

# Public confidence – public views on what undermines it

## Introduction

Our statutory objective to protect the public includes promoting and maintaining public confidence in the professions we regulate. If there are concerns our professional standards are not being met, or that public confidence in doctors, physician associates (PAs), or anaesthesia associates (AAs) may be at risk, we can investigate and take action if needed.

In July 2024, we commissioned research with the public to better understand their views about when different types of behaviour would, and would not, undermine their trust and confidence in doctors, PAs, and AAs. The research was intended to support a wider review of our thresholds to investigate and act on concerns, ahead of regulatory reform, which will provide a more flexible and streamlined fitness to practise process.

To help our registrants, stakeholders, and the public understand our approach to public confidence, we created this report to provide insight into:

- the challenges these cases raise and the relevant case law principles around them
- when we may take fitness to practise action and our range of sanctions
- the findings from the research and how we'll use them to inform our future approach.

## Our professional standards

[\*Good medical practice\*](#) says that doctors, PAs, and AAs must make sure that their conduct justifies patients' trust in them and the public's trust in their profession. This reflects that they work in a position of trust with patients who may be vulnerable. It's also consistent with case law - previous decisions made by the courts - which has established that higher standards of behaviour are expected of regulated professionals, such as doctors and solicitors, compared to the general public.

[Read our more detailed information: \*Our regulatory role in cases concerning public confidence\*](#)

## What is public confidence and why is it important?

Public confidence is important as patients need to trust doctors and other healthcare professionals when they are sick or vulnerable. If this trust is broken, people may not seek medical help when they need it.

A public confidence concern can arise when a doctor's, PA's, or AA's actions, in or outside the workplace, could undermine public trust in their profession, even if they didn't directly affect patient care. If behaviour in a registrant's personal life could affect the care they provide at work, it may raise a patient safety concern. For example, a doctor expressing hostile views on social media towards people belonging to a specific religion or race may raise a risk they would not treat all patients fairly.

Common public confidence concerns include violence, dishonesty, expression of views that may be discriminatory, and criminal behaviour outside the workplace eg harassment.

## Our approach to public confidence concerns

We consider all concerns that are raised with us, or that we become aware of, in the same way by adopting a proportionate approach that takes all the individual circumstances into account.\* Features that increase the seriousness of a public confidence concern include, but are not limited to, the doctor's, PA's, or AA's conduct taking place at work or being directed towards or impacting on a vulnerable person.

## What action can we take?

Once we've assessed if a doctor's, PA's, or AA's behaviour poses any risk to public protection, we may:

- take no further action if the concern is not sufficiently serious to reach our threshold to act or is not supported by evidence
- issue a warning if the behaviour represents a significant departure from the professional standards expected but restricting the registrant's practice is not necessary
- take action to restrict registration. Restrictions can stop a registrant doing certain things, allow a registrant to only work under supervision and/or require a registrant to retrain. A doctor's, PA's, or AA's registration can be restricted through conditions imposed by a medical practitioners tribunal (MPT). PAs and AAs can also agree to conditions restricting their

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\* Our approach is set out in [How we assess and respond to fitness to practise concerns](#).

practice without the need for a tribunal hearing. This is known as an accepted outcome.

While accepted outcomes are not available in the current legal framework for doctors, they can agree restrictions known as undertakings without a tribunal hearing. Undertakings have the same practical effect as conditions.

- Suspend or remove an individual's registration – their right to work. Doctors, PAs, and AAs can have their registration suspended or removed by an MPT. PAs and AAs can also agree to the suspension or removal of their registration as an accepted outcome under the separate legal framework for their regulation.

## What challenges do these cases create?

Public confidence cases can be challenging due both to their nature and there not always being a clear connection between the behaviour and the registrant's work as a doctor, PA, or AA.

Low levels of awareness of our public confidence role can contribute to misunderstandings about why we sometimes investigate concerns that don't raise patient safety issues. And this can undermine the confidence of doctors, PAs, and AAs in our fitness to practise process.

High profile cases which attract widespread attention can also influence perceptions of the action that we should, or should not, take when there isn't a direct risk to patients.

