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GMC Corporate Strategy and Perceptions Tracking Survey 2024 | Key findings

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Background

Shift Insight was commissioned to run the GMC's 2024 corporate strategy and perceptions surveys with patients and the public, medical students, doctors, Responsible Officers (ROs), providers, educators, and stakeholders. This year's research builds on previous tracking surveys (2022 and 2020), alongside earlier tracking research conducted since 2014.

Methodology

The surveys were live from June to August 2024. Audiences took part using an online survey link, though providers and stakeholders were also offered the option of a telephone survey.

Overall perceptions

The GMC's corporate strategy

The GMC's corporate strategy 2021-25 outlines its vision to "be an effective, relevant and compassionate multiprofessional regulator". This report aligns findings with this vision.

Awareness and familiarity with the GMC

Among patients and the public, awareness of the GMC has remained stable (58% familiar). Common perceptions of the GMC's role included responsibility for setting/maintaining professional standards and regulating doctors.

Although familiarity among medical students was high (97%), there was a decrease in those who knew at least 'a fair amount' (55% compared to 67% in 2022). Unprompted awareness of the GMC's regulatory functions was in line with its main responsibilities, though there was less awareness of its involvement in medical education.

Hearing about the GMC

Doctors and ROs were most likely to hear information about the GMC directly from the regulator (78% and 96% respectively). Medical students were most likely to hear information from their university (70%).

Confidence in the GMC

79% of patients and the public were confident in both doctors in the UK and how they were regulated. The latter has increased from 75% in 2022, but to raise this further, respondents suggested improving experiences of healthcare services, such as waiting times and appointment availability (19%), and improving communication about how doctors are regulated (15%).

Medical students and doctors had the lowest confidence levels in the GMC (44% and 40% confident, respectively) though doctors' confidence levels had increased (33% in 2022). 44% of doctors were confident in UK-based regulators and healthcare authorities more generally. A higher proportion of doctors in postgraduate training were confident in UK regulators broadly (37%) compared to the GMC (28%).

Regression analysis, to explore this relationship, revealed that for doctors, hearing about the GMC from peers and colleagues was associated, on average, with a 0.32 decrease in confidence.

In response to an unprompted open response question about what would improve their confidence, medical students sought more information and transparency around the GMC's role and activities (30%), whereas doctors sought more support and understanding of their context (23%). Both suggested the GMC should make regulation fairer and more proportionate (13% and 19% respectively), and that the GMC should not regulate physician associates (PAs) and anaesthesia associates (AAs) (21% and 19% respectively).

74% of ROs reported confidence in the GMC, and similar levels of providers, educators and stakeholders were confident (88%, 86% and 86% respectively). To raise confidence levels, these audiences mentioned improving transparency and consistency around fitness to practise (FTP) decisions, or regulation more generally.

What drives confidence in the GMC?

Key Driver Analysis (KDA) was conducted on the survey data for three audiences to better

understand the drivers for certain variables. Top drivers of confidence in the GMC were:

- Patients and the public: closely tied to their overall confidence in doctors.
- Medical students: perceptions of the GMC as effective, how the GMC handles concerns, if the GMC is focusing on the right issues, perception of it as a learning organisation, and if the GMC protects the quality of their training and education.
- Doctors: perceptions of the GMC as fair and effective, confidence in UK regulators generally, how the GMC handles concerns, and if the GMC is focusing on the right issues.

Perceptions of the GMC as an effective, relevant and compassionate regulator

Patients and the public were more likely to agree that the GMC was an effective (74%) and relevant regulator (77%) than it was compassionate (54%). These perceptions related to trust in the GMC, perceptions of professionalism, and general trust in the regulation of doctors.

The same pattern was evident for almost all audiences – except doctors – in terms of perceptions of the GMC as effective, relevant and compassionate: medical students (48%, 63%, 18% respectively), ROs (69%, 72%, 40%), providers (69%, 81%, 38%), educators (71%, 62%, 38%) and stakeholders (82%, 82%, 45%).

Negative perceptions from medical students related to the GMC regulating PAs and AAs, the perceived racial bias in FTP actions and a sense of a general lack of support for doctors from the GMC.

For doctors, there were small increases in the proportion agreeing that the GMC was effective (36%, rising from 30% in 2023) and relevant (44% from 40% in 2023), though perceptions of the GMC as compassionate were similar (16% vs 15%). Doctors in postgraduate training remained the least likely to agree with all descriptors (24%, 34%, and 11% respectively).

FTP concerns were the most common reason for negative perceptions among doctors, but they also mentioned concerns about PA and AA regulation.

Concerns about FTP processes and GMC regulation were often cited as reasons for negative perceptions amongst other audiences.

Being an effective regulator

The GMC's regulatory functions

Trust in the GMC registering doctors with the right qualifications and skills has remained consistent for most audiences since 2022, but has decreased for medical students (83%, down from 91% in 2022).

Trust in the GMC ensuring doctors are up to date and safe to practise has remained consistent since 2022 – aside from medical students, for whom this decreased from 84% in 2022 to 79% in 2024.

Trust in the GMC protecting the quality of doctors' training and education when concerns are raised has remained consistent with 2022 for all audiences – apart from doctors, among whom an increase was seen (37%, up from 30% in 2022).

Trust in 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 a doctor works, was consistent with 2022. A higher proportion of doctors (52%) agreed they would trust their employer to deal with a concern fairly and appropriately compared to 29% who trusted the GMC.

Trust in the Medical Practitioners Tribunal Service (MPTS) amongst doctors has improved from 17% in 2022 to 24% in 2024. Findings suggest this is due to improved trust levels amongst SAS and LE doctors (from 22% in 2022 to 34% in 2024).

Across all questions about trust in regulatory functions, agreement from doctors in postgraduate training was lower than from other types of doctor – in some cases considerably lower.

Enabling good, safe care

88% of patients felt they were given good, safe care the last time they received treatment from a doctor. 98% of doctors felt able to deliver good, safe care to patients at least some of the time, with

an increase in the proportion stating most of the time (55% compared to 51% in 2023). 77% of doctors felt their organisation supports them to deliver good, safe care either ‘a great deal’ or ‘a fair amount’, but only 23% felt the same way about support from the GMC.

The GMC’s role in medical education

74% of medical students rated the quality of their education as good, though 80% did not feel supported by the GMC in their studies. This related to students perceiving that the GMC had limited involvement in their education, feeling there was a lack of communication from the regulator, and having a limited understanding of how it supports them. There was low agreement amongst doctors, ROs, providers, educators and stakeholders (50% or below) that the GMC is helping to align training and education with the needs of healthcare services.

Preparedness for practice

64% of medical students agreed they felt adequately prepared for their first post. Confidence was higher in communication and teamworking skills and lower in leadership skills and managing uncertainty. Doctors and educators felt less confident in graduate doctors being prepared for the physical demands and emotional resilience needed to practise. 72% of UK primary medical qualification (PMQ) doctors in core or foundation training agreed that their undergraduate education had prepared them for their first post, consistent with 2022. For this group, confidence in communication skills was high, but lower in leadership skills, managing uncertainty and managing physical demands.

Postgraduate training

Among doctors who had completed their postgraduate GP and specialty training in the last five years, 75% and 84% respectively agreed it had adequately prepared them for their first post.

What drives perceptions of the GMC as an effective regulator?

Key Driver Analysis (KDA) revealed that for patients and the public, medical students and doctors,

perceptions of the GMC’s effectiveness were primarily driven by the GMC’s perceived relevance.

Being a relevant regulator

Work experiences

Among medical students, doctors and ROs, perceptions of their career as fulfilling were in line with 2022, but were lowest amongst doctors in postgraduate training (57%).

The frequency of challenges experienced by medical students is consistent with 2022.

Doctors in postgraduate training were the most likely to say they frequently felt ‘unable to cope with their workload’ (38%) or considered ‘leaving the medical profession’ (27%) in the last year. However, the proportion of other doctors stating they felt ‘unable to cope with their workload’ has decreased since 2022 – particularly among doctors on the GP register (from 52% to 34%).

GMC support with workplace issues

Agreement that the GMC is helping to tackle workplace issues and discrimination experienced by doctors is in line with 2022 (15% of doctors agreed with both statements). The perception that the GMC uses its data, research and insights to support doctors and/or help protect patients is also consistent with 2022.

Impact and focus of the GMC

59% of doctors felt the GMC’s impact within the health sector over the last 12 months was either negative or that there had been no impact. For other audiences (ROs, providers, educators, stakeholders), the proportion who felt the impact had been positive was higher than those who felt it had been negative.

Audiences were asked about the areas in which they felt the GMC should focus more of its attention. The area with the greatest consensus across audiences was ‘reducing the length and impact of its fitness to practise processes’ – a top concern for all apart from medical students. Another top area for medical students, doctors and ROs was ‘using its influence to improve working environments for doctors’.

Trajectory of the GMC

71% of doctors and over 80% of other audiences (ROs, providers, educators and stakeholders) were aware of the changes being made to the legislation that governs how the GMC works. Findings suggest that support and perceptions were mixed, with some unsure about both.

54% of ROs, 57% of educators and 75% of stakeholders agreed they understood the GMC's direction of travel. Similar proportions (though slightly higher for ROs at 71%) agreed the GMC effectively communicates its policies and changes.

What drives perceptions of the GMC as a relevant regulator?

Key Driver Analysis (KDA) revealed that for patients and the public, medical students and doctors, perceptions of the GMC as an effective regulator were by far the most important driver for perceptions of relevance.

Being a compassionate regulator

Perceptions of the GMC as a listening and learning organisation

Perceptions of the GMC as listening and learning were similar to 2022, aside from among doctors for whom agreement that the GMC is a listening organisation increased from 17% to 22%.

The proportion of ROs who felt the GMC listens to them and uses their views to shape its work is consistent with 2022 (38%). Although smaller samples, the proportion has reduced for educators (from 83% to 38%), as well as stakeholders (from 80% to 54%).

Perceptions of the GMC as a fair organisation

Perceptions have remained consistent with 2022, apart from patients and the public, for whom agreement decreased from 74% to 68%. Aside from that audience, perceptions remained highest for stakeholders (61%), and lowest amongst medical students (33%) and doctors (25%).

A high proportion of medical students and doctors disagreed (54% and 58% respectively) that the GMC keeps registration fees fair and reasonable.

Regarding the GMC helping to change doctors' training and education to make it fairer and more flexible, agreement was consistent with 2022.

Perceptions of the GMC as a proportionate regulator

In terms of whether the requirements the GMC places on them (or will do, in the case of medical students) or their organisation are reasonable and proportionate, there was agreement from 69% of medical students, 54% of doctors, 73% of ROs, 88% of providers, 71% of educators and 66% of stakeholders.

The GMC's relationship with key audiences

79% of ROs would describe their relationship with the GMC as good – though 23% of those who suggested ways to improve this relationship felt the GMC could listen more and be more supportive. 63% felt able to speak positively about the GMC, 13% were neutral and 23% disagreed.

75% of providers felt their relationship with the GMC was good. 40% of those who made suggestions about what could improve this relationship recommended increasing communication and collaboration.

86% of educators rated their organisation's relationship with the GMC as good. A third felt they were able to speak positively about the GMC – a third were neutral, and a third disagreed.

Stakeholders viewed their organisation's relationship with the GMC positively, 86% rated it as good – they suggested that increasing collaboration and enhancing transparency and communication could improve this.

Giving guidance

For guidance about professional standards or ethical issues, ROs were most likely to turn to the GMC (91%). Medical students and doctors both suggested a medical defence body was their most common source of advice (65% and 71%).

Across different descriptors about the guidance, medical students and doctors were most likely to agree that guidance and advice from the GMC was clear and easy to understand, but least likely to agree it was realistic and applicable in practice.

37% of doctors, 85% of ROs and 86% of educators had read some or all of the GMC's updated *Good medical practice* and found it helpful.

Communications with the GMC

All audiences most commonly indicated they received the right amount of communications from the GMC, including 58% of both doctors and medical students.

What drives perceptions of the GMC as a compassionate regulator?

Key Driver Analysis (KDA) revealed that top drivers of perceptions of the GMC as a compassionate regulator were:

- Patients and the public: closely tied to GMC attributes, e.g. fair and effective.
- Medical students and doctors: how they feel the GMC handles concerns, and perceptions of the GMC as fair, listening and learning.

Key findings and suggested areas of focus

- For patients and the public, perceptions of the GMC were often related to their overall confidence in doctors, and less directly related to perceptions of the GMC itself as an organisation.
- Medical students' understanding of the GMC's role in medical education remained low, with greater understanding sought.
- Doctors' overall confidence in the GMC has improved slightly but changes over time differ by doctor type.
- Confidence in FTP processes is still a top-of-mind concern and a suggested area of improvement for almost all audiences. In fact, how the GMC handles concerns is central to perceptions of the organisation.
- Though not as high as concerns about FTP, there were also concerns about the GMC's regulation of PAs and AAs amongst medical students and doctors.
- Medical students and doctors want the GMC to improve their support for doctors.
- The low perceptions of the GMC amongst doctors in postgraduate training are important to consider.

- There are connections evident between perceptions of the GMC and the types of and number of information sources from which medical students and doctors hear about the organisation.
- There appears to be a positive relationship between the GMC and ROs, providers, educators and stakeholders – though findings suggest there is opportunity for more collaborative work.

INTRODUCTION

1. INTRODUCTION

BACKGROUND TO THE RESEARCH

Shift Insight was commissioned to run the GMC’s quantitative corporate strategy and perceptions tracking research, which surveys seven key GMC audiences: patients and the public, final year medical students, doctors, Responsible Officers (ROs), providers, educators and stakeholders. This year’s research builds on previous corporate strategy and perceptions tracking surveys commissioned by the GMC in 2018, 2020 and 2022, alongside earlier tracking research conducted in 2014 and 2016. An interim survey was also carried out for doctors in 2023, which included select questions.

AUDIENCE AND METHOD

Table 1 summarises the methodology and sample size for each of the audiences surveyed. These sample sizes are broadly in line with those from 2022, except for providers. Previously, the provider audience had a wider scope and sampling, with fieldwork done solely via online survey – whereas, in 2024, the sample only consists of CEOs and Chairs, who were offered online or telephone survey options. Due to the more targeted sample, this year is the new benchmark for this audience, so findings are not tracked to prior years in this report.

Audience and method	Number of responses
Patients (had received advice/treatment from a doctor in the last 12 months) and the public (had not received advice/treatment from a doctor in the last 12 months) Online survey, sample from third-party provider (Dynata), weighted data	2,038
Final year medical students Online survey, sample from GMC database, weighted data	849
Doctors Online survey, sample from GMC database, weighted data	2,599
Responsible Officers (ROs) Online survey, sample from GMC database	89
Educators Online survey, sample from GMC database	21
Providers Online survey or telephone survey, sample from third-party providers (Oscar Research, Wilmington Healthcare)	18
Stakeholders (national and regional) Online survey or telephone survey, sample from GMC database	56

Table 1 Summary of audience, method and sample size

CONTEXTUAL ASPECTS

The surveys were live from June to August 2024. Bearing in mind the fieldwork timing, and the general landscape currently, there are wider contextual aspects to consider when reading these findings:

- The survey fieldwork period was later in the year compared to previous years (May-July in 2022 and February-March prior to that).
- The surveys were live during the lead-up to the UK’s General Election on 4 July 2024.
- industrial action was taken by resident doctors in England during the survey live period. The ongoing development of the GMC’s regulation of physician associates (PAs) and anaesthesia associates (AAs).

- Particular Fitness to Practise (FTP) cases that attracted attention in the media and from doctors.

HOW TO READ THIS REPORT

The GMC's vision to be an effective, relevant and compassionate regulator has influenced how this report has been structured. A few areas to consider when reading this report are:

- The sample size for each question and audience has been reported for the current wave (2024). The adjusted sample size has been reported for audiences where weighting was applied (patients and the public, medical students, and doctors).
- All questions were single choice, unless stated otherwise in the footnote for each chart (i.e. multi-choice or open question coded into themes).
- A review of the existing survey questions was carried out before dissemination to ensure they were appropriately updated. Where a question was updated, this is noted in the relevant chart's footnote.
- Some new survey questions were introduced this year, as indicated in the relevant chart's footnote.
- Direct comparisons have been made to 2022 where applicable and relevant. For some questions, comparisons to the doctors' 2023 interim survey results are also included.

2. OVERALL PERCEPTIONS

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THE GMC'S CORPORATE STRATEGY

The GMC's corporate strategy 2021-25 outlines the GMC's vision to "be an effective, relevant and compassionate multiprofessional regulator for patients, the public and medical professionals, and as an employer". Making evidence-based decisions by utilising surveys and research is a core component of the GMC's corporate strategy (2021-2025), 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.

This report is structured around the themes of effective, relevant and compassionate regulation, exploring perceptions of the GMC from across its key audiences.

AWARENESS AND FAMILIARITY WITH THE GMC

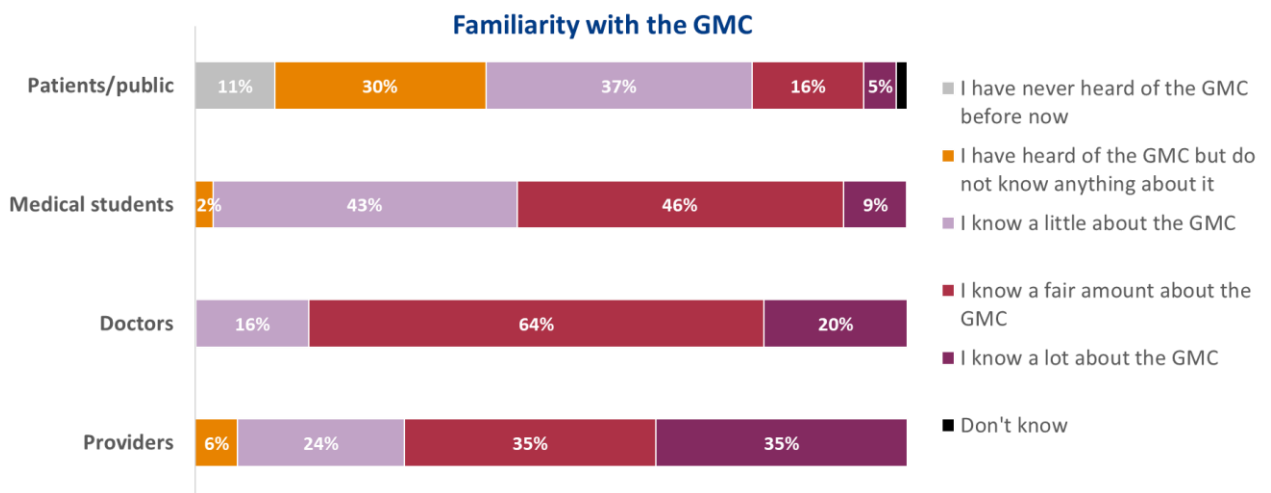


Figure 1 New question – GMC familiarity: How familiar are you with the General Medical Council (GMC)? Asked to: Patients/public (n = 2,038), Medical students (n = 823 [adjusted]), Doctors (n = 2,456 [adjusted]), Providers (n = 17).

Among patients and the public, awareness of the GMC has remained stable, with 58% in 2024 and 54% in 2022 reporting some familiarity (Figure 1). Among medical students, familiarity reduced slightly from 100% in 2022 to 97% in 2024, with a notable decrease in those knowing at least 'a fair amount' (67% in 2022 to 55% in 2024). Doctors were not previously asked about familiarity, but when asked in 2024, all reported some awareness, with 84% knowing at least 'a fair amount'. As explored in a later section, these doctors cited, on average, a greater number of sources from which they tend to hear information about the GMC than those with lower awareness (2.9 vs. 2.3 sources). In addition, both medical students and doctors with greater awareness of the GMC (i.e. knowing 'a fair amount' or more) were more likely to cite 'from the GMC directly' as a source (54% and 81%) compared to those with less familiarity (38% and 66%).

Patients' and the public's perceived responsibilities of the GMC as a regulator (top answers, 5% or above)

Perceived responsibilities of the GMC	%
Setting and maintaining professional standards	33%
Regulation of doctors (general)	32%
Investigation of complaints / fitness to practise	20%
Regulation of healthcare / medical system generally	11%
Maintaining patient safety	7%
Maintaining register of all UK doctors	7%
Regulation of education and training standards	5%

Table 2 New question – GMC role perceptions: What do you think the GMC's role as a regulator involves? (open question coded into themes). Asked to: Patients/public (n = 1,345 [adjusted]).

When asked what they thought the GMC's role as a regulator involved, the most common responses from patients and the public included the GMC being responsible for setting and maintaining professional standards, as well as the general regulation of doctors (Table 2). Additionally, respondents mentioned the investigation of complaints / fitness to practise – this was raised more frequently by respondents in Scotland (36%) and Northern Ireland (34%) compared to other nations, and those aged 55+ (27%) compared to other age groups.

Medical students' unprompted awareness of the GMC's regulatory functions (top answers, 5% or above)

Perceived regulatory functions of the GMC	%
Regulation of doctors (general)	42%
Setting of professional standards (including <i>Good medical practice</i>)	39%
Investigation of fitness of practise	35%
Maintaining register of all UK doctors	34%
Regulation of training standards	18%
Regulation of PAs/AAs	12%
Maintaining patient safety	7%
Regulation/standardisation of medical school curriculum	6%

Table 3 Updated tracking question – GMC role perceptions: Which, if any, of the GMC's regulatory functions are you aware of? (open question coded into themes). Change to question wording, previously: Which, if any, regulation functions of the GMC are you aware of? Asked to: Medical students (n = 553 [adjusted]).

Medical students familiar with the GMC (i.e. 'know a lot', 'a fair amount' or 'a little' about the GMC) were asked, in an unprompted question, which of the GMC's regulatory functions they were aware of (Table 3). Awareness varied based on where they tended to hear information about the GMC – for example, those informed via a union or representative body, or social media, were more likely to cite regulation of doctors and regulation of PAs/AAs, while direct information from the GMC led to higher mention of maintaining the register.

Awareness of the GMC was mostly consistent with 2022 for patients and the public and medical students. For both medical students and doctors (the latter was asked for the first time this year), those with greater awareness of the GMC were more likely to cite ‘from the GMC directly’ as where they tended to hear information. Perceptions of the GMC’s responsibilities amongst patients and the public, as well as awareness of the GMC’s regulatory functions amongst medical students, aligned with the core regulatory functions of the GMC.

