

GMC Corporate Strategy and Perceptions Tracking Survey 2022 | Key findings

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1. EXECUTIVE SUMMARY

Background

Shift Insight was commissioned to run the GMC's 2022 corporate strategy and perceptions survey, which tracks perceptions of seven key audiences: doctors, educators, patients and the public, providers, Responsible Officers (ROs), stakeholders and final year medical students. This year's research builds on previous corporate strategy and perceptions tracking surveys commissioned by the GMC in 2018 and 2020, alongside earlier tracking research conducted in 2014 and 2016, and is the first perceptions survey conducted since the COVID-19 pandemic. The report aligns findings with the GMC's vision of being an effective, compassionate and relevant regulator, and in turn links to the four strategic themes outlined in the GMC's corporate strategy (2021-2025):¹ enabling professionals to provide safe care, developing a sustainable workforce, making every interaction matter and investing in our people to deliver.

Methodology

The quantitative survey was live from the end of May 2022, and open for 6 to 8 weeks. There are some contextual aspects to consider when reading this report: the survey fieldwork period took place immediately after notable media coverage of particular tribunal cases, the survey was

sent later in the year (May-July) compared to previous years (February-March), and this year's survey was the first one conducted since the pandemic.

Being effective

Being an effective regulator ties into the GMC's strategic themes of enabling professionals to provide safe care and developing a sustainable workforce.

The GMC's regulatory function

In terms of the GMC's regulatory function, although confidence remains stable for educators, ROs, stakeholders, and patients and the public, a decline in confidence is evident amongst doctors, students and providers.

Amongst doctors and students, consistent with the 2020 findings, this sentiment stemmed from the feeling that the GMC looks out for patients' interests, not those of doctors. However, the proportion indicating this was due to what they had seen or heard in the media or social media has increased, likely connected to recent high-profile tribunal cases. In line with this, trust in the Medical Practitioners Tribunal Service (MPTS) has declined amongst these two core audiences, and trust in the fitness-to-practise (FtP) process was particularly low amongst all audiences surveyed. This suggests that notable tribunal cases appear to be front-of-mind

¹ www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/corporate-strategy

for doctors and appear to be impacting perceptions of the GMC.

The GMC's support to deliver good, safe care

30% of doctors reported feeling supported by the GMC to deliver good, safe care, in line with the 2020 results, with those who were not confident in the GMC's regulatory role much less likely to feel supported. This was often due to doctors feeling as though they had little contact or day-to-day interactions with the GMC and the perception that the GMC works against doctors, not with them. Another notable finding is that only 16% of medical students felt supported by the GMC in their studies, a decrease from 23% in 2020. However, this could be as a result of another finding, discussed later, which suggests that there is low awareness amongst students of the GMC's oversight in training. This suggests that future registrants could be an important area of focus for the GMC.

The GMC's role in medical education and training

97% of educators stated they had confidence that new UK graduate doctors are prepared for practice. Although 66% of educators felt the GMC is protecting the quality of doctors' training and education, only 29% of doctors felt this way themselves. To add to this, only 67% of final-year medical students agreed that they felt adequately prepared for their first foundation post, showing a decline from

76% in 2020. The findings also suggest that medical students lack understanding of the GMC's input into education and training – only 5% cited unprompted that providing oversight for training is one of the GMC's key regulatory functions. These findings, tied also to the idea that (lack of) awareness is connected to perceptions, further suggests that future registrants could be an untapped opportunity to boost positive perceptions of the GMC.

Staying relevant

Ensuring the GMC stays relevant in the wider landscape of the profession is important for the GMC's strategic themes of making every interaction matter and enabling professionals to provide safe care.

Impact and focus of the GMC

Perceptions of the GMC's impact within the health sector over the last 12 months have remained fairly stable since 2020 across all audiences, aside from amongst doctors. With this group, the negative perception has increased and a higher proportion now feel the GMC hasn't had an impact (25% in 2022 vs 18% in 2020).

Stakeholders (80%) and educators (74%) largely felt the GMC is focusing on the right issues as a regulator. However, this was much less the case with students (32%) and doctors (23%). Doctors sought more protection from the GMC, in cases such as patient complaints, and both audiences wanted a change away from what was perceived by some to be a 'blame culture', where doctors are 'scapegoated' for

systemic failures, in line with 2020 results. However, another prominent area of attention this year, suggested by both audiences, was the need for the GMC to investigate institutional racism, again likely stemming from media coverage of tribunal cases. It appears that counterbalancing the perception that the GMC looks out for patients' interests, not those of doctors, is a possible step towards the GMC's aspiration to be a listening and learning organisation.

The GMC's response to the COVID-19 pandemic

This year's survey asked key audiences how they would rate the GMC's response to the COVID-19 pandemic, where some of the actions taken by the GMC included introducing the temporary emergency medical register and relaxing requirements around appraisal and revalidation of doctors. The findings revealed that 76% of stakeholders felt the GMC's response was good, compared to only 29% of doctors, further emphasising doctors' poor perceptions of the GMC's impact.

Dealing with workplace issues

Thinking about their experiences of the profession overall, 68% of doctors and 77% of medical students agreed that they find being a doctor is/will be a fulfilling career, which is significantly less than in 2020. These two groups were also more likely to feel unable to cope with their workload/studies, compared to 2020, and this was particularly the case for doctors on the GP register. Together with healthcare

systems, the GMC aspires to 'tackle [...] bullying and discriminatory behaviours'. However, the survey results show that this aspiration clashes with the current negative perceptions of the GMC, amongst some doctors and medical students especially. Building on sentiments that the GMC should focus more attention on investigating institutional racism, only 15% of doctors agreed that the GMC is helping to tackle the discrimination experienced by doctors, while 58% disagreed. In the case of ROs, disagreement was also fairly high – although 39% agreed, 30% disagreed.

Giving guidance

ROs were most likely to have accessed the professional standards and ethics guidance provided by the GMC (58%) and doctors were the least likely (25%), which is consistent with the 2020 findings.

Trajectory of the GMC

82% of stakeholders and 71% of educators felt they understood the GMC's direction of travel and were more likely to perceive the GMC as a listening and learning organisation compared to other audiences. However, it is notable that, across all relevant audiences aside from stakeholders, there appears to be relatively low awareness of the changes wanted by the GMC to the regulations that govern how it works, especially amongst doctors. There has also been a notable decrease in perceptions of the GMC as a listening and learning organisation since 2020 amongst doctors, students and providers. However,

those who were aware of the changes wanted by the GMC were more likely to have positive perceptions of the GMC, including perceiving the GMC as a listening and learning organisation, amongst other descriptors. These findings reinforce the likely connection between awareness and perceptions, as well as highlighting the potential risk that low awareness of what the GMC is trying to change creates an impression that the organisation has not 'listened to' or 'learned from' the previous feedback.

Being compassionate

Finally, being a compassionate regulator ties into the GMC's strategic themes of developing a sustainable medical workforce and making every interaction matter.

Associations with the GMC

Comparing the responses to the descriptors of the GMC tested in both 2020 and 2022 (a learning organisation, a listening organisation, transparent, fair and collaborative) demonstrates a marked decrease in positive perceptions amongst doctors, students and providers. Again, overall, stakeholders and educators appeared to have the most positive perceptions here.

Fairness and inclusion

As discussed, the perception of the GMC being 'fair' has significantly decreased since 2020 amongst doctors, medical students

and providers, and further findings reinforce this. In 2020, 74% of doctors agreed that the process of registering felt fair to them, which has now decreased to 68% in 2022. The results for medical students, who were asked this question for the first time, match those for doctors, with 66% of students feeling that the process was fair. With providers, a notable decrease in the perception that the requirements the GMC places on their organisation are reasonable and proportionate was also seen.

Making every interaction matter

In terms of audiences the GMC has a close working relationship with, 92% of stakeholders and 83% of educators agreed that the GMC values their relationship with them, but only 61% of ROs felt this way. These audiences were more likely to have had interactions with the GMC in the last 12 months, which is perhaps unsurprising. This was much less the case for doctors, who were most likely to say they had not had any interactions listed with the GMC in the past 12 months, compared to other audiences, even though they were likely to have received standard communications during this period. Moreover, doctors, and providers, tended to have lower agreement levels in regard to information being relevant, the tone being helpful and empathetic or information being provided in a timely and efficient manner, compared to other audiences. This further suggests that, for doctors, relevance of communication may be more the issue rather than frequency.

Conclusions

This year's research indicates that the views of audiences who have a closer working relationship with the GMC, especially educators and stakeholders, as well as the views of patients/the public, have remained fairly stable. However, the results from the research reveal that perceptions of the GMC have declined in various areas amongst current and future doctors, highlighting several areas to target. One of the most important findings is that improving confidence in the GMC as a regulator will require improving trust in the MPTS decisions and FtP process, which appears to have been a significant factor in perceptions of the GMC's impact and role in this year's findings.

2. INTRODUCTION

Shift Insight was commissioned to run the GMC’s quantitative corporate strategy and perceptions tracking research to track perceptions of the GMC’s work amongst seven key audiences: doctors, educators, medical students, patients and the public, providers, Responsible Officers (ROs) and stakeholders. This year’s research builds on previous corporate strategy and perceptions tracking surveys commissioned by the GMC in 2020 and 2018, alongside earlier tracking research conducted in 2014 and 2016.

Making evidence-based decisions by utilising surveys and research is a core component of the GMC’s corporate strategy (2021-2025),² which outlines four strategic themes:

- Enabling professionals to provide safe care.
- Developing a sustainable medical workforce.
- Making every interaction matter.
- Investing in our people to deliver.

There is also an increased focus on Equality, Diversity and Inclusion (ED&I) commitments in the GMC’s current strategy, which has been shaped to address issues such as fairness, support, respect, care and sustainability. In line with the strategy, the GMC’s vision to be an effective, relevant and compassionate regulator has influenced how this report has been structured. By examining perceptions of the GMC in these three areas, findings have therefore been linked back to the strategy where possible.

Table 1 summarises the methodology and sample size for each of the audiences surveyed. These sample sizes are broadly in line with those from 2020.³

Table 1: Summary of audience, method and sample size

| Audience and method | Number of responses |
|--|---------------------|
| Doctors Online survey, sample from GMC database, weighted data | 2,619 |
| Educators Online survey, sample from GMC database | 35 |
| Medical students Online survey, sample from GMC database, weighted data | 758 |
| Patients and public Online survey, sample from third-party provider (Dynata), weighted data | 2,033 |
| Providers Online survey, sample from third-party providers (Oscar Research, Wilmington Healthcare) | 158 |

² www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/corporate-strategy

³ www.gmc-uk.org/-/media/documents/10458-gmc-corporate-strategy-2020-technical-appendix_pdf-84844207.pdf

| | |
|--|----|
| Responsible Officers Online survey, sample from GMC database | 97 |
| Stakeholders Computer Assisted Telephone Interviewing (CATI), sample from GMC database | 50 |

The surveys were live from the end of May 2022, which brings up some contextual aspects to consider when reading these findings:

- The survey live period was immediately after notable media coverage of the tribunal case of Dr Arora, potentially reigniting negative sentiments from the profession towards the GMC in relation to the earlier case of Dr Bawa-Garba (which led to measures from the GMC to restore confidence in the FtP process).
- The survey fieldwork period was later this year (May-July) compared to previous years (February-March), which could have had an impact on the results. This is particularly the case for medical students, as the fieldwork was conducted after they had submitted their applications for provisional registration to the GMC, which is a key interaction between them and their regulator, whereas previous surveys were conducted before this process began. Particular instances where this may have been the case have been highlighted in the report.
- Previously, for the provider audience, limited inclusion/exclusion criteria was applied. However, in 2022, more targeted and relevant contacts were invited to take part, which explains the smaller sample of providers compared to 2020, and may also explain some differences in findings. In particular, one of the main changes in the providers sample from 2020 to 2022 was that data was not sought from practice managers. This role was the most positive in terms of their confidence in the GMC, and their exclusion this year may explain, in some cases, the drop in confidence in the GMC that we are seeing with this audience. Additionally, there is a possibility that the providers sample may include those in positions where clinical practice is also part of their role, therefore some of the sentiments of this group may be based on doctors' perceptions, where the results saw the deepest decline.
- It is worth noting that this year's survey has been the first conducted since the pandemic (fieldwork for the 2020 survey was conducted just before the pandemic gained momentum in the UK). As with any research conducted with medical professionals since the start of the COVID-19 pandemic in 2020, it is important to bear in mind the general workload-related pressures and increased demands the healthcare sector has been facing over the past two years.

Surveys for the following audiences were open for a total of six weeks: doctors, educators, medical students, patients/the public and ROs, whereas the surveys for providers and stakeholders were open for eight weeks.

A few additional notes to be mindful of when reading this report:

- The sample size for each question and audience has been reported for the current wave (2022). The adjusted sample size has been reported for audiences where weighting was applied (doctors, students, patients/the public).
- All questions were single choice unless stated otherwise in the footnote for each chart (open question or multi-choice).
- A review of the existing survey questions was carried out before the dissemination to ensure survey questions were appropriately updated. Where questions have been updated, this has been noted in the footnotes under each chart.

3. BEING EFFECTIVE

3.1. THE GMC'S REGULATORY FUNCTION

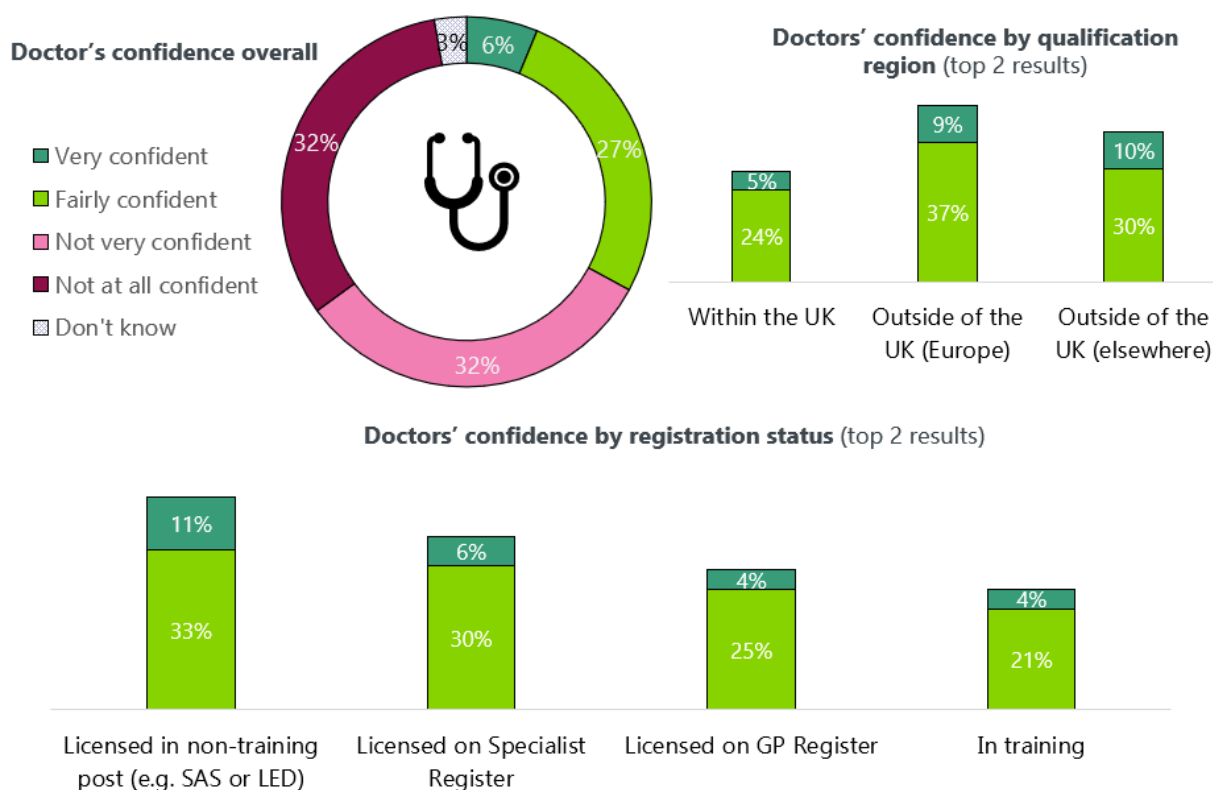
Link to the GMC's strategy: Enabling professionals to provide safe care

The GMC's vision is to be an effective, relevant and compassionate regulator. The results outlined in this section show that confidence in the GMC has decreased for core audiences, particularly doctors and students, which appears to be related to negative coverage in the media and on social media. The strategic theme, at its core, is about how the GMC *actually* regulates the medical professional. However, media coverage of high-profile FtP cases appears to be front-of-mind for these groups, impacting confidence in and perceptions of the GMC's regulatory functions.

