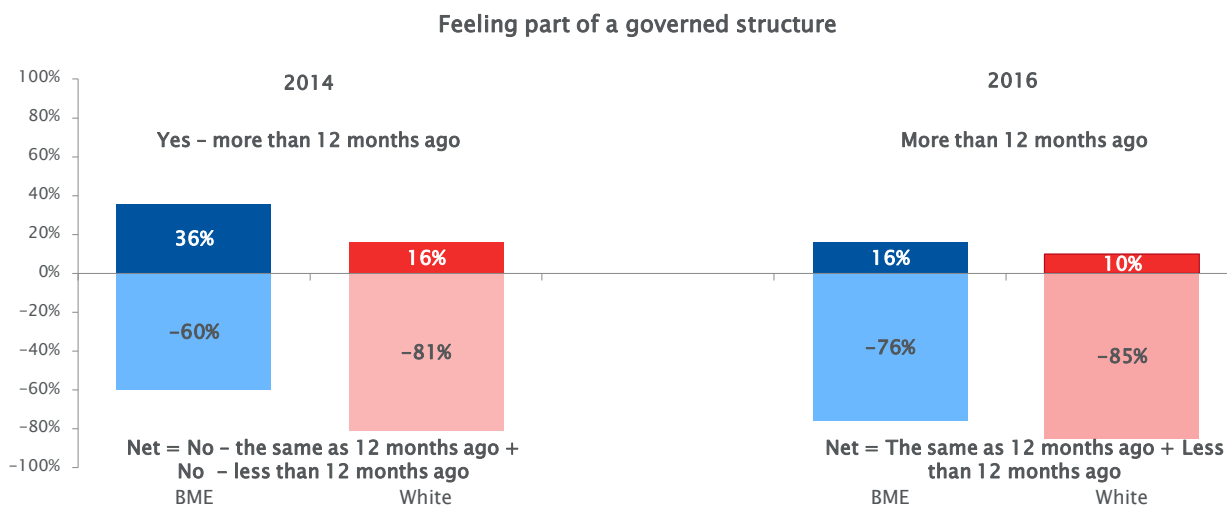
ComRes 2016: Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You are reflecting on your practice. Base: White doctors who have been revalidated (n=893); BME doctors who have been revalidated (n=522) | IFF 2014: Q. Compared with 12 months ago would you say that you are now reflecting more on your practice? Base: White doctors who have been revalidated (n= 473); BME doctors who have been revalidated (n=313)

Figure 19: Revalidated doctors' perceptions of how to apply the principles of good medical practice to their work by ethnicity over time



ComRes 2016: Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You are aware of how to apply the principles of good practice. Base: White doctors who have been revalidated (n=893); BME doctors who have been revalidated (n=522) | IFF 2014: Q. Compared with 12 months ago would you say that you are now more aware how to apply the principles of good medical practice to your work? Base: all who have been revalidated (n=802); White doctors who have been revalidated (n= 473); BME doctors who have been revalidated (n=313)

Figure 20: Revalidated doctors' perceptions of feeling part of a governed structure by ethnicity over time



ComRes 2016: Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You feel part of a governed structure. Base: White doctors who have been revalidated (n=893); BME doctors who have been revalidated (n=522) | IFF 2014: Q. Compared with 12 months ago would you say that you now feel more a part of a governed structure that supports your professional development? Base: White doctors who have been revalidated (n= 473); BME doctors who have been revalidated (n=313)

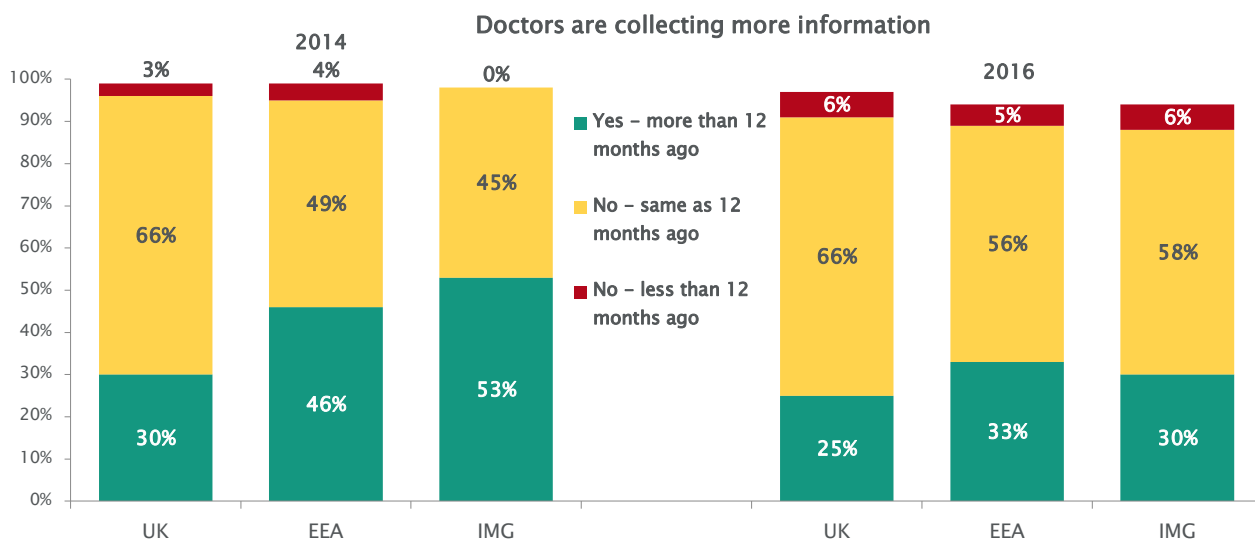
### IMPACT OF REVALIDATION BY LOCATION OF PMQ