In the longer term, we aim to raise awareness of our public confidence role and hope the research findings provide reassurance that we focus our investigations on behaviour that is of genuine concern to the public.

However, as you'd expect, the public have different views about different types of behaviour. Expectations can also differ between social, cultural, and economic groups, and these can shift over time. In setting our thresholds we assess where there is the greatest degree of consensus. This means that there will be individuals whose views sit outside that area of consensus and who will disagree with our approach. When setting our thresholds, we take a range of factors into consideration including case law principles and the legal requirements governing our fitness to practise process.

### **The challenges in public confidence cases can be summarised as:**

- low levels of awareness of our statutory objective to maintain public confidence. This can mean regulatory action in these cases is perceived as unnecessary and disproportionate.
- differing views among the public about the types of behaviour that undermine their trust in the professions we regulate, and the action required.

- changing attitudes and expectations of the behaviour expected from healthcare professionals.

## Case law

These are established case law principles around public confidence.

- Society expects higher standards of behaviour from regulated professionals, such as doctors and solicitors, because of the trusted role they have (*Bolton v Law Society* [1994] 1 WLR 512).
- Maintaining public confidence in a profession is more important than the impact of a sanction on an individual registrant (*Bolton v Law Society* [1994] 1 WLR 512).
- A finding of impairment is not required to uphold public confidence. This is achieved by a robust regulatory process and a finding of misconduct – *Cohen v GMC* (2008) EWHC 581 (Admin) and *CHRE v Grant and NMC* (2011).
- When considering the appropriate sanction for different types of behaviour eg dishonesty, a blanket approach should not be adopted by decision makers and tribunals. All the relevant facts of the case should be taken into consideration when deciding the outcome (*Lusinga vs NMC* 2017).

Although the *Bolton v. Law Society* case related to a solicitor, its key principles were applied directly to the GMC in [Gupta v. General Medical Council \(GMC\) \(2001\) UKPC 61](#), [Patel v. General Medical Council \(2003\) UKPC 16](#), and paragraph 59 in the judgment of the Court of Appeal in [General Medical Council v Chandra \(2018\) EWCA Civ 1898](#).

## Seeking views from patients and the public – why did we commission research?

We commissioned research to help us better understand the types of behaviour which would, and would not, undermine the public's confidence in the professions we regulate. We also wanted to take a broad temperature check of the regulatory outcomes the public felt would be needed in specific scenarios to maintain public confidence.

In the short term, we'll use the research to assess if our thresholds broadly reflect the public's views on seriousness. Looking ahead, regulatory reform provides us with an opportunity to review our thresholds as we prepare for a new fitness to practise framework. This research will provide a firm evidence base for this review and ensure it's informed by the public's views.

Finally, we also wanted to explore and improve understanding of the challenges around public confidence, particularly given the increased interest in the outcomes reached by our decision makers and tribunals held by the Medical Practitioners Tribunal Service (MPTS). For example, where registrants have broken the law when protesting about climate change, or made offensive and/or discriminatory comments on social media platforms about political and social issues.

## The research process

Following a tendering process, Community Research was appointed to carry out the study. Eight case scenarios were used to test the public's views on common types of public confidence concern including violence, dishonesty, expression of personal views on social media and criminal behaviour outside the workplace. We deliberately chose scenarios where we're aware there are differing views rather than behaviour where there tends to be wider consensus.

For each scenario, participants were asked to rate whether the behaviour was of no concern, low concern, moderate concern, or high concern in terms of the GMC's objective to maintain public confidence in the professions it regulates. Participants were then asked to choose the outcome they felt was necessary to maintain public confidence in the registrant's profession. The research also explored factors which increase and decrease seriousness and would influence the public's view on the action the GMC should take.

## Ensuring everyone's voices were heard

The research had two phases - qualitative and quantitative. Across both phases, research participants were carefully chosen to reflect a broadly representative and diverse sample from all groups in society. This took into account protected characteristics including sex, age, religion and race; urban/rural residents; socio-economics; four country representation, and a range of patient experience including people with disabilities and long-term illnesses.