HEARING ABOUT THE GMC

Sources from which medical students, doctors and ROs hear information about the GMC (multi-choice; top 3 sources highlighted for each audience)

Source	Medical students	Doctors	ROs
From the GMC directly (e.g. GMC website, social media, emails, events)	47%	78%	96%
From the media (e.g. newspapers or broadcast channels)	40%	39%	24%
From others on social media	33%	23%	7%
From peers and colleagues	62%	51%	30%
From my employer / my university (for medical students)	70%	13%	4%
From family and friends	13%	7%	0%
From a professional body (e.g. royal colleges)	25%	39%	25%
From a union or representative body	38%	27%	10%
Other	<1%	2%	0%
Don't know	1%	1%	0%

Table 4 New question – GMC information sources: Where do you mostly tend to hear information about the GMC? (multi-choice) Asked to: Medical students (n = 805 [adjusted]), Doctors (n = 2,456 [adjusted]), ROs (n = 89).

Most common sources of information for each audience

Exploring where audiences tended to hear information about the GMC revealed that doctors and ROs were most likely to state from the GMC directly – ROs overwhelmingly so at 96% (Table 4). When asked to narrow down to their most common way, this was also both groups’ most common source of information. Medical students’ common information sources were from their university (70%) or peers and colleagues (62%), and when asked to narrow down, peers and colleagues came out on top.

Sources from which different types of doctors hear information about the GMC, by doctor registration status (multi-choice; top 3 sources highlighted for each role)

Source	Doctors in postgraduate training	SAS doctors	LE doctors	Doctors on the GP register	Doctors on the Specialist register
From the GMC directly (e.g. GMC website, social media, emails, events)	77%	84%	78%	73%	81%
From the media (e.g. newspapers or broadcast channels)	40%	29%	31%	45%	41%
From others on social media	35%	15%	25%	24%	18%
From peers and colleagues	63%	45%	50%	50%	46%
From my employer	17%	14%	20%	7%	12%
From family and friends	9%	6%	8%	7%	6%
From a professional body (e.g. royal colleges)	47%	34%	27%	40%	43%
From a union or representative body	43%	20%	26%	24%	23%
Other	2%	2%	1%	3%	2%
Don't know	1%	<1%	2%	1%	<1%

Table 5 New question – GMC information sources: Where do you mostly tend to hear information about the GMC? (multi-choice) Asked to: Doctors (n = 602; 219; 306; 461; 743 [adjusted]). SAS refers to specialty and specialist doctors; LE refers to locally employed doctors.

Differences by doctor type or age

There were some notable differences by doctor type (Table 5):

- Doctors in postgraduate training were more likely to select the following as one of their sources of information: peers and colleagues (63%); a professional body (47%); a union or representative body (43%); others on social media (35%) or their employer (17%).
- Doctors on the Specialist register were more likely to select from a professional body (43%).
- Doctors on the GP register were more likely to select from the media (45%).
- Specialty, Associate Specialist and Specialist (SAS) and Locally Employed (LE) doctors were more likely to select from their employer (14% and 20%).

Age also appeared to be a factor. Compared to other age groups:

- Younger doctors (aged between 18 and 34) were more likely to hear information from a union or representative body (41% compared with 27% overall).
- Those aged 65+ were less likely to hear information from a union or representative body (16%).
- Doctors aged 18-44 were more likely to hear information from others on social media (31% compared with 23% overall), while doctors aged 55+ were less likely (13%).

Doctors and ROs most often tended to hear information about the GMC directly from the GMC, while medical students primarily relied on their university and peers and colleagues. Doctors in postgraduate training were more likely to use a range of sources compared to other doctors, including social media, peers and colleagues, their employer, a professional body, or a union or representative body. There is also a connection between information sources and confidence in the GMC, which will be explored further in the next section.

CONFIDENCE IN THE GMC

Confidence in the GMC (top 2)

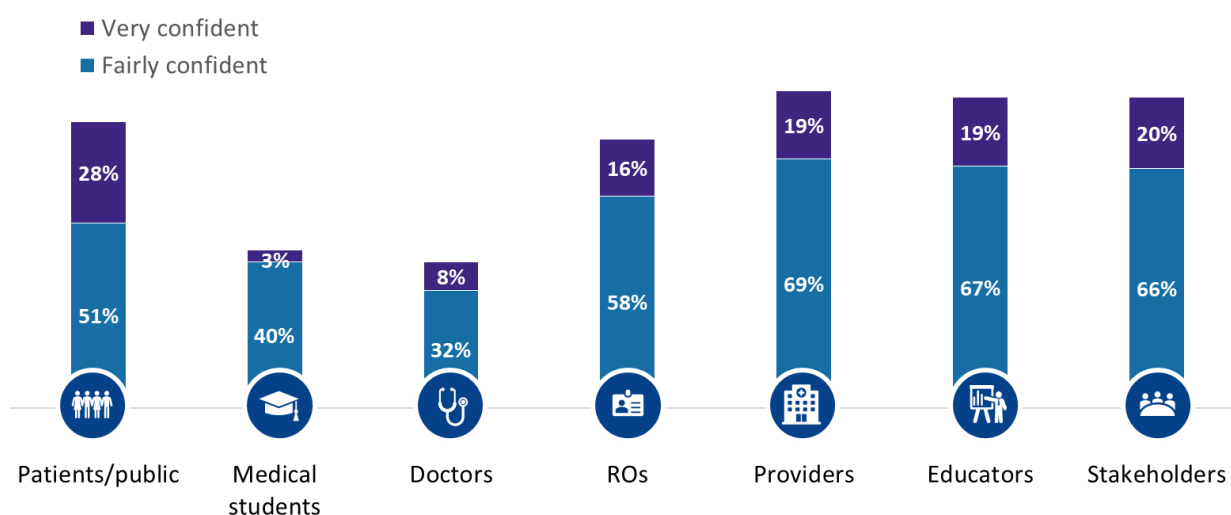


Figure 2 Existing tracking question – Confidence in GMC: How confident are you in the way that doctors are regulated? (patients/public) / How confident are you in the way that the GMC regulates doctors? (all other audiences) Asked to: Patients/public (n = 2,038), Medical students (n = 803 [adjusted]), Doctors (n = 2,463 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

All key audiences, except patients and the public, were asked how confident they were in the way that the GMC regulates doctors (Figure 2). Patients and the public were instead asked how confident they were in doctors in the UK, and how confident they were in how doctors are regulated. Patients and the public had the same overall level of confidence (79%) in both doctors and how they are regulated. Patients were more likely to be confident in both doctors and doctors’ regulation (86% for both) than the public (73% for both). If patients and the public were familiar with the GMC, they were more likely to be confident in both doctors and how they are regulated – in both cases, 84% of those familiar with the GMC were confident. For those unfamiliar with the GMC, confidence in doctors was 74%, while confidence in doctors’ regulation was 73%.

Medical students and doctors had the lowest confidence levels across the audiences, with 44% of medical students (when very and fairly confident is merged) and 40% of doctors selecting ‘very confident’ or ‘fairly confident’. 74% of ROs reported confidence in the GMC, and similar levels of providers, educators and stakeholders were confident (88%, 86% and 86% respectively).

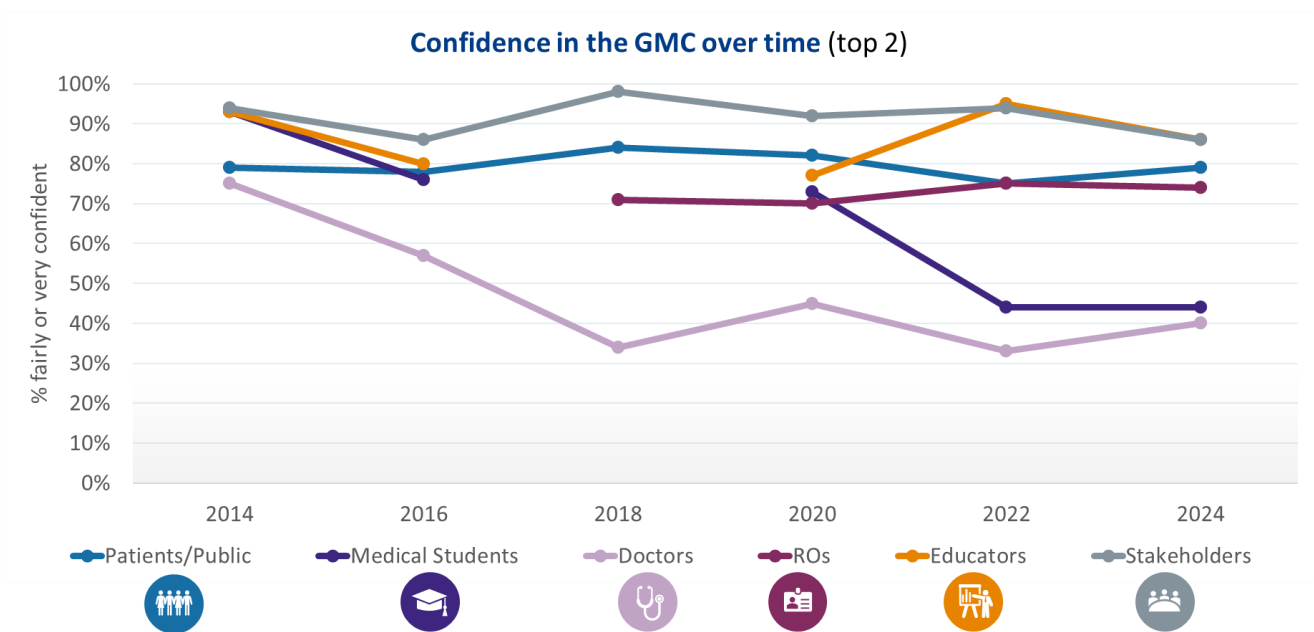


Figure 3 Existing tracking question – Confidence in GMC: How confident are you in the way that doctors are regulated? (patients/public) / How confident are you in the way that the GMC regulates doctors? (all other audiences) Asked to: Patients/public (n = 2,038 [adjusted]), Medical students (n = 803 [adjusted]), Doctors (n = 2,463 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56). ROs not included in 2014 and 2016 research. Medical students and educators not included in 2018 research.

While most audiences' confidence levels remained similar to 2022, there was a statistically significant increase in both doctor and patient/public confidence – even when adjusting for population differences (Figure 3). In 2024, 40% of doctors said they were confident in the GMC, up from 33% in 2022. In 2024, 79% of patients and the public said they were confident in how doctors are regulated – up from 2022, when 75% reported that they were confident.

Based on a new question this year, results suggest that confidence in the GMC is currently in line with confidence in regulation more widely – 44% of doctors said they were confident in UK-based regulators and healthcare authorities more generally, with 6% 'very' confident and 38% 'fairly' confident. However, a higher proportion of doctors in postgraduate training were confident in UK regulators generally (37%) than the GMC specifically (28%).

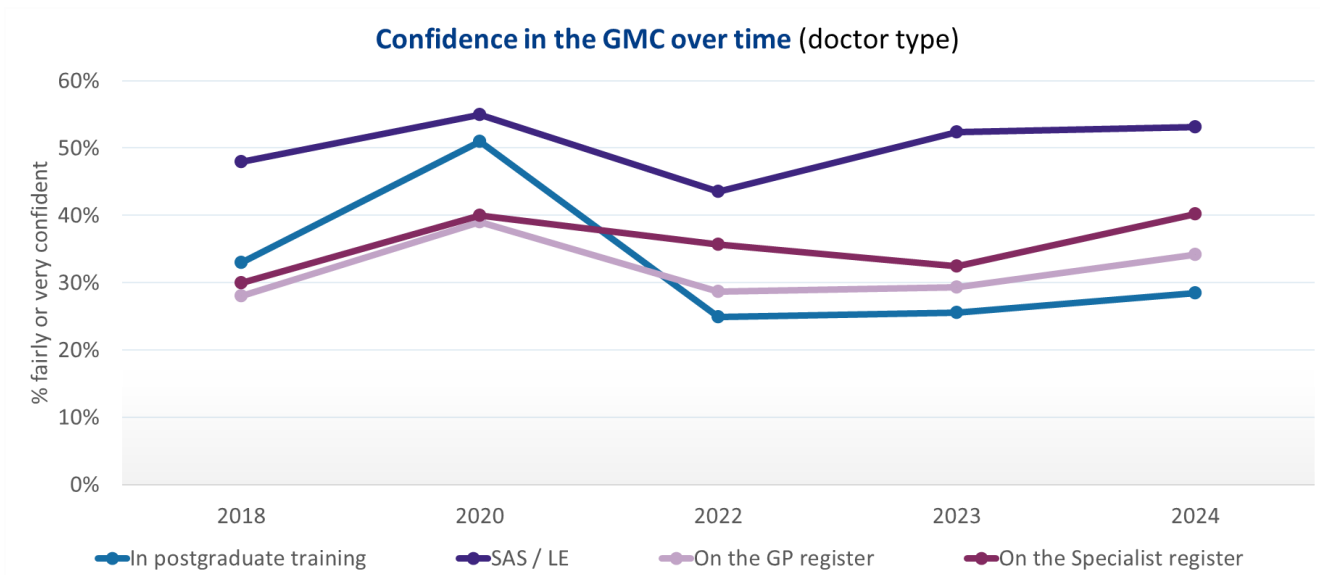


Figure 4 Existing tracking question – Confidence in GMC: How confident are you in the way that the GMC regulates doctors? Asked to: Doctors (n = 596; 217; 309; 463; 746 [adjusted]). SAS and LE merged in chart above as in 2020 and 2022, these roles were one combined option in the survey. There was no separate option for SAS and LE in the 2018 research, therefore those that selected 'none of the above' in 2018 are assumed to be in these roles.

Differences in confidence amongst doctors

- This year, 34% of doctors on the GP register, and 28% of doctors in postgraduate training, reported confidence in the GMC (Figure 4). These proportions are similar to the previous two years: in 2023, 29% of doctors on the GP register and 26% of doctors in postgraduate training said they were confident; in 2022, the proportions were 29% and 25% respectively.
- SAS and LE doctors were more likely to say they were confident than other roles (51% and 55% respectively). In 2022, the proportion of this group (combining SAS and LE doctors) who were confident was lower (44%) than in 2023 (52%) and in 2024 (53%).
- A higher proportion of doctors on the Specialist register were confident in the GMC in 2024 (40%) than in 2023 (32%). In fact, the rise in the overall confidence figure can be attributed to a rise in confidence amongst male doctors on the Specialist register, whose confidence increased from 26% to 39% from 2023 to 2024. This holds true even taking account of population/sample changes.

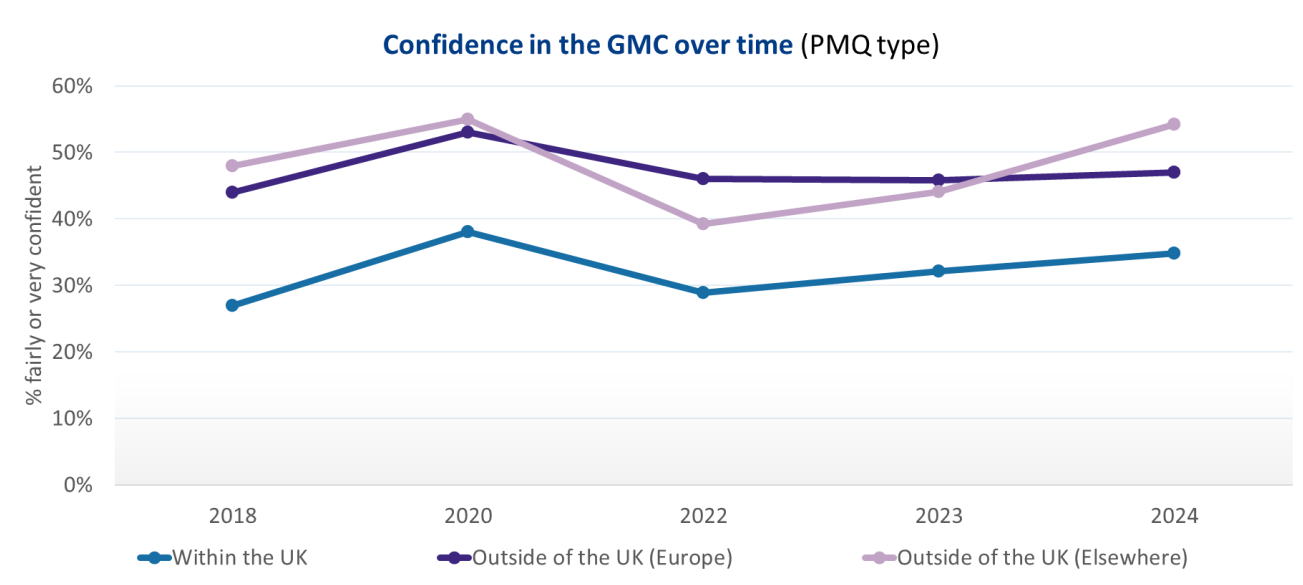


Figure 5 Existing tracking question – Confidence in GMC: How confident are you in the way that the GMC regulates doctors? Asked to: Doctors (n = 1,799; 190; 468 [adjusted]).

In terms of doctors’ PMQ location, those that qualified outside of the UK (not Europe) were most likely to state they were confident in the GMC (Figure 5).

Connection between confidence in the GMC and information sources

Sources from which medical students and doctors hear information about the GMC, by confidence in the GMC (multi-choice; more likely to be selected in green, less likely to be selected in red)

Source	Medical students		Doctors	
	Confident in the GMC	Not confident in the GMC	Confident in the GMC	Not confident in the GMC
From the GMC directly (e.g. GMC website, social media, emails, events)	51%	45%	84%	75%
From the media (e.g. newspapers or broadcast channels)	36%	45%	26%	47%
From others on social media	23%	42%	11%	32%
From peers and colleagues	56%	68%	39%	59%
From my university / employer	76%	66%	14%	13%
From family and friends	10%	16%	5%	9%
From a professional body (e.g. royal colleges)	26%	25%	36%	41%
From a union or representative body	32%	44%	16%	35%
Other	0%	<1%	1%	2%
Don't know	1%	<1%	1%	1%

Table 6 New question – GMC information sources: *Where do you mostly tend to hear information about the GMC? (multi-choice) Asked to: Medical students (n = 804 [adjusted]), Doctors (n = 2,470 [adjusted]).*

The findings reveal a connection between the confidence levels of medical students and doctors and the sources of information they use to hear about the GMC (Table 6). Medical students who were confident in the GMC tended to hear information from their university (76%). They were less likely to hear from: others on social media (23%); peers and colleagues (56%); or a union or representative body (32%). Equally, medical students who were *not* confident in the GMC were less likely to hear information from their university (66%) and more likely to hear from: others on social media (42%); peers and colleagues (68%); or a union or representative body (44%).

Doctors who were confident in the GMC were more likely to hear information from the GMC directly (84%, compared with 75% of those who were not confident). Meanwhile, doctors who were *not* confident in the GMC were more likely to hear information from peers and colleagues (59%), the media (47%), a professional body (41%), a union or representative body (35%), or from others on social media (32%).

Moreover, medical students and doctors who responded they were not confident in the GMC reported a higher average number of sources compared to those that were confident (3.1 vs 2.6 for medical students and 3.1 vs 2.3 for doctors). Doctors who were not confident in the GMC were more likely to get information from four, five or six sources. In comparison, doctors confident in the GMC were more likely to get information from just one. Doctors in postgraduate training, a group who were generally less confident in the GMC, also had a higher average number of sources (3.3), while SAS doctors, a group who were generally more confident, had a lower average number of sources (2.5).

The influence of information sources on doctors' confidence in the GMC

An ordered logistic regression was conducted to better understand the relationship between confidence in the GMC (measured on a 5-point scale) and where doctors receive information about the GMC (respondents could select multiple options). This method goes beyond simple correlations and assesses how different information sources might be linked to variations in confidence in the GMC, while accounting for other influencing factors, such as overall perceptions and trust. The key finding was that doctors who heard about the GMC from peers and colleagues were less likely to express confidence in the GMC. Specifically, hearing about the GMC from peers and colleagues was associated, on average, with a 0.32 decrease in confidence (coefficient estimate: -0.32, $p < .001$). No other information sources produced statistically significant results.

Given that peers and colleagues were a common source of information for doctors (51% citing them as a potential source), this analysis suggests that peer influence may play a crucial role in shaping doctors' confidence in the GMC.

Improving confidence

Suggestions for what would improve audiences' confidence in the GMC / how doctors are regulated (top answers)

Audience	Suggestion	%
Patients and the public	Comments about wider service issues (e.g. waiting lists, appointment times).	19%
	Communicate to the public about how doctors are regulated in an accessible way.	15%
	Comments about doctors' attitudes / treatment towards patients (how doctors behave).	14%
	Ensure doctors are upholding the required standards/ethics.	8%
	Monitor doctors' performance through regular checks.	7%
	Provide accessible information about a doctor's training, experience or performance.	6%
Medical students	Provide more information/transparency in general about what the GMC does.	30%
	Protect/support doctors more.	24%
	GMC should not regulate PAs and AAs.	21%
	Make regulation fairer and more proportionate.	13%
	Engage and consult more with medical students.	13%
	Address concerns about regulation of PAs and AAs.	12%
Doctors	Show more support for doctors and understanding of their context.	23%
	The GMC should not regulate PAs and AAs.	19%
	Make regulation fairer and more proportionate.	19%
	Address or investigate racial bias within the GMC more broadly.	14%
	Communicate in an open and empathetic way.	14%
	Increase general transparency.	11%
	Engage and consult more with doctors.	11%
Reduce and improve use of GMC fees.	8%	

Table 7 New question – Improving GMC/regulation confidence: What would improve your confidence in how doctors are regulated? / What would improve your confidence in the GMC? (open question coded into themes) Asked to: Patients/public (n = 1,245 [adjusted]), Medical students (n = 537 [adjusted]), Doctors (n = 1,870 [adjusted]).

Audiences were asked what would improve their confidence in the GMC or, for patients and the public, how doctors are regulated (Table 7). For patients and the public, the most frequently mentioned factor was around broader issues relating to their experiences of healthcare services, such as waiting times and appointment availability (19%). The second most frequent suggestion was for improved communication with the public about how doctors are regulated, in an accessible manner (15%).

For medical students, the most common suggestion was to provide more information and transparency around the GMC's role and activities (30%). For doctors, it was to show more support for doctors and understanding of their context (23%), with over 20% of each doctor type mentioning this as a way for the GMC to improve confidence. SAS doctors were more likely to state a need to improve support for international medical graduate (IMG) doctors (14%).