There are also differences by the different regions in which doctors received their PMQ. In 2014, broadly, those who received their PMQ in the UK were least likely to agree they were completing elements of revalidation more than they were 12 months ago, followed by those who received their PMQ in the EU. International medical graduates were most likely to state they were doing the actions more than they were 12 months ago.

In 2016, this pattern holds to some extent, although it is not as strong. Doctors who received their PMQ in the UK are more likely than those who received their PMQ in other regions to state that they are collecting information, reflecting on their practice and are aware of how to apply principles of good practice to their work *the same amount* as 12 months ago. For example, 66% of doctors who received their PMQ in the UK say they are collecting information about their practice the same amount as 12 months ago, compared with 56% of doctors who qualified in the EEA and 58% of international medical graduates.

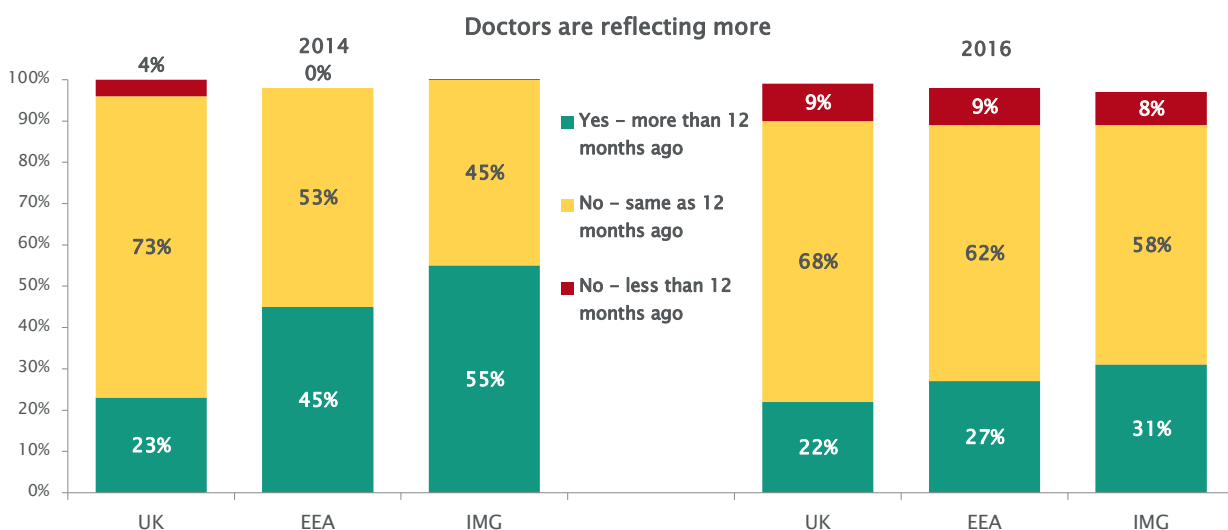
The only other key difference in 2016 is that doctors who received their PMQ in the UK are more likely than international medical graduates to report that they are less likely than 12 months ago to think that doctors are part of a governed structure (28% vs. 17%). This was also seen in 2014, but the proportion of doctors in each region who think this has increased since then (2014: 19% of doctors who received their PMQ in the UK vs. 4% of international medical graduates).

Figure 21: Revalidation impact – collecting more information – by location of PMQ over time



ComRes 2016: Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You are collecting information about your practice. Base: All doctors who have been revalidated and qualified in the EEA: (n=195); IMG: (n=424); UK: (n=962) | IFF 2014: QE3 Compared with 12 months ago would you say that you are now collecting more information about your practice? Base: all who have been revalidated and qualified in the EEA: (n=56); IMG: (n=224); UK (n=527) [“Don’t knows not included, as data not provided for 2014]