To ensure that the findings were nationally representative of the United Kingdom (UK), the sample sizes in Scotland, Wales, and Northern Ireland were boosted and the data then weighted. To find out how this was done, and the constitution of the focus groups and survey sample, please see the technical appendices to the research.

## The two phases

In the first phase, 75 people participated in face to face and online focus groups across the four countries of the UK. To ensure everyone could take part, specific online focus groups were conducted with people living in rural areas, those with long term health conditions, and those who have previously made a complaint about a medical professional. Before participants took

part in their discussion group, they completed activities in an online forum. These activities included reviewing the scenarios, rating them in terms of perceived seriousness/level of concern and explaining those ratings.

In the second phase, a representative sample of 2,018 members of the public completed an online survey. Quotas were set for the number of participants to come from each of the four UK countries to ensure the sample was nationally representative.\* While the survey was designed to take 15 minutes, the average completion time was 21.5 minutes. This reflected high levels of engagement, and respondents often made detailed comments in free text boxes.

The scenarios tested are at [Annex A](#) and an overview of the results is at [Annex B](#). Read the full research report for more information. To inform participants' views, those completing the online survey watched two short videos about the GMC's role and the fitness to practise process. This information included the possible outcomes of an investigation ie no action, a warning, suspension, conditions (supervision/restriction) and removal from the register (striking off). Those running the discussion groups also provided this information to participants in handouts and explanations.

## What we learnt from the research – overarching themes

We've identified the following broad themes from the research findings that will inform our future work on regulatory reform.

### **The public think behaviour outside the workplace is important and expect the GMC to investigate on a case by case basis**

According to the research, the public think behaviour outside the workplace is important - 85% of respondents agreed or strongly agreed with the statement 'It's important to me that the behaviour of the GMC's registrants outside the workplace (as well as at work) would be in keeping with the professional standards expected of them.' Only 2% disagreed with this statement.

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\* The sample size in each UK country was as follows: England – 801, Scotland – 504, Wales – 506, Northern Ireland – 207.

Public confidence in our registrants is already high – 82% of respondents agreed or strongly agreed that they felt ‘confident that the vast majority of the GMC’s registrants can be trusted to follow the professional standards expected of them.’

Participants expected that, when a concern arose, an investigation would be carried out to discover the relevant circumstances. They felt this would allow the GMC to make appropriate decisions about what action may be required on a case by case basis taking a flexible approach. This should be based on the detailed facts and the presence of any factors increasing or decreasing seriousness.

## **There was overall consensus that the behaviour in each scenario was serious, although some types of behaviour were perceived as having a higher level of seriousness**

All eight scenarios produced differing levels of concern amongst the public. This was unsurprising as we chose scenarios that reflect the types of concern that cause us challenge. In every scenario, there were respondents at either end of the scale as shown in the full breakdown of results in the research report.

Nonetheless there was broad agreement that the behaviour was serious with all eight scenarios judged to be of moderate or high concern by at least half of the research participants. This suggests most of the public think the behaviour should be investigated by the GMC as it could undermine public confidence and may require action.

While all were seen as serious, some types of behaviour were seen as more serious. Scenario H (a registrant expressing extremist views at a rally encouraging violence) and Scenario D (allegations of domestic abuse) were viewed as of most concern overall by the public, followed by Scenario B (overclaiming for travel and accommodation expenses from an NHS employer). The three scenarios viewed as of lesser concern, albeit still serious, were the physical fight between two friends on holiday (Scenario C), the conviction for fare evasion for repeatedly using a travelcard belonging to someone else (Scenario A), and the expression of views on social media that caused serious offence (Scenario E).

## **There was no consensus on the action that should be taken and responses on the use of warnings and conditions raised complexities**

There was no consensus on the action that should be taken in each scenario with a spread of views supporting each outcome.

The research shows that, while there was a relationship between levels of concern and the GMC action chosen, this wasn't always straightforward or predictable. There were contradictions and participants who expressed the highest level of concern about a scenario didn't always choose the most severe outcome ie sanction. While some participants rated a scenario of lesser concern - seriousness - they chose a more stringent GMC outcome. For example, in the domestic abuse scenario, the proportion of the public choosing a stringent sanction was lower than may be expected given the relatively high levels of concern.