Medical students and doctors both suggested that the GMC should make regulation fairer and more proportionate (13% and 19% respectively), and that the GMC should not regulate PAs and AAs (21% and 19% respectively). In addition, 12% of medical students suggested that the GMC should address concerns around the regulation of PAs and AAs. When combined, 31% of medical students made comments about PAs and AAs in some way, which is similar to the proportion of doctors in postgraduate training (34%).

There were some differences in attitudes toward the GMC's regulation of PAs and AAs based on career stage and doctor type. Younger doctors aged 18-34 were more likely to believe that the GMC should not regulate PAs and AAs, with 59% of 18- to 24-year-olds and 29% of 25- to 34-year-olds expressing this view, compared to just 10% of those aged 55-64. Doctors in postgraduate training also prioritised this, with 34% expressing this view. In contrast, other doctor types focused on different suggestions – for example, doctors on the GP register were more likely to mention receiving greater support and understanding from the GMC (30%).

For other audiences, the GMC improving decision-making was key. 21% of ROs wanted the GMC to improve transparency and consistency around FTP decisions, while 38% of providers wanted to see an increase in general transparency around decision-making and regulation. Similarly, 27% of stakeholders said increased transparency around FTP decisions, processes and outcomes would improve their confidence in the GMC. Some educators also made comments around FTP investigations. Meanwhile, echoing the results from doctors and medical students, 22% of ROs suggested making regulation fairer and more proportionate.

Confidence in the GMC varied depending on the audience, with doctors and medical students expressing the lowest levels of confidence. However, there has been an increase since 2022 in confidence among doctors and patients and the public. Findings suggest a relationship between the confidence levels of medical students and doctors and the sources of information they use to hear about the GMC. Amongst other findings, medical students and doctors not confident in the GMC were more likely to hear information from others on social media, peers and colleagues, and a union or representative body. Moreover, a regression analysis found a negative association between peers and colleagues being an information source and confidence in the GMC, highlighting the importance of considering social networks and professional relationships in further work. In terms of what would improve their confidence in how doctors were regulated, patients and the public were more likely to mention wider service issues. In terms of improving confidence in the GMC specifically, both medical students and doctors highlighted concerns about the GMC's regulation of PAs and AAs, as well as calling for more fairness and proportionality in regulation.

KEY DRIVER ANALYSIS: WHAT DRIVES CONFIDENCE IN THE GMC?

Key Driver Analysis (KDA) was conducted to understand:

1. which factors drive confidence in the GMC.
2. how much influence each factor has.

This was carried out on the data for patients and the public, medical students and doctors, to enhance the GMC's understanding of how to improve confidence levels by exploring the most influential factors that appear to drive confidence in the GMC, and how doctors are regulated (for patients and the public).

A crucial part of the KDA output is the importance score, which explains how much a variable influences confidence levels. The higher the score, the more impact it has. In each KDA output, scores are relative and can only be compared to other scores in the same KDA (same audience sample). For example, whether doctors agreed with the GMC's 'effective regulator' descriptor had an importance score of 13.4, while whether doctors agreed the GMC is helping to tackle discrimination experienced by doctors had a score of 6.1. This means that

their perception of the GMC as an effective regulator was just over twice as important as their perception of the GMC’s help to tackle discrimination, in terms of influencing their confidence in the GMC.

Patients and the public

For patients and the public, their confidence in the GMC is closely tied to their overall confidence in doctors, rather than linked to any other perceptions of the GMC. The KDA results suggest the biggest driver of confidence amongst this group is their confidence in doctors in the UK. The importance score for this variable was 34.6 – far higher than all other drivers (which although significant, had far lower importance scores, under 10.0). This suggests that maintaining public trust in doctors is important to sustain confidence in the GMC.

Medical students

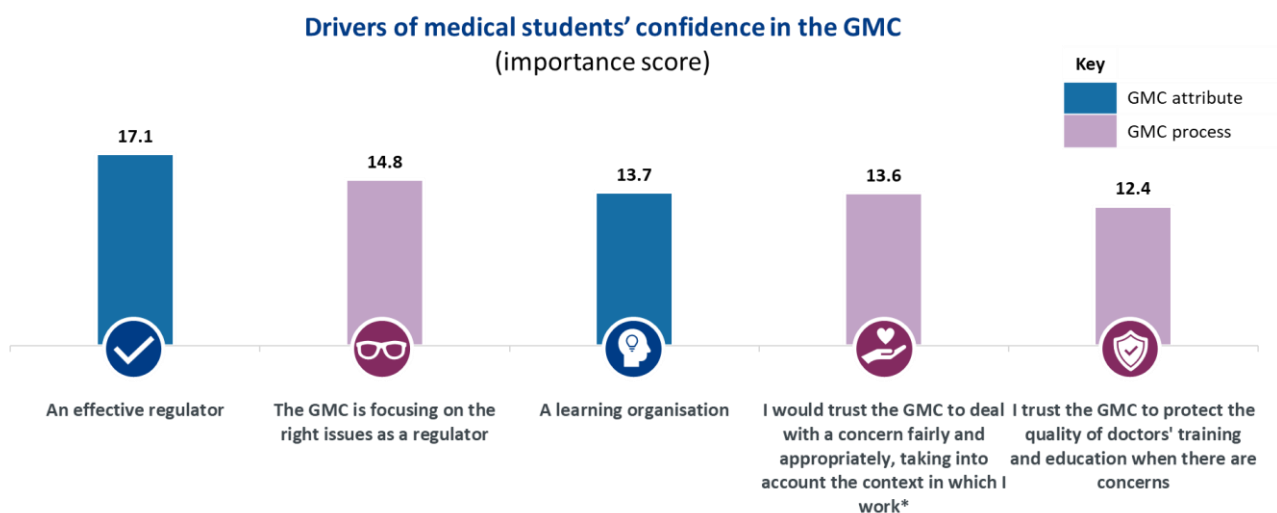


Figure 6 Key Driver Analysis: Confidence in the GMC. Medical students (n = 643 [adjusted]). *Full statement: If a concern about my practice or professional behaviour was made to the GMC, I would trust them to deal with that concern fairly and appropriately, taking into account the context in which I work.

Medical students’ confidence in the GMC was most driven by whether they agreed the GMC was effective (an attribute, indicated in blue in Figure 6), if the GMC handled concerns well, and whether the GMC is focusing on the right issues (both processes, indicated in purple). Their confidence levels were also driven by their perceptions of the GMC as a learning organisation and whether the GMC could protect the quality of their training and education.

Doctors

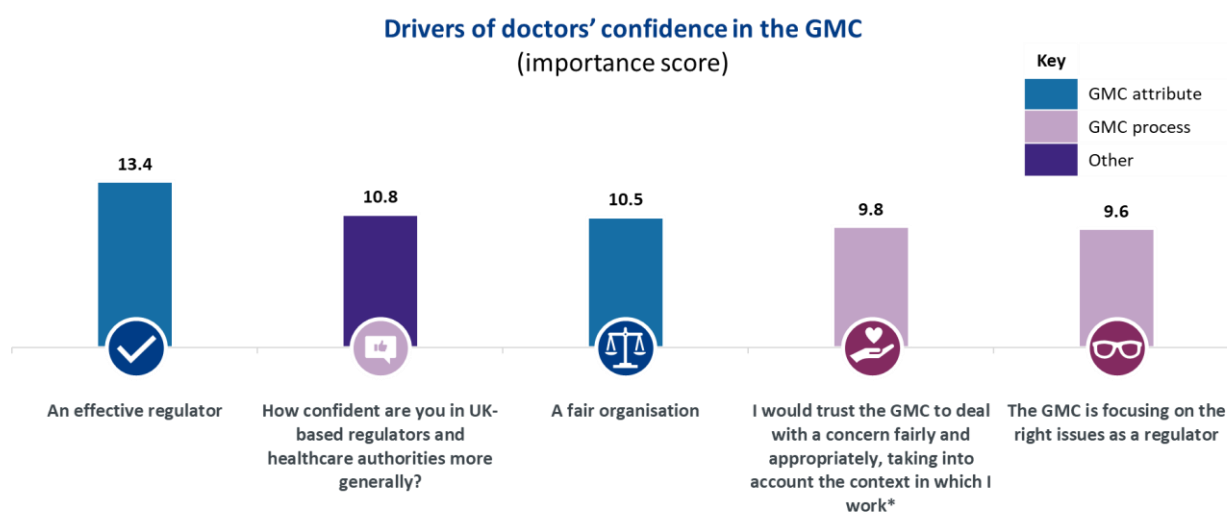


Figure 7 Key Driver Analysis: Confidence in the GMC. Doctors (n = 1,551 [adjusted]). *Full statement: If a concern about my practice or professional behaviour was made to the GMC, I would trust them to deal with that concern fairly and appropriately, taking into account the context in which I work.

The most impactful key drivers of confidence in the GMC for doctors were related to perceptions of attributes of the GMC (blue bars in Figure 7) and confidence in UK regulators more generally (blue bar). There were also influential drivers around perceptions of the GMC's processes (purple bars), specifically around how the GMC handles concerns and if the GMC is focusing on the right issues as a regulator.

For patients and the public, confidence in the GMC is driven by their confidence in doctors in the UK, rather than any wider perceptions of GMC as a regulator – so trust in regulation naturally occurs if they trust doctors. For medical students and doctors, confidence in the GMC is driven by their perceptions of the GMC as an effective regulator first and foremost, but also whether the GMC is considered a listening organisation (medical students) or a fair organisation (doctors). For both audiences, their trust in how GMC handles concerns also appeared to drive confidence – emphasising findings that FTP continues to be a front-of-mind concern influencing perceptions of the GMC. In line with this, as will be explored in a later section, is both audiences' perceptions that the GMC is focusing on the right issues as a regulator being a key driver.

PERCEPTIONS OF THE GMC AS AN EFFECTIVE, RELEVANT AND COMPASSIONATE REGULATOR

All audiences were asked to what extent they would describe the GMC as an effective, relevant and compassionate regulator (Figure 8).

Perceptions of the GMC as an effective, relevant and compassionate regulator
(top 2 results, strongly agree and tend to agree)








	 Patients/ public	 Medical students	 Doctors	 ROs	 Providers	 Educators	 Stakeholders
An effective regulator	74%	48%	36%	69%	69%	71%	82%
A relevant regulator	77%	63%	44%	72%	81%	62%	82%
A compassionate regulator	54%	18%	16%	40%	38%	38%	45%

Figure 8 New question – GMC strategy descriptors: To what extent do you agree or disagree with the following phrases as descriptors of the GMC? Asked to: Patients/public (n = 1,175), Medical students (n = 804 [adjusted]), Doctors (n = 2,428 [adjusted]), RO (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

Patients and the public were more likely to agree that the GMC is an effective (74%) and relevant regulator (77%), compared to a compassionate regulator (54%). Medical students were also more likely to agree that the GMC is an effective (48%) and relevant regulator (63%), compared to a compassionate regulator (18%). Students from the UK were less likely to agree that the GMC is a compassionate regulator (15%) compared to international students (37%).

Having been asked to doctors in the 2023 interim survey, in 2024 there were small increases in the proportion agreeing that the GMC is an effective (36% from 30%) and relevant regulator (44% from 40%). All doctor types saw incremental increases in agreement with these descriptors. The proportion of doctors agreeing that the GMC is a compassionate regulator remained largely unchanged (16% vs 15%), while a large proportion continued to disagree (63% vs 67%). SAS and LE doctors continued to be the most likely to agree that the GMC was an effective, relevant and compassionate regulator (50%, 55% and 28% combined), with LE doctors notably most likely to agree (52%, 58% and 32%). Meanwhile, doctors in postgraduate training remained the least likely group to agree with these descriptors (24%, 34% and 11%).

Between 2023 and 2024, Black doctors saw the largest increase in agreement that the GMC was an effective, relevant and compassionate regulator, with rises of 18, 22 and 13 percentage points. Although Black doctors were more likely to be in SAS or LE roles than other doctor types, the distribution of doctor types among Black doctors remained largely unchanged compared to 2023.

Notably, doctors who tended to hear information about the GMC directly from the GMC were more likely to agree that it was an effective (39%), relevant (47%) and compassionate regulator (17%).

In line with other audiences, ROs were more likely to agree that the GMC was an effective (69%) and relevant regulator (72%), compared to a compassionate regulator (40%).

Reasons for their perceptions

An open question asked audiences to provide reasons for their perceptions of the GMC as an effective, relevant and compassionate regulator. Their responses were analysed and organised into themes.

Patients and the public cited broader themes in their evaluations of the descriptors. 34% of respondents provided positive reasons for their ratings, related to trust in the GMC, perceptions of professionalism, and general trust in the GMC's regulation of doctors. 16% mentioned negative reasons, with a very small minority (under 1%) mentioning the GMC's lack of transparency in handling complaints against doctors.

Medical students' reasons for GMC strategy descriptor ratings (top answers)

Reason	%
Negative stories about FTP outcomes / GMC regulation.	29%
The GMC regulates harshly.	25%
Regulation of PAs/AAs impacts negatively on perceptions of the GMC.	21%
The GMC does not support doctors.	20%
The GMC shows racial bias through disproportionate FTP actions for ethnic minority doctors.	12%
Negative perceptions from others.	5%

Table 8 New question – GMC strategy descriptors reasons: Why do you say that? (open question coded into themes) Asked to: Medical students (n = 389 [adjusted]).

Medical students who doubted the GMC's effectiveness as a regulator tended to state this was due to the negative impact on perceptions from the GMC regulating PAs and AAs, the perceived racial bias in FTP actions and a general lack of support for doctors (Table 8). These were also cited as reasons for the GMC not being viewed as a relevant or compassionate regulator, along with the opinion that the GMC regulates harshly. Negative news stories about FTP outcomes or GMC regulation also impacted compassionate perceptions, whereas positive personal experiences were noted as a reason for viewing the GMC as compassionate.

Doctors' reasons for GMC strategy descriptor ratings (top answers)

Reason	%
Disproportionate or harsh FTP decisions in general.	17%
Regulation of PAs/AAs impacts negatively on perceptions of the GMC.	16%
Lack of support for doctors under investigation.	16%
Continued impact from the GMC's management of the Dr Arora / Bawa-Garba cases.	11%
Racial bias through disproportionate FTP.	9%
The GMC is out of touch with doctors.	9%
General comments about unfairness or bias.	8%
Regulation doesn't consider NHS context.	6%
Negative/hostile communications with doctors.	6%
Assessment reached via experience or peer accounts.	6%
Biases against international doctors / IMGs.	5%

Table 9 New question - GMC strategy descriptors reasons: Why do you say that? (open question coded into themes) Asked to: Doctors (n = 1,269 [adjusted]).

Doctors echoed similar themes to medical students (Table 9). Fitness to practise concerns were most cited in terms of the GMC's effectiveness, relevance and compassion (44% combined), including disproportionality and racial bias in FTP decisions. Regulation of PAs/AAs was linked to lower agreement across all three descriptors. Doctors also reported similar views to medical students around the GMC's relevance and compassion, with first-hand experiences driving positive ratings. Doctors in postgraduate training were more likely to emphasise the impact of the GMC's regulation of PAs and AAs on their perceptions of the GMC (30%) and the perceived racial bias in disproportionate FTP decisions (15%).

ROs' reasons for GMC strategy descriptor ratings (top answers)

Reason	%
The GMC lacks consistency in FTP decisions.	15%
Delays in FTP processes.	10%
The GMC's regulation of PA/AAs is not relevant.	10%
The GMC has improved or made efforts to improve.	10%

Table 10 New question – GMC strategy descriptors reasons: Why do you say that? (open question coded into themes) Asked to: ROs (n = 41).

Similarly, ROs mentioned themes related to FTP decisions and the GMC's regulation of PAs and AAs as common reasons for their lower ratings (Table 10). Higher agreement with descriptors was linked to ROs noting improvements made by the GMC.

Although they had smaller sample sizes, common themes were also evident amongst providers, educators and stakeholders. Providers highlighted disproportionate FTP decisions as a key factor, with some noting a loss of confidence in the GMC due to high-profile cases. Additionally, some felt the GMC prioritised doctors over patients, whereas others believed the GMC's regulation didn't consider the context of doctors' work. However, a proportion did also acknowledge the GMC's improvements. Educators echoed concerns about FTP investigations and equality and racial biases, but also noted improved communications from the GMC. Stakeholders similarly pointed out issues with the FTP process.

Medical students and doctors were least likely to view the GMC as a compassionate regulator, with doctors in postgraduate training having the lowest levels of agreement. When asked to explain their ratings, the most common theme across audiences for lower or no agreement related to the GMC's handling of FTP decisions. Medical students, doctors and ROs also highlighted concerns about the GMC's regulation of PAs and AAs. This reinforces earlier findings that concerns about the GMC's regulation of PAs and AAs and the management of the FTP process were front of mind.

3. AN EFFECTIVE REGULATOR

3. AN EFFECTIVE REGULATOR

PERCEPTIONS OF THE GMC BEING AN EFFECTIVE REGULATOR

Audiences most likely to agree the GMC is effective included patients and the public (74%), stakeholders (82%) and educators (71%). Medical students and doctors showed lowest likelihood to agree, at 48% and 36% respectively, while 69% of both ROs and providers agreed. As noted earlier, views on the GMC’s regulation of PAs and AAs, as well as ongoing concerns about the GMC’s handling of FTP processes, impacted the perceptions of the GMC as an effective regulator amongst current and future doctors.

THE GMC’S REGULATORY FUNCTIONS

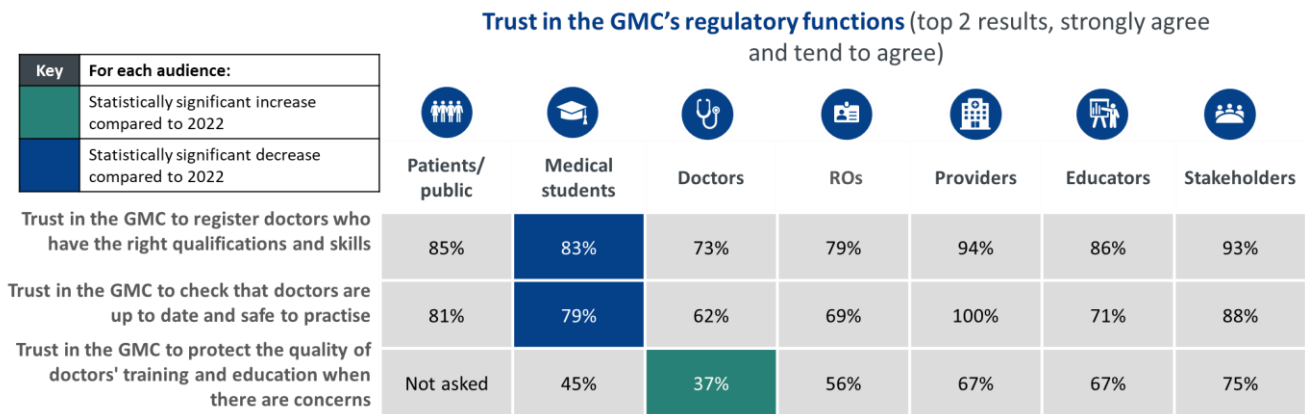


Figure 9 Existing tracking question – Trust in GMC. Asked to: Patients/public (n = 1,175), Medical students (n = 809 [adjusted]), Doctors (n = 2,492 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

Figure 9 shows the proportion of audiences agreeing they trust the GMC to carry out key regulatory functions.

Trust that the GMC registers doctors who have the right qualifications and skills

This has remained consistent for most audiences since 2022, but decreased for medical students (83%, down from 91% in 2022). For doctors, agreement was lowest amongst those in postgraduate training, with 68% agreeing compared to 74% across all doctor types. Amongst both medical students and doctors, those who noted the GMC should not regulate PAs and AAs (in response to what would improve their confidence in the GMC) were more likely to disagree that they trusted the GMC to register doctors with the right qualifications and skills (22% of medical students compared to average of 12%; and 26% of doctors compared to average of 15%).

Trust that the GMC checks doctors are up to date and safe to practise

Most audiences’ overall trust here has also remained consistent since 2022 – aside from medical students, for whom trust levels decreased from 84% in 2022 to 79% in 2024. Amongst doctors, trust levels were lowest for those in postgraduate training (57%) and doctors on the Specialist register (56%) compared to other doctor types. In fact, for doctors in postgraduate training, trust has decreased considerably from 69% in 2022.

Trust that the GMC protects the quality of doctors’ training and education when there are concerns

This remained consistent with 2022 for most audiences – apart from doctors, amongst whom an improvement can be seen (37%, up from 30% in 2022). However, agreement was much lower for doctors in postgraduate training (23%) and doctors on the Specialist register (33%) compared to other doctor types.

The results of the findings for all three statements suggests the perceptions of doctors in postgraduate training around the GMC’s regulatory functions is a key area for the GMC to consider.

Trust in 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 a doctor works

Trust in 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 a doctor works (top 2 results, strongly agree and tend to agree)

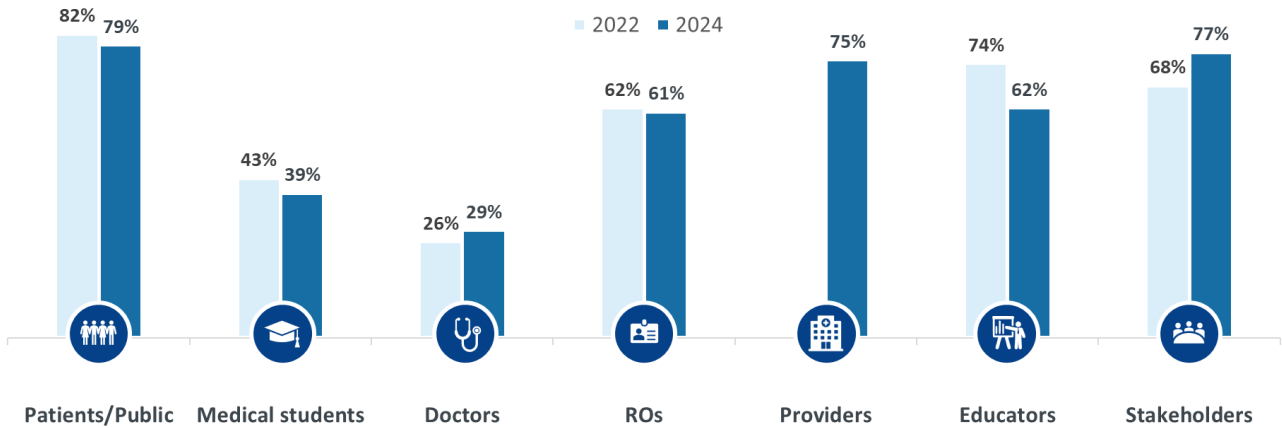


Figure 10 Existing tracking question – Trust in GMC handling concerns: *If a concern about my practice or professional behaviour was made to the GMC, I would trust them to deal with that concern fairly and appropriately, taking into account the context in which I work (medical students and doctors) / 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 (all other audiences). Asked to: Patients/public (n = 1,175), Medical students (n = 804 [adjusted]), Doctors (n = 2,456 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).*

As shown in Figure 10, highest trust levels here are evident amongst patients and the public, providers and stakeholders, but lowest amongst medical students and doctors. Findings are generally in line with 2022.