All key audiences were asked how confident they were in the way that the GMC regulates doctors. Amongst **doctors** themselves, confidence has significantly decreased – from 45% in 2020 to 33% in 2022 stating they were 'fairly' or 'very confident'. Moreover, the proportion stating they were 'not at all confident' has increased from 21% in 2020 to 32% in 2022. As shown in Figure 1, those who qualified outside of the UK were more likely to be confident compared to those who qualified in the UK. However, overall, in the doctors' sample, there were no notable significant differences by doctors' ethnicity.

This confidence varied depending on a doctor's role, e.g. those licensed in a non-training post were significantly more confident (Figure 1). Comparing confidence levels amongst doctors between 2020 and 2022 suggests a decrease in confidence across all roles. However, this decrease is particularly notable for those in training, where the proportion that indicated they are confident in the GMC has decreased from 51% to 25%.

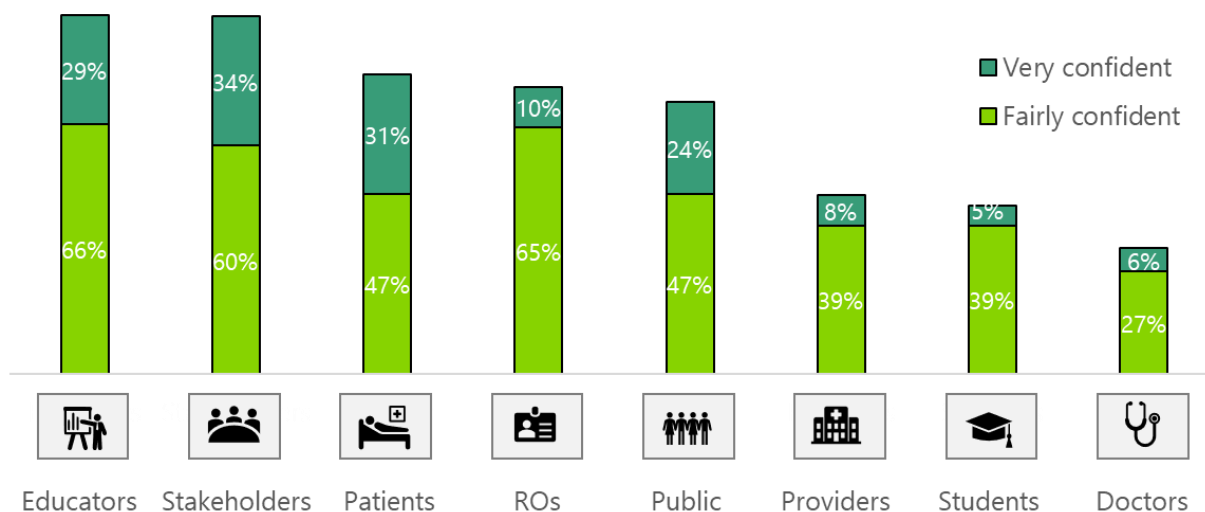
Figure 1 Doctors' confidence in the GMC's regulation of doctors



Existing tracking question: "How confident, if at all, are you in the way that the General Medical Council (GMC) regulates doctors?" Asked to: doctors (B1; n = 2,370 [adjusted]).

Confidence was also much lower amongst **medical students** and **providers**, but relatively high amongst **educators** and **stakeholders** (Figure 2). As discussed in the introduction to this report, the decline in the providers percentage could be somewhat explained by the change to the profile sampled within this segment this year. However, the findings for trainees and medical students, along with other findings explored later, indicate that new doctors and future registrants should potentially be a key area of focus for the GMC.

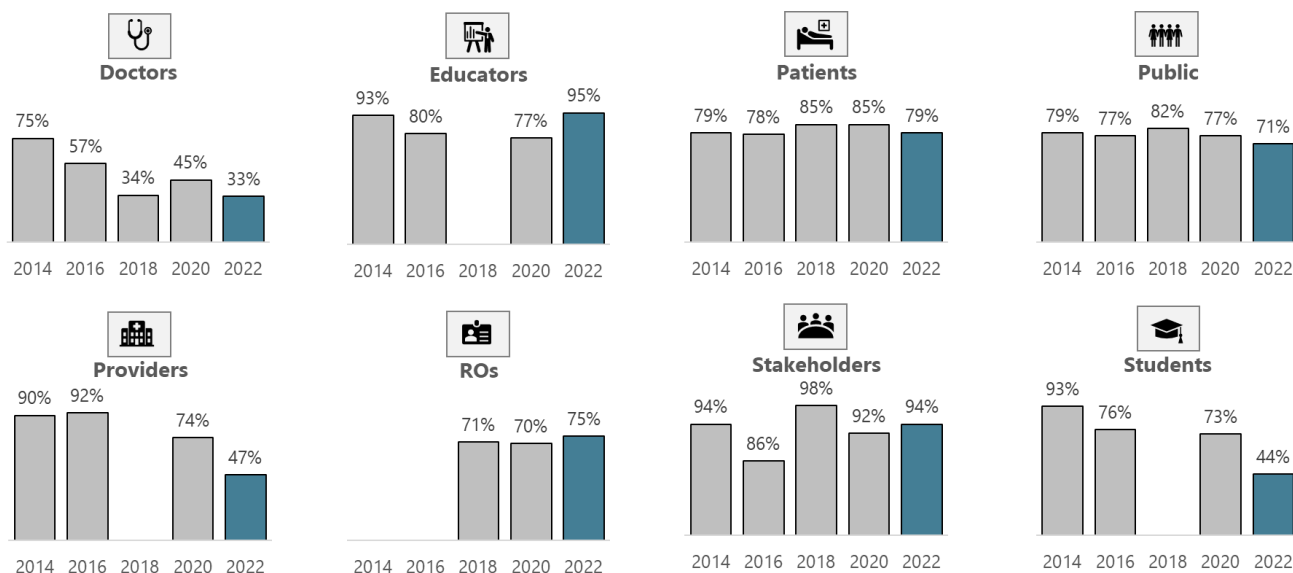
Figure 2 Confidence in the GMC’s regulation of doctors (top 2 results)



Existing tracking question: “How confident, if at all, are you in the way that the General Medical Council (GMC) regulates doctors?” Patients and the public: “And how confident, if at all, are you in the way that doctors are regulated?” Asked to: doctors (B1; n = 2,370 [adjusted]), educators (A1; n = 35), patients and the public (A2; patients n = 994 [adjusted]; the public n = 1,000 [adjusted]), providers (B1; n = 158), ROs (B1; n = 97), stakeholders (B1; n = 50), students (B1; n = 702 [adjusted]).

As seen in Figure 3, confidence in the GMC’s regulation of doctors has generally decreased amongst **doctors** over time – from 75% in 2014 to now only 33%, aside from an increase in 2020 to 45%. As for **providers** and **medical students**, amongst whom perceptions were particularly low this year, there has been a significant drop between 2020 and 2022 (73% vs 44%, and 74% vs 47%), whilst confidence amongst **educators, patients and the public, ROs** and **stakeholders** has remained relatively stable.

Figure 3 Confidence in the GMC’s regulation of doctors – 2014 to 2022 (top 2 results, strongly agree and tend to agree)



Existing tracking question: “How confident, if at all, are you in the way that the General Medical Council (GMC) regulates doctors?” Patients and the public: “And how confident, if at all, are you in the way that doctors are regulated?” Asked to: doctors (B1; n = 2,370 [adjusted]), educators (A1; n = 35), patients and the public (A2; patients n = 994 [adjusted]; the public n = 1,000 [adjusted]), providers (B1; n = 158), ROs (B1; n =97), stakeholders (B1; n = 50), students (B1; n = 702 [adjusted]).

Doctors and medical students were asked in a follow-up open response question why they were not confident in the way that the GMC regulates them. Consistent with the 2020 findings, 62% of doctors argue that they thought the GMC looks out for patients’ interests, not those of doctors. Notably, the proportion of both doctors and medical students who explained their lack of confidence was caused by what they had seen, read or heard in the media or on social media had significantly increased (Figure 4). As discussed, the timing of the survey fieldwork period in relation to the Dr Arora case should be kept in mind here.

Figure 4 Top reasons for lack of confidence

| Doctors | 2020 | 2022 |
|--|------|------|
| The GMC looks out for patients’ interests, not the doctor’s | 63% | 62% |
| From what I have seen/read/heard in the media, e.g. newspapers/ TV/radio | 44% | 58% |
| It’s not clear how the GMC works and how it makes its decisions | 52% | 51% |

| | | |
|--|-------------|-------------|
| From what I have seen/heard on social media (e.g. Twitter/ Facebook) | 27% | 41% |
| Students | 2020 | 2022 |
| From what I have seen/heard on social media (e.g. Twitter/ Facebook) | 35% | 60% |
| From what I have seen/read/heard in the media, e.g. newspapers/ TV/radio | 54% | 60% |
| The GMC looks out for patients' interests, not the doctor's | 62% | 56% |
| It's not clear how the GMC works and how it makes its decisions | 43% | 46% |

Existing tracking question: "Why do you say that you are not confident in the way that the GMC regulates doctors?" (Open question coded into themes.) Asked to: doctors (B2; n = 1,613 [adjusted]), students (B2; n = 366 [adjusted]).

It is also notable that those who expressed a lack of confidence in the GMC also expressed similar sentiments to the wider environment. For instance, 85% of doctors who felt that this was not a fulfilling career were also not confident in the way the GMC regulates doctors. Likewise, 83% of doctors who have often considered leaving the profession were not confident in the way the GMC regulates doctors. While lack of confidence in the GMC appears to correlate with negative perceptions of the wider environment, it is important to note that this is an association. It cannot be assumed that the 'wider environment' is a factor in confidence in the GMC (or vice versa) since causation cannot be established.












Patients and the public, who indicated a much higher level of confidence, explained in a separate open response question that they simply had trust that there was a process in place for regulation, despite not knowing the details.

With regard to trust in the other regulatory functions of the GMC, trust in the MPTS has decreased significantly – amongst **doctors** (from 35% in 2020 to 17% in 2022), **providers** (from 57% to 41%) and **medical students** (from 54% to 25%).

A similar significant downward pattern can be observed for trust in the GMC with dealing with a concern related to a doctor's FtP (**doctors**: from 33% in 2020 to 26% in 2022; **providers**: from 64% to 38%; **students**: from 61% to 43%). It should be noted that this is an indirect comparison due to a change in question wording this year. Previously, respondents were asked about trust in the GMC to make a fair and appropriate *decision* when they receive a concern about a doctor, but in the 2022 survey this was personalised to a concern about 'my practice or professional behaviour' and also reframed as trust in the GMC to *deal with* that concern fairly and appropriately, taking into account the context in which doctors work. However, it seems likely that these sentiments, particularly amongst doctors and medical students, are related to the findings outlined in Figure 4, indicating that media coverage of high-profile FtP cases appears to be impacting confidence in the GMC's regulatory functions.

When exploring these statements by doctors' ethnicity, there were no particularly notable findings here.

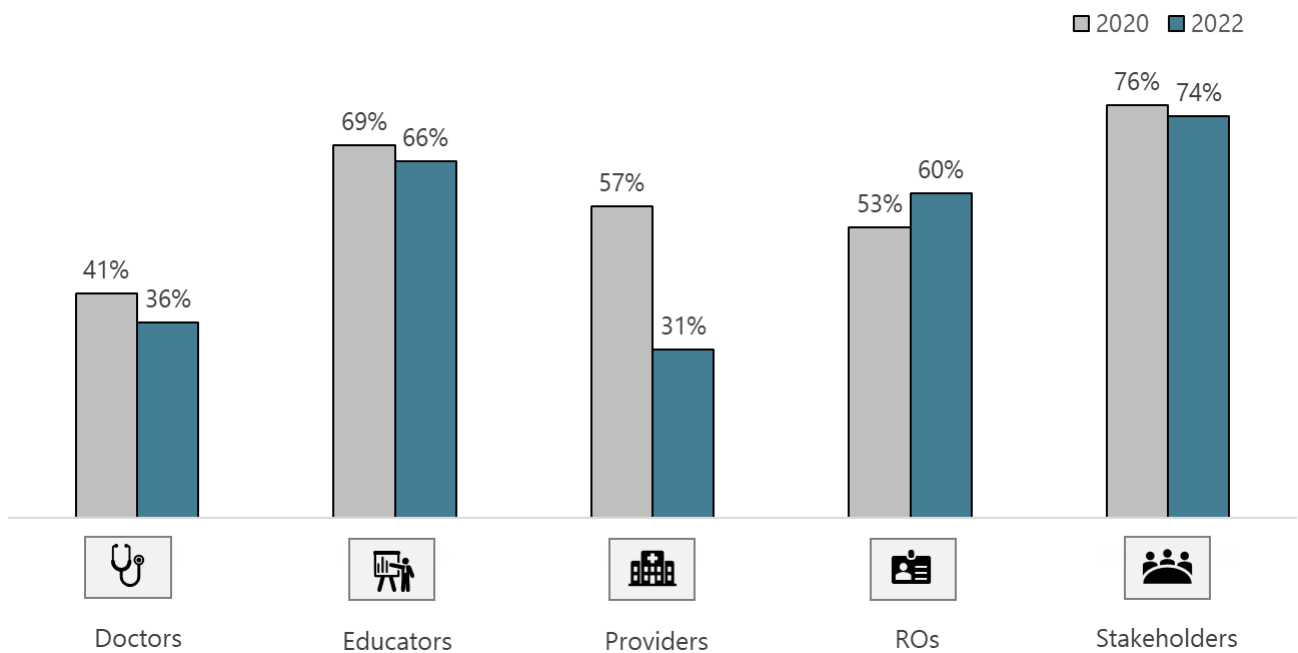
Figure 5 Agreement about trust in GMC's regulatory functions – 2022 vs 2020 (top 2 results, strongly agree and tend to agree)

| Key | For each audience: | | | | | | | |
|---|---|---|---|--|---|---|---|---|
| | Doctors | Educators | Patients | Public | Providers | ROs | Stakeholders | Students |
|  | Statistically significant increase compared to 2020 | | | | | | | |
|  | Statistically significant decrease compared to 2020 | | | | | | | |
|  | Due to wording change, direct comparison to 2020 not available | | | | | | | |
| |  |  |  |  |  |  |  |  |
| | Doctors | Educators | Patients | Public | Providers | ROs | Stakeholders | Students |
| a) Trust GMC to register doctors with right qualifications and skills | 77% | 97% | 85% | 78% | 89% | 91% | 96% | 91% |
| b) Trust GMC to check doctors are up-to-date and safe to practise | 65% | 94% | 80% | 74% | 63% | 69% | 82% | 84% |
| c) Trust GMC to deal with concern: <u>FitP</u> fairly and appropriately | 26% | 74% | 81% | 73% | 38% | 62% | 68% | 43% |
| d) Trust MPTS to make a fair, appropriate and independent decision | 17% | 71% | 78% | 73% | 41% | 67% | 52% | 25% |

Updated tracking question (small wording change to statement b. *Wording of statement c changed from: "I trust the GMC to make a fair and appropriate decision when they receive a concern about a doctor?" to: "If a concern about my practice or professional behaviour was made to the GMC, I would trust them to deal with that concern fairly and appropriately, taking into account the context in which I work" or "I trust the GMC to deal with a concern about a doctor's practice or professional behaviour fairly and appropriately, taking into account the context in which the doctor works". **Wording of statement d changed from: "I trust the Medical Practitioners Tribunal Service to make a fair and appropriate decision in a tribunal about a doctor's behaviour or practice" to: "I would trust the Medical Practitioners Tribunal Service to make a fair, appropriate and independent decision in a tribunal about my/a doctor's practice or professional behaviour"). Asked to: doctors (B4/5/7; n = statements a and b: 2,484/statement c: 2,352/statement d: 1,361 [adjusted]), educators (A2/3/5; n = 35/35/21), patients and the public (A5/6/7A; patients n = 891/890/252 [adjusted]; the public n = 838/838/211 [adjusted]), providers (B2/3/5; n = 158/158/133), ROs (B4/5/7; n = 97/97/91), stakeholders (B2/3/5; n = 50/50/42), students (B4/5/7; n = 705/704/282 [adjusted]).