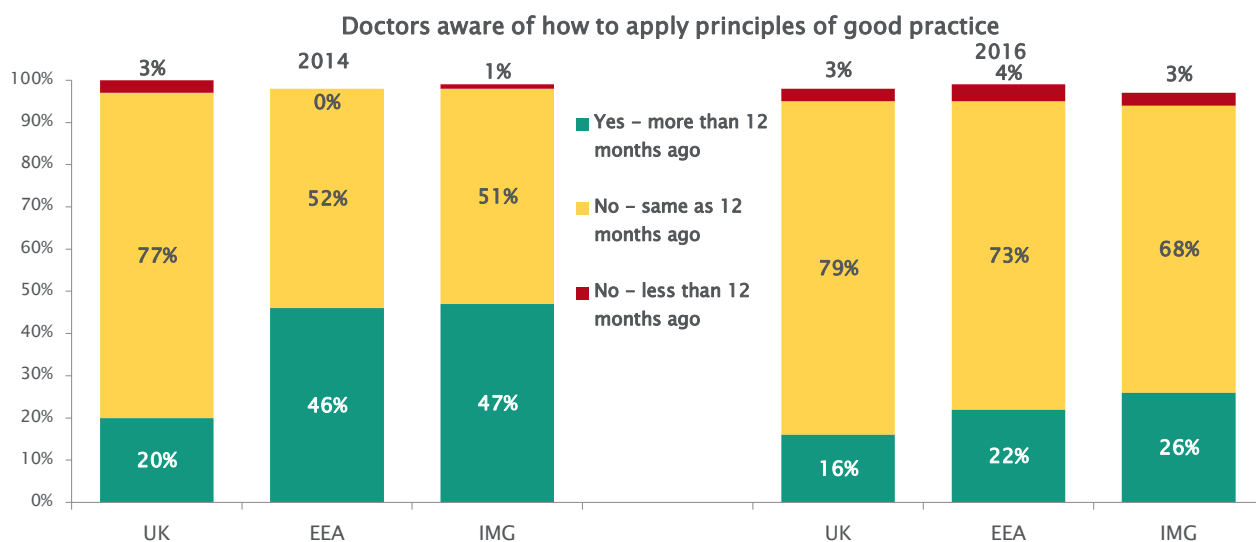
Figure 22: Revalidation impact – reflecting more – by location of PMQ over time



ComRes 2016: Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You are reflecting more on your practice. Base: All doctors who have been revalidated and qualified in the EEA: (n=195); IMG: (n=424); UK: (n=962) | IFF 2014: QE3 Compared with 12 months ago would you say that you are now reflecting more on your practice? Base: all who have been

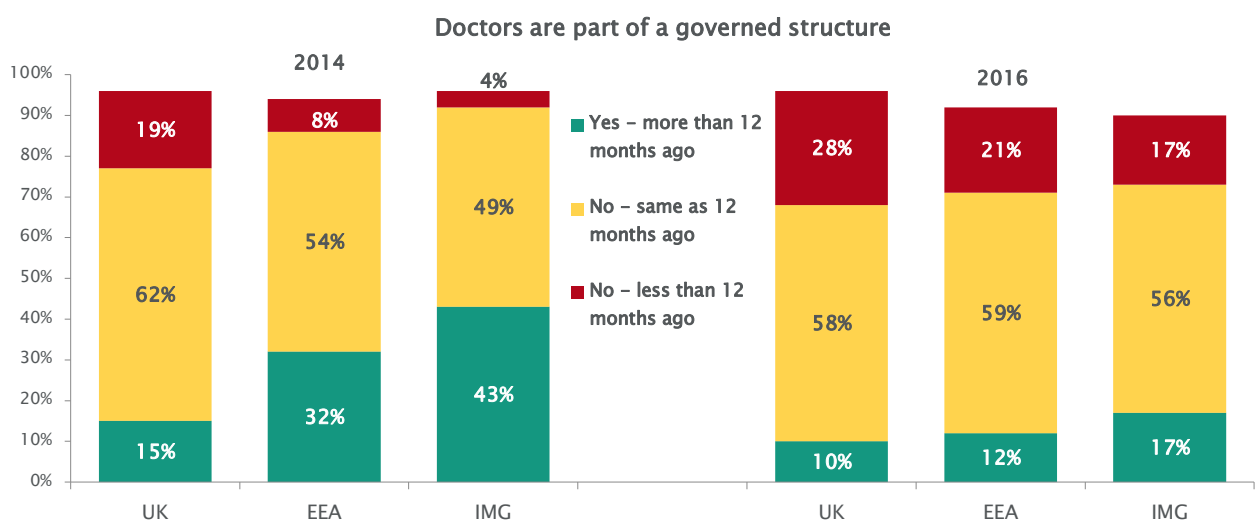
revalidated and qualified in the EEA: (n=56); IMG: (n=224); UK (n=527) ["Don't knows not included, as data not provided for 2014]

Figure 23: Revalidation impact – aware of how to apply principles of good practice – by location of PMQ over time



ComRes 2016: Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You are aware of how to apply principles of good practice to your work. Base: All doctors who have been revalidated and qualified in the EEA: (n=195); IMG: (n=424); UK: (n=962) | IFF 2014: Q. Compared with 12 months ago would you say that you are now more aware of how to apply principles of good practice to your work? Base: all who have been revalidated and qualified in the EEA: (n=56); IMG: (n=224); UK (n=527) ["Don't know"s not included, as data not provided for 2014]

Figure 24: Revalidation impact – feeling part of a governed structure – by location of PMQ over time





ComRes 2016: Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You feel part of a governed structure. Base: All doctors who have been revalidated and qualified in the EEA: (n=195); IMG: (n=424); UK: (n=962) | IFF 2014: Q. Compared with 12 months ago would you say that you now feel part of a governed structure? Base: all who have been revalidated and qualified in the EEA: (n=56); IMG: (n=224); UK (n=527) ["Don't knows not included, as data not provided for 2014]

# EDUCATION AND TRAINING

In the 2014 and 2016 surveys doctors were asked about the extent to which they agreed that the assessment processes for both their PMQ and foundation programme were fair to them personally.