Trust in 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 a doctor works (top 2 results, strongly agree and tend to agree)

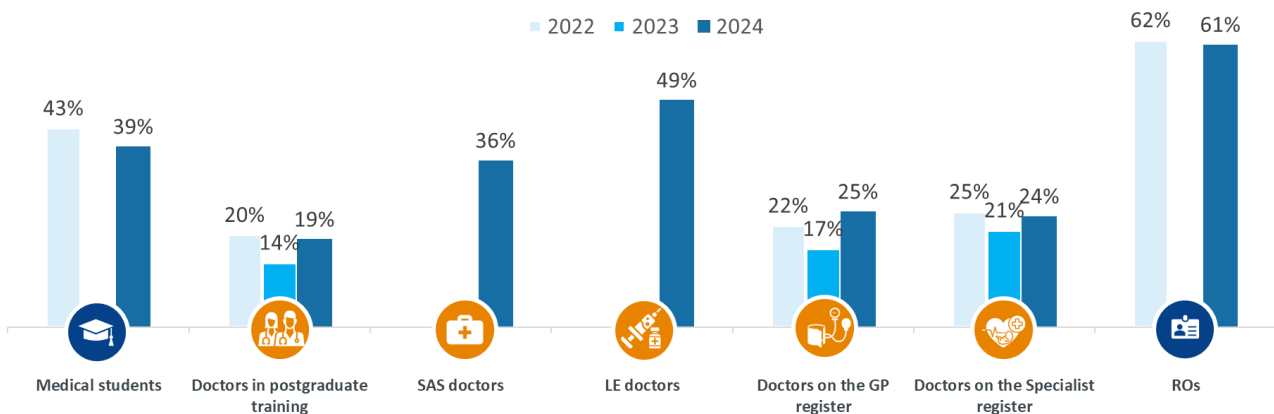


Figure 11 Existing tracking question – Trust in GMC handling concerns. *Asked to: Medical students (n = 804 [adjusted]), Doctors in postgraduate training; SAS doctors; LE doctors; doctors on GP register; doctors on Specialist register (n = 602; 217; 310; 459; 745 [adjusted]), ROs (n = 89). 2023 results for doctors only. No directly comparable results for SAS and LE doctors available.*

Figure 11 explores this a little further. Overall, it is notable that for doctors, trust appeared to take a dip in 2023, but then improved again. Nevertheless, trust amongst doctors in postgraduate training (19%) remained the lowest, and remains low for doctors on the GP register and doctors on the Specialist register (25% and 24% respectively), but highest amongst LE doctors at 49%.

Doctors who noted concerns elsewhere about the GMC’s handling of complaints and FTP cases and perceived racial bias were more likely to *disagree* with this statement – for example, 61% of those who disagreed felt the GMC should focus more on monitoring and taking steps to mitigate bias in its processes. Furthermore, those who disagreed with this statement were more likely to state the following non-GMC sources as where they tended to hear information about the GMC compared to those who were neutral or agreed: from peers and colleagues (60% vs average 51%); from the media (48% vs average 39%); from a professional body (43% vs average 39%); from a union or representative body (37% vs average 27%); from others on social media (33% vs average 23%) and from family and friends (10% vs average 7%).

Trust in employers to deal with a concern fairly and appropriately, taking into account the context in which they work

A notable finding is that when doctors were asked about a scenario in which a concern about their practice or professional behaviour was raised with their *employer* (as opposed to the GMC), a much higher proportion (52%) agreed they would trust their employer to deal with that concern fairly and appropriately, taking into account the context in which they work, while 25% disagreed. Doctors on the GP register and LE doctors were more likely to agree with this statement (59% and 63%) compared to other doctor types.

Agreement that the GMC addresses the right type of concerns and is improving the way it handles them

Perceptions of the way the GMC deals with concerns
(top 2 results, strongly agree and tend to agree)






	 Doctors	 ROs	 Providers	 Educators	 Stakeholders
The GMC addresses the right type of concerns about doctors, focusing on the most serious and expecting less serious ones to be resolved locally	32%	65%	71%	71%	73%
The GMC is improving the way it deals with a concern about a doctor's practice or behaviour	21%	53%	35%	62%	46%

Figure 12 Existing tracking question – Trust in GMC handling concerns. Asked to: Doctors (n = 2,456 [adjusted]), ROs (n = 89), Providers (n = 17), Educators (n = 21), Stakeholders (n = 56).

Agreement with these statements remains consistent with 2022 for all audiences asked (Figure 12). Across doctor types, those in postgraduate training, doctors on the GP register, and doctors on the Specialist register were less likely to agree the GMC is improving the way it deals with a concern (14%, 16% and 17% respectively). This is in line with findings in 2022 and 2023.

Perceptions of the Medical Practitioners Tribunal Service (MPTS)

Familiarity with the MPTS – based on audiences stating they know a lot, a fair amount or a little about the MPTS – was highest amongst ROs, providers, stakeholders and educators (88%, 88%, 86% and 76% respectively), and lowest amongst patients and the public and medical students (24% and 38% respectively). Notably, familiarity amongst doctors was not considerably high, at 64% – with 12% stating they had never heard of the MPTS before the survey. Doctors on the GP register and doctors on the Specialist register were more likely to be familiar (both 70%), whereas LE doctors were less likely to be (49%). Doctors with a UK PMQ

were more likely to be familiar (69%) compared to doctors with an international PMQ (53%). Amongst doctors, males were more likely to be familiar compared to females (72% vs 54%). This difference is also evident amongst medical students (49% vs 30%).

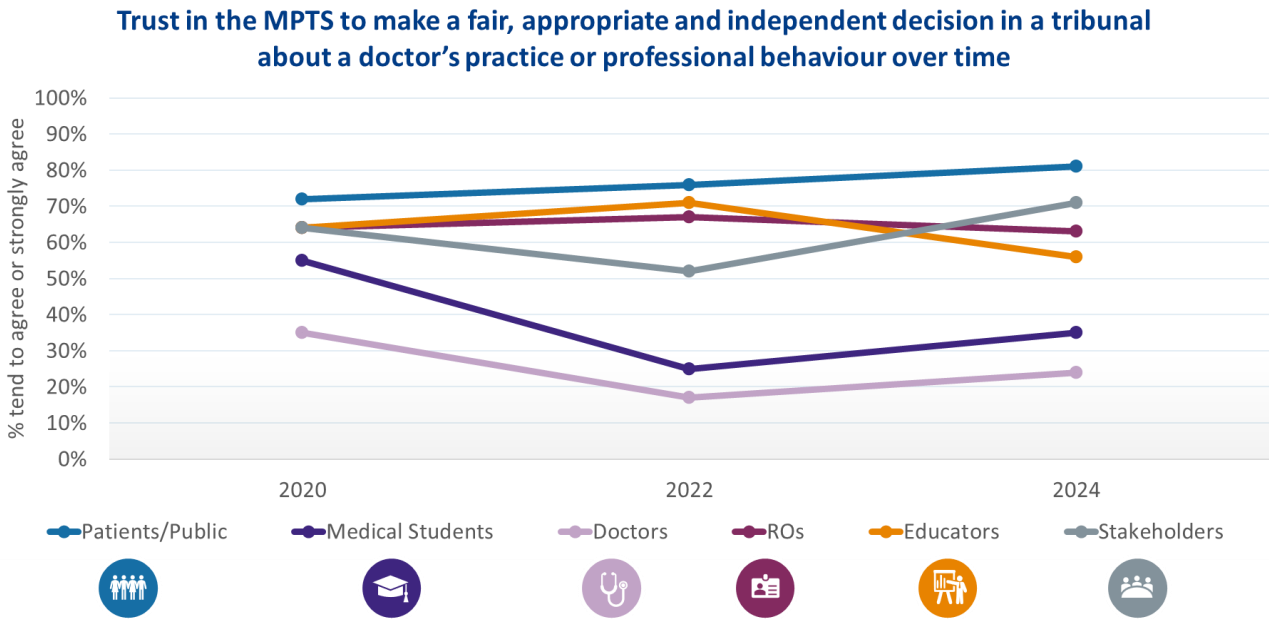


Figure 13 Existing tracking question – MPTS trust in decision: *I would trust the Medical Practitioners Tribunal Service to make a fair, appropriate and independent decision in a tribunal about my practice or professional behaviour (medical students and doctors) / I would trust the Medical Practitioners Tribunal Service to make a fair, appropriate and independent decision in a tribunal about a doctor’s practice or professional behaviour (all other audiences). Asked to: Patients/public (n = 486), Medical students (n = 311 [adjusted]), Doctors (n = 1,622 [adjusted]), ROs (n = 78), Providers (n = 15), Educators (n = 16), Stakeholders (n = 48).*

Likely connected to high-profile FTP cases at the time, trust in the MPTS dipped in 2022 amongst doctors and medical students (Figure 13). While the impact on perceptions of the GMC and how concerns are handled are still present based on these notable FTP cases, trust levels have improved in 2024. Amongst doctors, this is an increase from 17% in 2022 to 24% in 2024. This appears to be driven by improved trust levels amongst SAS and LE doctors (from 22% in 2022 to 34% in 2024), suggesting that trust levels for this audience are now restored to pre-2022 levels. Trust in the MPTS amongst stakeholders has also improved from 52% in 2022 to 71%.

Trust in the GMC to deal with a concern about a doctor's practice or professional behaviour fairly and appropriately has remained largely unchanged, and lowest amongst medical students and doctors. However, doctors' overall trust in the MPTS has improved, driven by improved trust levels from SAS and LE doctors. While other audiences' trust levels in the GMC's other key regulatory functions remain mostly consistent with 2022, this has decreased amongst medical students and doctors in training. In particular, findings suggest the GMC's regulation of PAs and AAs may be affecting the confidence of medical students and doctors in postgraduate training in the GMC's registration and revalidation responsibilities – trust in the GMC to register doctors who have the right qualifications and skills decreased for medical students, while trust that the GMC protects the quality of doctors' training and education when there are concerns remains low for doctors in postgraduate training. This is further emphasised by the fact that, amongst both audiences, trust in the GMC to check doctors are up to date and safe to practise decreased.

ENABLING GOOD, SAFE CARE

Delivering good, safe care

As in 2022, 79% of patients and the public expressed being personally confident in doctors in the UK. Those who had received advice/treatment from a doctor in the last 12 months (patients) were more likely to state this, suggesting recent personal interaction with a doctor supports confidence. 88% of patients felt they received good, safe care the last time they received treatment from a doctor.

In terms of the extent to which they felt able to deliver good, safe care to patients – 20% of doctors stated all of the time, 55% stated most of the time, 23% stated some of the time and 1% stated never. This appears to have improved slightly since 2023, with a higher proportion stating most of the time (55% vs 51%) and a lower proportion stating some of the time (23% vs 26%). Those in the independent sector/practice only were more likely to state all of the time (42%) compared to other working situations.

Support from their organisation in delivering good, safe care

77% of doctors felt their organisation supports them to deliver good, safe care to a greater extent (either 'a great deal' or 'a fair amount'), although 22% indicated to a lesser extent (not very much or not at all). Focusing on those who reported organisational support to a lesser extent – this group were less likely to find being a doctor a fulfilling career and more likely to experience career challenges (46% who disagreed with the career statement stated not very much or no support at all). Though exact causation is difficult to confirm, there is evidently a relationship present around support in their organisation and career satisfaction.

Support from the GMC in delivering good, safe care

Only 23% of doctors felt the GMC supports them to deliver good, safe care to a greater extent (either 'a great deal' or 'a fair amount') and 71% felt not very much or no support. There were no notable differences since 2023, when 22% stated to a greater extent and 72% stated to a lesser extent.

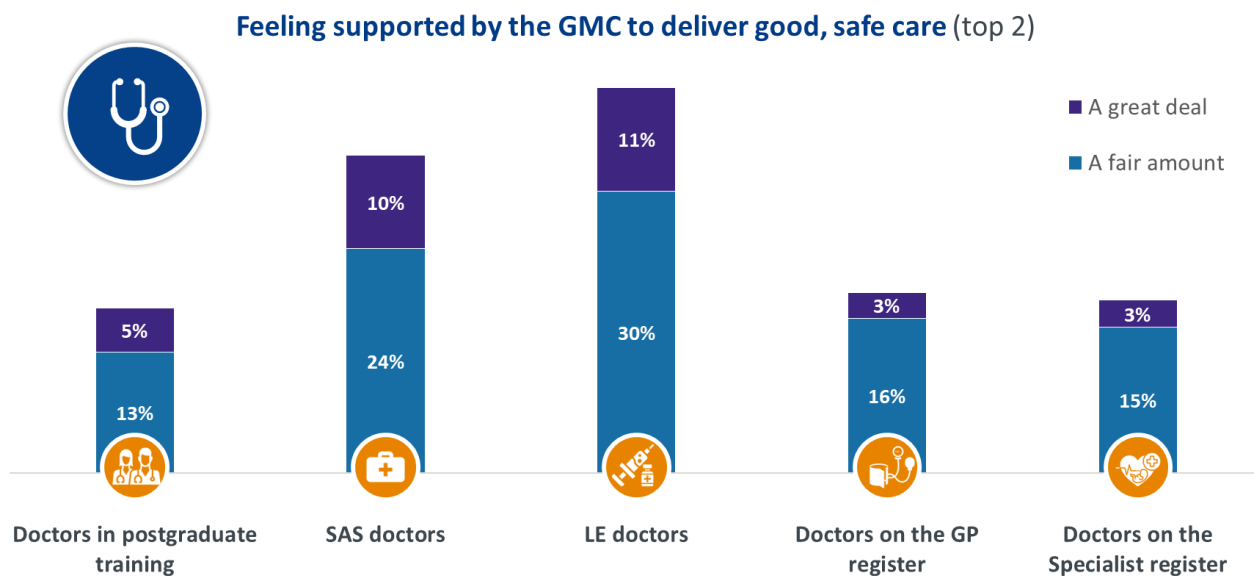


Figure 14 Existing tracking question – Good safe care GMC support: To what extent do you feel supported by the GMC to deliver good, safe care? Asked to: Doctors (n = 598; 210; 288; 440; 714 [adjusted]).

Differences by doctor type reveal low perceived levels of support amongst doctors in postgraduate training, doctors on the GP register and doctors on the Specialist register (Figure 14). In fact, doctors in postgraduate training and doctors on the GP register were more likely to state ‘not at all’ (46% and 45% respectively, compared to 37% for doctors overall). This perceived level of support is also connected to confidence in the GMC: 50% of those confident in the GMC felt supported ‘a great deal’ or ‘a fair amount’, compared to only 6% of those who were not confident. In addition, when doctors were asked which areas the GMC should focus on, those who selected ‘reducing the length and impact of its fitness to practise processes’ were less likely to feel supported by the GMC to deliver good, safe care (81% of those selected this option stated not very much or no support at all).

Alongside this, 34% of ROs, 25% of providers and 57% of stakeholders agreed that the GMC is working well with other regulators and organisations to keep patients and doctors safe.

75% of doctors reported feeling able to deliver good, safe care all or most of the time – 77% felt their employer supports them with this ‘a great deal’ or ‘a fair amount’, but only 23% of doctors felt the same way about support from the GMC. This suggests perceptions of support from the GMC are not connected to a wider feeling of a lack of support.

THE GMC'S ROLE IN MEDICAL EDUCATION

The perceived quality of undergraduate medical education

Similarly to 2022, 74% of medical students this year rated the quality of their education as good. When weighting is applied to adjust for population changes, there has been a slight increase in the percentage of medical students suggesting the quality of their education is poor this year – at 12% compared with 8% in 2022. Medical students who were confident in the GMC were more likely than average to rate the quality of their education as good (85% compared to 74% overall). Another finding is that those based in Scotland were more likely than average to rate the quality of their education as very good (87% compared to 74% overall).

Alongside medical students' own perspectives, a small sample of educators (n = 12) were asked to reflect on the GMC's quality assurance processes around undergraduate education. All agreed that quality assurance processes were robust, while 11 agreed they were effective and fair, and 10 agreed they were proportionate.

Support from the GMC

80% of medical students said they did not feel supported by the GMC in their studies as a medical student, which is similar to 2022. Whilst this question was not asked to those unfamiliar with the GMC, results indicate that medical students who are not confident in the GMC were more likely to suggest they weren't supported by the GMC in their studies (89% compared with 80% overall). Students from the UK were more likely to suggest they didn't feel supported compared with international students (83% vs 67%).

A follow-up open-text question asked medical students to elaborate on why they did or did not feel supported by the GMC in their studies. Thematic coding of the open responses found that 47% of comments related to perceptions of the GMC having a limited involvement in their education, 41% to a lack of communication from the GMC in this area, and 29% to a limited understanding of how the GMC supports medical students in education. This perhaps suggests that some of the student perception about a lack of support from the GMC could be more about not understanding the GMC's role.

Other audiences' perceptions of medical training and education

Agreement that the GMC is helping to align doctors' training and education with the needs of healthcare services (top 2, strongly agree and tend to agree)

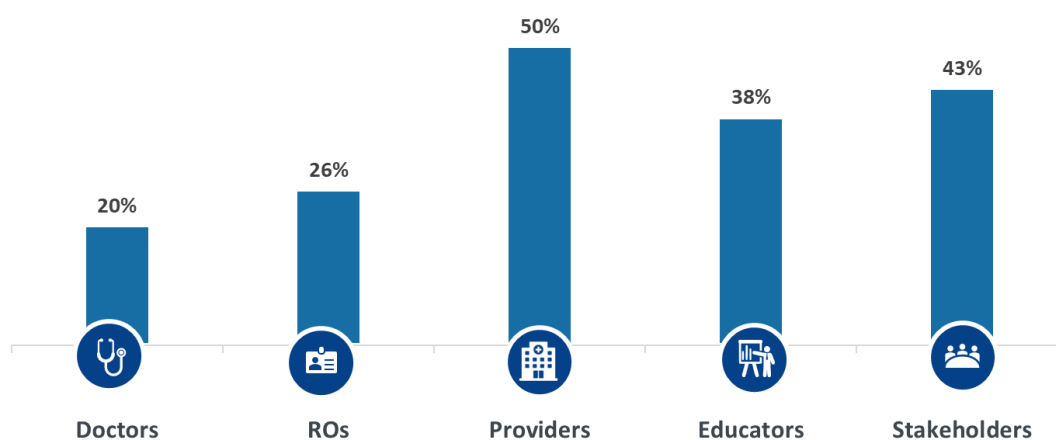


Figure 15 New question – GMC training perceptions: Asked to: Doctors (n = 2,456), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

This year, an updated agreement statement was added to understand other audiences’ levels of agreement that the GMC is helping to align training and education with the needs of healthcare services (Figure 15). Across all audiences, there was fairly low agreement with this statement, particularly amongst doctors.

74% of medical students felt the quality of their education was good and all undergraduate educators surveyed felt the quality assurance processes for undergraduate education were robust. However, a key finding – particularly alongside findings about trust levels in the GMC amongst medical students – is that 81% did not feel supported by the GMC in their studies, largely because they were unaware of what the GMC does. Notably, confidence that training and education is being aligned with the needs of healthcare services was 50% or lower for all audiences asked, and lowest amongst doctors (20%) and ROs (26%).

PREPAREDNESS FOR PRACTICE

Medical students’ perceived preparedness for their first post

64% of medical students agreed they felt adequately prepared for their first post, with 17% disagreeing – whereas in 2022, only 11% of respondents disagreed that they felt adequately prepared. White students were notably more likely to suggest they felt prepared for their first post (71% compared with 64% overall). Those who felt inadequately prepared for their first foundation post suggested it was due to feeling that their medical education or training was poor quality (42%), that they didn’t have enough clinical or practical experience (30%) or that more generally they felt they lacked certain knowledge or skills related to day-to-day practice (24%).



Medical students’ self-reported levels of confidence in key areas

	Confident	Not confident
Listening to and communicating well with patients	98%	1%
Clinical knowledge and skills	83%	16%
Leadership	61%	37%
Teamwork	95%	4%
Emotional resilience	80%	18%
Physical demands	47%	50%
Identifying and treating every patient’s care needs regardless of their background, beliefs or ethnicity	93%	6%
Managing uncertainty	54%	43%

Figure 16 Updated tracking question – Self-reported confidence: As you approach the end of your time at medical school, how prepared for practice do you feel in relation to the following areas? (very/fairly confident and not very/not at all confident; options ‘leadership’ and ‘managing uncertainty’ added) Asked to: Medical students (n = 823 [adjusted]).

Alongside reported levels of preparedness, medical students also reported on their levels of self-confidence related to eight key areas (Figure 16). Medical students felt more confident in relation to communication and teamworking skills, but less confident around skills such as leadership and managing uncertainty. Female medical students were less likely than average to feel confident about the physical demands as they approach the end of their time in medical school (38%). White students were more likely than average to say they felt confident managing uncertainty (60%).

Reflections from doctors in foundation or core training on preparedness for their first post

Doctors in foundation or core training were asked the extent to which they agreed that their undergraduate education had prepared them for their first post, with 72% of UK PMQ doctors in core or foundation training agreeing that it had, while 18% disagreed. This echoes 2022 findings. Doctors in core or foundation training with a PMQ outside of the UK (Europe or elsewhere) were much less likely to agree, with only 38% agreeing that their undergraduate education had prepared them for their first post.

Doctors in foundation or core training reported similar levels of post-university confidence as medical students around different skills areas. Communication skills confidence was high (97%), while leadership and managing both uncertainty and physical demands had the lowest levels of confidence (58%, 54%, 43% respectively).