Finally, with regard to the extent to which audiences agreed that the GMC promotes and maintains public confidence in the medical profession, the data show less agreement now compared to 2020 amongst **doctors** and **providers**, whereas the findings are fairly consistent between 2020 and 2022 for all other audiences asked this question (Figure 6).

Figure 6 GMC promoting and maintaining public confidence in the medical profession (top 2 results, strongly agree and tend to agree)



Existing tracking question: “To what extent would you agree or disagree with each of the following statements? The GMC promotes and maintains public confidence in the medical profession.” Asked to: doctors (G4; n = 2,396 [adjusted]), educators (G4; n = 35), providers (G1; n = 158), ROs (G4; n = 97), stakeholders (G1; n = 50).

3.2. THE GMC’S SUPPORT TO DELIVER GOOD, SAFE CARE

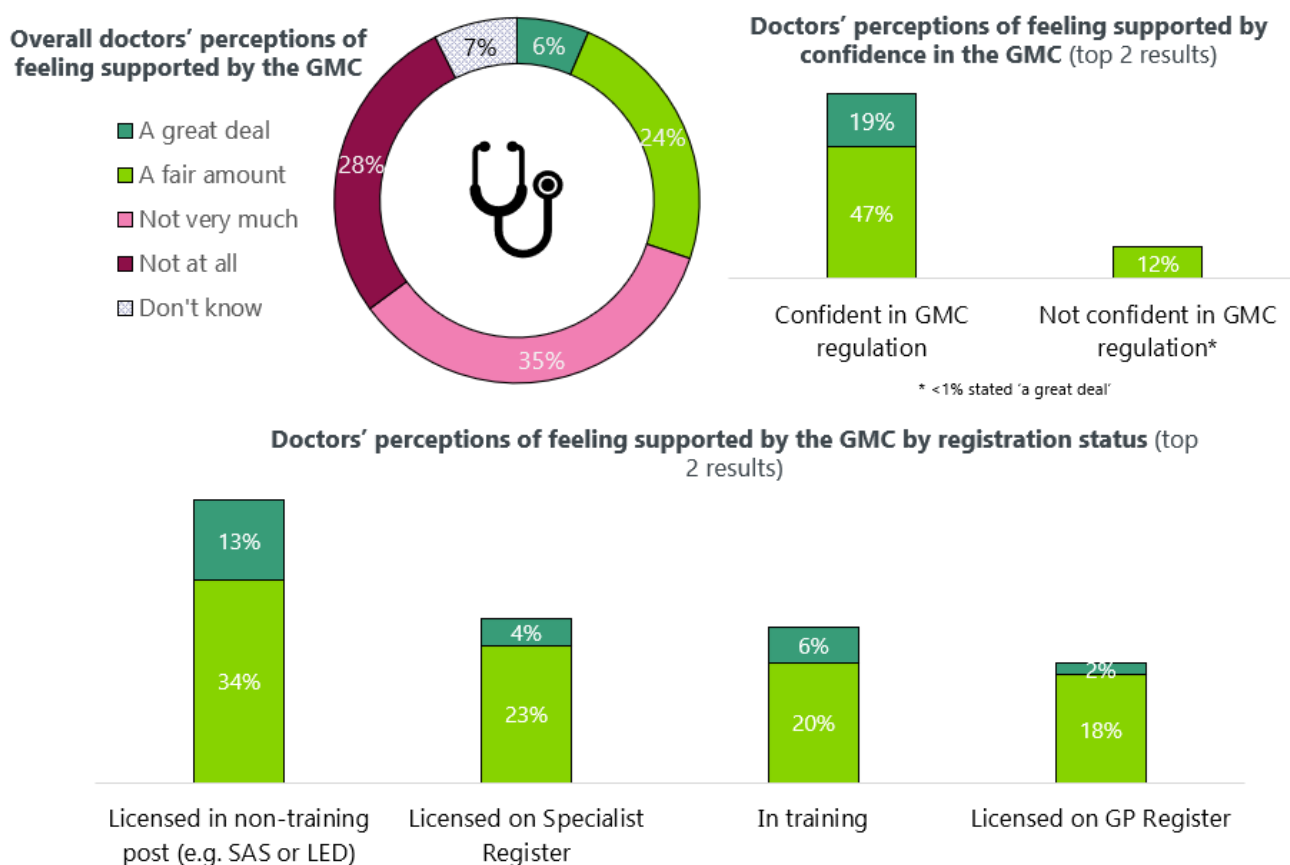
Link to the GMC’s strategy: Enabling professionals to provide safe care

Overall, the proportion of doctors who felt supported by the GMC to deliver good, safe care has remained stable since 2020. However, the proportion of trainees that felt this way has decreased. This suggests that future registrants could be a key area of focus. Open responses from doctors who felt unsupported suggests that, for them, the GMC does not come across as compassionate. Some saw the GMC as playing a more ‘disciplinary’ role, making their presence felt when issues arose while having little impact on their day-to-day lives.

Overall, 30% of **doctors** felt supported by the GMC to deliver good, safe care, which is broadly in line with the 2020 results (32%). However, the proportion of trainees that indicated that they either felt supported a great deal or a fair amount has decreased from 38% in 2020 to 26% in 2022. This year, while perceived support varied somewhat depending on a doctor’s registration

status, it was most significantly impacted by whether or not they were confident in the GMC's regulation. Only 12% of those who were *not* confident stated that they felt supported to deliver good, safe care, compared to 66% who were confident in the GMC's regulation of doctors (Figure 7). Another key finding is that those in trainer/supervisor or appraiser roles were more likely to state not very much or not at all (68%) compared to those that had neither of these roles (61%).

Figure 7 Doctors' perceptions of feeling supported by the GMC



Existing tracking question: "To what extent do you feel supported by the General Medical Council (GMC) to deliver good safe care?" Asked to: doctors (D1; n = 2,322 [adjusted]).

One of the key reasons doctors gave for not feeling supported was the perception that the GMC was working against them, not for or with them (Figure 8). This was also a reason given in open answers when asked why they were not confident in the way that the GMC regulates doctors. Open responses in relation to this sentiment suggest doctors felt that the GMC has more of a 'disciplinary' role – being seen to punish doctors – and plays more of a role when issues arise, leading to 'defensive' medicine. Doctors who felt this way expressed that the regulator doesn't come across as compassionate or supportive, and had seen little impact from the regulator in their daily practice.

Figure 8 Doctors’ top reasons given for not feeling supported by the GMC

| Doctors | % |
|---|-----|
| Little contact from the GMC or impact to day-to-day | 23% |
| GMC works against doctors, not for or with them | 20% |
| GMC used as a threat to doctors | 13% |
| GMC does not recognise the pressures that doctors/NHS are under | 10% |
| GMC regulations place blame on individual doctors for systemic failures | 8% |
| GMC appears to be institutionally racist/discriminatory | 7% |
| Pay high fees for little/no return/poor use of fees | 6% |

Existing tracking question: “Why do you say that?” Open question, coded into themes (5% or more shown). Asked to: doctors (D2; n = 1,272 [adjusted]). Only responses of those that said ‘not very much’ or ‘not at all’ to D1 shown.

Moving on to **medical students**, 16% said that they felt supported by the GMC in their studies. This has significantly decreased from 23% in 2020. As will be explored in 3.3, this is particularly important to consider in relation to how aware students are of the different aspects of the GMC’s role, with findings suggesting there is somewhat less awareness of the GMC’s input in medical education and training.

Finally, related to support provided by the GMC, a new question introduced this year revealed that 69% of **educators**, 25% of **providers**, 48% of **ROs** and 76% of **stakeholders** agreed that the GMC was working well with other regulators and organisations to keep patients and doctors safe.

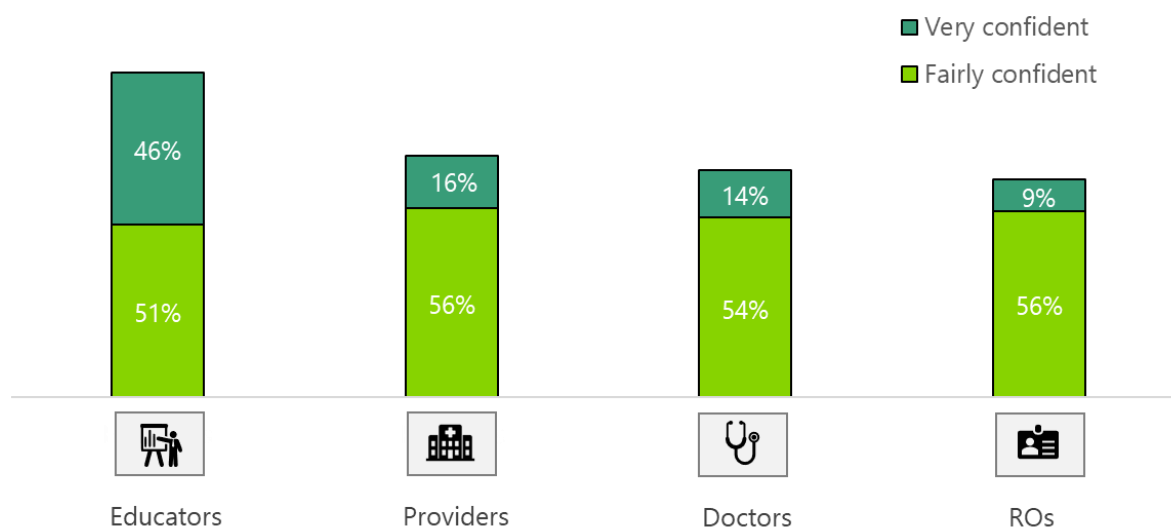
3.3. THE GMC’S ROLE IN MEDICAL EDUCATION AND TRAINING

Link to the GMC’s strategy: Developing a sustainable medical workforce

The GMC’s strategy outlines a commitment to use the GMC’s position to ‘help shape medical education and training to better support the development of medical students and professionals’. However, as the results discussed below show, there appears to be little awareness amongst students about this regulatory function of the GMC, indicating a potential area of focus. Many lack understanding of the GMC’s input into education and training, meaning that currently it’s an untapped opportunity to boost positive perceptions of the GMC.

Nearly all **educators** surveyed (97%) stated they had confidence that new UK graduate doctors are prepared for practice. On the other hand, **ROs** were least confident, with 65% stating they were confident that new UK graduate doctors are prepared (Figure 9).

Figure 9 Perceptions of new UK graduate doctors' preparedness for practice (top 2 results)



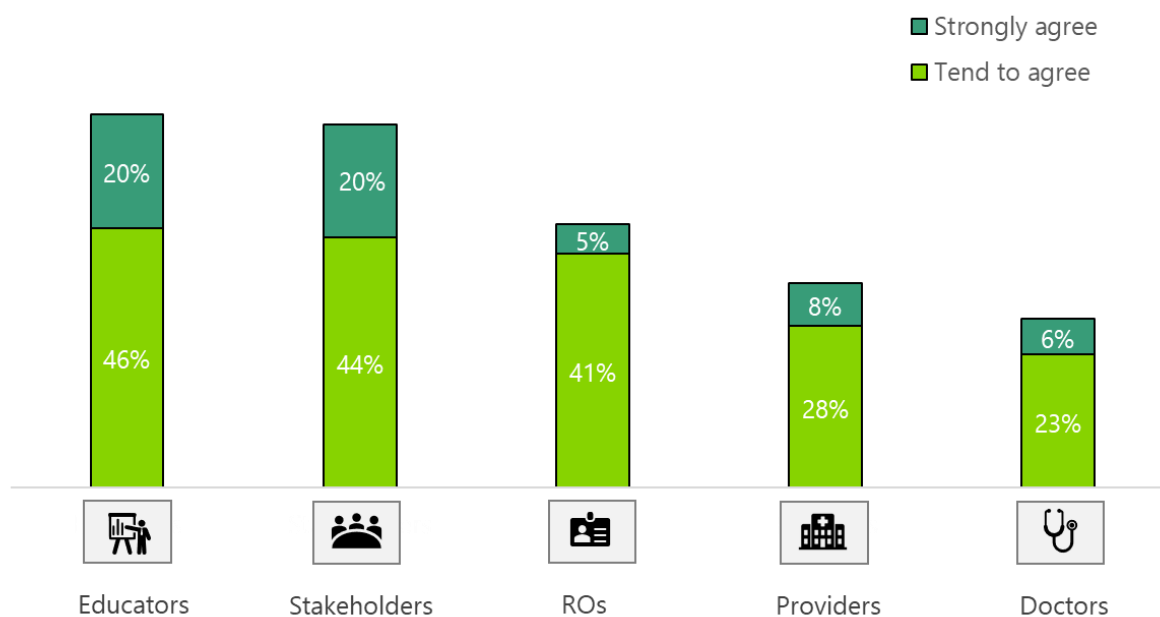
*Existing tracking question: "How confident, if at all, are you that new UK graduate doctors are prepared for practice?"
Asked to: doctors (E12; n = 2,228 [adjusted]), educators (E1; n = 35), providers (E1; n = 158), ROs (E1; n = 97).*

Notably, **doctors** who were confident in the GMC were also significantly more confident in the preparedness of new graduate doctors (79% vs 62%). Doctors on the specialist and GP register, that qualified within the last 5 years, were also asked to what extent they agreed that their postgraduate training had adequately prepared them for their first post as a consultant or general practitioner or equivalent. 72% agreed that they felt prepared, which is in line with the 2020 results where it was 79%. However, 67% of final-year **medical students** agreed that they felt adequately prepared for their first foundation post – a statistically significant decline from 76% in 2020. This decline could potentially be linked to changes in training during the pandemic.

The GMC plays a key role in preparing medical students for practice through setting the standards for medical education and training. However, **medical students** appeared to have relatively less awareness of this role. Of those who answered an open question, 5% unprompted cited that providing oversight for training is one of the GMC's regulatory functions, whereas investigation of malpractice/complaints (mentioned by 47%) was the most cited regulatory function. This suggests this function is front of mind and likely highly influential in forming students' perceptions of the GMC. This ties in with the responses to the open question to explain how supported students felt by the GMC in their studies. Here, 42% said they had a lack of understanding of the GMC's input into education and training. And more generally, awareness of the GMC amongst students has not increased significantly (12% claimed to 'know a lot about the GMC' in 2020, while this figure is 13% in 2022). This suggests an opportunity to boost positive perceptions amongst future registrants, by ensuring they are aware of the GMC's wider role.