There is broad agreement among doctors who received their PMQ in or after 2011 that their undergraduate training prepared them for their first foundation post, and that the assessment process for their PMQ was fair to both them and a majority. Doctors are slightly less positive about their assessment of their foundation post although three fifths still think it is fair to a majority.

Three quarters (74%) of doctors who received their PMQ in or after 2011 felt that their undergraduate training adequately prepared them for their first foundation post. This is a similar proportion as in 2014 (72%), and is consistent across location of receiving their PMQ, ethnic group and disability. However, women are more likely than men to think their training *did* prepare them for their first post (80% vs. 69%), as are those working in primary care in the NHS (85% vs. 70% of those working in secondary care in the NHS).

## FAIRNESS OF ASSESSMENT PROCESS FOR SPECIALITY TRAINING

In 2016, doctors who received their PMQ in or after 2011 consider that the assessment process for this was fair to them personally, and think that it is also fair to a majority of doctors. Four in five (81%) agree that it was fair to them personally, and nearly nine in ten (87%) think it is fair to at least a majority.

These figures are comparable with those in 2014, where 85% agreed the process was fair to them personally and the same proportion felt it was fair to most doctors (85%).

By demographic groups, those aged 30–39 are more likely than those aged 29 and under to disagree that the assessment process for primary medical qualification was fair to them personally (15% vs. 5% of those aged 29 and under), as well as those of White ethnicity (10% vs. 2% of those who are Asian or Asian British). There are no further differences by location of PMQ, role, sexuality or religion.

# ETHICAL AND PROFESSIONAL GUIDANCE

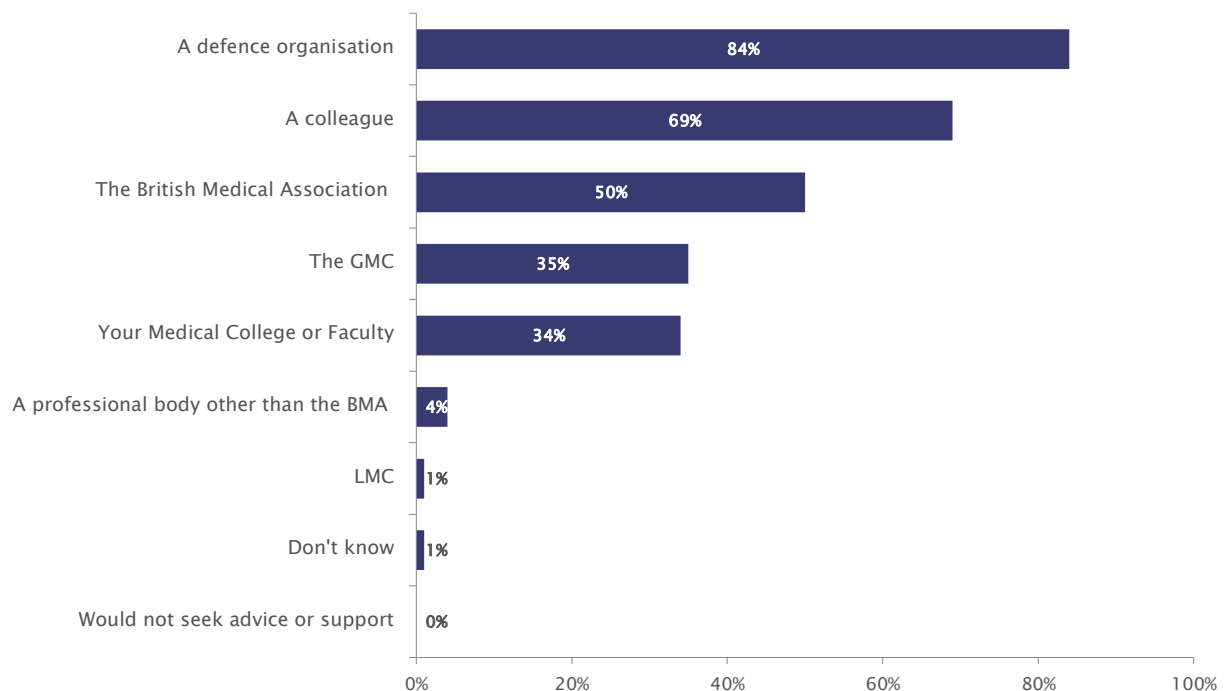
In 2014 and 2016, doctors were asked about their sources of support, providing ethical or professional guidance for their practise. Doctors are most likely to say they would go to a defence organisation (84%), a colleague (69%) or the British Medical Association (50%) for advice or support on ethical and professional guidance relating to their practice. Around a third (35%) of doctors say the same of the GMC. A similar question was asked in 2014, but the wording of the question means it is not directly comparable.

Looking at the GMC specifically, doctors of Asian or Asian British and Black, African Caribbean or Black British ethnicity are more likely than those of White ethnicity to say that they would go to the GMC for advice or support on ethical and professional guidance relating to their practice. 38% of doctors of Asian or Asian British ethnicity and 46% of doctors of Black, African Caribbean or Black British ethnicity say they would go to the GMC compared with 33% of those of White ethnicity. This picks up on the points raised earlier in the report with regards to doctors of White ethnicity generally holding more negative views of the GMC than doctors of other ethnicities.