Other audiences' perceptions of medical graduates' preparedness for practice

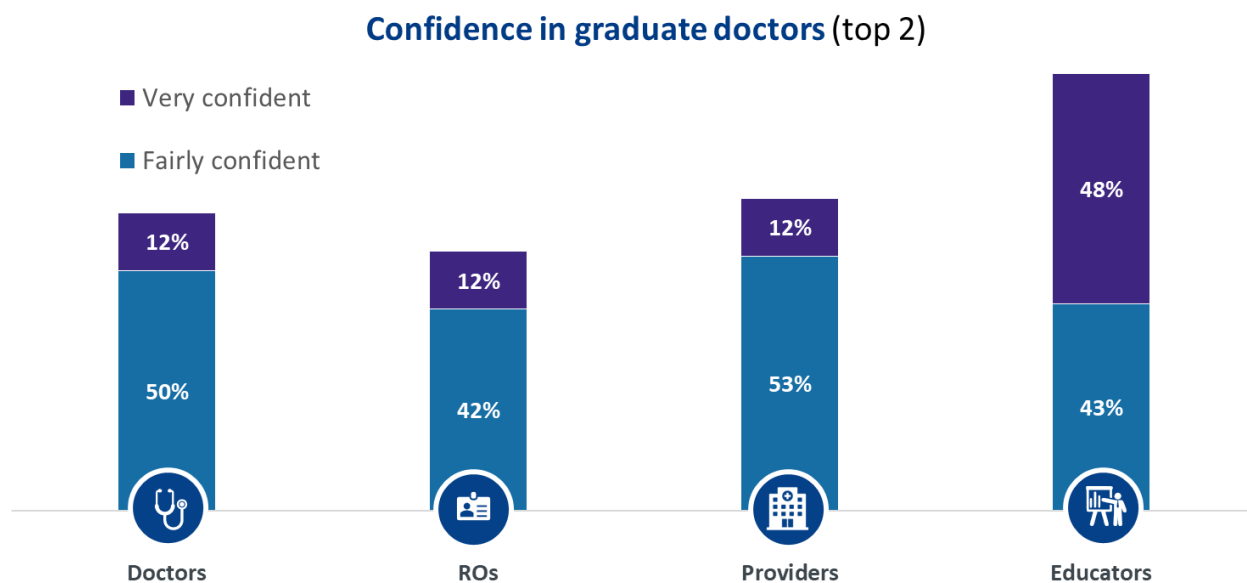


Figure 17 Existing tracking question – Confidence in graduate doctors: How confident are you that new UK graduate doctors are properly trained and prepared for practice? Asked to: Doctors (n = 2,177 [adjusted]), ROs (n = 89), Providers (n = 17), Educators (n = 21).

Other audiences were asked to rate their level of confidence that graduate doctors were properly trained and prepared for practice (Figure 17). Doctors who qualified outside of the UK (Europe) were more likely than average (35% compared with 25%) to suggest they were ‘not very confident’ that new UK graduate doctors are properly trained and prepared for practice.

Students' self-reported levels of confidence vs doctors' and educators' perceptions




	 Students (self-reported)	 Doctors	 Educators
Listening to and communicating well with patients	98%	84%	86%
Clinical knowledge and skills	83%	72%	90%
Leadership	61%	44%	67%
Teamwork	95%	72%	81%
Emotional resilience	80%	40%	43%
Physical demands	47%	34%	33%
Identifying and treating every patient's care needs regardless of their background, beliefs or ethnicity	93%	77%	86%
Managing uncertainty	54%	40%	48%

Figure 18 Updated tracking question – Self-reported confidence / Confidence in graduate doctors' skills: As you approach the end of your time at medical school, how prepared for practice do you feel in relation to the following areas? / How confident are you that new UK graduate doctors are prepared for practice in relation to the following areas? (Leadership and managing uncertainty added) Asked to: Medical students (n = 823 [adjusted]), Doctors (n = 2,129 [adjusted]), Educators (n = 21).

Doctors and educators were also asked to rate their level of confidence in graduate doctors' skills. Figure 18 demonstrates disparities between perceptions of graduate skills and medical students' self-reported confidence. Doctors and educators showed less confidence in graduate doctors being sufficiently prepared around the physical demands and the emotional resilience needed for practice. Interestingly, younger doctors aged 25-34 were more likely to be confident in graduate doctors' skills across most areas than the average.

64% of medical students felt adequately prepared for their first post. Those who didn't feel prepared stated this was because of poor training or concerns around lacking certain clinical or practical skills. When looking at different skills areas, medical students were less confident about physical demands and managing uncertainty. Confidence in graduate doctors varied, with doctors and educators less confident in graduate doctors' skills in relation to emotional resilience and the physical demands.

POSTGRADUATE TRAINING

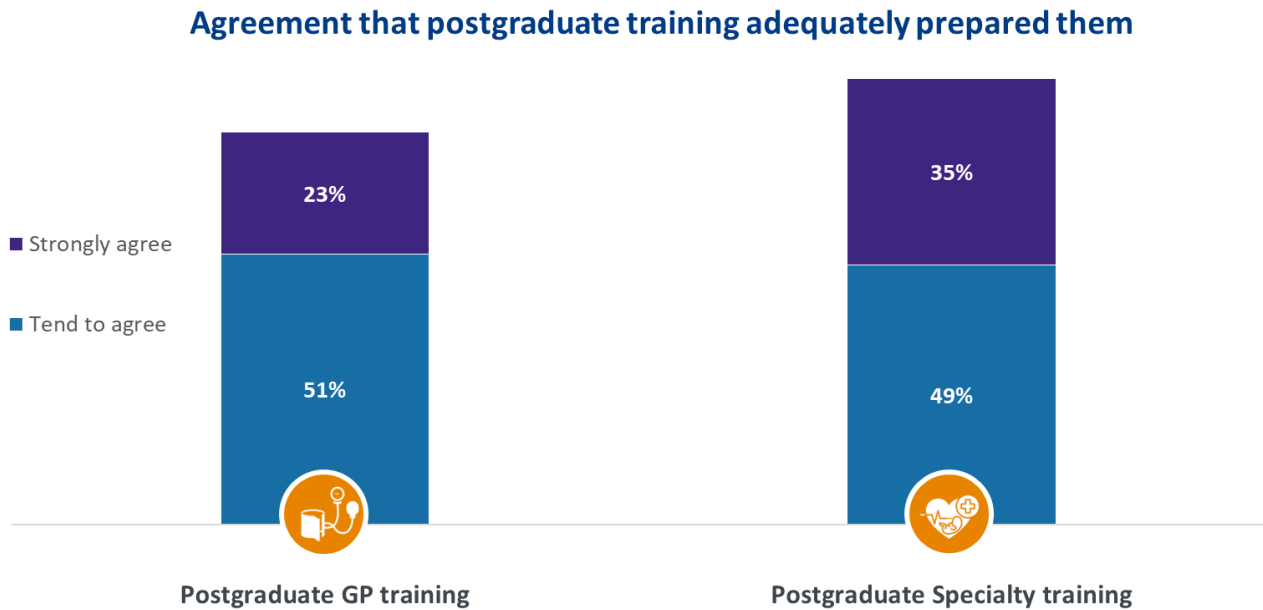


Figure 19 Existing question – PG training: To what extent do you agree or disagree that your postgraduate training (GP training, Speciality training) adequately prepared you for your first post as a General Practitioner/Consultant or equivalent? Doctors in postgraduate GP training (n = 78 [adjusted]), Doctors in postgraduate Specialty training (n = 89 [adjusted]).

Doctors who completed postgraduate training (GP and Specialty) in the last five years were asked the extent to which they agreed that this training had adequately prepared them for their first post as a GP or consultant (Figure 19). There was mostly agreement that it had prepared them, with no notable differences between subgroups.



Self-reported levels of confidence in key areas following training

	GP training	Specialty training
Working effectively as part of a multidisciplinary team	96%	98%
Clinical knowledge and skills	94%	95%
Working flexibly in different healthcare environments	92%	89%
Educating and training	77%	87%
Compassionate and inclusive leadership	72%	84%
Meeting the future demands of healthcare services	52%	56%
Research	28%	49%

Figure 20 Existing tracking question – Confidence areas: When you finished your GP/Specialty training and became a new General Practitioner/Consultant, how confident did you feel in each of the following areas? Asked to: Doctors (n = 81-89 [adjusted]).

This group was asked more specifically which areas of practice they had felt confident in after completing their postgraduate training (Figure 20). Despite quite high levels of confidence across most other areas of practice (e.g. almost all respondents were confident in their clinical skills), those who had recently completed postgraduate GP or Specialist training had low levels of agreement that they were confident their training had prepared them for meeting the future demands of healthcare or for research.

Alongside medical students’ own perspectives, a small sample of educators (n = 9) was asked to reflect on the GMC’s quality assurance processes around postgraduate training. Of this small sample, three agreed quality assurance processes were robust or effective, four agreed that they were proportionate, and six agreed they were fair.

Doctors who completed postgraduate training in the last five years generally felt it had adequately prepared them for their first GP or consultant post. Specific areas in which they felt less prepared were around research skills and meeting the future demands of the healthcare service. However, in comparison to undergraduate educators referring to undergraduate education, a lower proportion of postgraduate educators felt the quality assurance processes for postgraduate training were robust, effective, proportionate or fair.

KEY DRIVER ANALYSIS: WHAT DRIVES PERCEPTIONS OF THE GMC AS AN EFFECTIVE REGULATOR?

Further analysis was conducted to understand the most impactful drivers of perceptions of the GMC as an effective regulator – for patients and the public, medical students and doctors. An explanation of the method used is [outlined in this section](#).

Overall, across all three audiences, agreement with the GMC’s effectiveness as a regulator was primarily driven by its perceived relevance – highlighting a strong link between this and effectiveness. Additionally, perceptions of the GMC as a fair regulator were an impactful driver of perceived effectiveness for all three audiences. Results suggest that balancing these two elements is important to maintaining and enhancing the GMC’s reputation as an effective regulator.

Patients and the public

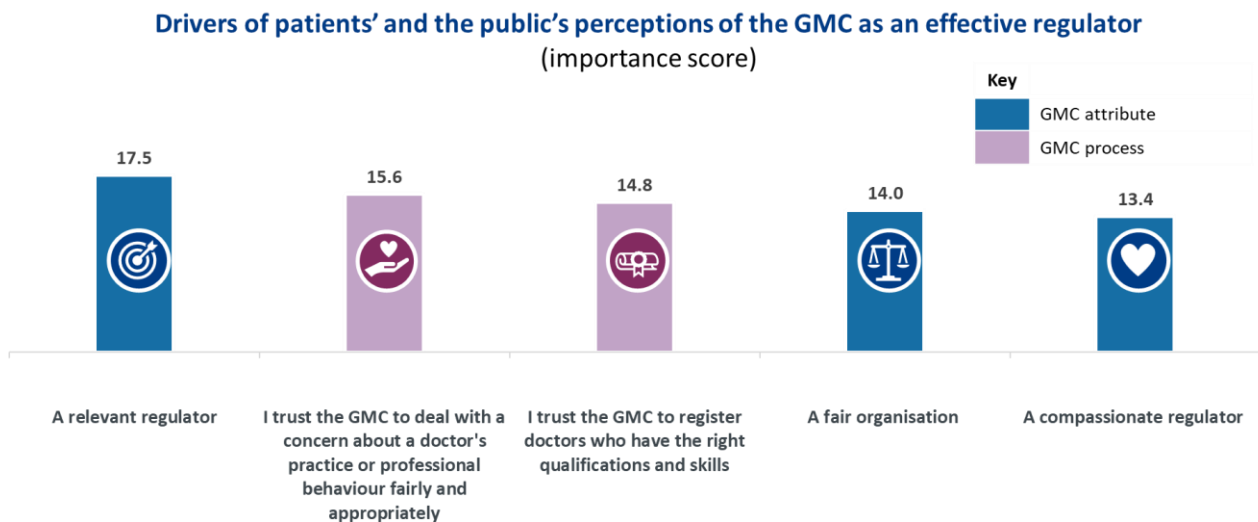


Figure 21 Key driver analysis results: An effective regulator. Patients and the public (n = 1,018).

For patients and the public, other impactful drivers of whether they felt the GMC was effective revolved around GMC processes – their trust in how the GMC handled concerns about a doctor’s practice and whether the GMC registers doctors with the right qualifications and skills (Figure 21). This suggests that patients and the public may perceive the GMC’s effectiveness based on its ability to safeguard the public.

Medical students

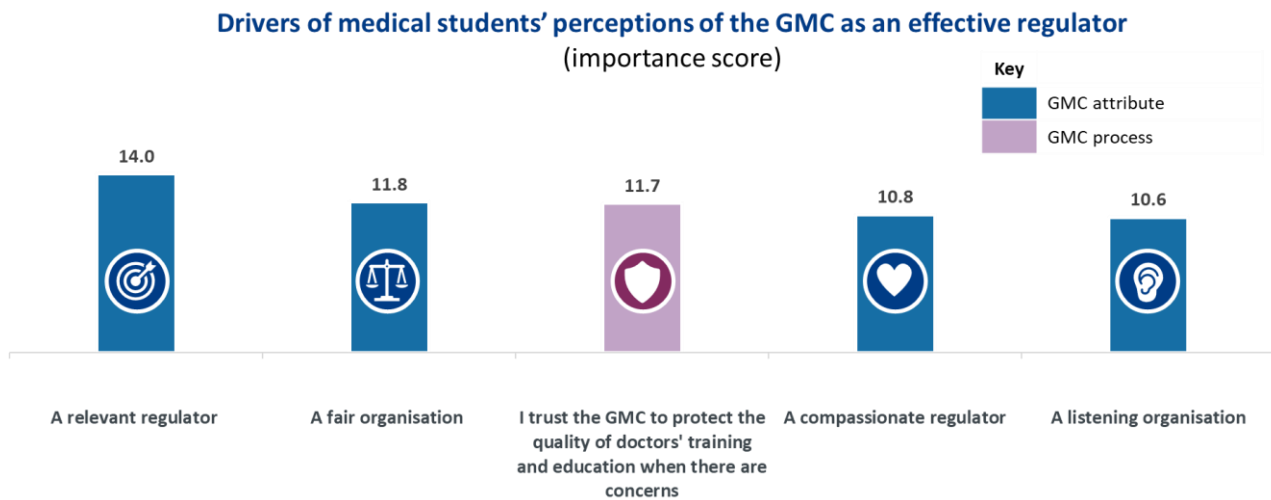


Figure 22 Key driver analysis results: An effective regulator. Medical students (n = 623 [adjusted]).

Aside from perceptions of the GMC's relevance and fairness, the most influential driver of medical students' belief that the GMC is an effective regulator was agreement with the statement 'I trust the GMC to protect the quality of doctors' training and education when there are concerns' (Figure 22). Perhaps unsurprisingly, this suggests that to maintain perceptions of the GMC's effectiveness amongst this audience, it is important that the GMC maintains trust from medical students around this key regulatory role that is highly relevant to *them*. This is underscored by the fact that trust in this function was low for medical students (45%). In addition, belief that the GMC is compassionate and listening (alongside fair) were also influential drivers for the perceived effectiveness of the GMC – suggesting that medical students expect these attributes from their future regulator to consider it as effective.

Doctors

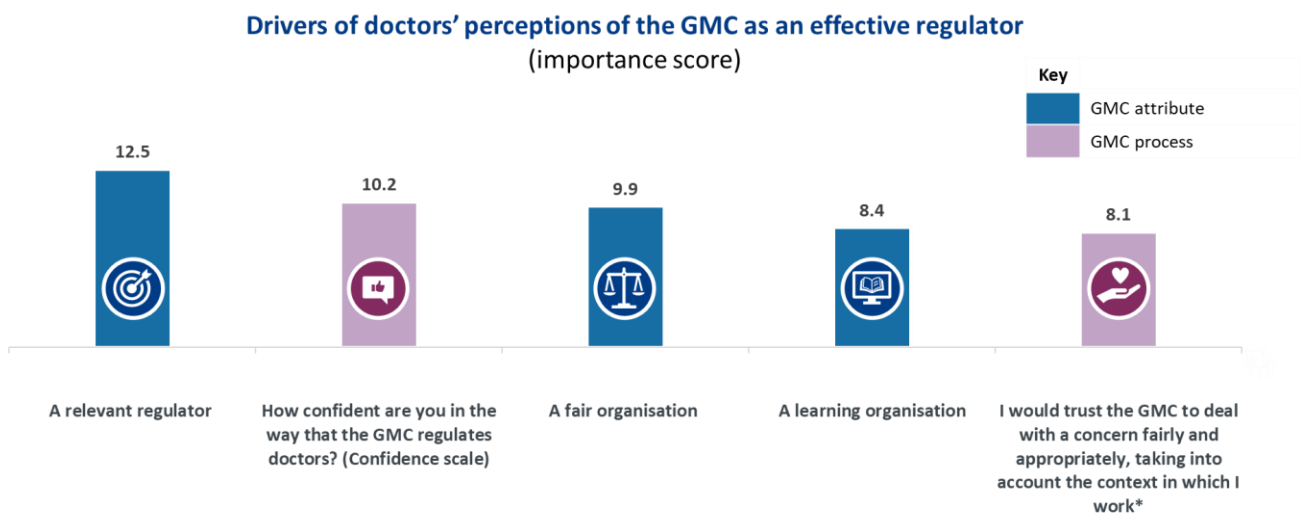


Figure 23 Key driver analysis results: An effective regulator. Doctors (n = 1,186 [adjusted]).

Aside from perceptions of relevance, doctors' agreement that the GMC is an effective regulator appeared to be highly driven by their confidence in the GMC (Figure 23). This indicates that any loss of confidence (e.g.

related to concerns about fitness to practise processes or dissatisfaction with the GMC's focus) can undermine their belief in the GMC's effectiveness. For the GMC to strengthen its reputation among doctors as effective, a focus on restoring and maintaining this confidence is the priority. Aside from perceptions of fairness, effectiveness was also connected to perceptions of the GMC as listening and handling concerns well. This further reinforces the influence of FTP processes in impacting wider perceptions of the GMC amongst doctors.

Overall, across all three audiences, there was a strong link between perceived relevance and effectiveness of the GMC. Alongside other findings, this suggests that it is important for the GMC to be seen as directly connected to the issues that matter most to each audience. For doctors, this could mean addressing concerns about the FTP process; for medical students, ensuring that their training and education is safeguarded; and for patients and the public, ensuring that doctors are properly qualified and that concerns about a doctor's practice are handled appropriately.

4. A RELEVANT REGULATOR

4. A RELEVANT REGULATOR

PERCEPTIONS OF THE GMC BEING A RELEVANT REGULATOR

Audiences most likely to agree that the GMC is a relevant regulator were patients and the public (77%), ROs (72%), providers (81%) and stakeholders (82%). Medical students, educators and doctors showed least agreement (63%, 62% and 44% respectively). As noted earlier, views on the GMC's regulation of PAs and AAs, as well as ongoing concerns about its handling of FTP processes, including the perception that it regulates harshly, impacted perceptions of the GMC as a relevant regulator amongst current and future doctors.

WORKPLACE EXPERIENCES

Agreement that their career will be (medical students) or is (doctors and ROs) fulfilling (top 2, strongly agree and tend to agree)

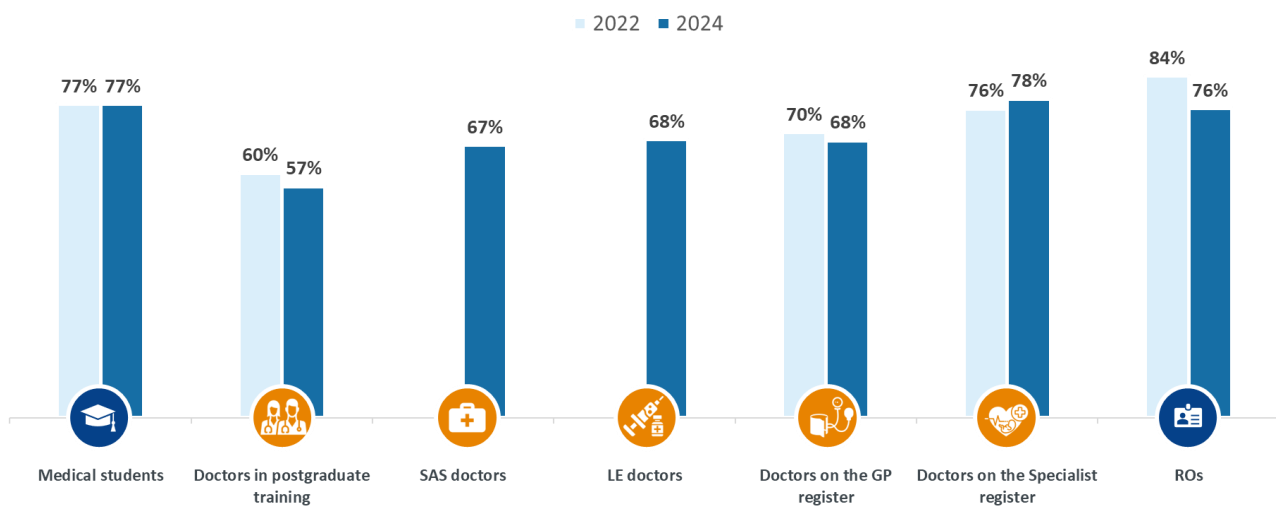


Figure 24 Existing tracking question – Career fulfilment: I feel being a doctor will be a fulfilling career (medical students) / I find being a doctor a fulfilling career (doctors) / I find being in a Responsible Officer role contributes to a fulfilling career (ROs). Asked to: Medical students (n = 823 [adjusted]), Doctors in postgraduate training; SAS doctors; LE doctors; doctors on the GP register; doctors on the Specialist register (n = 602; 213; 309; 461; 749 [adjusted]), ROs (n = 89). Directly comparable results for SAS and LE doctors not available.

Across medical students, doctors and ROs, perceptions of their career as fulfilling were mostly in line with 2022 results (Figure 24). Doctors in postgraduate training were least likely to feel this way (57%), while doctors on the Specialist register were most likely (78%).

Career perceptions of medical students and doctors

Issues in the workplace in the last year (top 2 results, almost continuously or weekly)

Issue	Medical students		Doctors in postgraduate training		SAS, LE and doctors on the GP or Specialist register		ROs	
	2022	2024	2022	2024	2022	2024	2022	2024
Felt unable to cope with my studies/workload	14%	12%	31%	38%	44%	28%	6%	17%
Had to take a leave of absence due to stress	1%	1%	1%	2%	1%	1%	0%	0%
Found it difficult to provide a patient with the sufficient level of care they needed	n/a	n/a	23%	33%	41%	29%	6%	15%
Considered leaving or changing my studies / leaving the medical profession / stepping down in my role as a Responsible Officer	8%	9%	19%	27%	25%	18%	5%	3%
Felt unsupported by my university / management or senior management in my organisation / by the Board / Organisation leadership in my role as a Responsible Officer	19%	16%	27%	28%	26%	25%	3%	4%
Felt unsupported by my peers / immediate colleagues	6%	5%	7%	9%	8%	9%	5%	3%

Table 11 Existing tracking question – Career challenges: Over the last year how often have you experienced the following? Asked to: Medical students (n = 818 [adjusted]), Doctors in postgraduate training; Doctors (n = 598; 1,756 [adjusted]), ROs (n = 89).