However we're conscious that, while it's fairly straightforward for the public to give a view on seriousness, it's challenging to choose the appropriate GMC outcome. Our sanctions are more technical and there are nuances in how they're used which it wasn't easy to explain in a short online questionnaire. So, although the research participants had a broad understanding of our process, there were limitations to their knowledge. This may have created confusion and could explain why there was sometimes a disconnect between the level of concern expressed and the outcome chosen. The complexities around sanctions are set out in the findings on warnings and conditions.

## Warnings

There wasn't always a link between behaviour being of moderate or high concern to the public and their expecting restrictive action to be taken on registration ie for the registrant to be suspended or removed from the register. The research found that 'Warnings were widely viewed as an appropriate and proportionate tool in even some quite serious cases, subject to the particular circumstances (p.94)'. This could suggest the public may not always see action to restrict a registrant's ability to practise as necessary to maintain their confidence if the behaviour was outside work and there isn't a clear indicator it would adversely impact on patients. Although this is speculation, it's possible that the public thought warnings were a more serious outcome than they actually are in our regulatory framework. Or the public may also have been more familiar with warnings in other contexts, such as employment, than our other regulatory outcomes.

A warning was chosen as the most appropriate outcome in four scenarios (scenario A – fare evasion, scenario B - overclaimed travel and accommodation expenses, scenario C – fight on holiday and scenario E – causing serious offence through comments on social media). It was the joint most suggested outcome in two other scenarios – scenario D (allegations of domestic abuse) and scenario G (imprisonment after breaching the peace while protesting).

## How we'll consider these findings

We issue a warning where the registrant's behaviour is a significant departure from our professional standards but falls just below the level of impaired fitness to practise and so does not require action on registration. Warnings also act as a deterrent and allow the GMC and MPTS tribunals to indicate to a registrant that their behaviour should not be repeated.

As part of our regulatory reform work, we'll consider the findings on warnings further. When doing so, we'll take into account that the public may not have been aware that a registrant cannot be found impaired and issued with a warning as their sanction. Given most research participants viewed scenario A, scenario B, scenario C, and scenario E, as of moderate or high concern, they would likely expect a finding of impairment to be made. So, while the findings on warnings are interesting, they will need to be balanced with other considerations including our legal framework around impairment, case law principles, and our objective to maintain public confidence.

We'll also reflect on the information we publish about warnings for registrants and the public so their purpose is better understood, and we'll consider how best to explain the nuances of our sanctions in future research.

## Conditions

Conditions was the most suggested outcome in the domestic abuse scenario and where the registrant had been found not guilty by a jury of a serious sexual assault. This may reflect that some members of the public expect registrants to be kept under a watchful eye through supervision at work where behaviour traits in their personal life could transfer to patient care. For example, there may be concerns about a doctor who is abusive in their home life carrying out their safeguarding responsibilities appropriately.

'Although the GMC does not generally use conditions such as supervision or practice restrictions in non-clinical cases, it was apparent from the qualitative research that there were instances that participants might prefer a sanction that was between a warning and suspension that typically involved some sort of monitoring, chaperoning and/ or retraining. This was especially in response to Scenarios D, F, and H.'

### **Extract from *Public confidence thresholds* research**

However, it should be noted that the technical detail of how conditions are currently used wasn't fully explained to research participants due to time constraints in the 15 minute survey. While participants had a high level understanding that conditions restrict someone's registration, or

require them to be supervised, they were not aware that conditions are generally used where the concerns are of a clinical nature or there is a health concern.

## How we've considered these findings

We've reflected on some participants' view that restrictions and/or supervision may be appropriate in specific scenarios. Given the challenges in using conditions to address concerns about behaviour outside the workplace, we're not proposing a significant change in approach. Conditions imposed on registration must be specific, objective, and measurable so they can be monitored by the GMC to ensure compliance. Therefore, there are challenges in identifying relevant workplace restrictions that would address concerns about the registrant's behaviour outside work, and could be effectively overseen and implemented by employers in a clinical environment.

We will consider the research findings when explaining our different sanctions in resources for the public and our registrants. This will support their understanding of the potential limitations of conditions in public confidence cases.