Educators, when asked about the standards the GMC sets for medical education and training, gave positive ratings for the quality assurance processes for undergraduate medicine. Bearing in mind a very small sample size (n = 19) for this question, 79% agreed that it's timely and efficient, 84% that it's proportionate as well as fair, and 89% that it's effective. Ratings for the postgraduate training assurance process were similarly positive. Finally, 66% of **educators** strongly agreed or tended to agree that the GMC protects the quality of doctors' training and education when there are concerns. By comparison, only 29% of **doctors** themselves stated that (Figure 10).

Figure 10 Perceptions of the GMC protecting the quality of doctors' training and education when there are concerns (top 2 results)



Existing tracking question: "To what extent do you agree or disagree with each of the following statements? The GMC protects the quality of doctors' training and education when there are concerns." Asked to: doctors (F5; n = 2,396 [adjusted]), educators (F1; n = 35), providers (F1; n = 158), ROs (F2; n = 97), stakeholders (F1; n = 50).

4. STAYING RELEVANT

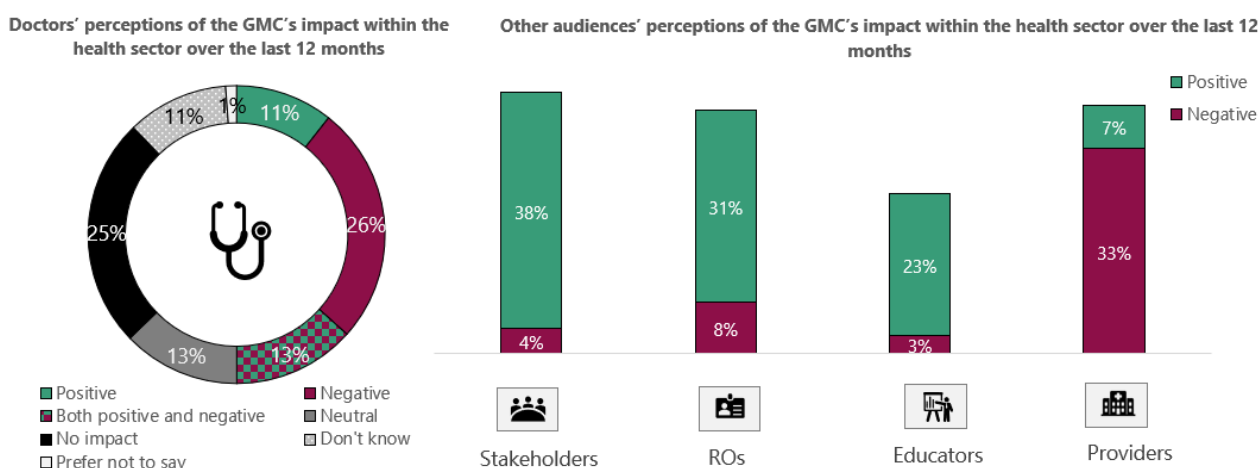
4.1. IMPACT AND FOCUS OF THE GMC

Link to the GMC’s strategy: Making every interaction matter

The GMC’s strategy outlines that ‘listening and learning everyday gives us the knowledge and adaptability to interact with people in a way that suits them’. Receiving and responding to the feedback of key audiences on the issues the GMC should focus more on as a regulator is a big part of that. The findings in this section show the need for the GMC to signal it takes doctors’ and students’ concerns seriously to counterbalance the perception that it ‘looks out for patients’ interests, not those of doctors’.

Overall, half of the doctor sample thought that the GMC either didn’t have an impact (25%) or that it had a negative impact (26%) (Figure 11). To add to this, a significantly higher proportion of **doctors** (25%) thought that the GMC did *not* have an impact within the health sector over the last 12 months compared to 2020 (18%). These findings appear to be rooted in doctors’ perceptions that the GMC doesn’t do enough to protect doctors, as well as perceptions of institutional racism (Figure 12), some of which likely stem from specific recent cases.

Figure 11 Perceptions of the GMC’s impact within the health sector over the last 12 months



Existing tracking question: “How would you describe the GMC’s impact within the health sector over the last 12 months?” Asked to: doctors (C2; n = 2,346 [adjusted]), educators (B2; n = 35), providers (C2; n = 158), ROs (C2; n = 97), stakeholders (C2; n = 50).

Figure 12 Reasons for negative perceptions of the GMC’s impact within the health sector

| Doctors | % |
|---|----------|
| GMC applies disproportionate sanctions/conducts unnecessary investigations of doctors | 20% |
| General lack of support/protection for doctors | 20% |
| GMC discriminates against BAME and overseas doctors/institutional racism | 18% |
| Poor handling of FtP cases (e.g. mention of Dr Arora/Dr Bawa-Garba) | 15% |
| GMC works against doctors, not for or with them | 10% |

Existing tracking question: “And in your own words, why do you say this?” (Open question coded into themes.) Asked to doctors (C3; n = 1,378 [adjusted]).

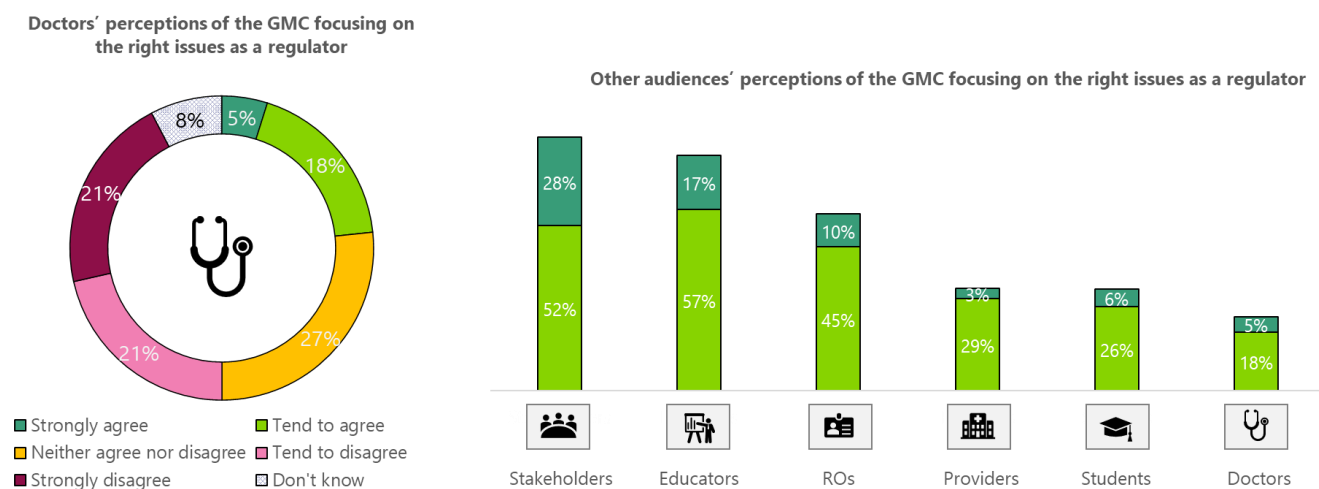
Findings remained consistent with 2020 for all other audiences asked this question, aside from **ROs and Providers**. Amongst ROs, the perception of the GMC’s impact being ‘*both positive and negative*’ has declined. In 2020, 36% thought the GMC’s impact had been both positive and negative, whereas, in 2022, only 15% stated that. We saw a more dramatic switch in the perceptions of providers here, with only 7% indicating that GMC had had a positive impact, compared to 21% in 2020. As stated previously however, both a smaller sample size and changes to the make-up of the sample make it hard to make confident comparisons with 2020.

Looking specifically at the issues that the GMC is focusing on as a regulator in the health sector, stakeholders and educators largely felt that the GMC is focusing on the right issues (80% and 74% agreed). However, only about one quarter (23%) of **doctors** thought this, which is a significant decrease from 2020 (31%). As in other areas, doctors, as well as medical students, were the most critical audience by far in terms of this perception (Figure 13). Aligned with the finding of little perceived support, **doctors** explained in open comments that they wanted the GMC to focus more on support for them rather than just providing guidance. Examples of the support doctors sought included supporting with negative public perceptions of the profession, protecting doctors against patient complaints, supporting doctors during FtP investigations, and a general recognition of the pressures the profession was facing. This is also related to both doctors and students wanting a change away from what was perceived by some to be a ‘blame culture’ where doctors are ‘scapegoated’ for systemic failures. These two areas were also the top suggestions by doctors in the 2020 research.

In addition, both audiences – but particularly **medical students** – felt that the GMC should investigate institutional racism (Figure 14), and **doctors** also felt that ensuring investigations are fair and proportionate should be a key focus. These elements appear to be more prominent in the 2022 research compared to 2020, likely due to the timing of the survey as discussed in the methodology section. Although the GMC is a public regulator, these findings suggest there

is a need to strike a balance between the interests of doctors and patients, to help improve the sense of support the profession feels from the GMC.

Figure 13 Perceptions of the GMC focusing on the right issues as a regulator



Existing tracking question: "To what extent do you agree or disagree with the following statement: The GMC is focusing on the right issues as a regulator." Asked to: doctors (C5; n = 2,396 [adjusted]), educators (B5; n = 35), providers (C4; n = 158), ROs (C7; n = 97), stakeholders (C4; n = 50), students (C2; n = 704 [adjusted]).

Figure 14 Where the GMC should be focusing more of its attention – Doctors and medical students (top 5)

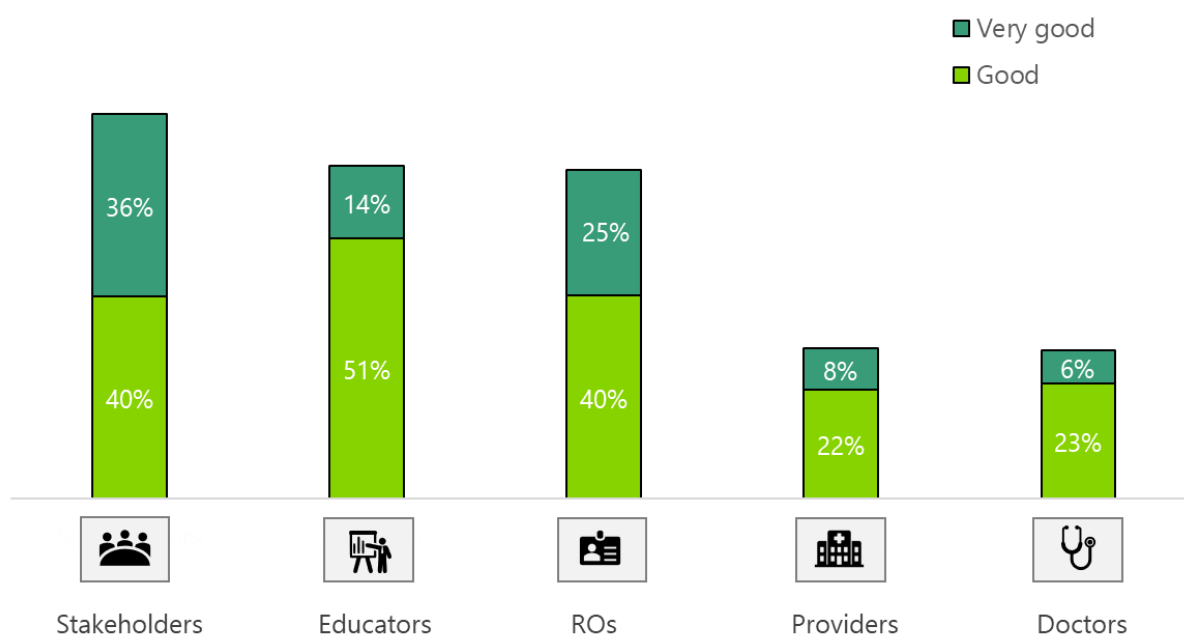
| Doctors | | Students | |
|--|-----|--|-----|
| More support for doctors than just giving guidance | 27% | Investigating institutional racism | 29% |
| Ensuring investigations are fair and proportionate | 19% | Improvements to medical workplace safety/working conditions | 19% |
| Changing the blame culture/Stop scapegoating doctors for systemic failures | 18% | Changing the blame culture/Stop scapegoating doctors for systemic failures | 19% |
| Investigating institutional racism | 14% | Increased focus on the wellbeing and mental health of doctors | 14% |
| Increased focus on the wellbeing and mental health of doctors | 14% | Improvements to doctors' pay and working conditions | 11% |

Existing tracking question: "Where do you think the GMC should be focusing more of its attention?" (Open question coded into themes.) Asked to: doctors (C5a; n = 933 [adjusted]), medical students (C3a; n = 182 [adjusted]).

4.2. THE GMC'S RESPONSE TO THE COVID-19 PANDEMIC

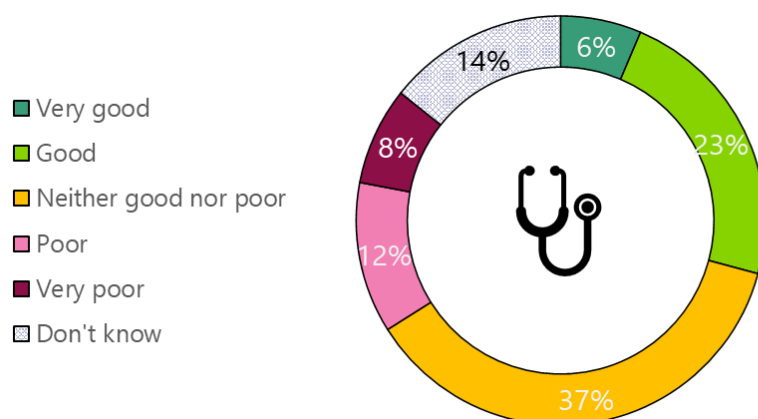
This year's survey asked key audiences how they would rate the GMC's response to the COVID-19 pandemic, due to being the first survey since this occurred. During the pandemic, some of the actions taken by the GMC included introducing the temporary emergency medical register and relaxing requirements around appraisal and revalidation of doctors. Stakeholders had the most positive perceptions (Figure 15). Overall, 37% of doctors stated the response was 'neither good nor poor', and 29% stated it was 'good' or 'very good' (Figure 16). Notably, there were some significant differences in subsamples. For example, those who qualified outside of the UK or Europe were more likely to rate the GMC's pandemic response as 'good' or 'very good' compared to other doctors (45%).

Figure 15 GMC's response to the COVID-19 pandemic – Audience comparison (top 2 results)



New question: "How would you rate the GMC's response to the COVID-19 pandemic?" Asked to: doctors (C4; n = 2,431 [adjusted]), educators (B4; n = 35), providers (C8; n = 158), ROs (C6; n = 97), stakeholders (C10; n = 50).

Figure 16 Doctors' perceptions of the GMC's response to the COVID-19 pandemic



New question: "How would you rate the GMC's response to the COVID-19 pandemic?" Asked to: doctors (C4; n = 2,431 [adjusted]).

4.3. DEALING WITH WORKPLACE ISSUES

Link to the GMC's strategy: Enabling professionals to provide safe care

Together with healthcare systems, the GMC aspires to 'tackle [...] bullying and discriminatory behaviours'. However, the survey results show that this aspiration clashes with the negative perception, amongst some doctors and medical students especially, that the GMC is discriminatory and racist. Additionally, another finding is the significant decrease amongst doctors agreeing that the GMC's approach to regulation is sensitive to the context in which they work. This suggests a need to showcase how exactly the GMC is tackling discrimination, in the healthcare system as well as its own organisation, to change the perceptions of these key audiences.