Amongst medical students and doctors, those who experienced study or career challenges on a more frequent basis were more likely to *disagree* that they either will or do find their careers fulfilling (Table 11).

Furthermore, when asked what areas they felt the GMC should focus more attention on, doctors who selected ‘using its influence to improve working environments for doctors’ and ‘going beyond formal guidance to provide pastoral and wellbeing support for doctors’ were more likely to *disagree* that they find being a doctor a fulfilling career (20% and 21% compared to 18% overall who disagreed).

The frequency of challenges experienced by medical students has remained consistent since 2022. Overall, across all doctors, those in postgraduate training were the most likely to say they felt ‘unable to cope with their workload’ and frequently ‘considered leaving the medical profession’ in the last year.

On the other hand, the proportion of doctors (excluding those in postgraduate training) stating they felt ‘unable to cope with their workload’ almost continuously or weekly has notably decreased since 2022, with the largest decrease evident amongst doctors on the GP register (from 52% to 34%). However, doctors on the GP register continue to be the doctor group most likely to have frequently experienced difficulty in providing a patient with the ‘sufficient level of care they need’ (42%).

Career perceptions of ROs

When asked in another survey question how much longer they plan to stay in their role as an RO:

- 37% stated until they retire.
- 39% stated for many / a few more years.
- 9% stated a couple more years.
- 10% stated only the next few months.

There were mixed perceptions of the induction process amongst ROs newer to the role – of the 19 ROs surveyed who were in their role for two years or less, only seven felt that support from their organisation was good and only eight felt that support from the GMC was good. This coupled with the above results suggests a potential area for the GMC to explore further.

Perceptions of their career fulfilment revealed that doctors in postgraduate training were least likely to feel that being a doctor is a fulfilling career. This group was also the most likely to select feeling ‘unable to cope with their workload’ and that they frequently ‘considered leaving the medical profession’ in the last year, with both proportions increasing in 2024. This suggests wider issues regarding future registrants. Although perceived workload pressures appear to have decreased for doctors on the GP register since 2022: the proportion stating they felt ‘unable to cope with their workload’ almost continuously or weekly has decreased, this group continues to be most likely to frequently experience difficulty in providing a patient with the ‘sufficient level of care they need’.

THE GMC’S SUPPORT WITH WORKPLACE ISSUES

Perceptions that the GMC is helping to tackle workplace issues experienced by doctors

Agreement that the GMC is helping to tackle workplace issues experienced by doctors (top 2)

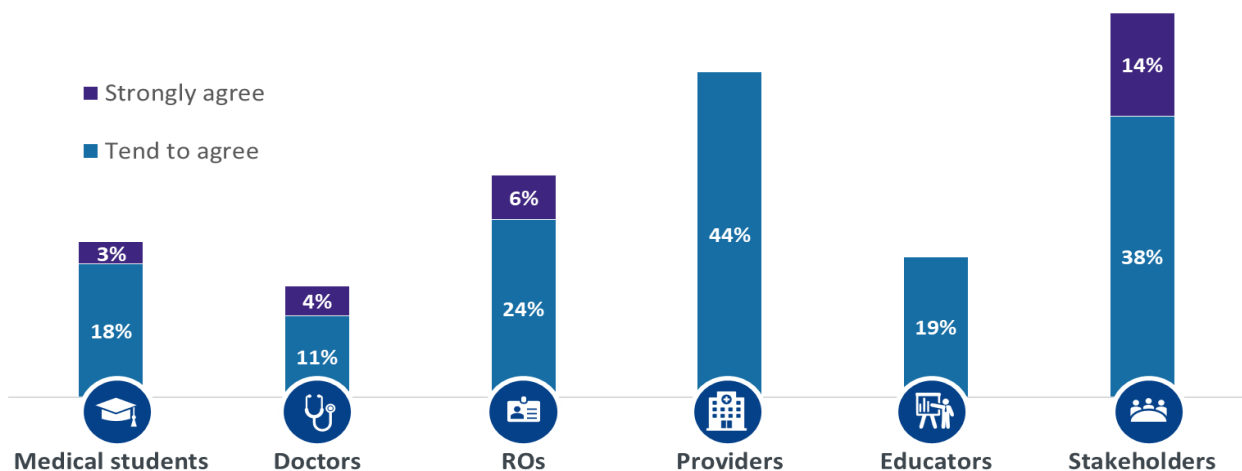


Figure 25 Existing tracking question – GMC perceptions. Asked to: Medical students (n = 804 [adjusted]), Doctors (n = 2,456 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

Agreement with this is consistent with 2022 (Figure 25). Amongst doctors, Asian and Black respondents were more likely to agree (23% and 38% respectively vs 15% overall). Though a smaller sample size, this was the case even when looking at doctors with a PMQ from outside the UK. For doctors with a PMQ from Europe and elsewhere, agreement levels were 18% and 31% respectively, compared to just 10% among doctors with a UK PMQ. Doctors who disagreed with this statement were more likely to want the GMC to focus more attention on: ‘using its influence to improve working environments for doctors’ (70%), ‘monitoring and taking steps to mitigate bias in its processes’ (57%), and ‘reducing the length and impact of its fitness to practise processes’ (63%) compared to those who agreed or were neutral.

Perceptions the GMC is helping to tackle discrimination experienced by doctors

Agreement that the GMC is helping to tackle discrimination experienced by doctors (top 2)

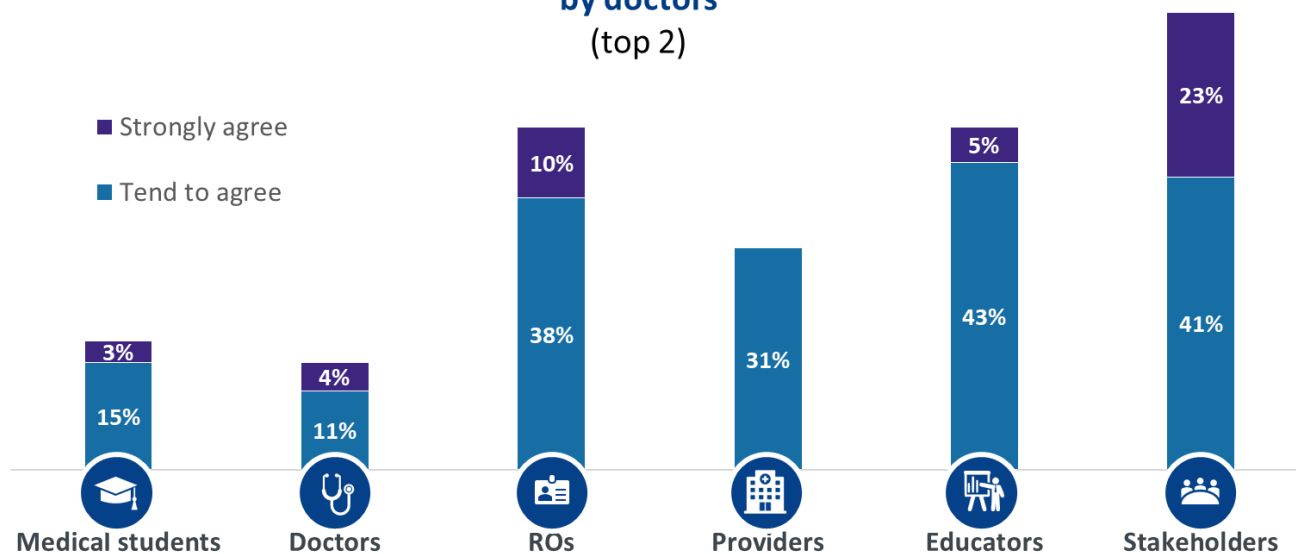


Figure 26 Existing tracking question – GMC perceptions. Asked to: Medical students (n = 804 [adjusted]), Doctors (n = 2,456 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

Agreement with this is also consistent with 2022 (Figure 26). Again, amongst doctors, Asian and Black respondents were more likely to agree (20% and 30% respectively vs 15% overall). Though a smaller sample size, this was the case even when looking at doctors with a PMQ from outside the UK. For doctors with a PMQ from Europe and elsewhere, agreement levels were 20% and 26% respectively, compared to just 11% among doctors with a UK PMQ. Compared to those who agreed with the statement or were neutral, doctors who disagreed were more likely to want the GMC to focus more attention on ‘using its influence to improve working environments for doctors’ (68%), ‘monitoring and taking steps to mitigate bias in its processes’ (63%), ‘reducing the length and impact of its fitness to practise processes’ (60%) and ‘working with others to eliminate disproportionality and discrimination in medical education and local investigation processes’ (57%).

Perceptions of the GMC’s data, research and insights

The perception that the GMC uses its data, research and insights to support doctors and/or help protect patients is consistent with 2022 for all audiences asked. Agreement with this was lowest amongst doctors (28%), providers (44%) and ROs (51%), but higher amongst educators (62%) and stakeholders (61%). Notably, doctors who agreed were more likely (than those who did not) to state that they tended to hear information about the GMC from the GMC directly (86% vs average of 78%).

In addition, agreement amongst other audiences that the GMC produces interesting and useful data and insights that help their organisation with its work was consistent with 2022 – being lowest amongst ROs (39%) and educators (57%), but higher amongst providers (69%) and stakeholders (68%).

Perceptions that the GMC is helping with workplace issues experienced by doctors or to tackle discrimination experienced by doctors remains unchanged. However, through new insights gathered this year, results suggest that doctors who disagreed with these statements felt the GMC should focus more attention on supporting the improvement of working environments and addressing concerns about the FTP process. For other audiences, the perceptions about the GMC’s data, research and insights remain unchanged.

IMPACT AND FOCUS OF THE GMC

Perceived impact of the GMC

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

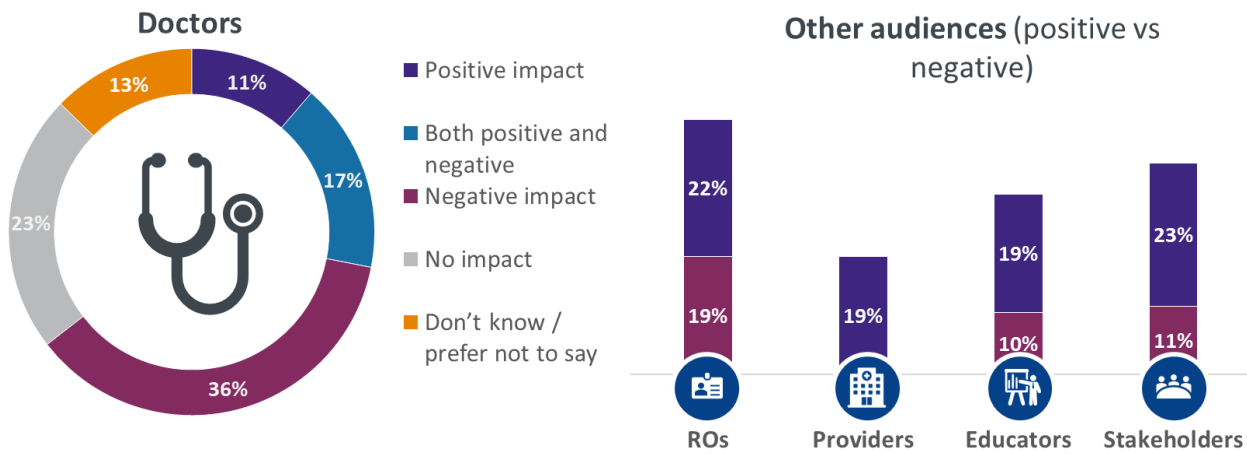


Figure 27 Updated tracking question – GMC impact: How would you describe the GMC’s impact within the health sector over the last 12 months? (option ‘The GMC’s impact has been neutral – neither positive nor negative’ from 2022 removed this year). Asked to: Doctors (n = 2,423 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

When considering the GMC’s impact within the health sector over the last 12 months (Figure 27), 59% of doctors felt it was either negative or that there had not been an impact. For other audiences, the proportion who felt the impact had been positive was higher than those who felt it was negative. However, the proportion

stating it had been both positive and negative was the highest amongst all these other audiences: ROs (28%), providers (56%), educators (52%) and stakeholders (41%).

Perceptions of the GMC focusing on the right issues

Agreement that the GMC is focusing on the right issues as a regulator

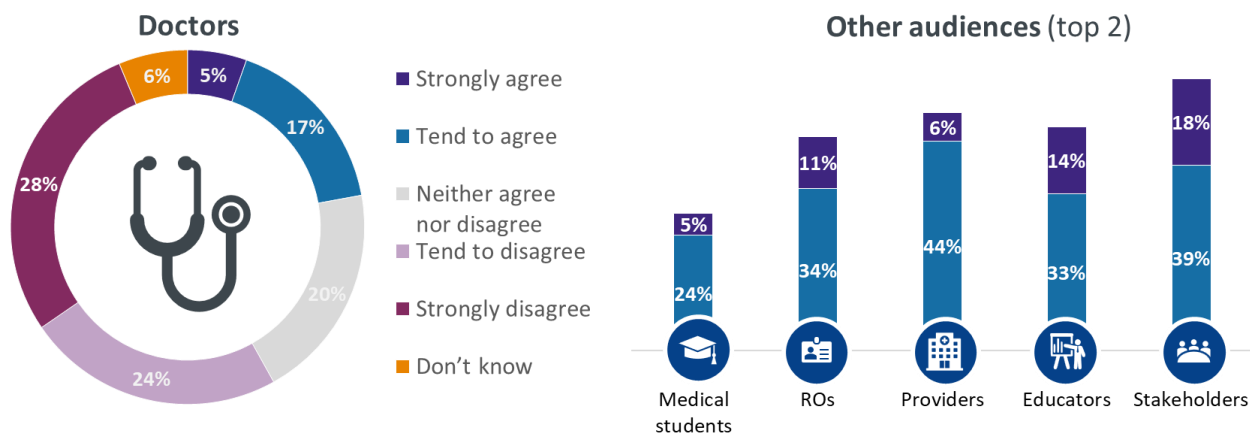


Figure 28 Existing tracking question – Regulator issues focus. Asked to: Medical students (n = 800 [adjusted]), Doctors (n = 2,456 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

In terms of agreement that the GMC is focusing on the right issues as a regulator, there has been a change for some audiences since 2022 (Figure 28). For doctors, the proportion disagreeing increased from 42% to 52%. This appears to be driven by doctors in postgraduate training, who were the most likely to disagree out of all doctor types (with an increase to 66% from 49% in 2022). Amongst medical students, the proportion that disagreed with this statement also showed an increase from 2022 (from 31% to 40%). For educators, the proportion disagreeing increased from 3% to 33%, while amongst stakeholders the proportion that agreed decreased from 80% to 57%.

Areas of attention

In a new question asked this year, audiences reported the areas on which they felt the GMC should focus more of its attention (Table 12). Audiences were able to select a maximum of four options from a set list.

Areas on which audiences feel the GMC should be focusing more of its attention (% that selected the option; the top chosen areas for each audience are highlighted in green)

Area	Medical students	Doctors	ROs	Providers	Educators	Stakeholders
1) Using its influence to improve working environments for doctors	77%	66%	51%	31%	38%	43%
2) Going beyond formal guidance to provide pastoral and wellbeing support for doctors	42%	38%	25%	31%	10%	25%
3) Monitoring and taking steps to mitigate bias in its processes	40%	50%	38%	13%	43%	54%
4) Working with others to reform and grow medical education and training	37%	30%	35%	63%	52%	34%
5) Collaborating with others to build the capacity of educators / supervisors to deliver high-quality training	30%	25%	25%	44%	43%	29%
6) Reducing the length and impact of its fitness to practise processes	39%	53%	70%	69%	57%	54%
7) Becoming an effective multiprofessional regulator	7%	11%	17%	19%	29%	20%
8) Increasing the sharing of knowledge and insight with its partners in the health systems, particularly with employers, to improve patient safety	22%	23%	40%	44%	43%	48%
9) Working with others to eliminate disproportionality and discrimination in medical education and local investigation processes	49%	47%	46%	50%	29%	48%

Table 12 New question – GMC more attention (multi-choice, max 4). Asked to: Medical students (n = 802 [adjusted]), Doctors (n = 2,447 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21) Stakeholders (n = 56). Proportions for ‘Other’ and ‘Don’t know’ not included.

This has revealed interesting insights around the areas of priority for different audience groups:

- Improving the FTP process:** The area with the greatest consensus across audiences was ‘reducing the length and impact of its fitness to practise processes’ – a top area for all apart from medical students. Amongst doctors, those on the GP and Specialist registers prioritised this area (64% and 63%), while medical students and doctors not confident in the GMC were also more likely to select it (47% and 63%). This suggests that FTP concerns continue to be a central issue for current and future registrants.
- Improving support for doctors:** A top area for those practising or soon to be practising (medical students, doctors and ROs) was ‘using its influence to improve working environments for doctors’. This was more likely to be chosen by doctors who disagreed they find being a doctor a fulfilling career

(71%) and who frequently experienced being unable to cope with their workload (70%) or difficulty in providing a patient with the sufficient level of care they need (73%), compared to the average. In addition, the area of 'going beyond formal guidance to provide pastoral and wellbeing support for doctors' was a top area for medical students, as well as being more likely to be chosen by doctors who disagreed they find being a doctor a fulfilling career (44%), compared to the average.

- **Addressing bias and discrimination:** 'Monitoring and taking steps to mitigate bias in its processes' was a top area for doctors and stakeholders. It was more likely to be selected by Black doctors (63%), and those not confident in the GMC (59%), compared to the average. 'Working with others to eliminate disproportionality and discrimination in medical education and local investigation processes' was a top area for medical students, ROs, providers and stakeholders. Asian and Black doctors were more likely to select this (55% and 63% respectively), compared to other doctors.
- **Medical education and training:** 'Working with others to reform and grow medical education and training' was a top area chosen by providers and educators. However, 'collaborating with others to build the capacity of educators/supervisors to deliver high-quality training' was not a top selected area for any of the audiences.
- **Becoming an effective multiprofessional regulator:** Notably, this was one of the least selected areas across all audiences. Amongst doctors, SAS doctors were the most likely to select this compared to other doctor types (18%).
- **Working with others:** 'Increasing the sharing of knowledge and insight with its partners in the health systems, particularly with employers, to improve patient safety' was a top area for stakeholders.

There has been a decline in the perception that the GMC is focusing on the right issues as a regulator amongst medical students and doctors, and especially doctors in postgraduate training, who were the most likely to disagree out of all doctor types. FTP was consistently the top area that most audiences want the GMC to focus more of its attention on and, for doctors, it connected to both career experiences and confidence in the GMC. Supporting with improving working environments for doctors was also important to those soon to be or currently practising. In addition, addressing bias and discrimination was more likely to be important to doctors from ethnic minority backgrounds.

TRAJECTORY OF THE GMC

Doctor awareness and support for legislative changes

71% of doctors were aware of the changes being made to the legislation that governs how the GMC works – although 51% stated 'not very much' awareness.

- Among those aware, only 10% felt the outcome would be positive, while 15% were neutral, 28% felt it would be negative and 47% were unsure.
- Support for the changes was similarly uncertain, with 51% unsure, 20% supportive and 28% unsupportive. Notably, 81% of those unsure about their support were also unsure about the outcome.

Awareness of the changes did not vary significantly by doctor type, but SAS and LE doctors were more likely to view the changes positively (16% and 21%) and support them (28% and 34%) compared to doctors on the Specialist register and doctors in postgraduate training (6% and 5% for positivity; 17% and 11% for support).

Notable differences were evident depending on where doctors tended to hear information about the GMC. Those who felt the outcomes would be negative were more likely to hear information about the GMC from the media (48% vs 39% overall), others on social media (41% vs 25% overall), peers and colleagues (62% vs 52% overall), from a professional body (48% vs 42% overall), or a union or representative body (45% vs 31% overall). Conversely, those who felt the outcomes would be positive were more likely to hear about the GMC from their employer (22% vs 15% overall). Similar findings are evident with those unsupportive of the changes versus supportive of the changes.

RO, provider and educator awareness and support for legislative changes

- 90% of ROs were aware of the legislative changes, but 50% were unsure of the impact and 51% unsure about their support.
- Similar findings were evident amongst providers, with 81% aware but 31% unsure of the outcome and 46% unsure of their support.
- Most educators were aware of the changes (86%), with opinions split on the outcomes: a third viewed them positively, while others were neutral or unsure. Half of the aware educators supported the changes, with just under half unsure.
- 91% of stakeholders were aware, with 43% expecting a positive outcome and 55% expressing support.

Understanding of the GMC's direction of travel

54% of ROs agreed that they understood the GMC's direction of travel, in line with findings from 2022 (57%). Similarly, 57% of educators agreed that they understood the GMC's direction of travel, while the proportion of stakeholders in agreement was 75%.

71% of ROs agreed that the GMC effectively communicated its policies and changes, in line with 2022 (67%). However, only 57% of educators agreed. Stakeholders' agreement was mostly in line with 2022 (63% compared to 70% in 2022), though regional stakeholders in the sample were less likely to agree (33% compared to national stakeholders (76%).

Support for and perceptions of legislative changes varied, with high proportions of audiences who were aware of the changes being unsure about their perceptions or support for them. Among ROs, educators and stakeholders a lower proportion of ROs and educators felt they understood the GMC's direction of travel, and a lower proportion of educators felt that the GMC is effective at communicating its policies and any changes to how it works.

KEY DRIVER ANALYSIS: WHAT DRIVES PERCEPTIONS OF THE GMC AS A RELEVANT REGULATOR?

Further analysis was conducted to understand the most impactful drivers of perceptions of the GMC as a relevant regulator – for patients and the public, medical students and doctors. An explanation of the method used is [outlined in this section](#).

As discussed in the previous section – relevance is closely tied to effectiveness. For all audiences, a perception of the GMC as an effective regulator was the top driver for perceptions of relevance – with importance scores

of 29.5 for medical students, 23.2 for doctors and 26.4 for patients and the public. Not only was it most important across all audiences, but it was the most important driver *by far*, with its importance score being at least 50% higher than the next driver for all audiences (61% more important for doctors, 57% for medical students and 68% for patients and the public). This was not the case the other way round (in the KDA analysis looking at drivers of the perceptions of the GMC as an effective regulator): perceptions of the GMC's effectiveness were not as strongly driven by perceptions of relevance.