## Many factors influence the public's view

The discussion groups - the qualitative phase - demonstrated there were many factors which influenced participants' views including their own life experience and personal beliefs around issues such as freedom of speech and the reliability of the criminal justice system. These influences were complex and impacted on different scenarios in different ways with very few participants choosing all low or all high outcomes.

Some factors had a balancing effect. For example, while many participants had natural empathy for registrants making mistakes in their personal lives, they also felt that higher standards are expected of doctors, PAs, and AAs who are well educated, professional people that should act as role models.

## Differences in views based on sex and age

Where statistically significant, the research draws out demographic differences in views on the case scenarios.

For example, while all groups thought the scenario involving domestic abuse was of concern, there were some significant differences between age and sex groups when selecting the appropriate regulatory outcome. Females under 50 were more likely to choose suspension than over 70s of both sexes, who more frequently opted for a warning. Males were more likely to opt

for ‘no action’ particularly those aged 50-69, or a warning. However, for the scenario involving a physical fight between two friends, which was generally viewed by the public as less serious than domestic abuse, there were few differences across age and sex groupings.

Only occasional differences were noted by disability, socio-economic group, or religion, and there were no statistically significant or notable differences by ethnicity, English region, or UK country.

## How we’ve considered the research findings

### Mapping the thresholds in our guidance

We’ve considered the research findings to see whether they align with our current approach to public confidence and we think that, broadly, they do. To reach this conclusion, we analysed raw data responses to the questionnaire, looking for the rationales behind respondents’ views on the level of concern and appropriate GMC action in each of the eight scenarios. Across the scenarios, respondents’ rationales sometimes reflected their core values more than how they weighed the relevant context – the circumstances. The same factors could influence participants in different ways, for example, police involvement in a scenario was viewed as both a reason for GMC action and a reason why GMC action is inappropriate. Respondents were not always clear on what appropriate action looked like, sometimes simply stating that, to maintain public confidence, we needed to take action.

### How do the findings align with our thresholds?

We used the themes in questionnaire responses to benchmark respondents’ expectations about our action in public confidence cases. This confirmed that there were no significant gaps or inconsistencies in our approach to seriousness which is compatible with the views of the research participants.

In particular, the research confirmed a consensus that the public are concerned about behaviour outside work, so it’s proportionate and consistent with our regulatory role that we carry out investigations where there’s a risk to public confidence. The public also expected us to establish the circumstances of any concern so that the appropriate outcome can be reached. This provides reassurance we’re not carrying out investigations, which can have a significant impact on registrants, into behaviour that is of little concern to the public.

There were strong and more polarised opinions about whether the behaviour in the individual case studies should lead to action on registration with a spread of support for each available outcome. A warning was favoured by the largest proportion of participants in four of the eight

scenarios, although this should be caveated by the limited amount of information that participants had on their use as explained above.

The context or circumstances of the behaviour was important to research participants in determining the appropriate outcome with the research report noting 'A frequent and prominent theme was that the GMC's response should depend on the specific facts of the case and the registrant's history\*.'

This aligns with our updated guidance for decision makers published in 2025. The approach it sets out is flexible enough to allow decision makers to take all the relevant circumstances into account and reach a balanced view on whether there's a risk to public confidence and, if so, what action should be taken. The guidance focuses on three clear questions:

- What is the seriousness of the concern? Features that might increase the seriousness can include repeated behaviour, abuse of position or the behaviour being directed towards vulnerable individuals.
- What is the impact of any relevant context? By context we mean the specific setting or circumstances that surround a concern. This can include personal circumstances that may have contributed to the doctor, PA or AA behaving in a certain way.
- How has the registrant responded? Such as showing insight and remediation.

Our information document, [What we mean by fitness to practise](#) explains how we make decisions and what may amount to a fitness to practise concern.

The contradictions in responses about outcomes - sanctions - with participants who expressed the highest level of concern about a scenario not always choosing a more serious sanction and vice versa, makes the responses about sanctions difficult to assess. However, the research provided useful insights into the impact of different factors on the public's view of whether a softer or firmer approach should be taken to the registrant's behaviour.