In addition, those who completed their PMQ in either the EEA or who are international medical graduates are more likely to select the GMC as a source of advice or support than those who completed their PMQ in the UK – 39% (EEA) and 41% (IMG) vs. 31% (UK).

Locum doctors are also more likely to see the GMC as a source of advice or support; 46% mention the GMC compared with 34% of doctors who work full time and 30% of doctors who work part time.

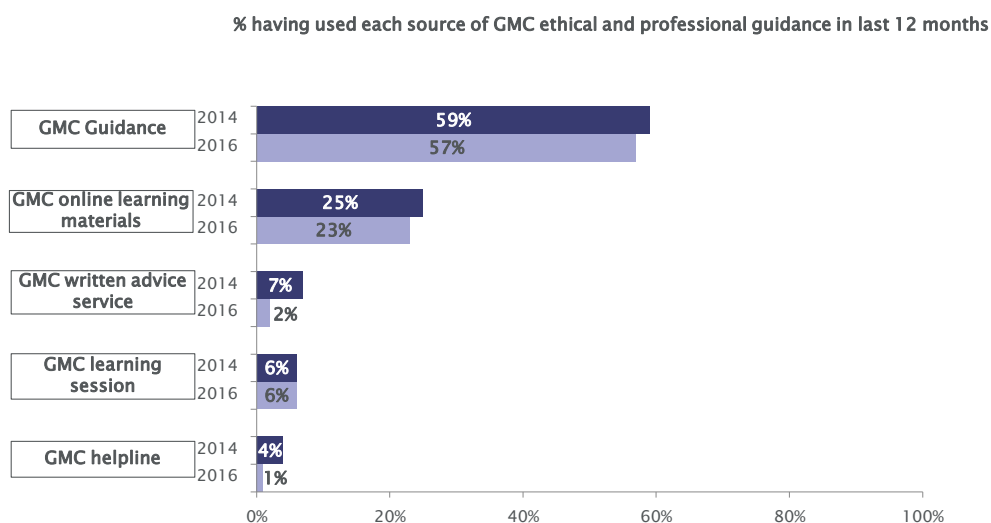
Figure 25: Point of contact for advice or support on ethical and professional guidance in 2016



## TYPES OF ETHICAL AND PROFESSIONAL GUIDANCE SUPPORT USED

There has been little change in the sources accessed by doctors between 2014 and 2016. Almost three in five (57%) have referred to GMC guidance (for example, Good Medical Practice, Consent, Confidentiality and other guidance) and around a quarter (23%) have used GMC online learning materials for example 'Good Medical Practice in Action' interactive case studies.

Figure 26: Use of GMC sources of ethical and professional guidance over time



2016 ComRes Q. Over the past 12 months have you... Base: all doctors (n=2306) | 2014 IFF Q. Over the past 12 months have you referred to... Base: all doctors (n=2722)

In terms of demographic differences, doctors of Black, African Caribbean or Black British ethnicity are more likely than doctors of White ethnicity to have used GMC online learning materials (35% vs. 21%), and doctors of Multiple or Mixed Ethnic groups are more likely to have attended a learning session run by the GMC to promote awareness and understanding of its guidance than doctors of White ethnicity (14% vs. 6%). It may be that these touch points of engagement, or potentially lack of engagement among doctors of White ethnicity, are linked to perceptions of the GMC and its work more broadly. Indeed, those who are 'very confident' in the regulation of doctors by the GMC are more likely than those with other views to have used the top three sources of advice and guidance.

International medical graduates are more likely to have referred to GMC guidance over the past 12 months; 63% vs. 50% of those who received their PMQ in the EEA and 56% of those who received their PMQ in the UK.

# CONCERNS FOR PATIENT SAFETY OR CARE

The vast majority of doctors (81%) do not feel that patient safety or care has been compromised by a colleague in the last 12 months – a similar proportion to that in 2014 (82%).

Looking more closely at this data, doctors from the private/independent sector (21%) and NHS secondary care (17%) are more likely to say that a situation has arisen in which they believed that patient safety or care was being compromised by a doctor's practice, when compared to NHS primary care (12%) and NHS tertiary care (15%). Different categories were used in 2014, and there were no significant differences in the proportion of doctors who thought that a situation has arisen in which they believed that patient safety or care was being compromised by a doctor's practice between doctors working in the public (15%), private or independent sectors (13%), or other sectors (9%).

Female doctors are more likely to report having come across a situation in which they believed that patient safety or care was being compromised by a doctor's practice (17% vs. 14% male), however, male doctors are more likely to not remember (5% vs. 3%). Although in 2014, the figures for men vs. women not recalling having come across a situation in which they believed that patient safety or care was being compromised by a doctor's practice are the same as in 2016 (5% vs. 3%), in 2014 these were not statistically significant. In addition, the same proportion of both male and female doctors (14%) reported having come across a situation in which they believed that patient safety or care was being compromised by a doctor's practice, suggesting there were no differences by gender on this metric.

As in 2014, doctors who gained their PMQ in the UK are more likely in 2016 to state they had concerns; 17% said this compared with 11% of international medical graduates. In addition, 15% of those who qualified in the EEA had concerns, also significantly higher than international medical graduates (11%).