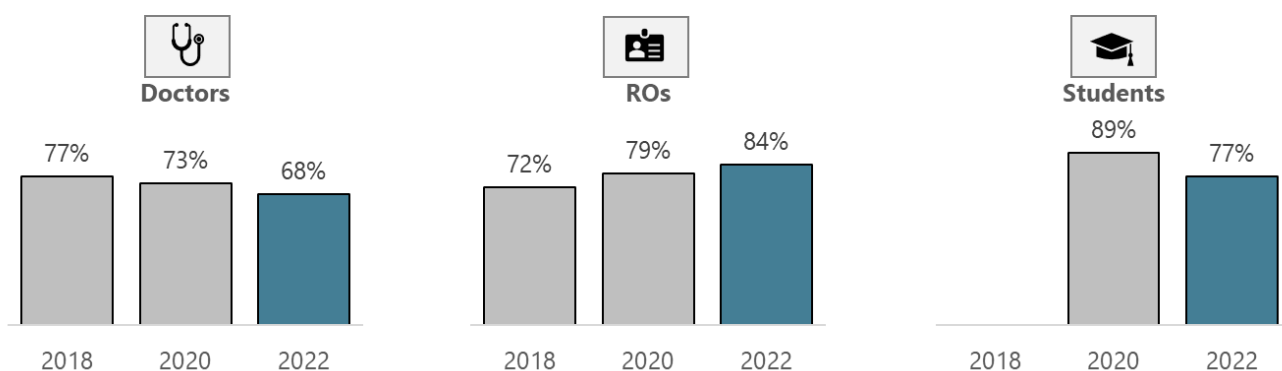
68% of **doctors** and 77% of **medical students** agreed that they find being a doctor is/will be a fulfilling career, which is significantly less than in 2020 (Figure 17). This year's results are fairly consistent with the GMC's 2021 The State of Medical Education and Practice (SoMEP) Barometer survey,⁴ which found that 70% of the doctors sampled were satisfied in their day-to-day work, with 37% of this satisfied group stating this was due to enjoying their work or

⁴ www.gmc-uk.org/-/media/documents/somep-2021-barometer-report_pdf-88506203.pdf?la=en&hash=E2E929F9DB51064E05DCFFED56FAEA5726160453

finding their job fulfilling and rewarding. On the other hand, **ROs'** perceptions have remained fairly consistent with 2020.

As explored in 3.1, **doctors** who expressed a lack of confidence in the GMC also expressed similar negative sentiments about their career. 85% of doctors who felt that this was not a fulfilling career were also not confident in the way the GMC regulates doctors.

Figure 15 Perceptions of a fulfilling career (top 2 results, strongly agree and tend to agree)



Existing tracking question: "To what extent do you agree or disagree with the statement 'I find being a doctor a fulfilling career?'/ 'I find being a doctor will be a fulfilling career?'/ 'I find being in a Responsible Officer role contributes to a fulfilling career?'" Asked to: doctors (I1; n = 2,389 [adjusted]), ROs (I1; n = 97), students (I1; n = 704 [adjusted]).

Compared to 2020, **doctors** and **students** were also significantly more likely to feel unable to cope with their workload/studies (Figure 18). This finding further emphasises results from the GMC's 2021 SoMEP Barometer survey, where it was found that 30% of the doctors sampled felt unable to cope with their workload at least once a week. As shown in Figure 18, the findings also suggest that **doctors** were more likely to often consider leaving the medical profession altogether, compared with 2020.

Figure 16 Issues in the workplace in the last year – Doctors and medical students (top 2 results, almost continuously or weekly)

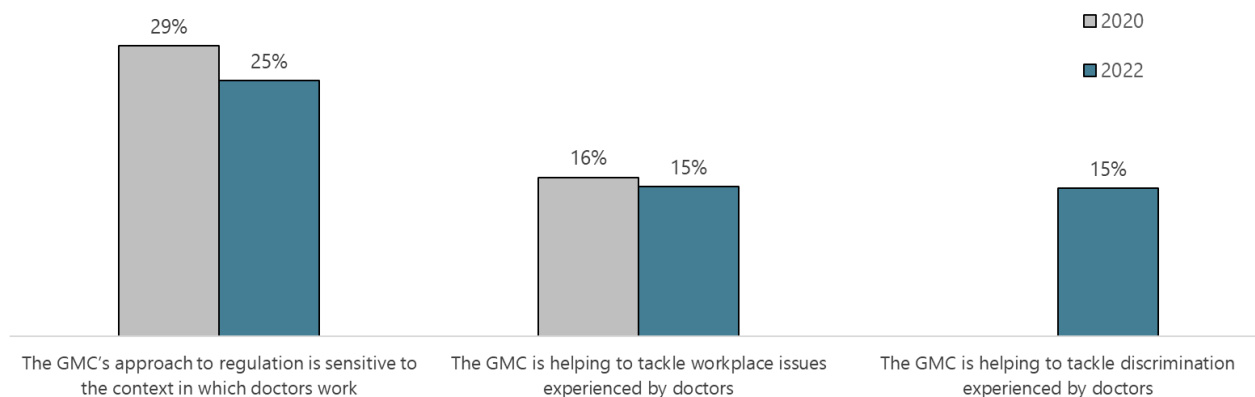
| Issue | Doctors | | Students | |
|---|---------|------|----------|------|
| | 2020 | 2022 | 2020 | 2022 |
| Felt unable to cope with my workload/studies | 26% | 36% | 8% | 14% |
| Had to take a leave of absence due to stress | 1% | 1% | 1% | 1% |
| Found it difficult to provide a patient with the sufficient level of care they needed | 27% | 29% | n/a | n/a |
| Considered leaving the medical profession/ leaving or changing my studies | 17% | 21% | 7% | 8% |
| Felt unsupported by the management or senior management/my university | 29% | 25% | 16% | 19% |
| Felt unsupported by my immediate colleagues/ my peers | 10% | 9% | 7% | 6% |

Existing tracking question: “Over the last year how often have you experienced the following [...]?” Asked to: doctors (12; n = 2,337 [adjusted]), medical students (12; n = 704 [adjusted]).

Those **doctors** licensed on the GP register were significantly more likely to say that they often felt unable to cope with their workload in 2022 than those on the specialist register (52% vs 30%). Additionally, White doctors were significantly more likely to say that they felt unable to cope, whereas Black doctors were less likely to (42% vs 27%).

Another finding that may have been impacted by the pandemic and/or the recent FtP tribunal cases in the media is the significant decrease amongst **doctors** agreeing that the GMC’s approach to regulation is sensitive to the context in which they work (Figure 19). Doctors who were confident in the GMC’s regulation of doctors were significantly more likely to agree that the approach is sensitive (59% vs 8% amongst those that were not confident).

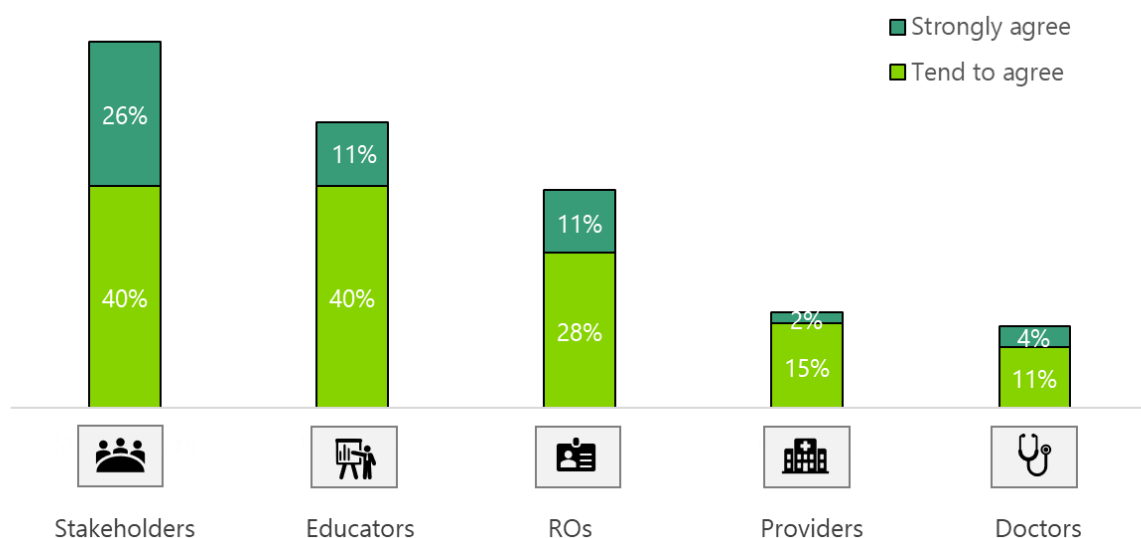
Figure 17 Doctors’ perceptions of the GMC’s role in the workplace (top 2 results, strongly agree and tend to agree)



Updated tracking question: “To what extent do you agree or disagree with the following statements?” (New statement added.) Asked to: doctors (D3; n = 2,396 [adjusted]).

Workplace issues also include challenges related to ED&I. A new statement about the GMC helping to tackle discrimination experienced by doctors was introduced to several audiences this year (Figure 20). 15% of **doctors** agreed that the GMC is helping to tackle discrimination experienced by doctors, but concerningly, 58% disagreed. In the case of **ROs**, 39% agreed, but 30% disagreed. However, agreement was much higher amongst **stakeholders** (66%).

Figure 18 Audience comparison of the perceptions of the GMC helping to tackle discrimination (top 2 results)



Updated tracking question: “To what extent do you agree or disagree with the following statements?” (New statement added.) Asked to: doctors (D3; n = 2,396 [adjusted]), educators (D1; n = 35), providers (D1; n = 158), ROs (D3; n = 97), stakeholders (E1; n = 50).

In line with findings discussed earlier in this report, responses to some of the open questions, particularly about the GMC’s impact in the health sector, suggest that some perceived the GMC to have a problem with discrimination and institutional racism in some cases linked to recent press coverage, which is likely reflected in their responses to this question.

4.4. GIVING GUIDANCE

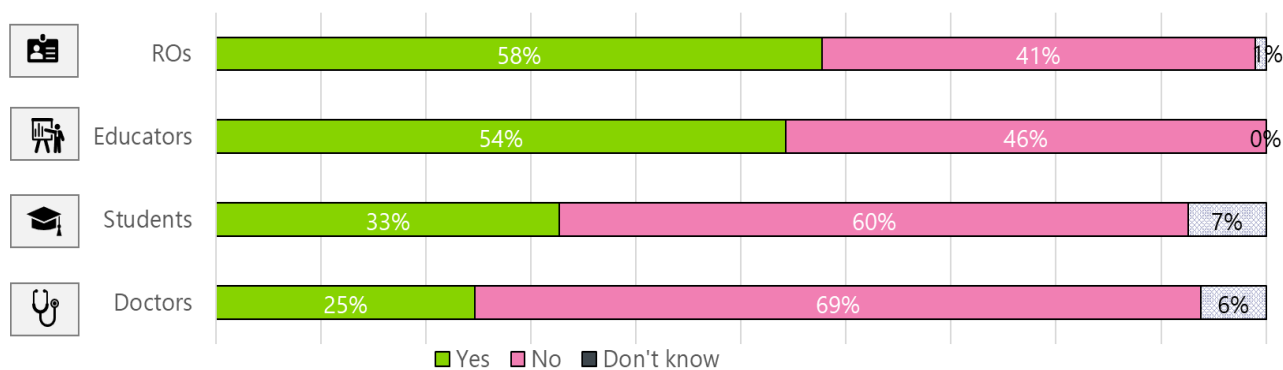
Link to the GMC’s strategy: Enabling professionals to provide safe care

There hasn’t been an increase in the proportion of doctors accessing the GMC’s professional standards and ethics guidance since 2020, however the proportion of doctors who considered the GMC to be the most important source of ethical and professional guidance has grown. On the other hand, medical students did not share this sentiment, amongst whom the proportion who considered the GMC as the most important source has decreased since 2020. This perhaps further suggests limited awareness of the multi-faceted role of the GMC amongst this audience.

Relevant audiences were also asked to evaluate the guidance provided by the GMC. Figure 21 displays the use of the GMC’s professional standards and ethics guidance. **ROs** were most likely to have accessed this (58%) and **doctors** were the least likely (25%); this is consistent with the

2020 findings. **Educators** reported the largest change here, with 37% having accessed the standards and ethics guidance in 2020, and 54% in 2022. However, the small sample of educators should be kept in mind here.

Figure 19 Usage of GMC’s professional standards and ethics guidance



Existing tracking question: “In the last 12 months, have you used GMC professional standards and ethics guidance to help you determine what course of action to take (on a clinical placement or your studies)?” Asked to: doctors (H5; n = 2,297 [adjusted]), educators (H3; n = 35), ROs (H5; n = 97), students (H5; n = 699 [adjusted]).

The proportion of **doctors** regarding the GMC as the most important source of ethical or professional guidance has grown. In 2020, only 16% said the GMC was most important, which has now increased to 21%. It should be noted that the GMC’s public consultation on its core guidance, *Good Medical Practice*, ran through April to July 2022. The communications to doctors about the consultation during this time may have reminded this group of the GMC’s role. As the survey fieldwork period was a little later this year compared to 2020, this could potentially have influenced the uplift. The opposite was found amongst **students**, where 32% said the GMC was the most important source in 2020, which has decreased to 22% in 2022. In 2022, students were most likely to say ‘a medical defence body’ was the most important source of advice or support on ethical and professional guidance relating to their practice (37% in 2022 compared to 30% in 2020).

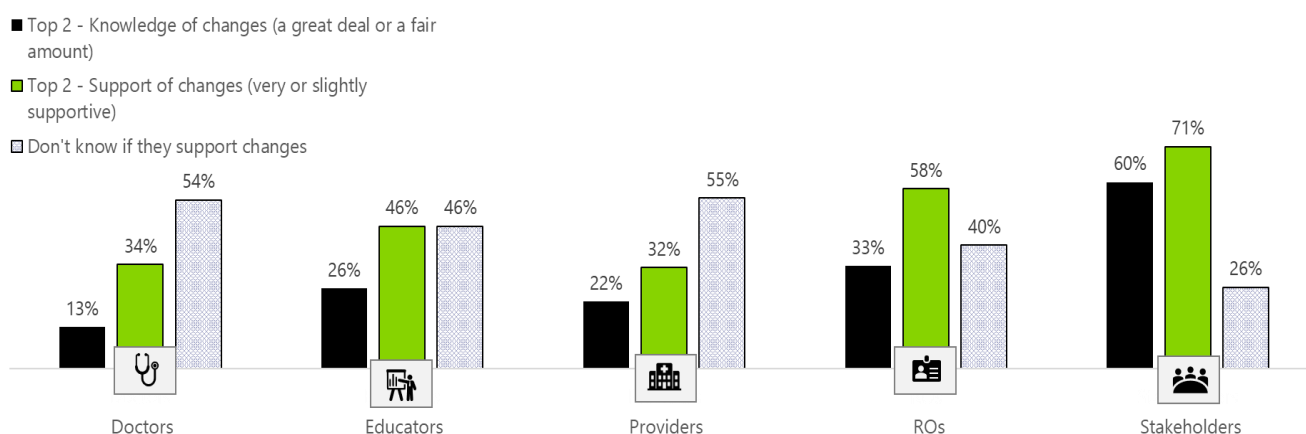
4.5. TRAJECTORY OF THE GMC

Link to the GMC’s strategy: Making every interaction matter

The GMC aspires to be a listening and learning organisation. Stakeholders and educators generally perceive the GMC in this way, and understand the GMC’s direction of travel. However, overall, across all relevant audiences, there appears to be an issue with knowledge of and support for the changes wanted by the GMC to the regulations that govern how it works. Therefore, there is a potential risk that the low awareness of what the GMC is trying to change creates an impression that the organisation has not ‘listened to’ or ‘learned from’ the feedback.