The key factor which participants thought should influence the regulator to take a firmer approach was whether there was a pattern of similar behaviour. Participants in the discussion groups thought this suggested behaviour that the registrant is comfortable with, or that they can't control the behaviours and are likely to repeat them.

The registrant experiencing personal problems, such as bereavement, and the behaviour being a one off were seen as possible mitigations that should reduce the severity of the outcome.

The public's views are consistent with our decision making guidance which identifies behaviour being part of a pattern ie there have been previous concerns of a similar nature, or they are

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\* Page 86 of GMC Public Confidence Thresholds Research – main report

persistent and repeated and/or the behaviour being directed towards a vulnerable person as features that would increase seriousness and the risk to public protection.

## Our future approach to public confidence

As part of our regulatory role, we maintain public confidence in doctors, PAs, and AAs. In doing so we balance the views of the public with case law principles about the higher standards of behaviour expected from regulated professionals given their trusted position within society.

In the short to medium term, the research findings provide us with a better understanding of the public's knowledge and views about public confidence. The research confirmed that there are a range of views about certain types of cases, but it also confirmed that the majority of the public agreed that behaviour outside the workplace is important to public confidence. Most participants also agreed that the cases discussed during the research were of concern. This provides reassurance that the public's views align with the current thresholds set out in our guidance for GMC decision makers and MPTS tribunals.

## Regulatory reform

The legislation that governs how we currently work was introduced over 40 years ago and the UK government is currently working to reform it to provide a more modern and responsive legislative framework. This will allow us to respond more quickly and flexibly when public protection is at risk, and it will mean we can better support good practice.

Reform will come in steps and will change professional healthcare regulation in the UK over time. The first step was to make us a multiprofessional regulator responsible for the regulation of PAs and AAs in December 2024.

In March 2026, the UK government consulted on new legislation for reforms to how we regulate doctors. It's committed to implement these reforms as swiftly as possible.

As we develop our processes and thresholds for regulatory reform, we will reflect further on the research findings about our thresholds in public confidence cases.

To ensure there is a good level of understanding about our public confidence role, the action we can take, and how our sanctions work in practice, we'll use the research to inform updates to the information we provide to our registrants, the public, and others about our fitness to practise process. This will help improve low levels of awareness of our public confidence role among some registrants, and that this includes taking action when a registrant's behaviour outside the workplace falls below the expected standards.

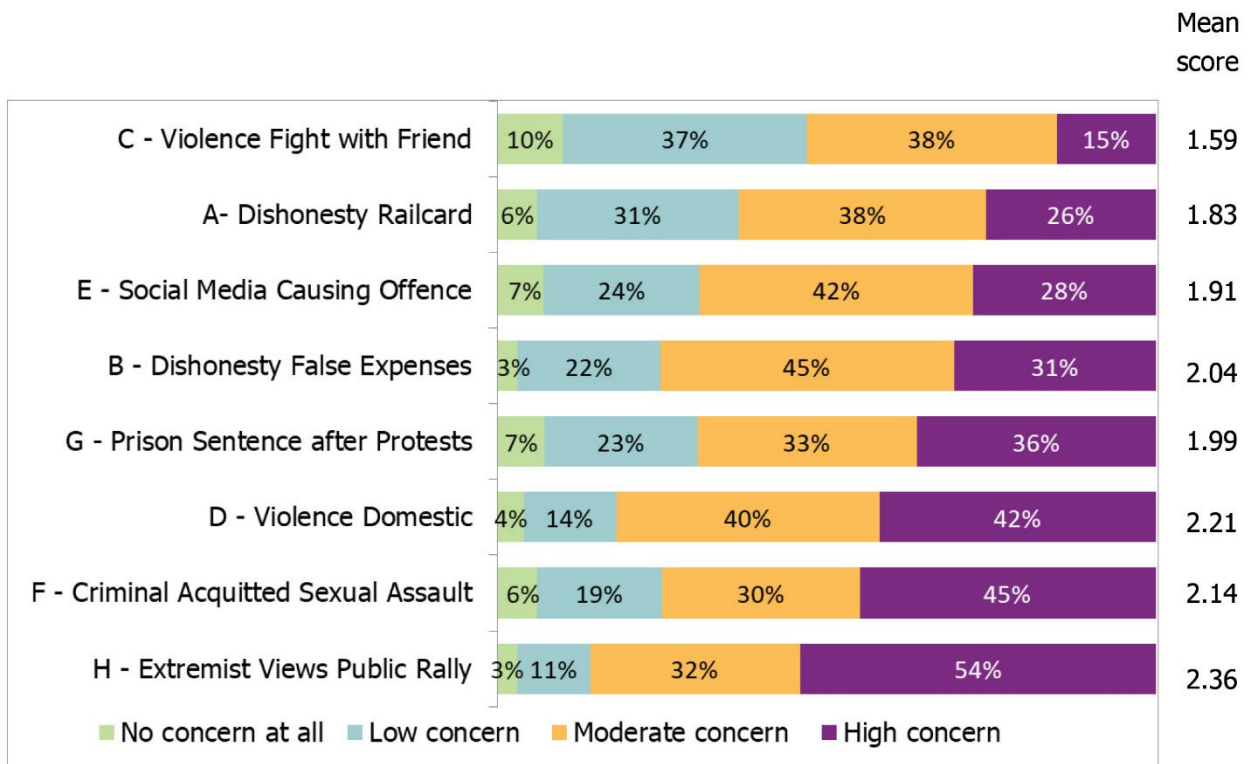
## Annex A – scenarios tested in the public confidence thresholds research