There is not a clear picture by other demographic data including age, ethnicity or disability. This does differ from 2014 in which those with a disability (23%) were more likely to cite a concern than those without a disability (13%), and doctors of White ethnicity were more likely to cite a concern than their BME counterparts (16% vs. 12%).

In 2016, 90% of doctors who experienced a situation in which they believed that patient safety or care was being compromised raised those concerns with someone else. This is a similar proportion to 2014, where 5% stated they did not, 5% preferred not to say and 1% could not remember.

# FITNESS TO PRACTISE

Just a third (34%) of doctors say that they are either very or fairly confident in the fairness of fitness to practise investigations, compared to 46% who say that they are either “not very confident” or “not at all confident”. One in five doctors (18%) say that they are “not at all confident” in the fairness of the GMC’s fitness to practise Investigations.

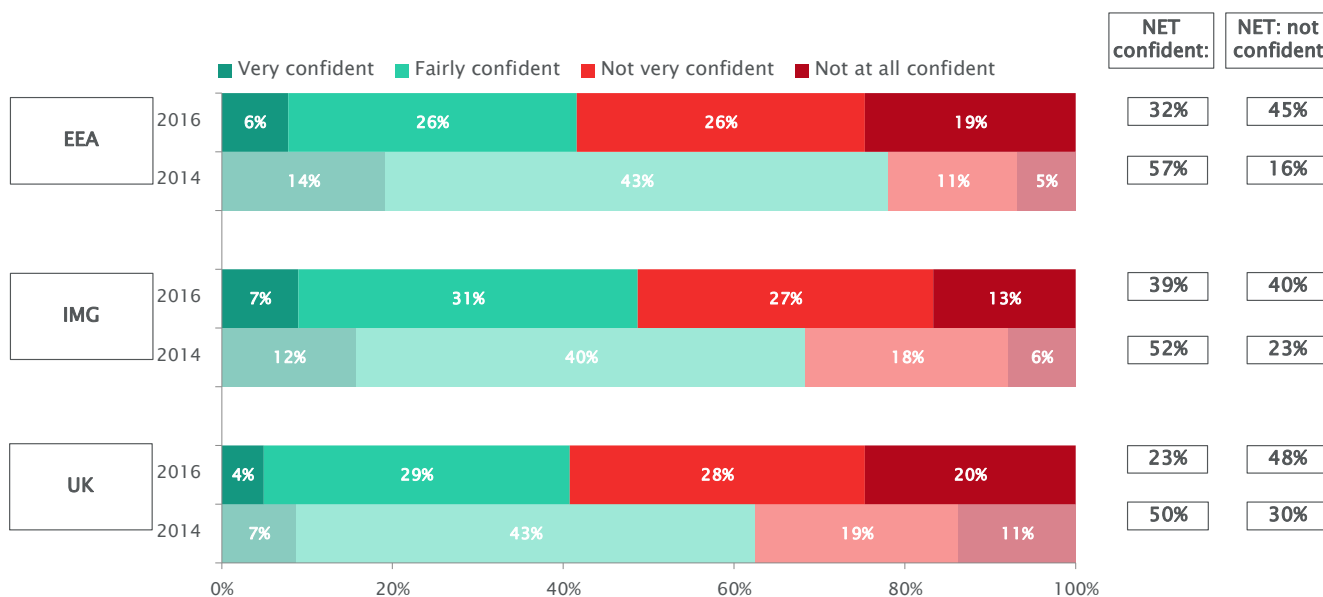
These figures are a significant drop in doctors’ confidence relative to 2014. While in 2014 approximately half (51%) were confident in the fairness of fitness to practise investigations, only a third (34%) are confident now. There has been a comparable increase in negativity among doctors – 46% are not confident now, compared to 27% in 2014.

Concerns about fitness to practise appear closely related to confidence in the overall regulation of the medical profession by the GMC – doctors who say that they are “not very confident” or “not at all confident” in the GMC’s regulation are far more likely than their counterparts to say that they are also not confident in the fairness of fitness to practise investigations. Coupled with the fact that there have been clear downward trends on levels of confidence in both of these areas, this is an area which may require additional consideration.

As in 2014, male doctors are more likely than female doctors to lack confidence that fitness to practise investigations produce fair outcomes for all groups of doctors; 49% of male doctors are not confident compared with 41% of female doctors. In addition, older doctors are more likely to lack confidence in this area than younger doctors. 50% of doctors aged 50–59 and 51% of doctors aged 60–69 are not confident, compared with 41% of those aged 29 and under. This pattern was seen in 2014, so it appears that the increase in lack of confidence is affecting all groups equally.

Looking at location of PMQ, there is a notable difference between international medical graduates and those who qualified in the UK. International medical graduates are most likely to be confident that the GMC's fitness to practise investigations produce fair outcomes for all groups of doctors (39% vs. 33% of doctors who qualified in the UK and 32% of those who qualified in the EEA), and correspondingly, UK-qualified doctors are more likely than international medical graduates to state they are *not* confident (48% vs. 40%). This differs slightly from 2014, where UK-qualified doctors were less confident compared with both international medical graduates and those qualifying in the EEA, whereas in 2016, they are only significantly less confident than international medical graduates.