Audiences were asked how much, if anything, they knew about the changes wanted by the GMC to the regulations that govern how it works (Figure 22). Awareness of the wanted changes was fairly low across audiences, but lowest amongst **doctors** (13%).

Figure 20 Knowledge and support of wanted GMC regulation changes – Audience comparison











Updated tracking question. “How much, if anything, do you know about the changes wanted by the GMC to the regulations which govern how it works?” (Change to question wording, previously: “How much, if anything, do you know about why the GMC is calling for legislative reform [...]”). Asked to: doctors (C6; n = 2,324 [adjusted]), educators (B6; n = 35), providers (C5; n = 158), ROs (C8; n = 97), stakeholders (C5; n = 50). **New question. Asked to those aware of the changes. “How supportive are you of those changes?”** Asked to: doctors (C8; n = 1,190 [adjusted]), educators (B8; n = 24), providers (C5B; n = 111), ROs (C10; n = 83), stakeholders (C7; n = 42).

As might be expected, there appears to be a connection between awareness and levels of support and/or positive perceptions of the changes. Those who knew less about the changes did not appear to have a clear opinion or grasp of them – a large proportion of this group stated ‘don’t know’ when asked whether they supported the changes or not. This uncertainty was further emphasised when audiences with some limited awareness were asked what they believed the outcome of those changes would be, where the most cited answer was ‘don’t know’. On the other hand, those who stated they knew a great deal were more likely to be very supportive and feel the outcomes will be positive. These findings also suggest there is a potential risk that the low awareness of what the GMC is trying to change creates an impression that the organisation has not ‘listened to’ or ‘learned from’ the feedback.

Indeed, when exploring the extent to which audiences perceived the GMC to be a listening and learning organisation, overall, the most positive perceptions could be seen amongst **educators, stakeholders** and **patients**. However, a notable decrease was evident from 2020 amongst **doctors, students** and **providers** (Figure 23).

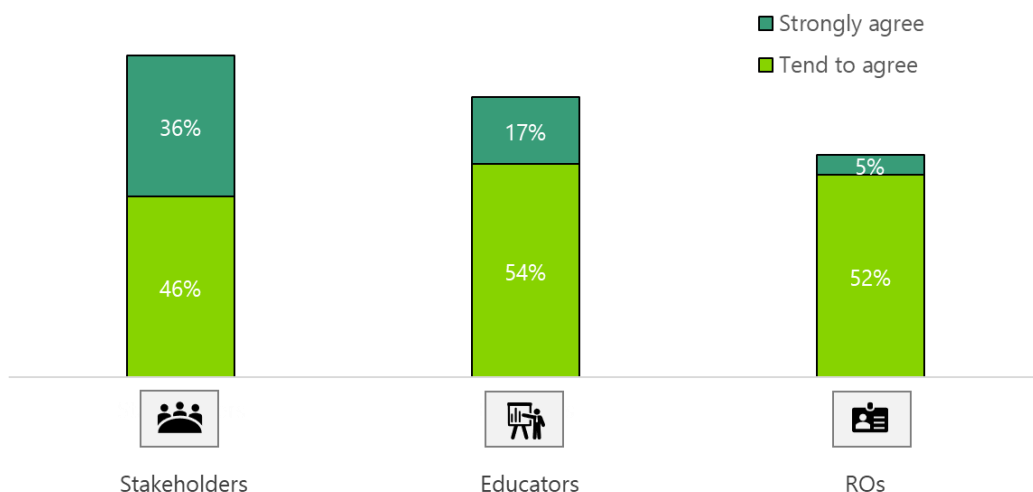
Figure 23 Perceptions of the GMC as a listening and learning organisation – Audience comparison (top 2 results, strongly agree and tend to agree)

| |  Doctors |  Educators |  Patients |  Public |  Providers |  ROs |  Stakeholders |  Students |
|--|---|---|--|--|--|---|--|--|
| Significant decrease compared to 2020 ■ | | | | | | | | |
| A learning organisation | 24% | 63% | 57% | 51% | 15% | 41% | 76% | 36% |
| A listening organisation | 17% | 57% | 57% | 49% | 16% | 43% | 60% | 25% |

Updated tracking question. “To what extent do you agree or disagree with the following words or phrases as descriptors of the GMC?” (Change to items, but ‘learning’ and ‘listening organisation’ remained the same). Asked to: doctors (C1; n = 2,396 [adjusted]), educators (B1; n = 35), patients and the public (A8; patients n = 891 [adjusted]; the public n = 838 [adjusted]), providers (C1; n = 158), ROs (C1; n = 97), stakeholders (C1; n = 50), students (C1; n = 704 [adjusted]).

Additionally, in a question introduced this year to educators and ROs, but previously asked to stakeholders, audiences were asked to what extent they understood the GMC’s direction of travel (Figure 24). The results emphasise the higher level of awareness of these groups of the wanted GMC regulation changes. In addition, the results this year for **stakeholders** (82%) were fairly consistent with 2020 (88%).

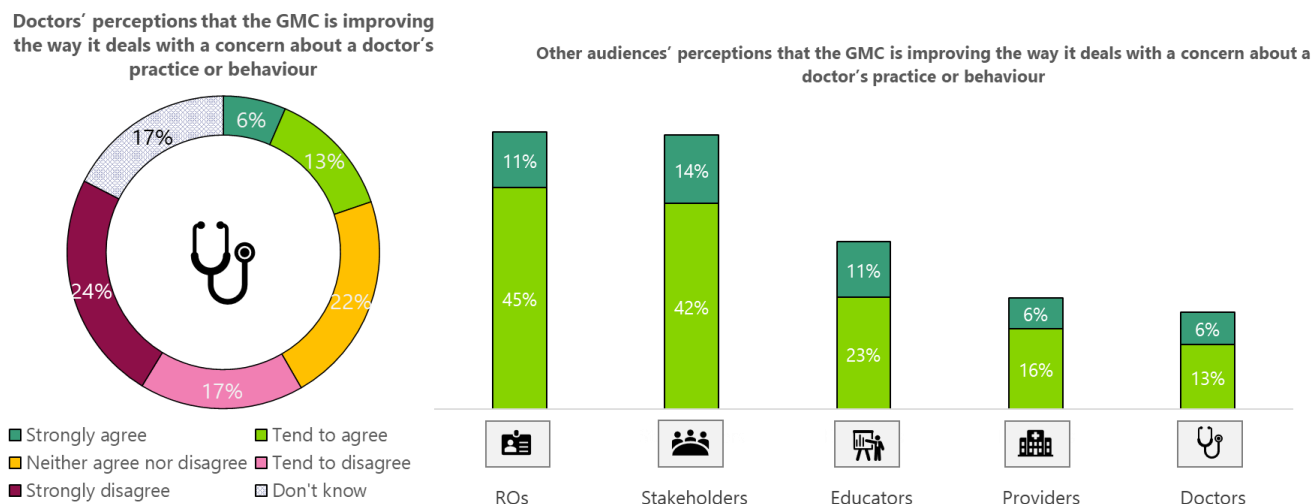
Figure 24 Understanding of the GMC’s direction of travel (top 2 results)



New/existing tracking question. “To what extent do you agree or disagree with the following statements about your relationship with the GMC. I understand the GMC’s direction of travel.” Asked to: educators (C4; n = 35), ROs (C4; n = 97), stakeholders (D3; n = 50).

The GMC would also like to ensure that everyone who interacts with the organisation ‘feels listened to and finds it easy to engage with us. This includes, for example, raising a concern about a medical professional, being investigated or applying for registration’. Broadly, **doctors** didn’t appear to see improvements in the way the GMC is dealing with complaints. Audiences were asked to what extent they agreed that the GMC is improving the way it deals with a concern about a doctor’s practice or behaviour (Figure 25). **ROs** continued to have the most positive view, with 56% of them believing that the GMC is improving in this area. On the other hand, only 20% of **doctors** agreed that the GMC is improving the way it deals with a concern – this is a decrease in proportion from 2020 (24%).

Figure 21 GMC improvement in dealing with a concern about a doctor's practice or behaviour



Existing tracking question. "To what extent would you agree or disagree with each of the following statements? The GMC is improving the way it deals with a concern about a doctor's practice or behaviour." Asked to: doctors (G4; n = 2,393 [adjusted]), educators (G4; n = 35), providers (G1; n = 158), ROs (G4; n = 97), stakeholders (G1; n = 50).

This was emphasised by open responses that indicated the frustration of **doctors** with the GMC, for example, perceptions of too much focus on investigating low-level or minor errors or that the GMC regulations place blame on individual doctors for systemic failures. This suggests doctors are a key audience where more work may be needed to demonstrate that the GMC is a listening and learning organisation.

5. BEING COMPASSIONATE

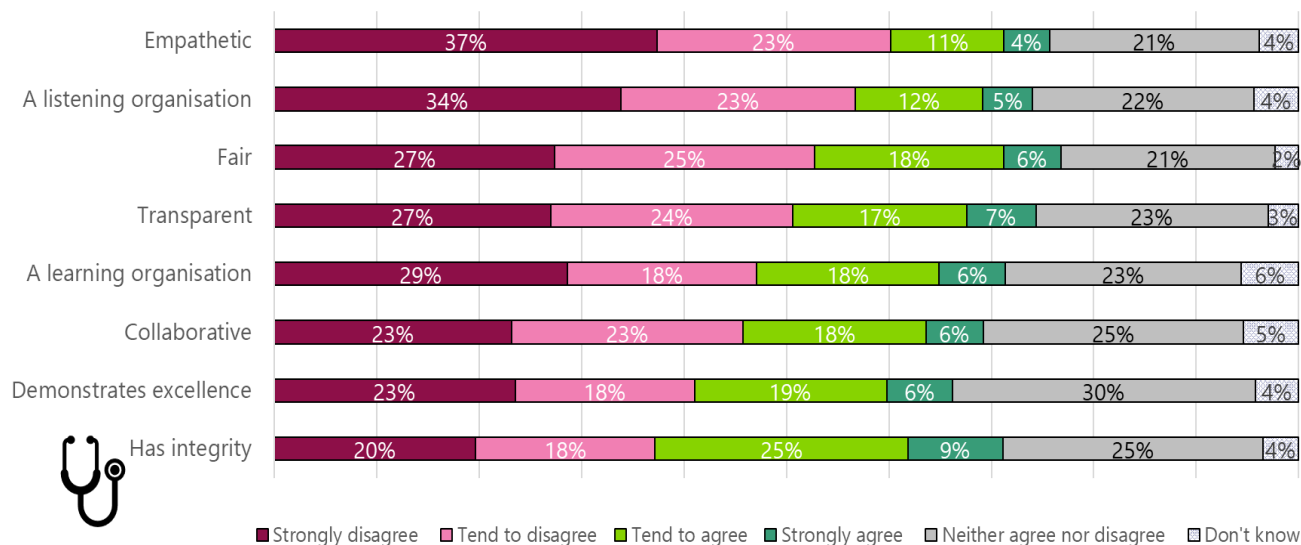
5.1. ASSOCIATIONS WITH THE GMC

Link to the GMC's strategy: Making every interaction matter

When testing particular words or phrases as descriptors of the GMC, the results suggest that the positive perceptions have decreased amongst doctors and students especially, and that the perception of the GMC as empathetic was least likely to be recognised amongst most audiences. The GMC might wish to consider whether it has additional opportunities to demonstrate these attributes through its communications and activities, particularly those that are core to its strategy, such as empathy, or which may underpin trust in regulation, such as fairness. This may require imaginative solutions, particularly for those groups, such as doctors, who appear to interact less frequently with the GMC.

Opinions on the GMC's specific actions and its trajectory of change are vital to keep track of, but broader-level perceptions matter too. When exploring doctors' perceptions of the GMC in relation to key descriptors, the findings reveal that, amongst **doctors**, perceptions were fairly negative (Figure 26). It is also worth noting that, in most cases, a notable proportion of respondents indicated either that they neither agreed nor disagreed or didn't know. A key finding here is the high level of disagreement that the GMC is empathetic or a listening organisation. Overall, doctors licensed on the GP register were less likely to agree with all descriptors tested and doctors licensed in non-training posts were more likely to agree.

Figure 22 Doctors' agreement with descriptors of the GMC



Updated tracking question. "To what extent do you agree or disagree with the following words or phrases as descriptors of the GMC?" (Change to items: 'trustworthy' changed to 'has integrity', 'empathetic' added.) Asked to: doctors (C1; n = 2,396 [adjusted]).

Figure 23 Audiences' agreement with descriptors of the GMC (top 2 results, strongly agree and tend to agree)

| | Doctors | Educators | Patients | Public | Providers | ROs | Stakeholders | Students |
|--------------------------|---------|-----------|----------|--------|-----------|-----|--------------|----------|
| A learning organisation | 24% | 63% | 57% | 51% | 15% | 41% | 76% | 36% |
| A listening organisation | 17% | 57% | 57% | 49% | 16% | 43% | 60% | 25% |
| Transparent | 24% | 63% | 53% | 47% | 25% | 35% | 60% | 33% |
| Fair | 24% | 86% | 73% | 63% | 33% | 58% | 72% | 38% |
| Collaborative | 24% | 80% | 54% | 48% | 23% | 57% | 92% | 31% |
| Demonstrates excellence | 25% | 63% | 60% | 51% | 20% | 35% | 72% | 38% |
| Empathetic | 16% | 49% | 58% | 48% | 13% | 28% | 46% | 19% |
| Has integrity | 34% | 86% | 72% | 62% | 43% | 65% | 92% | 50% |

Statistically significant decrease compared to 2020 (pink)
Statistically significant increase compared to 2020 (green)

New/changed item this year (bracketed items)

Updated tracking question. "To what extent do you agree or disagree with the following words or phrases as descriptors of the GMC?" (Change to items: 'trustworthy' changed to 'has integrity', 'empathetic' added.) Asked to: doctors (C1; n = 2,396 [adjusted]), educators (B1; n = 35), patients and the public (A8; patients n = 891 [adjusted]; the public n = 838 [adjusted]), providers (C1; n = 158), ROs (C1; n = 97), stakeholders (C1; n = 50), students (C1; n = 704 [adjusted]).

Furthermore, comparing the responses to the descriptors tested in both 2020 and 2022 demonstrates a marked decrease in positive perceptions amongst **doctors, students** and **providers** (Figure 27).

Although **educators'** results were not statistically significantly different, likely due to the small sample size, they show a positive trend from 2020, for example, the perception of the GMC as 'a listening organisation' is up from 29% to 57%. On another positive note, **patients'** perceptions of GMC's fairness and transparency have increased.

5.2. FAIRNESS AND INCLUSION

Link to the GMC's strategy: Developing a sustainable medical workforce

The GMC's strategy outlines a commitment to 'make sure entry to the medical register and progression through training is fair and flexible for the professionals we regulate'. However, the survey findings presented below suggest that there is a widening gap between this ambition and the perception of the GMC being fair in various aspects. A key finding here was how the process of registering and fees felt significantly less fair to doctors, as well as a lower level of agreement with the statement that the GMC is helping to change doctors' training and education to make it fairer and more flexible.

As seen in Figure 27, the perception of the GMC being 'fair' has significantly decreased since 2020 amongst doctors, medical students and providers. A notable difference in perception this year was also evident depending on a **doctor's** role: those licensed in a non-training post were most likely to agree that the GMC is fair (39%), while a significantly lower proportion of doctors in training (17%) and licensed on the GP register (17%) were likely to say so.