<b>Scenario A</b>	Registrant A, who is not disabled, is caught using a relative's Disabled Person's Railcard to make a discounted train journey. Following further investigation, it is apparent they have done this repeatedly. In all, they have avoided payments of £310 across a number of journeys over the last 2 years. They later plead guilty to fare evasion at a Magistrates' court.
<b>Scenario B</b>	The GMC has received a referral from the hospital that employs Registrant B notifying them that Registrant B intentionally claimed too much money back for travel and accommodation expenses when they stayed at a recent medical conference. Whilst their actual claim should have been £275, they claimed and received £600 from their NHS employer.
<b>Scenario C</b>	On a weekend away with a group of friends, Registrant C gets into a physical fight with one friend, after the group has been drinking alcohol. The police had to intervene though no-one was arrested or charged. Registrant C's friend had some minor injuries that were treated at the scene.
<b>Scenario D</b>	Registrant D has behaved in a verbally and physically aggressive manner towards their spouse including shouting at and throwing a dinner plate at them; pushing them out of the way and then slamming the door in their face.  Although the police attended the family home following reports of a disturbance, no criminal charge or conviction has resulted from Registrant D's behaviour as the spouse did not wish to make a formal statement. The GMC must now make their own assessment of whether they need to take any action.
<b>Scenario E</b>	Several complaints are received by the GMC about views that Registrant E has expressed on social media about the conflict in the Middle East. The comments used offensive language to express Registrant E's opinions about the conflict from a particular perspective.  Whilst the comments did not meet the definition for criminal conduct, social media responses show that they have caused serious offence to a large number of people. It's clear to anyone viewing Registrant E's social media account that they are currently registered with the GMC and working in the United Kingdom.
<b>Scenario F</b>	Registrant F was charged with a serious sexual assault against a female