Results here further emphasise the connection between perceptions of effectiveness and relevance, with one impacting the other. However, perceptions of effectiveness are more influential in driving perceptions of relevance than the other way round. This suggests that the GMC focusing on addressing perceptions of *effectiveness* may be the best starting point.

5. A COMPASSIONATE REGULATOR

5. A COMPASSIONATE REGULATOR

PERCEPTIONS OF THE GMC AS A COMPASSIONATE REGULATOR

Perceptions of the GMC as a compassionate regulator were lowest for all audiences compared to being an effective or relevant regulator. The perception was highest amongst patients and the public (54%), but relatively lower for stakeholders (45%), ROs (40%), providers (38%) and educators (38%), and lowest for medical students (18%) and doctors (16%).

PERCEPTIONS OF THE GMC AS A LISTENING AND LEARNING ORGANISATION

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








Key	For each audience:						
	Statistically significant increase compared to 2022						
							
	Patients/public*	Medical students	Doctors	ROs	Providers	Educators	Stakeholders
A listening organisation	63%	26%	22%	43%	31%	33%	52%
A learning organisation	62%	36%	25%	45%	31%	38%	59%

Figure 29 Existing tracking question – Other GMC descriptors. Asked to: Patients/public (n = 1,175), Medical students (n = 801 [adjusted]), Doctors (n = 2,445 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56). *Patients/public now asked if they know about GMC at least a little.

Perceptions of the GMC as a listening and learning organisation have remained consistent across all audiences since 2022, apart from the slightly increased agreement amongst doctors (Figure 29). In most cases, across all audiences, those confident in GMC regulation were more likely to consider the GMC as listening and learning.

Younger respondents from the patients and public group were more likely to perceive the GMC as listening and learning (75% and 74% amongst 25- to 34-year-olds) compared to other age groups. A similar finding is present for medical students – those aged 18-24 were more likely to agree the GMC was a listening organisation, compared to mature students (29% vs 21%).

For doctors, agreement that the GMC is a listening organisation has been restored to the 22% seen in 2020, having dropped to 17% in 2022. However, across doctor types, agreement remains lowest amongst doctors on the GP register, doctors on the Specialist register and doctors in postgraduate training for both listening (16%, 16% and 15%) and learning (17%, 18% and 18%).

Amongst stakeholders, those who felt their organisation’s relationship with the GMC had gotten better over the last 12 months were more likely to agree the GMC was a listening and learning organisation (84% and 89%) compared to those who did not feel this.

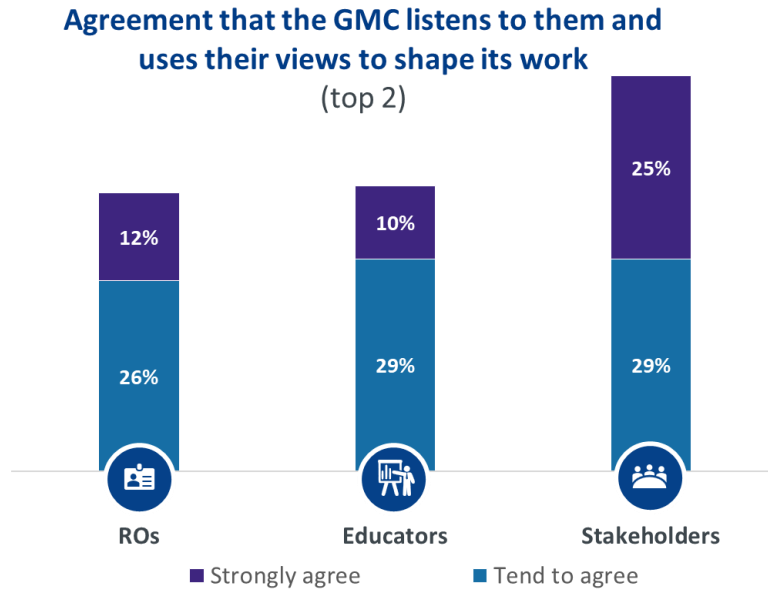


Figure 30 Existing tracking question – Relationship statements. Asked to: ROs (n = 89), Educators (n = 21), Stakeholders (n = 56).

The proportion of ROs who felt the GMC listens to them and uses their views to shape its work has remained consistent with 2022, when it was also 38% (Figure 30). Although smaller samples, the proportion has reduced for educators (from 83% to 38%, when strongly and tend to agree combined). Amongst stakeholders, those who felt their relationship with the GMC was good and had gotten better over the last 12 months were more likely to agree (63% and 79% vs 54% overall). Notably, the top ways that they felt their relationship with the GMC could be improved over the next 12 months was to increase collaborative work/relationships and improve transparency and communications.

Perceptions of the GMC as a listening and learning organisation remain fairly in line with 2022, aside from a small uplift in doctors' perceptions of the GMC as a listening organisation – now back in line with 2020 perceptions. Stakeholders who viewed their relationship with the GMC positively were more likely to agree that the GMC were a listening and learning organisation, and that the GMC listened to them and their views to shape its work.

PERCEPTIONS OF THE GMC AS A FAIR ORGANISATION

Perceptions of the GMC as a fair organisation (top 2 results, strongly agree and tend to agree)

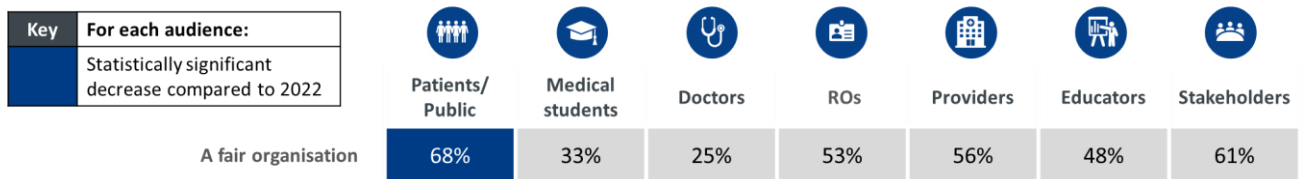


Figure 31 Existing tracking question – Other GMC descriptors. Asked to: Patients/public (n = 1,175), Medical students (n = 801 [adjusted]), Doctors (n = 2,445 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

Perceptions of the GMC as a fair organisation have remained consistent with 2022, apart from patients and the public, for whom it decreased from 74% to 68% (Figure 31). In most cases, across all audiences, those confident in GMC regulation were more likely to consider the GMC a fair organisation. Perceptions remained highest for patients and the public and stakeholders, and lowest amongst medical students and doctors.

Agreement that the GMC keeps the level of its registration fees fair and reasonable (top 2)

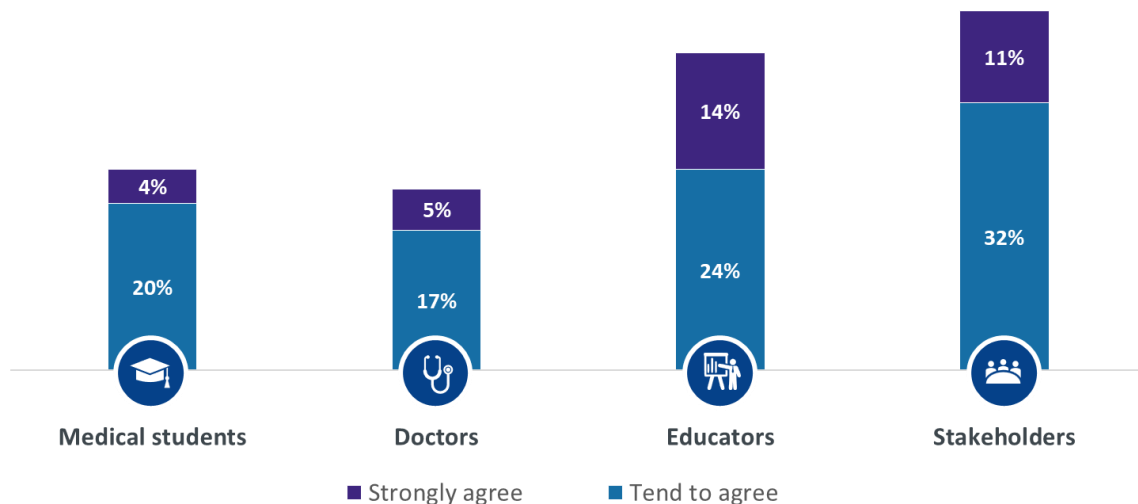


Figure 32 Existing tracking question – GMC perceptions. Asked to: Medical students (n = 804 [adjusted]), Doctors (n = 2,456 [adjusted]), Educators (n = 21), Stakeholders (n = 56).

In terms of perceptions of the GMC keeping the level of its registration fees fair and reasonable, findings for doctors, educators and stakeholders are not notably different to 2022 (Figure 32). A higher proportion of doctors *disagreed* that the GMC keeps the level of its registration fees fair and reasonable (58% compared to 22% that agreed). 91% of doctors who disagreed stated that reducing or improving the use of GMC fees would improve their confidence in the GMC. Asked to medical students for the first time this year, a higher proportion of this group also *disagreed* that the GMC keeps the level of its registration fees fair and reasonable (54% compared to 24% that agreed).

Agreement that the GMC is helping to change doctors' training and education to make it fairer and more flexible (top 2)

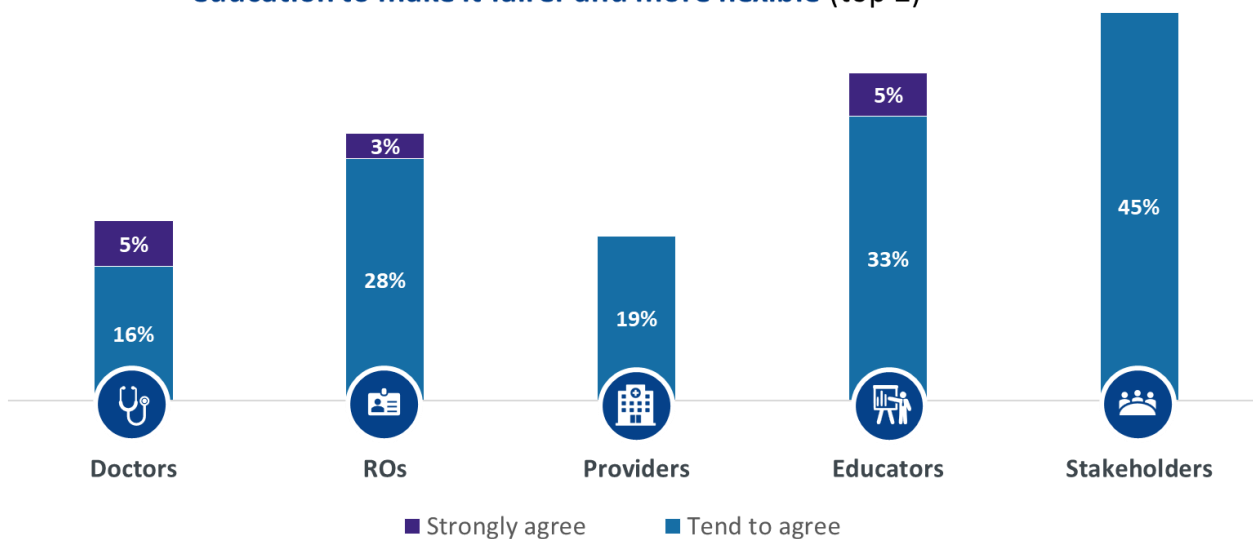


Figure 33 Existing tracking question – GMC training perceptions. Asked to: Doctors (n = 2,456 [adjusted]), ROs (n = 89), Providers (n = 16), Educators (n = 21), Stakeholders (n = 56).

In terms of perceptions of the GMC helping to change doctors' training and education to make it fairer and more flexible (Figure 33), there were no statistically significant differences from 2022 amongst doctors, ROs, educators and stakeholders.

In terms of perceptions of the assessment process:

- 79% of medical students agreed that the assessment process for their PMQ was fair.
- 71% of educators agreed that the assessment process for PMQs is fair.
- 86% of doctors in foundation or core training who did their PMQ in the UK agreed that the assessment process for their PMQ was fair and 70% of this group agreed that the assessment process for their foundation programme was or has been fair.

Perceptions of the GMC's fairness remain mostly unchanged compared to 2022, aside from perceptions from patients and the public, amongst whom a higher proportion view the GMC as a fair organisation.

PERCEPTIONS OF THE GMC AS A PROPORTIONATE REGULATOR

All audiences but patients and the public were asked about whether the requirements the GMC places (or will place, for medical students) on them or their organisation are reasonable and proportionate. There was agreement from:

- 69% of medical students.
- 54% of doctors.
- 73% of ROs.
- 88% of providers.
- 71% of educators.
- 66% of stakeholders.

Furthermore, when asked whether requests from the GMC for advice, feedback and information are manageable, there was agreement from 67% of educators, 78% of ROs and 79% of stakeholders.

Agreement with perceptions of the GMC placing requirements that are reasonable and proportionate was highest amongst ROs, providers, educators and stakeholders. They were also relatively high amongst medical students – yet to enter practice – but lowest amongst doctors.

THE GMC'S RELATIONSHIP WITH KEY AUDIENCES

Responsible Officers

The relationship between ROs and the GMC appeared generally positive, though confidence in the GMC seemed to affect their perceptions of the relationship. Most ROs felt well-supported, with 45% feeling 'a great deal' supported and another 46% 'a fair amount'. Moreover, 56% of ROs who were confident in the GMC felt highly supported, while only 13% of ROs who were not confident shared this view. Support from the GMC was largely viewed as good or very good (81%).

The overall relationship was similarly rated positively, with 79% describing it as good or very good. 'Neither good nor poor' tended to be selected more frequently in 2024 (20%) than in 2022 (7%). ROs with less experience (1-2 years) were more inclined to say the relationship has worsened slightly, with 40% saying the relationship had got 'a little worse'. However, confidence again had an impact – those not confident in the GMC were more likely to feel neutral about the relationship (52%) or rate it as 'neither good nor poor'.

In term of improving support, 31% of ROs expressed that they already feel well-supported, while 23% suggested the GMC could listen more and be more supportive.

Communication was generally seen as a strength, with 71% agreeing the GMC effectively communicates its policies. However, a lower proportion of ROs (42%) felt the GMC understands their role and priorities. Encouragingly, 63% of ROs felt able to speak positively about the GMC's work, though newer ROs and those less confident in the GMC were less likely to do so.

While 63% of ROs felt able to speak positively about the GMC, 13% were neutral and 24% disagreed. The helpfulness of GMC advice and guidance, as well as positive experiences with Employer Liaison Advisers (ELAs),

supported favourable views, while dissatisfaction with regulatory processes or concerns about the regulation of PAs and AAs drove negative opinions.

Providers

Providers generally had a positive view of their organisation's relationship with the GMC. 59% reported direct experience of GMC support. Among these, the majority (80%) rated the support as either 'good' or 'very good'. In terms of the overall relationship, most providers also rated it positively, with 44% describing it as 'good' and a further 31% as 'very good'.

Over the past 12 months, 69% of providers said that the relationship had stayed 'about the same', and another 19% said it had improved, indicating general stability. To improve the relationship, 40% of providers suggested increasing communication and collaboration, particularly with specific roles within their organisations.

Educators

Educators generally viewed their organisation's relationship with the GMC positively, with 57% rating it as 'good' and 29% as 'very good'. Most educators (71%) felt their relationship with the GMC had remained the same over the past year, though a small proportion either believed it had improved or worsened (14% each).

Overall, most educators agreed that the GMC: effectively communicates its policies and changes (57%); values the relationship with them and their organisation (62%); works in a collaborative way (52%); and has a clear understanding of the role which their organisation plays and their priorities for the future (57%). Notably, however, 19% disagreed that the GMC fully understands their organisation's role and priorities, which is a marked increase from 2022, when no educators disagreed with the statement.

Opinions were divided on feeling able to speak positively about the GMC – a third of educators agreed, a third were neutral, and a third disagreed. Positive experiences with GMC support drove favourable views, while dissatisfaction with regulatory processes and decision-making drove negative opinions.

Stakeholders

Overall, stakeholders seemed to view their organisation's relationship with the GMC positively, with 86% rating it as 'good' or 'very good'. While 17% of regional stakeholders viewed the relationship as 'neutral', no national stakeholders did. Confidence in the GMC significantly influenced perceptions of the relationship, as those lacking confidence in the GMC were more likely to rate the relationship as poor (33%, compared to 2% of stakeholders who said 'poor' but felt confident in the GMC).

Most stakeholders (55%) felt the relationship had remained stable over the past year, and 34% reported improvement. However, 33% of those not confident in the GMC believed the relationship had worsened, and 67% of this group also rated their relationship as 'poor'.

To improve the relationship, stakeholders suggested increasing collaboration and enhancing transparency and communication. While most stakeholders (63%) agreed the GMC communicates effectively, national stakeholders (76%) felt this more strongly than regional stakeholders (33%). Similarly, 80% of stakeholders felt valued by the GMC, and 70% believed the GMC works collaboratively, though regional stakeholders were more neutral on these points.

Overall, the GMC's relationships with ROs, providers, educators and stakeholders remain relatively stable and positive – though findings suggest a connection between perceptions of their relationship and confidence in the GMC. Indeed, while some ROs and educators felt they could speak positively about the GMC, those who disagreed often related this to dissatisfaction with GMC regulation.

GIVING GUIDANCE

Sources of guidance

Sources of guidance on professional standards or ethics issues




	 Students	 Doctors	 ROs
The GMC	37%	37%	91%
A medical defence body	65%	71%	30%
A colleague / fellow student	39%	62%	55%
A union or representative body	60%	38%	10%
A teacher or trainer	63%	31%	3%
A medical college or faculty	33%	29%	29%
Another professional body	12%	11%	18%

Figure 34 Updated question – Guidance sources: If you needed guidance about a professional standards or ethical issue, where would you go? (multi-choice; wording change: previously 'Where would you go for ethical or professional guidance?') Asked to: Medical students (n = 820 [adjusted]), Doctors (n = 2,476 [adjusted]), ROs (n = 89 [adjusted]).

Medical students, doctors and ROs were asked where they would go if they needed guidance about professional standards or an ethical issue (Figure 34). ROs were the only audience who suggested they were most likely to turn to the GMC for this type of guidance. Compared to 2022:

- The proportion of medical students selecting a medical defence body has decreased (75% in 2022), while those selecting a union or representative body has increased (54% in 2022).
- The proportion of doctors selecting the GMC or a union or representative body has increased (27% and 33% in 2022), whereas those selecting another professional body has decreased (14% in 2022).

Doctors aged 45+ were less likely to suggest they would go to a union or representative body than those aged 34 or younger (30% vs 52%), while 55- to 64-year-old doctors were more likely than other age groups to go to a medical college or faculty (40%).

From the options they selected, audiences were also asked what they considered the most important source of advice or support on ethical or professional guidance. Medical students and doctors both suggested that a medical defence body was the most important source of advice.

Engagement with and evaluation of GMC guidance

The guidance accessed or engaged with varied across audiences:

- In 2022, 61% of medical students suggested they had visited the website to access guidance, but this dropped to 41% in 2024.
- 48% of doctors had visited the website to access guidance or learning materials on professional standards, 24% had received verbal or written feedback and 14% had taken part in a talk or learning session with the GMC. Across all three guidance-access routes, there has been an increase in engagement since 2022. For example, in 2022, only 10% of doctors received verbal or written advice from the GMC, compared with 24% in 2024.

Perceptions of the guidance and advice from the GMC





	 Students	 Doctors	 ROs	 Educators
Was clear and easy to understand	78%	67%	87%	71%
Had a helpful and supportive tone	61%	52%	86%	59%
Was relevant and met my needs	67%	51%	81%	82%
Was realistic and could be applied in practice	58%	46%	75%	71%

Figure 35 Updated tracking question – GMC guidance evaluation: To what extent do you agree or disagree that the guidance or advice...? (combined into one question, previously split out depending on type of advice) Asked to: Medical students (n = 388 [adjusted]), Doctors (n = 1,447 [adjusted]), ROs (n = 84), Educators (n = 17).

Audiences also provided feedback on guidance or advice from the GMC (Figure 35). Across the statements, medical students and doctors were most likely to agree that the information was clear and easy to understand, but least likely to agree that it was realistic and could be applied in practice. Female doctors were more likely to agree the guidance had a helpful and supportive tone (57%) and was relevant and met their needs (56%), compared to other doctors.

Use of GMC professional standards and ethics

In terms of whether or not respondents had used GMC professional standards and ethics guidance in the last 12 months to help them determine what course of action to take:

- 17% of medical students had, which is a notable fall from 33% in 2022.
- 26% of doctors had.

- 69% of ROs and 62% of educators had.

Engagement with and evaluation of *Good medical practice*

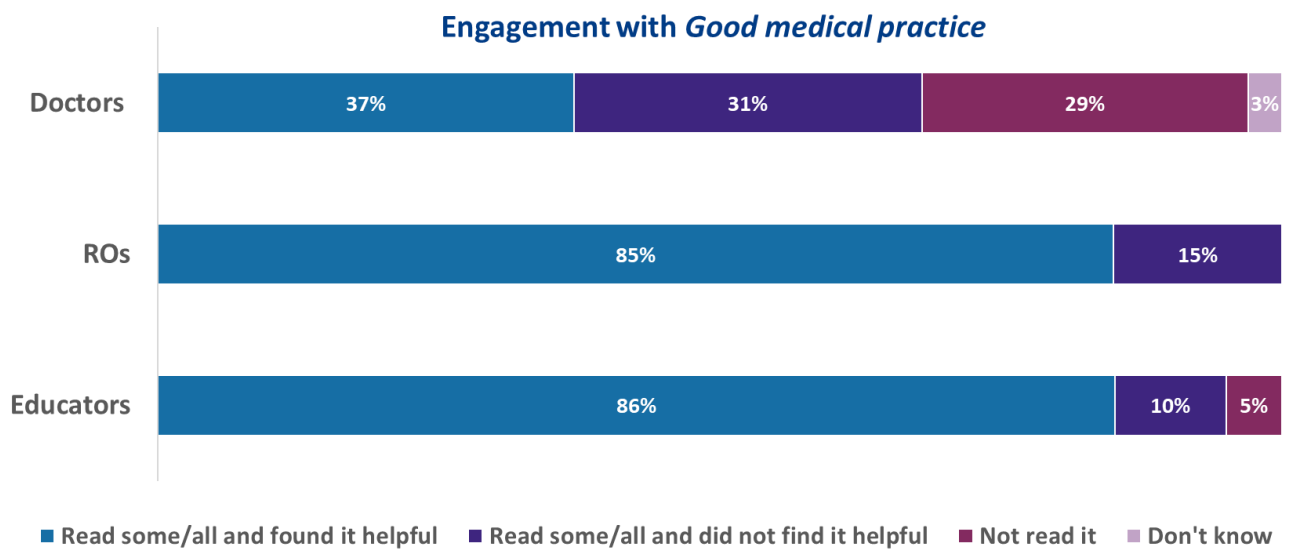


Figure 36 New question – *Good medical practice* use: The GMC updated its professional standards for doctors, ‘*Good medical practice*’, in January 2024. Have you...? Asked to: Doctors (n = 2,462 [adjusted]), ROs (n = 89), Educators (n = 21).