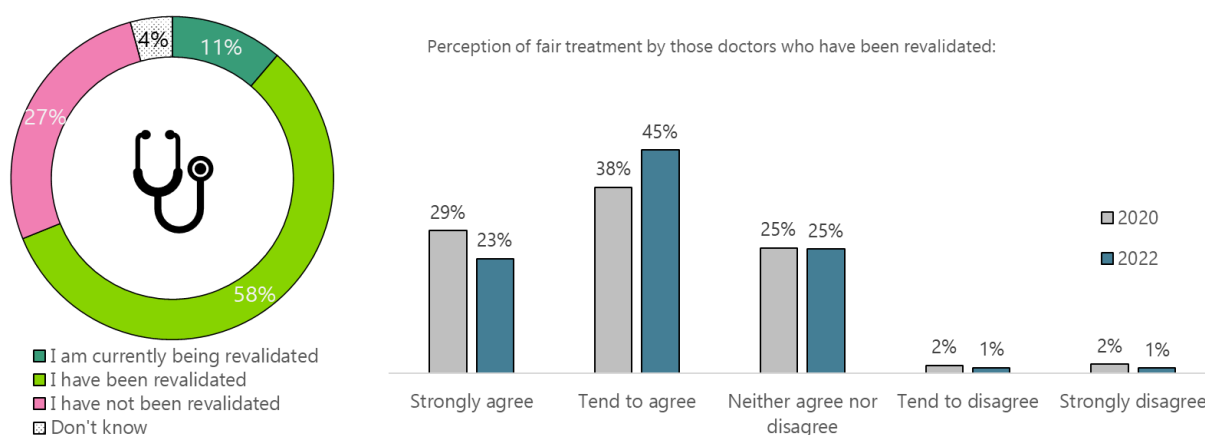
As discussed in other chapters of this report, more specific questions about fairness and inclusion were also asked to audiences. For example, it was found that only 15% of **doctors** agreed that the GMC is helping to tackle discrimination experienced by doctors, while 58% disagreed. A notable difference here is that those who identified as having a disability, long-term illness or health condition were significantly more likely to *disagree* that the GMC is helping to tackle discrimination (70%) compared to those who didn't identify as such (55%).

There is also the issue of the perception of fairness, amongst **doctors** especially. Whilst, in 2020, 74% tended to agree or strongly agree that the process of registering for the medical register felt fair to them, this decreased to 68% in 2022. The results for **medical students**, who were asked this question for the first time, match those for doctors, with 66% of students feeling that the process was fair. **Doctors** were also less likely to agree that the GMC keeps the level of its registration fees fair and reasonable – in 2020, 28% said so, compared to 24% in 2022.

A notable decrease from 2020 in the perception that the requirements the GMC places on their organisation are reasonable and proportionate was also seen amongst **providers** (63% to 50%). It should be noted that this result could be partly due to the fact that the provider audience was more targeted this year for the first time, therefore these results should be closely monitored in subsequent survey waves.

The GMC also sought to understand how fair the process of revalidation was perceived to be (Figure 28). 69% of sampled **doctors** were either currently being revalidated or had been revalidated in the past. There doesn't appear to be a marked difference from 2020 in the proportion agreeing that they were treated fairly by the GMC during the revalidation process.

Figure 28 Doctors' perceptions of fairness of revalidation



Existing tracking questions. "Revalidation is the process by which licensed doctors are required to demonstrate that they are up to date and fit to practise, by participating in annual appraisals and collecting and reflecting on supporting information. Which of the following applies to you?" Asked to: doctors (F1; n = 2,343 [adjusted]). "And drawing on your interaction with the GMC, as part of revalidation, to what extent do you agree or disagree with each of the following statements? You were treated fairly by the GMC." Asked to: doctors (F2; n = 1,490 [adjusted]).

As explored earlier in this report, dealing with FtP concerns appropriately and fairly is key to the GMC’s aim to be a compassionate regulator. Audiences were asked the extent to which they trusted the FtP process and MPTS decisions (Figure 29; also explored in section 3.1). The perception of fairness and appropriateness of MPTS decisions has significantly decreased amongst doctors, students and providers since 2020.

Figure 29 Trust in GMC’s regulatory functions, fairness of FtP and MPTS – Audience comparison (top 2 results, strongly agree and tend to agree)

| Key | For each audience: | | | | | | | |
|---|--------------------|-----------|----------|--------|-----------|-----|--------------|----------|
| | Doctors | Educators | Patients | Public | Providers | ROs | Stakeholders | Students |
| Statistically significant increase compared to 2020 | | | | | | | | |
| Statistically significant decrease compared to 2020 | | | | | | | | |
| Due to wording change, direct comparison to 2020 not available | | | | | | | | |
| Trust GMC to deal with concern re: FtP fairly and appropriately | 26% | 74% | 81% | 73% | 38% | 62% | 68% | 43% |
| Trust MPTS to make a fair, appropriate and independent decision | 17% | 71% | 78% | 73% | 41% | 67% | 52% | 25% |

Updated tracking question (*Wording of statement changed from: “I trust the GMC to make a fair and appropriate decision when they receive a concern about a doctor?” to: “If a concern about my practice or professional behaviour was made to the GMC, I would trust them to deal with that concern fairly and appropriately, taking into account the context in which I work” or “I trust the GMC to deal with a concern about a doctor’s practice or professional behaviour fairly and appropriately, taking into account the context in which the doctor works”. **Wording of statement changed from: “I trust the Medical Practitioners Tribunal Service to make a fair and appropriate decision in a tribunal about a doctor’s behaviour or practice” to: “I would trust the Medical Practitioners Tribunal Service to make a fair, appropriate and independent decision in a tribunal about my/a doctor’s practice or professional behaviour”). Asked to: doctors (B5/7; n = 2,352/1,361 [adjusted]), educators (A3/5; n = 35/21), patients/the public (A6/7A; patients n = 890/252 [adjusted]; the public n = 838/211 [adjusted]), providers (B3/5; n = 158/133), ROs (B5/7; n = 97/91), stakeholders (B3/5; n = 50/42), students (B5/7; n = 704/282 [adjusted]).

Notably, as shown in Figure 30, those doctors who were confident in the GMC were significantly more likely to perceive the FtP process and MPTS decision as fair and appropriate compared to those who were not (64% vs 5% and 47% vs 7%, respectively). As also discussed earlier, this suggests a relationship between confidence in the GMC overall and trust in key regulatory functions.

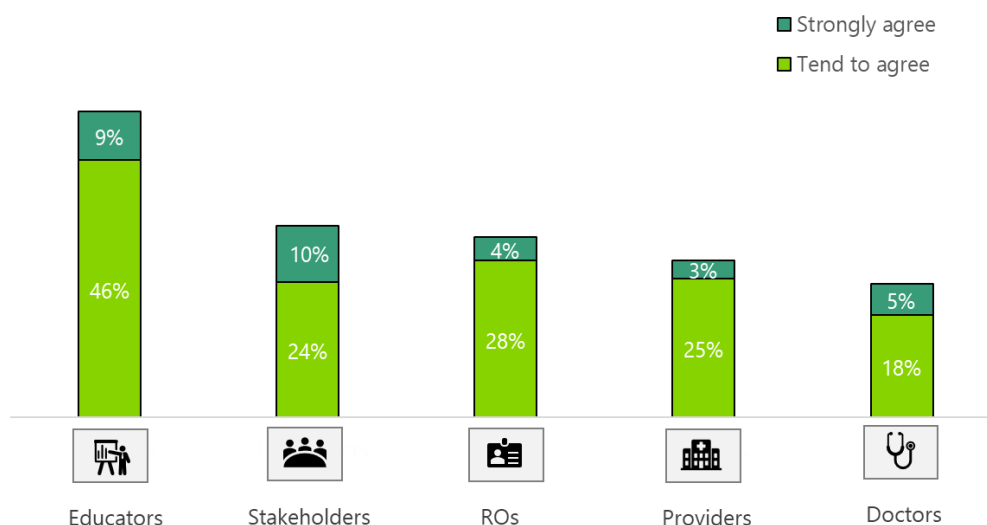
Figure 30 Doctors' trust in GMC's regulatory functions, fairness of FtP and MPTS (top 2 results, strongly agree and tend to agree)



Updated tracking question: (Wording of statement on the left changed from: “I trust the GMC to make a fair and appropriate decision when they receive a concern about a doctor”. Wording of statement on the right changed from: “I trust the Medical Practitioners Tribunal Service to make a fair and appropriate decision in a tribunal about a doctor’s behaviour or practice”). Asked to: doctors (B5; n = 2,352 [adjusted]), (B7; n = 1,361 [adjusted]).

Finally, fairness in education/training was also explored (Figure 31). When considering whether the GMC was helping to change doctors’ training and education to make it fairer and more flexible, **educators** were the most likely to agree with this across all audiences (55%), while agreement was comparatively much lower for the other audiences.

Figure 31 Fairness in education and training (top 2 results)



Existing tracking question: “To what extent do you agree or disagree with each of the following statements? The GMC is helping to change doctors’ training and education to make it fairer and more flexible.” Asked to: doctors (F5; n = 2,396 [adjusted]), educators (F1; n = 35), providers (F1; n = 158), ROs (F2; n = 97), stakeholders (F1; n = 50).

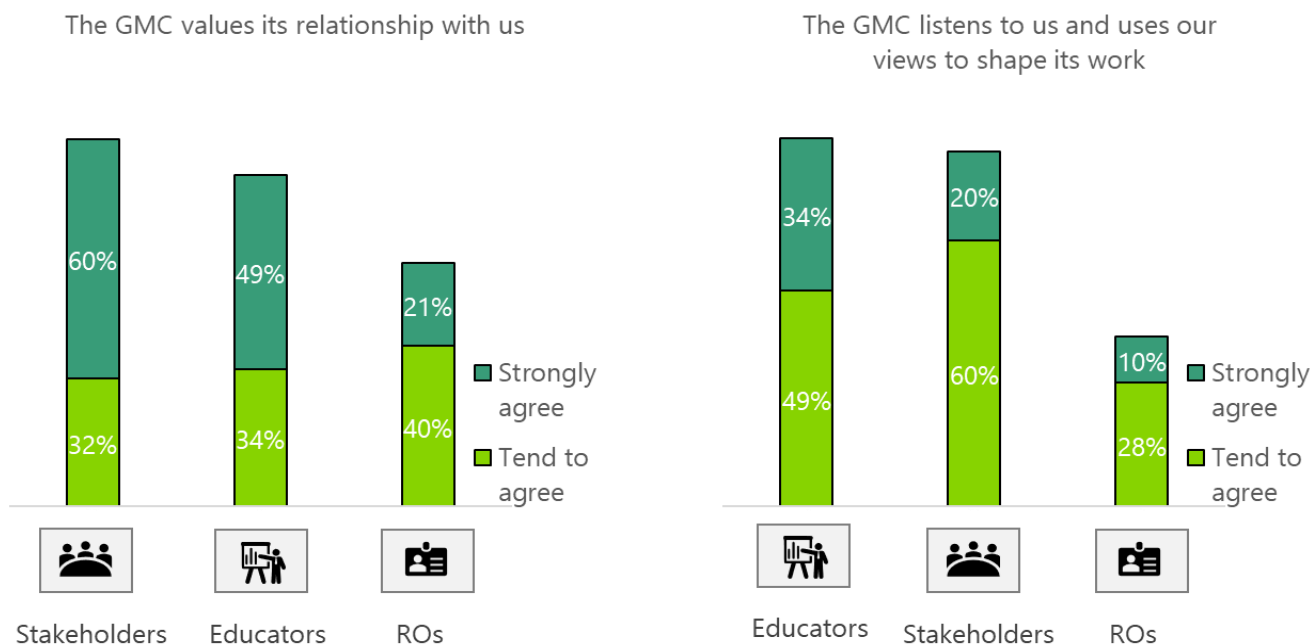
5.3. MAKING EVERY INTERACTION MATTER

Link to the GMC’s strategy: Making every interaction matter

In its strategy, the GMC states: ‘We need to learn more about the experiences of people who interact with us, as well as their needs and expectations. This insight will help us to adapt our approach and improve our interactions’. Notably, doctors were most likely to not have had any interactions with the GMC in the past 12 months compared to other audiences, and they also had the poorest perception of communications, as well as guidance, across all audience groups. Findings suggest that, for doctors, relevance and content of communication may be a greater issue than frequency.

In a new question introduced this year to educators and ROs, but previously asked to stakeholders, relevant audiences were asked to rate the extent to which they agreed with statements about their relationship with the GMC (Figure 32). Results overall were positive amongst **stakeholders** and **educators**, but **ROs** were less likely to agree that the GMC values its relationship with them and that the GMC listens to them.

Figure 32 Relationship with the GMC (top 2 results)



New question. “To what extent do you agree or disagree with the following statements about your relationship with the GMC?” Asked to: educators (C4; n = 35), ROs (C4; n = 97), stakeholders (D3; n = 50).

A further new question introduced this year explored the interactions with the GMC in the past 12 months (Figure 33).

Figure 33 Audiences’ interactions with the GMC in the last 12 months

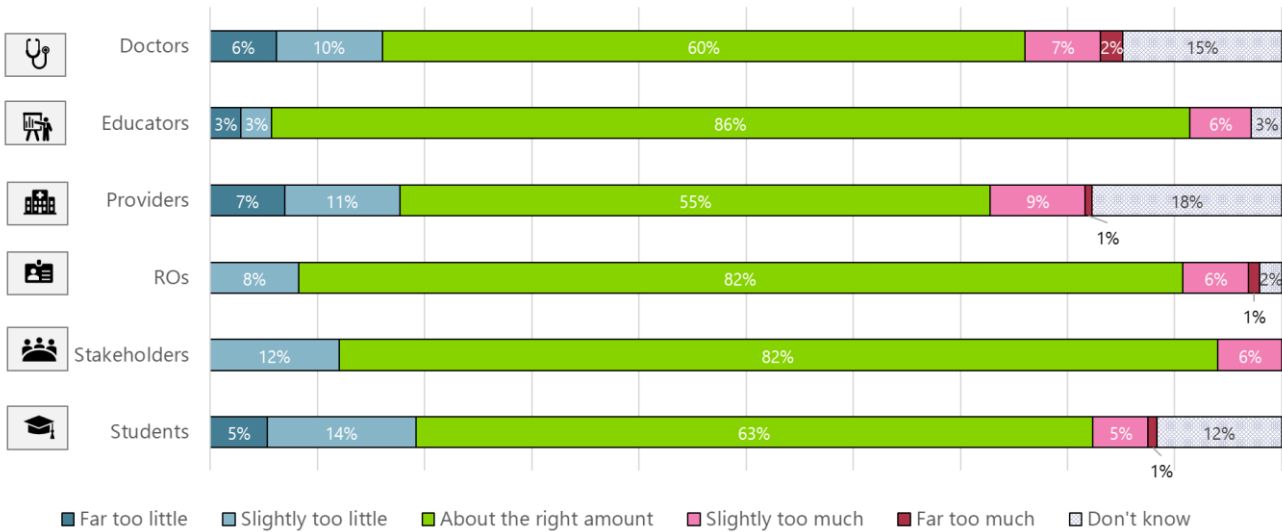
| | Doctors | Educators | Providers | ROs | Stakeholders | Students |
|--|---------|-----------|-----------|-----|--------------|----------|
| Visited the GMC’s website (incl. GMC Online) | 40% | 83% | 53% | 86% | 82% | 55% |
| Received an email or letter | 41% | 89% | 41% | 82% | 98% | 58% |
| Contacted about a complaint/investigation | 2% | 20% | 28% | 61% | 22% | 2% |
| Made a complaint about the GMC | <1% | 0% | 2% | 1% | 6% | 1% |
| Met/spoke with a representative of the GMC | 2% | 83% | 28% | 91% | 100% | 3% |
| None | 37% | 3% | 28% | 0% | 2% | 13% |

New question. “Have you had any of the following interactions with the GMC in the last 12 months?” Selected interactions shown above. Asked to: doctors (H0; n = 2,387 [adjusted]), educators (H0; n = 35), providers (H0; n = 158), ROs (H0; n = 97), stakeholders (H0; n = 50), students (H0; n = 708 [adjusted]).