Figure 27: Confidence in fitness to practise investigations by location of PMQ over time



2016 ComRes Q. This question is about the GMC's Fitness to Practise investigations. By this we mean the Fitness to Practise investigation that the GMC conducts into complaints made about doctors. This includes processes such as reviewing any documentary evidence, collecting witness statements, and obtaining reports from experts in clinical matters. This process does not include the tribunal hearing (if required). This is covered in the next question. How confident, if at all, are you that the GMC's Fitness to Practise investigations produce fair outcomes for all groups of doctors? Base: all UK-trained doctors (n=1410); all EEA-trained doctors (n=267); all IMG-trained doctors (n=629) | 2014 IFF Q. How confident are you that the GMC's Fitness to Practise investigations produce fair outcomes for all groups of doctors Base: all UK-trained doctors (n=1611); all EEA-trained doctors (n=249); all IMG-trained doctors (n=862)

There are some differences in perceptions by ethnic group which did not appear in 2014. Doctors of White and Multiple or Mixed Ethnic groups are more likely than doctors of Asian or Asian British and Black, African Caribbean or Black British ethnicity to lack confidence that fitness to practise investigations produce fair outcomes for all groups of doctors. 53% of doctors of Multiple or Mixed Ethnicity and 46% of doctors are White ethnicity are not confident, compared with 42% of both doctors of Asian or Asian British ethnicity and Black, African Caribbean or Black British ethnicity. This detailed breakdown can be reviewed alongside perceptions of other metrics, such as broader confidence in the GMC. These two ethnic groups – White and Multiple or Mixed – saw the greatest drops in confidence in the GMC's regulation of doctors since 2014.

# TECHNICAL APPENDIX

## SAMPLING

As in 2014, the doctors' sample was sourced from the GMC's database of registered and licensed practitioners, with records only provided where the GMC held an email address for the individual, their address was registered in the UK and they did not meet the exclusion criteria. Exclusions included for example: doctors registered on a temporary basis, doctors who were suspended at the time of data extract, doctors with a current fitness to practise investigation.

From this file, ComRes drew an anonymised, stratified sample. Using an anticipated response rate that was assumed to be consistent across the sample, ComRes then boosted the number of records for key subgroups where the anticipated number of responses would have been too low to allow for robust 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.

ComRes also used a quota-based approach during fieldwork to ensure that the sufficient sample sizes were achieved in key subgroups to allow for this strong analysis. Aside from stratification, the selection of records was undertaken on a random basis.

## QUOTAS

In order to ensure that, as far as possible, final, unweighted responses both reflected the composition of the wider audience populations and contained enough records to analyse by subgroup, a quota-based approach was used for the Doctors survey. The quotas set were for ethnicity, region, registration status, age and gender.

Firm target quotas were set and fieldwork progress was monitored against these. Where it was clear that key quotas were not being met during fieldwork, ComRes targeted these specific audiences through the use of additional sample and a higher frequency of reminders. Performance against quota targets was generally very good, and is outlined in further detail below. Any minor discrepancies between the final numbers of achieved interviews and the target quotas were then adjusted through the use of weighting (see next section).

Interlocking target quotas were set – these were derived from the GMC's overall database of registered doctors. Performance against each set of target quotas is shown below.<sup>6</sup>

### *Ethnicity*

NATION	Asian or Asian British	Black or Black British	Mixed	Not recorded	Other	White	Blank
England	367 (394)	75 (85)	66 (82)	182 (28)	75 (98)	866 (922)	82 (176)
NI	36 (23)	8 (8)	11 (5)	18 (1)	8 (4)	85 (86)	9 (22)
Scotland	41 (39)	9 (6)	12 (8)	20 (5)	10 (9)	96 (124)	10 (22)
Wales	36 (36)	8 (8)	11 (4)	18 (2)	8 (8)	85 (82)	9 (19)

<sup>6</sup> Achieved interviews shown in brackets next to each target.



## PMQ

NATION	EEA	IMG	UK
England	179 (206)	428 (499)	1159 (1080)
NI	16 (12)	38 (34)	102 (103)
Scotland	19 (28)	45 (53)	121 (132)
Wales	16 (21)	38 (43)	102 (95)

## Registration Status

NATION	GP, Licensed	Specialist, Licensed	GP and Specialist, Licensed	Neither, Licensed
England	440 (380)	537 (610)	9 (14)	779 (781)
NI	39 (21)	47 (67)	2 (2)	68 (59)
Scotland	46 (59)	56 (63)	2 (3)	82 (88)
Wales	39 (38)	47 (52)	2 (4)	68 (65)

## Age

NATION	20-29	30-39	40-49	50-59	60-69	70 or more
England	281 (222)	554 (559)	457 (463)	326 (364)	121 (153)	25 (24)
NI	25 (20)	49 (32)	40 (37)	29 (41)	11 (16)	2 (3)
Scotland	29 (21)	59 (58)	48 (66)	34 (45)	13 (20)	3 (3)
Wales	25 (19)	49 (43)	40 (42)	29 (37)	11 (14)	2 (4)

## Gender

NATION	Male	Female	Prefer not to say
England	966 (953)	799 (811)	0 (21)
NI	85 (87)	70 (61)	0 (1)
Scotland	101 (117)	84 (92)	0 (4)
Wales	85 (83)	70 (71)	0 (5)

## WEIGHTING

Results for the survey of doctors were weighted to reflect the population of medical practitioners by ethnicity, region, registration status, age and gender, based on figures provided by the GMC.