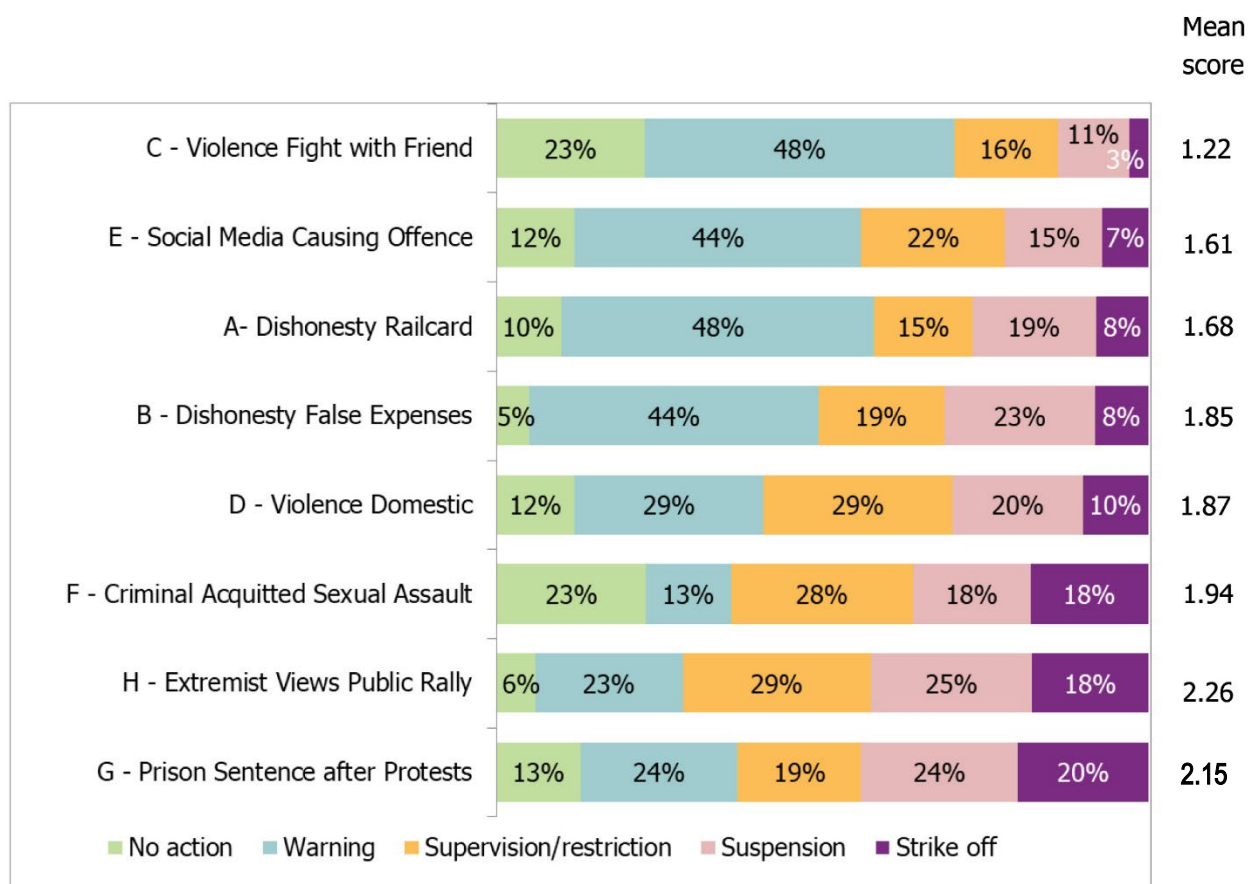
	<p>known to them in their personal life. The female has never been Registrant F’s patient. The allegation was the subject of a criminal trial at which Registrant F pleaded not guilty.</p> <p>After the jury had considered all the evidence presented to them at the trial, Registrant F was acquitted (found not guilty). The GMC must now make their own assessment of whether they need to take any action.</p>
<p><b>Scenario G</b></p>	<p>Outside of work Registrant G is an activist for a cause they feel strongly about. They have been arrested a number of times at protests.</p> <p>Most recently they have been arrested, charged and found guilty at a Magistrates’ court of creating a public nuisance when taking part in a protest.</p> <p>The registrant was sentenced to (and has served) two months in prison.</p>
<p><b>Scenario H</b></p>	<p>Registrant H has been investigated by the police for expressing extremist views at a public rally encouraging those present to take violent action in support of their beliefs.</p> <p>There have been accusations from some that the registrant is likely to encourage terrorism with their words. Registrant H is not going to be charged with any offence as the views expressed were not sufficiently extreme to amount to a crime. The GMC must now make their own assessment of whether they need to take any action.</p>

## Annex B – overview of results from the public confidence thresholds research

Level of concern for each scenario – ranked from lowest to highest proportion of participants rating the scenario as of high concern



**Expected GMC action** - ranked from lowest to highest proportion of participants choosing “strike off” (removal) as the appropriate outcome



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