Doctors were most likely to say they had not had any interactions with the GMC in the past 12 months compared to other audiences, whereas all **ROs** had had at least some level of interaction – most likely to have visited the website and contacted the GMC about a complaint/investigation compared to other audiences, and also highly likely to have met/spoken with a representative of the GMC. The majority of doctors are likely to receive standard communications via email, such as about fees, therefore a high proportion indicating they had no interactions could suggest these interactions were not memorable. Stakeholders and educators were most likely to have received an email or letter, as well as met/spoken with a representative of the GMC.

Evaluating the level of communication from the GMC over the last 12 months, **educators, ROs** and **stakeholders** were more likely to agree that they received the right amount of communication from the GMC (Figure 34). **Doctors, providers** and **students** were less likely to agree, with overall a higher proportion of those audiences feeling it was too little compared to too much.

Figure 34 Audiences’ level of communication with the GMC in the last 12 months









Existing tracking question. "Thinking about the communications (such as emails, letters or surveys) that you have received from the GMC over the last 12 months, would you say that you have received too much, too little or about the right amount of communication from the GMC?" Asked to: doctors (H7; n = 2,403 [adjusted]), educators (H5; n = 35), providers (H4; n = 158), ROs (H7; n = 97), stakeholders (H2; n = 50), students (H7; n = 695 [adjusted]).

Moving on to evaluating the communication received from the GMC (Figure 35), results suggest that the information was clear and easy to understand. However, audiences – especially **doctors** and **providers** – tended to have lower agreement levels in regard to

information being relevant, the tone being helpful and empathetic or information being provided in a timely and efficient manner. However, with doctors, lower agreement levels here may be linked to lower recall of communications, as seen in Figure 33, or to doctors' more negative perceptions of the GMC in general.

Figure 35 Audiences' rating of interaction with the GMC (top 2 results, strongly agree and tend to agree)





| |  Doctors |  Educators |  Providers |  ROs |  Stakeholders |  Students |
|---|---|---|--|---|--|--|
| The information was clear and easy to understand | 62% | 86% | 59% | 88% | 96% | 76% |
| The information was relevant, meeting your needs | 44% | 89% | 45% | 77% | 92% | 70% |
| The tone of the information was helpful and empathetic | 42% | 74% | 42% | 74% | 70% | 59% |
| The information was provided in a timely and efficient manner | 43% | 77% | 40% | 74% | 90% | 69% |

Existing tracking question. "And thinking about the communications that you have received from the GMC (such as emails, letters or surveys), to what extent do you agree or disagree that [...]?" Asked to: doctors (H8; n = 2,435 [adjusted]), educators (H6; n = 35), providers (H5; n = 158), ROs (H8; n = 97), stakeholders (H3; n = 50), students (H8; n = 704 [adjusted]).

Interestingly, **students** were more likely to say they strongly agreed that the information was relevant – 24% now vs 16% in 2020. It should be noted that some of this increase may be due to the timing of the survey, sent at a later time in the year in 2022, where students were likely to be going through the process of applying for provisional regulation, compared to 2020.





Exploring access to specific GMC guidance resources revealed that **ROs** and **educators** accessed these at similar rates to 2020 (Figure 36), though this year's results show that **doctors** were less likely to have visited the GMC website (43% in 2020) or had verbal or written advice from the GMC (14% in 2020). When evaluating each of the guidance resources in terms of having a helpful and supportive tone, results were largely similar to 2020 findings, being better received by ROs and educators than doctors and students (Figure 37). **Doctors** were least likely to say that the guidance/learning on the website had a helpful and supportive tone, whereas **students** were least likely to say the learning sessions had such a tone. This emphasises findings explored in 5.1, that particular positive associations with the GMC may not be coming across as strongly for these two audiences.

Figure 36 Access to guidance from the GMC in the last 12 months

| |  Doctors |  Educators |  ROs |  Students |
|---|---|--|---|--|
| Visited the GMC website to access guidance and learning materials | 36% | 86% | 91% | 61% |
| Had verbal or written advice from the GMC | 10% | 71% | 87% | 11% |
| Taken part in a GMC learning session (e.g. a session by liaison advisors) | 9% | 49% | 76% | 12% |

Existing tracking question. “Over the last 12 months have you [...]?” Asked to: doctors (H3; n = 2,225 [adjusted]), educators (H1; n = 35), ROs (H3; n = 97), students (H3; n = 701 [adjusted]).

Figure 37 Perceptions that the GMC’s guidance resources have a helpful and supportive tone (top 2 results, strongly agree and tend to agree)

| |  Doctors |  Educators |  ROs |  Students |
|--|---|---|---|--|
| The guidance/learning materials on the website | 65% | 90% | 84% | 72% |
| The verbal/written advice | 65% | 96% | 86% | 63% |
| The learning session | 74% | 88% | 91% | 62% |

Updated tracking question. “To what extent do you agree or disagree that [the resources] were [...]?” (Small change to question wording.) Asked to: doctors (H4; n = 858/228/187 [adjusted]), educators (H2; n = 30/25/17), ROs (H4; n = 88/84/74), students (H4; materials n = 433/75/82 [adjusted]).

6. SUMMARY OF KEY FINDINGS

In line with its current corporate strategy, the GMC's vision is to be an effective, relevant and compassionate regulator. The views of audiences who have a closer working relationship with the GMC, namely educators and stakeholders, as well as the views of patients/the public, have remained fairly stable. However, the results from the 2022 research reveal that perceptions of the GMC have declined amongst current and future doctors especially.

6.1. **BEING EFFECTIVE**

With regard to the GMC's effectiveness as a regulator, this year's findings reveal some concerning results, especially amongst doctors and medical students – where confidence and trust in the GMC's regulation have dropped. Lack of confidence and trust amongst doctors and students, as well as lack of awareness of the wide scope of the GMC's role amongst students, are potential areas to work on, to address the commitments outlined in the strategic themes of 'enabling professionals to provide safe care' and 'developing a sustainable medical workforce'.

- **Confidence in the GMC's regulation of doctors has decreased:** Amongst doctors, this has significantly decreased from 45% in 2020 to 33% in 2022. A key reason for this is the perception that the GMC looks out for patients' interests, not those of doctors, as well as influence from the media or social media.
- **Trust in the GMC to make fair and appropriate decisions regarding FtP is low:** This was particularly prominent amongst doctors (26% agreed), students (43%) and providers (38%).
- **Trust in the MPTS to make fair and appropriate decisions has decreased:** This has particularly decreased amongst doctors: from 35% in 2020 to 17% in 2022; medical students: from 54% to 25%; and providers: from 57% to 41%. This decrease is likely to have been influenced by media coverage of prominent tribunal cases, particularly before the period in which the survey was live.
- **There is a relationship between confidence in the GMC and trust in the GMC's key regulatory functions, and with the perceived level of support from the GMC:** Doctors who were confident in the GMC were significantly more likely to perceive the FtP process and MPTS decision as fair and appropriate compared to those who were not (64% vs 5% and 47% vs 7%, respectively). In addition, only 12% of doctors who were not confident in the GMC stated that they felt supported to deliver good, safe care, compared to 66% who were confident in the GMC's regulation of doctors – a key reason for this being the perception that the GMC is working against them, not for them.

- **Medical students had limited awareness of the wide scope of the GMC's role:** Only 5% cited, unprompted, that providing oversight for training was one of the GMC's regulatory functions, with the most top-of-mind regulatory function cited as investigation of malpractice/complaints (mentioned by 47%).

6.2. STAYING RELEVANT

With regard to the GMC's relevance within the health sector, the results suggest that doctors especially are less likely to believe in the GMC's role, although positive perceptions are evident amongst stakeholders and educators, to an extent. The poor perception amongst doctors and students, as well as the limited awareness of the changes wanted by the GMC, are key findings in relation to the strategic themes of 'making every interaction matter' and 'enabling professionals to provide safe care'. The findings suggest there is a potential risk that the low level of awareness of the changes wanted by the GMC creates an impression that the GMC is not actioning current concerns and feedback.

- **Doctors' belief in the GMC's impact in the health sector has declined:** A higher proportion of doctors (25%) thought that the GMC did not have an impact within the health sector over the last 12 months compared to 2020 (18%). This was due to reasons associated with disproportionate sanctions/investigations, lack of support, perceptions of the GMC as discriminatory and poor handling of FtP cases.
- **Doctors and medical students were least likely to agree that the GMC is focusing on the right issues as a regulator:** 23% of doctors and 32% of students felt the GMC is focusing on the right issues, with a drop from 31% in 2020 evident with doctors. Top areas where doctors felt more attention should be given was to the support of doctors and changing 'blame culture', while both audiences felt institutional racism needs to be investigated.
- **Doctors and providers had poor perceptions of the GMC's response to the pandemic, but stakeholders were largely happy:** Across all audiences asked, doctors and providers were much more negative (only 29% and 30% stating their response as 'good' or 'very good'), while stakeholders had the most positive perception (76%).
- **Confidence around working in the profession is declining:** Doctors and students were significantly less likely to agree with the statement that they find being a doctor is/will be a fulfilling career compared to 2020 (73% vs 68%; 89% vs 77%). Doctors were also more likely to consider leaving the profession compared to 2020 (17% vs 21%).
- **The proportion of doctors and students feeling unable to cope with their workload has increased:** Doctors and students were also significantly more likely to feel unable to cope with their workload/studies compared to 2020 (26% vs 36%; 8% vs

14%), mirroring findings from the GMC's 2021 SoMEP Barometer survey⁵, suggesting increased pressures.

- **There were mixed thoughts on the perception that the GMC is helping to tackle discrimination experienced by doctors:** Only 15% of doctors and 17% of providers agreed that the GMC is helping to tackle discrimination experienced by doctors, but this figure was much higher amongst stakeholders (66%). In addition, doctors who identified as having a disability, long-term illness or health condition were significantly less likely to agree – only 8% compared to 16% of those who said they didn't.
- **The GMC continues to be an important source of support for the sector:** The proportion of doctors who regarded the GMC as the most important source of ethical or professional guidance has increased from 16% in 2020 to 21% in 2022, though some of this could be related to the GMC's public consultation on its core guidance, Good medical practice, which ran through April to July 2022.
- **There was limited awareness of the direction of the GMC, apart from with stakeholders and educators:** Awareness of the changes wanted by the GMC to the regulations that govern how it works was relatively low across audiences, but lowest amongst doctors (13%), and a large proportion of those who did know about them were unsure if they supported them. On the other hand, educators and stakeholders tended to agree that they understood the GMC's direction of travel (71% and 82%) and these were also the audiences most likely to agree that the GMC is a listening and learning organisation.

6.3. **BEING COMPASSIONATE**

With regard to the GMC being a compassionate regulator, perceptions again were low amongst key audiences – doctors and students. Results also suggest that perceptions of fairness could be improved. These are key findings in relation to the strategic themes of 'developing a sustainable medical workforce' and 'making every interaction matter'.

- **The broad-level perceptions of the GMC have declined amongst doctors, students and providers, although these have improved amongst patients/the public:** There has been a marked decrease in positive perceptions between 2020 and 2022 amongst doctors, students and providers associated with describing the GMC as 'a learning organisation', 'a listening organisation', 'transparent', 'fair' and 'collaborative'. There also were generally lower agreement levels regarding associating the GMC with the new descriptors introduced this year: 'demonstrates excellence' and 'emphatic', although there was a higher level of agreement with 'has integrity'.

⁵ https://www.gmc-uk.org/-/media/documents/somep-2021-barometer-report_pdf-88506203.pdf?la=en&hash=E2E929F9DB51064E05DCFFED56FAEA5726160453

However, patients' perceptions of the GMC's fairness and transparency have significantly increased.

- **Perceptions of the GMC's fairness could be improved:** 68% of doctors and 66% of medical students felt the process of registering was fair to them, representing a decline from 74% in 2020 for doctors. Doctors also agreed to a lesser extent that the GMC keeps the level of its registration fees fair and reasonable (24%). In addition, agreement that the GMC is helping to change doctors' training and education to make it fairer and more flexible was also fairly low amongst audiences, aside from educators.
- **The GMC has a positive relationship with educators and stakeholders:** 92% of stakeholders and 83% of educators agreed that the GMC values its relationship with them. Similarly, 80% of stakeholders and 83% of educators felt the GMC listens to them and uses their views to help shape their work.
- **There appears to be limited memorable interaction amongst doctors with the GMC:** Doctors were most likely to state they had not had any interactions with the GMC in the past 12 months (37% stated 'none'), suggesting that even any regular communications that all doctors would be expected to receive, such as emails, were not memorable.

7. SUGGESTED AREAS OF FOCUS

The work presented here helps to identify areas of activity and priority audiences for the GMC, to be seen as an effective, relevant and compassionate regulator.

Audiences

- Doctors and trainees appear to be the audiences with the lowest opinion of the GMC and where declines in positive perceptions have been steepest.
- Medical students appear to be another potential area of focus, with the research showing that few felt supported by the GMC in their studies, as well as there being low awareness of the GMC's oversight in training. Their perception of the GMC appears, therefore, to be formed largely around their regulatory role. Stronger awareness of other activities might improve perceptions here.
- Doctors licensed on the GP register were less likely to agree with the GMC descriptors, such as 'empathetic', and had low levels of confidence in the GMC's regulation of doctors. The GMC might also want to consider ways in which the perceptions of this group can be addressed.

Impressions

- There continues to be a perception amongst doctors that the GMC looks out for patient interests at the expense of doctors. In order to be an effective regulator, it seems important that doctors believe that the GMC strikes a balance between the interests of patients and doctors. Work that might improve perceptions here could include demonstrating the ways in which GMC is being supportive of the medical profession, perhaps through highlighting challenges and issues affecting their practice, and publicly working with partners to address systemic issues.
- Another prominent area for attention is the need for the GMC to investigate institutional racism, likely stemming from recent tribunal cases in the media. More could perhaps be done to make public any work the GMC is doing to tackle the discrimination faced by doctors.
- Respondents were least likely to agree that the GMC was 'empathetic', out of all the descriptors offered for them to respond to. The GMC might want to look at what empathetic means in their context, as well as how best to demonstrate this quality.

Regulatory activities

- It seems crucial to restore trust in the Medical Practitioners Tribunal Service (MPTS) and the fitness-to-practise (FtP) process.
- Trust in the GMC's handling of these areas has decreased significantly this year and has a strong relationship with confidence in the GMC's regulation overall.
- It was notable that awareness of the changes wanted by the GMC, to the regulations than govern them, was very low. This low awareness may run the risk that the GMC is not seen to be listening to the audiences it interacts with, so more work on raising awareness here might reap benefits in terms of improving these perceptions.

Other GMC activities

- Increasingly, doctors and medical students' poor impressions of the GMC appear to be shaped by the media they consume, with social media activity being increasingly important. The GMC might want to consider how it can use these channels to improve perceptions of its work.
- Recall of GMC contact seems low in some groups, particularly those with negative perceptions of the GMC. There may be opportunities to make GMC communications more relevant, memorable, helpful and supportive, to balance the necessarily difficult aspects of some of its other regulatory communications.