## STATISTICAL TESTING

When interpreting the figures in this report, please note that only statistically significant differences (at the 95% level) are reported and that the effect of weighting is taken into account when significance tests are conducted. Differences are highlighted in the full data tables and calculated as the differences between the subgroup in question and the other subgroups identified – subgroup differences highlighted in the analytical report are therefore always relative to other directly relevant subgroups (e.g. location of PMQ e.g. UK, international medical graduates). Where differences between subgroups and the total sample have been given for any question, this is based on a statistical significance test for the subgroup relative to the total including the subgroup.

## INCENTIVES

ComRes did not offer any incentives for participation in this study.

## QUESTIONNAIRE DEVELOPMENT

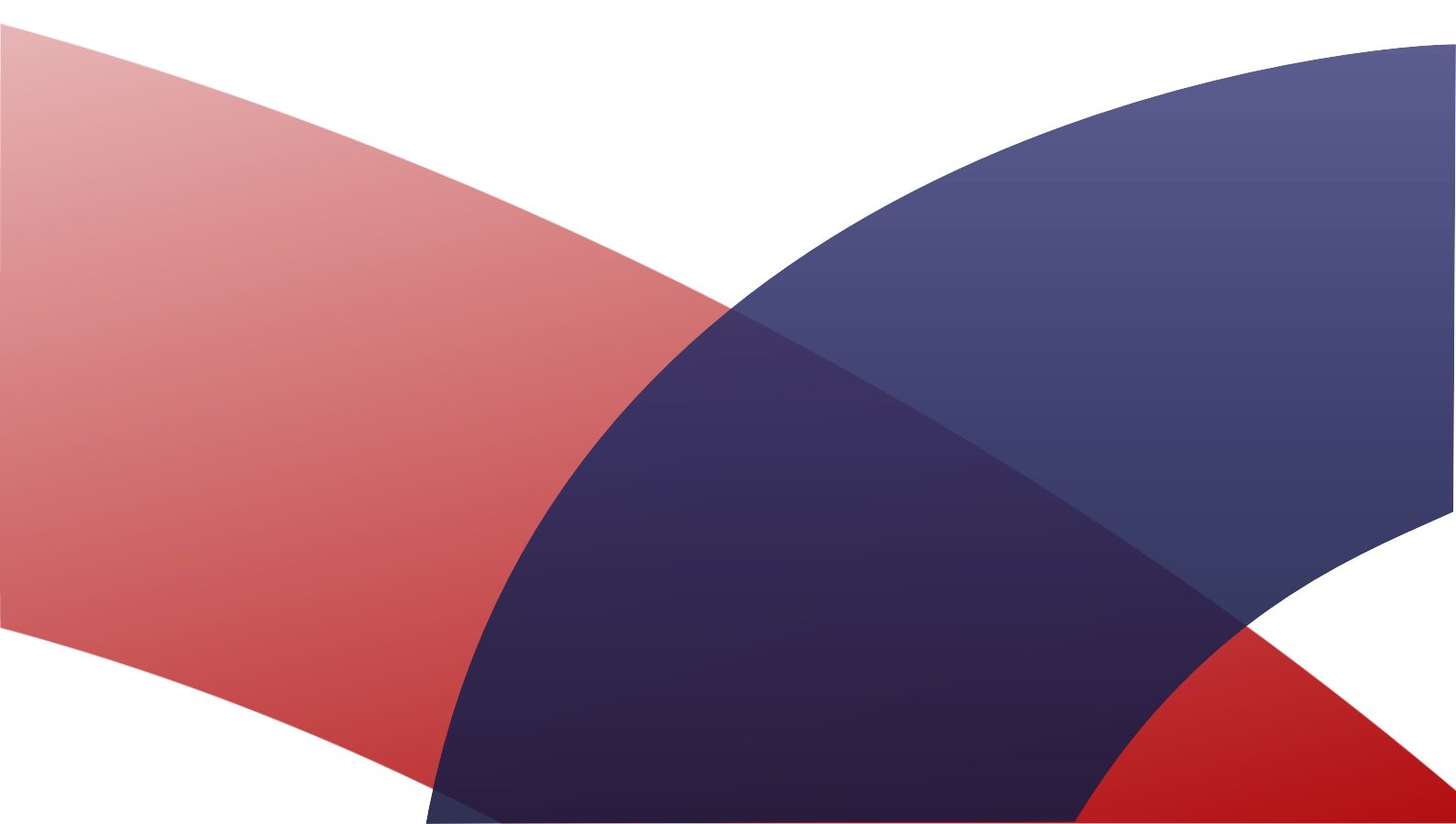
ComRes developed the questionnaires working from the questionnaires used in the 2014 research, in collaboration with the GMC. The overall intention was to ensure that the 2016 research is as consistent as possible with the 2014 wave – as a result, relatively few changes were made, either for methodological reasons or to explore new areas of interest.

# FURTHER INFORMATION

We would be delighted to discuss this further at your convenience.

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