The updated version of the GMC’s *Good medical practice* came into effect on 30 January 2024. Doctors, ROs and educators were asked about their engagement with the guidance (Figure 36). Female doctors were more likely to have read it and found it helpful (41%). SAS and LE doctors were more likely to have read it and found it helpful (46% and 51%), whereas those on the Specialist register and in postgraduate training were more likely to have read it but not found it helpful (35% and 37%).

Results suggest that medical students and doctors are turning to medical defence bodies for advice on professional standards, while proportions turning to the GMC are relatively much lower. Younger doctors also appear to be turning to unions or representative bodies. Use of GMC professional standards and ethics guidance in the last 12 months to help them determine what course of action to take was also relatively low for these audiences, and engagement with and feedback on *Good medical practice* was mixed.

COMMUNICATIONS WITH THE GMC

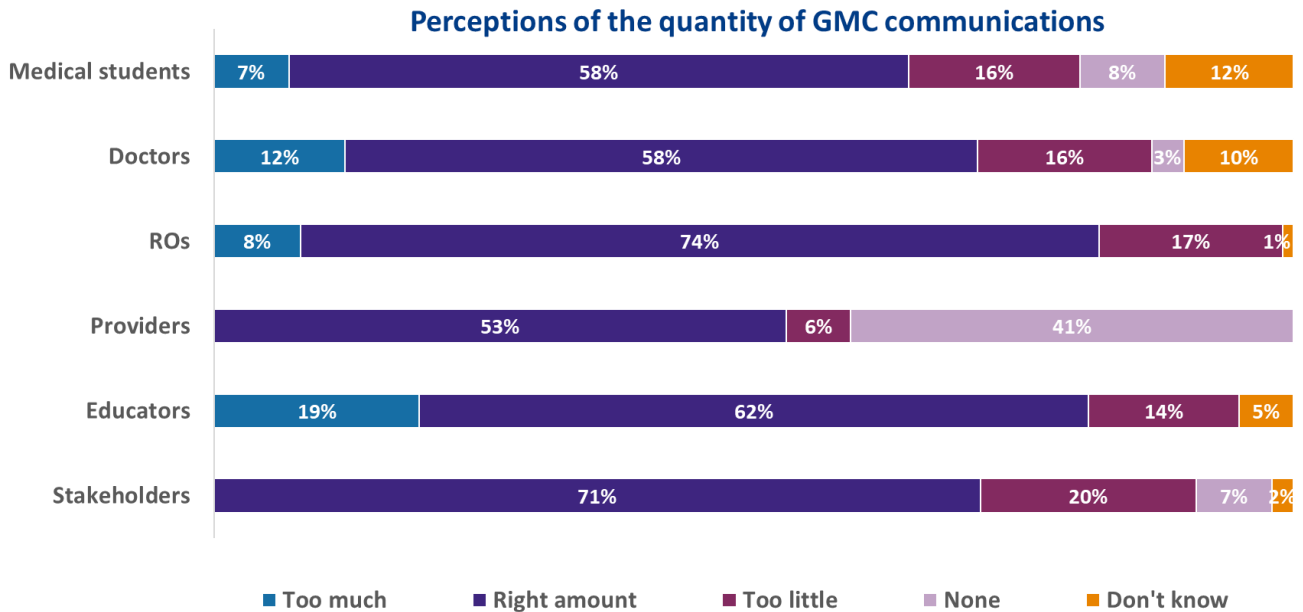


Figure 37 Updated tracking question – GMC communications quantity: Thinking about the communications that you have received from the GMC over the last 12 months (such as emails, letters or surveys), would you say that you have received...? (Added option 'Prior to this survey, I had not received any GMC communications in the past 12 months') Asked to: Medical students (n = 824 [adjusted]), Doctors (n = 2,454 [adjusted]), ROs (n = 89), Providers (n = 17), Educators (n = 21), Stakeholders (n = 56).

All audiences most commonly suggested they received the right amount of communications from the GMC, with 58% of both doctors and medical students stating this (Figure 37). 16% of doctors felt they received too little communication. There also appeared to be a relationship between feeling confident in the GMC and that they received the right amount of communication, compared with those who were not confident (68% and 52% compared to 58% overall).

Perceptions of the quality of GMC communications

	Students	Doctors	ROs	Providers	Educators	Stakeholders
The information was clear and easy to understand	83%	67%	83%	90%	90%	84%
The information was relevant, meeting my needs	71%	44%	74%	90%	70%	69%
The tone of the information was helpful and empathetic	58%	44%	73%	80%	70%	73%
The information was provided in a timely and efficient manner	70%	47%	78%	90%	70%	76%

Figure 38 Updated tracking question – GMC communications quality: Thinking about the communications that you have received from the GMC (such as emails, texts, letters or surveys) to what extent do you agree or disagree that...? (Small wording update) Asked to: Medical students (n = 664 [adjusted]), Doctors (n = 2299 [adjusted]), ROs (n = 88), Providers (n = 10), Educators (n = 20), Stakeholders (n = 51).

There was a decrease in the percentage of doctors who agreed that the communications were relevant, from 51% in 2022 to 44% in 2024 (Figure 38). Medical students were more likely than in 2022 to agree that the information was clear and easy to understand (76% in 2022, up to 83% in 2024). There is also a relationship between confidence in the GMC and perceptions of the quality of communications. Medical students who were confident in the GMC were more likely to view the information as relevant (78%), helpful and empathetic (73%), and timely and efficient (79%). Doctors confident in the GMC were more likely to agree with all of the descriptors above (82%, 68%, 66% and 66%), while those not confident were more likely to disagree. Finally, ROs who were confident in the GMC were more likely to agree the information was relevant and the tone was helpful and empathetic (85% for both).

A high proportion across audiences suggested they were receiving the right amount of communication from the GMC. However, medical students and doctors were less likely to agree that the tone of this information was helpful and empathetic. Furthermore, those not confident in the GMC were less likely to view the communications from the GMC favourably. Bearing in mind earlier comments about the tone of GMC communications in terms of what would improve their confidence in the GMC, this is a particular area to consider.

KEY DRIVER ANALYSIS: WHAT DRIVES PERCEPTIONS OF THE GMC AS A COMPASSIONATE REGULATOR?

Further analysis was conducted to understand the most impactful drivers of perceptions of the GMC as a compassionate regulator – for patients and the public, medical students and doctors. An explanation of the method used is [outlined in this section](#).

Patients and the public

Drivers of patients' and the public's perceptions of the GMC as a compassionate regulator (importance scores)



Figure 39 Key Driver Analysis results: A compassionate regulator. Patients and the public (n = 1,010).

For patients and the public, perceptions of the GMC's compassion are closely tied to GMC attributes, particularly whether they are perceived as fair and effective (Figure 39).

Medical students and doctors

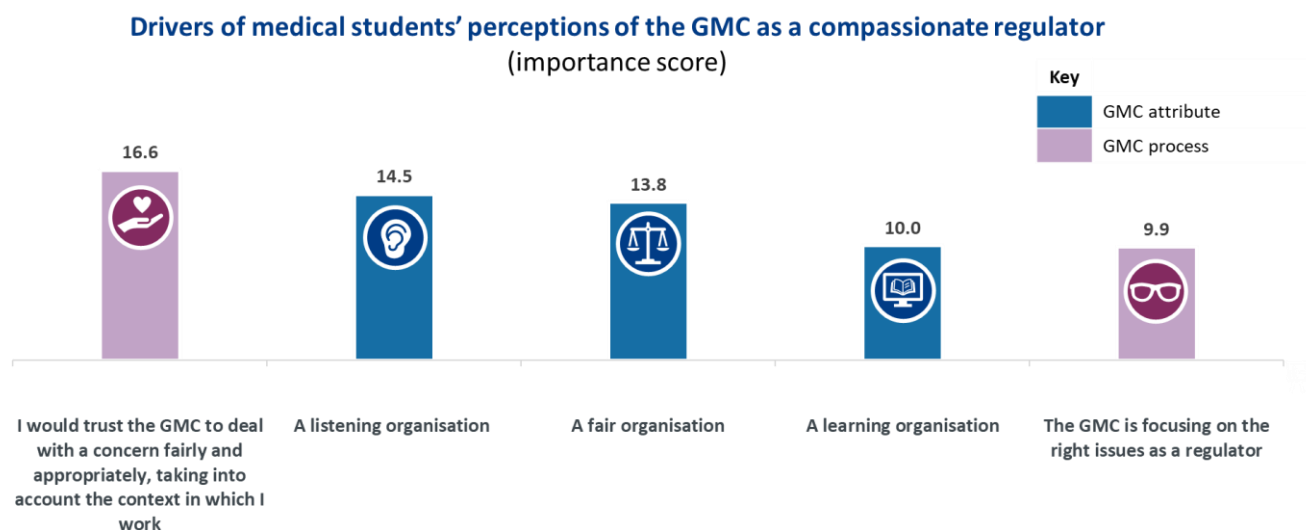


Figure 40 Key Driver Analysis results: A compassionate regulator. Medical students (n = 634 [adjusted]).

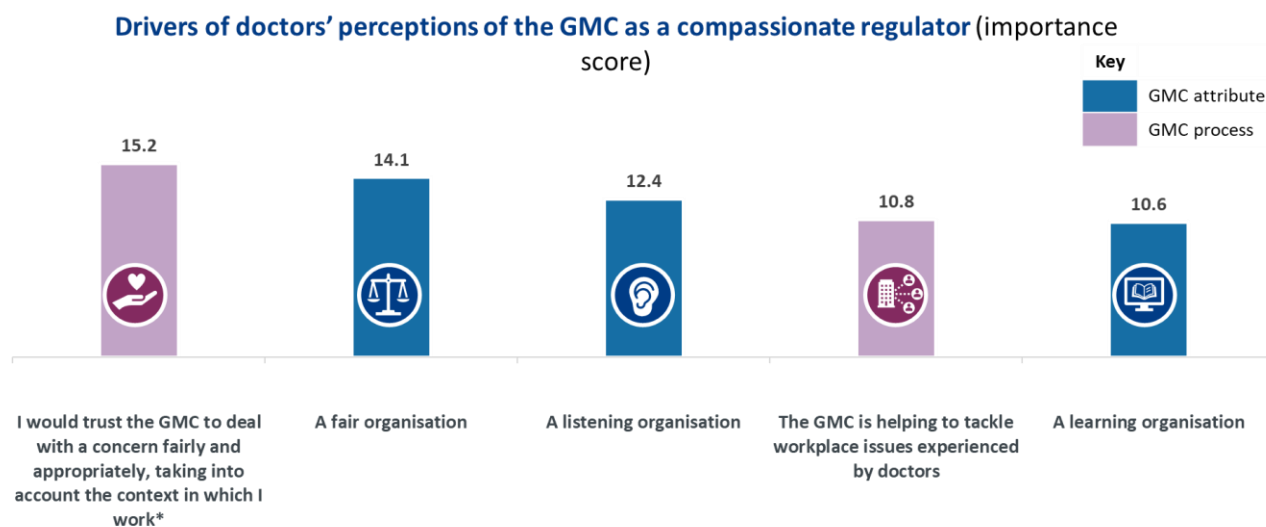


Figure 41 Key Driver Analysis results: A compassionate regulator. Doctors (n = 1,338 [adjusted]).

Both audiences had the same top driver for their perceptions of the GMC as a compassionate regulator: how they feel the GMC handles concerns (Figures 40 and 41). Trust in FTP processes comes up throughout the findings and continues to be a central theme – it impacts confidence in the GMC and is frequently mentioned as an area for improvement or more attention. Therefore, it may not be a surprise that this was the most influential factor in viewing the GMC as compassionate.

Perceptions of the GMC as fair, listening and learning were also key for both medical students and doctors – all of which closely tie to the idea of compassion. Furthermore, focusing on the right issues (medical students) and helping to tackle workplace issues (doctors) were also influential – suggesting that evidence of the GMC doing this may influence perceptions of compassion.

The findings show medical students and doctors placing high importance on the GMC handling concerns appropriately. Low perceptions of the GMC as compassionate, coupled with how concerns are handled being highly influential to this perception of compassionate, indicates that the GMC needs to strengthen trust and communication in this area particularly. In addition, only 54% of patients and the public in 2024 agreed that the GMC was compassionate, which is the lowest agreement level for patients and the public of the three strategy descriptors – implying there is space for the GMC to develop how they convey their compassion to the public. Focusing on how the GMC are conveying their fairness and effectiveness in public and patient communications may be useful.

6. CONCLUSION

6. CONCLUSION

For patients and the public, perceptions of the GMC were often related to their overall confidence in doctors, and less directly related to perceptions of the GMC itself as an organisation.

- A high proportion (79%) of patients and the public were confident in how doctors are regulated; this confidence was still relatively high among those who were not familiar with the GMC (73%).
- Key Driver Analysis (KDA) results suggest the biggest driver of confidence in regulation amongst this group is their confidence in doctors in the UK.
- Although some felt more information about how doctors are regulated would improve their confidence, the most common area this audience mentioned was around broader issues relating to their experiences of healthcare services, such as waiting times and appointment availability – therefore less situated in their perceptions of the GMC as a regulator.
- Moreover, a key driver of how this audience perceived the GMC's effectiveness centred on trust in its processes around a doctor's fitness to practise – how the GMC handles concerns about a doctor's practice – and whether it registers doctors with the right qualifications and skills.

Overall positive perceptions amongst this audience suggest they may not be a required key focus area. Findings suggest public trust in the regulation of doctors isn't necessarily based on opinions of the regulation itself but from this audiences' experiences with doctors.

Amongst medical students, understanding of the GMC's role in medical education remains low and more understanding is sought.

- Awareness of the organisation's role in medical education amongst this group was relatively low compared to other GMC regulatory functions.
- In addition, a perceived lack of support from the GMC persists amongst this audience – 80% did not feel supported by the organisation in their studies. This often related to their perceptions of the regulator as having limited involvement in their education, believing there was a lack of communication from the organisation, and having a limited understanding of how it supports medical students.
- To improve their confidence in the GMC, medical students' most common suggestion was to provide more information and transparency around its role and activities.
- Notably, the most common sources from which students tended to get information about the GMC was their university or peers and colleagues, rather than the GMC directly.
- An influential driver in their perceptions of the GMC's effectiveness was trust in the regulator to protect the quality of doctors' training and education when there are concerns.
- However, trust in the GMC to register doctors who have the right qualifications and skills has decreased for medical students (from 91% to 83%), and trust that the GMC checks doctors are up to date and safe to practise also decreased from 84% in 2022 to 79%.

Findings suggest medical students could be a key focus area for the GMC. In particular, engagement with this audience to improve their understanding of what the GMC does could be mutually beneficial – to foster positive perceptions and make them feel more supported. In fact, it appears to be important that the GMC maintains trust from medical students around the key regulatory role that is most relevant to *them*: the organisation’s involvement in their education.

Doctors’ overall confidence in the GMC has improved slightly but changes over time differ by doctor type.

- Overall, 40% of doctors said they were confident in the GMC, up from 36% in 2023 and 33% in 2022.
- SAS and LE doctors were more likely to say they were confident than others (53% combined), an increase from 2022 (44%).
- A higher proportion of doctors on the Specialist register were confident in the GMC in 2024 (40%) than in 2023 (32%) or 2022 (36%). Findings suggest a rise in the overall confidence figure can be attributed to a rise in confidence amongst male doctors on the Specialist register, which increased from 26% in 2023 to 39% in 2024.
- 34% of doctors on the GP register and 28% of doctors in postgraduate training reported they were confident in the GMC (consistent with previous years).

A key finding for the GMC to consider is that confidence levels across doctor groups are not the same and have never been since 2018 (the year with the first comparable tracking figures). In fact, tracking over time suggests that confidence levels are likely to fluctuate at slightly different rates for each group. When a drop in confidence occurs, some groups seem quicker to restore confidence (such as SAS and LE doctors), while others are slower (such as doctors in postgraduate training and doctors on the GP register).

Confidence in FTP processes is still a top-of-mind concern and a suggested area of improvement for almost all audiences.

- Only 39% of medical students and 29% of doctors agreed they trusted the GMC to handle concerns about their practice or professional behaviour fairly and appropriately. In fact, a higher proportion of doctors (52%) agreed they trusted their employer to handle concerns fairly and appropriately.
- Although trust in the MPTS has improved amongst doctors (increasing from 17% in 2022 to 24% in 2024), this appears to be driven by improved trust levels amongst SAS and LE doctors, which have been restored to pre-2022 levels.
- To improve confidence in the GMC, making regulation fairer and more proportionate or improving the transparency and consistency of FTP decisions were key themes mentioned by *all audiences*, aside from patients and the public.
- In addition, when asked where the GMC should focus more attention, the area with the greatest consensus across these same audiences was ‘reducing the length and impact of its fitness to practise processes’ – a top area for all apart from medical students.

As in previous reports, audiences indicated that addressing FTP processes is a key area for improvement. Although some progress has been made, such as in improved perceptions amongst SAS and LE audiences, there is still evidently some progress to make here. It's an area that all audiences want the GMC to focus on in some way – particularly the way it impacts doctors.

In fact, how the GMC handles concerns is central to perceptions of the organisation.

- ***It is the reason for less agreement with the GMC's strategy descriptors:*** FTP concerns were related to lower perceptions of the GMC as an effective, relevant or compassionate regulator – with perceptions that the organisation regulates harshly being a common theme.
- ***It drives confidence in the GMC:*** The KDA suggested that for medical students and doctors, a key driver of confidence in the GMC was trust in the way it handles concerns.
- ***It drives perceptions of the GMC as a compassionate regulator:*** How concerns are handled was also a top driver for the GMC's perceived compassion among medical students and doctors.
- ***It drives perceptions of the GMC as an effective regulator:*** This was one of the top drivers for doctors. In addition, the top driver of perceived effectiveness amongst doctors was confidence in the GMC – which itself was highly driven by trust in how the organisation handles concerns.

Further emphasising that this is a key focus area, findings point towards the centrality of how the GMC handles concerns as impacting overall perceptions and, in some cases, driving perceptions.

Though not as high as concerns about FTP, there are wide concerns about the GMC's regulation of physician associates (PAs) and anaesthesia associates (AAs) amongst medical students and doctors.

- To improve their confidence in the GMC, a proportion of both medical students and doctors – particularly doctors in postgraduate training – felt that the organisation should not regulate PAs and AAs or felt that it should address the concerns they have about this.
- In terms of what would improve their confidence in the GMC, younger doctors were more likely to believe that the GMC should not regulate PAs and AAs, with 30% of 18- to 34-year-olds expressing this view, compared to 10% of those aged 55-64.
- Those who noted the GMC should not regulate PAs and AAs were more likely to disagree that they trusted the GMC to register doctors with the right qualifications and skills (medical students: 22% compared to the average of 12%; doctors: 26% compared to the average of 15%).
- The regulation of PAs and AAs impacting negatively on their perceptions of the GMC was also a reason for low perceptions of the organisation's effectiveness.

Findings suggest the GMC's regulation of PAs and AAs may be affecting the confidence of medical students and doctors in postgraduate training in the GMC's registration and revalidation responsibilities.

Medical students and doctors want to see the GMC improving their support for doctors.

- **Perceptions of the GMC's compassion is low:** Findings suggest that medical students and doctors largely do not view the GMC as compassionate.
- **Perceptions of support are low:** Only 23% of doctors felt the GMC supports them to deliver good, safe care to a greater extent. In addition, only 21% of medical students and 15% of doctors felt the GMC is helping to tackle workplace issues experienced by doctors.
- **It would improve confidence in the GMC:** In answer to what would improve their confidence, medical students and doctors both mentioned that the GMC should protect doctors more. Crucially, a key driver of confidence in the GMC was whether it was focusing on the right issues as a regulator.
- **Where medical students and doctors want to see the GMC focus more attention:** The proportion who felt the GMC is focusing on the right issues as a regulator has decreased for these audiences, and the proportion that *disagreed* has increased. The top area on which both felt the GMC should focus more attention was 'using its influence to improve working environments for doctors'. Other top areas for doctors included 'reducing the length and impact of its fitness to practise processes' and 'monitoring and taking steps to mitigate bias in its processes'. Other top areas for medical students included 'working with others to eliminate disproportionality and discrimination in medical education and local investigation processes' and 'going beyond formal guidance to provide pastoral and wellbeing support for doctors'.

Demonstrating the GMC is focusing on what medical students and doctors believe to be the right issues could be influential in improving their confidence in the regulator. The main area they would like to see addressed is support with improving doctors' working environments.

The findings for doctors in postgraduate training are important to bear in mind.

- **They have a less positive perception about their career:** 57% agreed their career was fulfilling, the lowest amongst all doctors (the average for doctors was 69%).
- **They lack confidence in the GMC:** A higher proportion were confident in UK regulators generally (37%) than the GMC specifically (28%).
- **They have poor perceptions of the GMC:** They remained the least likely to agree the GMC was an effective, relevant or compassionate regulator (24%, 34%, and 11% respectively).
- **They don't feel the GMC focuses on the right issues:** 66% disagreed, which is up from 49% who disagreed in 2022.
- **Their trust in the GMC is low:** Their trust in the GMC's regulatory functions was lowest compared to other doctor types, and in some cases considerably lower.
- **Their use of different information sources may make them harder to reach:** Compared to other doctor groups, they were more likely to hear information about the GMC from peers and colleagues, a professional body, a union or representative body, others on social media or their employer.

The results suggest that doctors in postgraduate training are a key audience for the GMC to focus on. Their perceptions of the organisation are low, and the information sources that doctors in postgraduate training are more likely to use include those the GMC may find challenging to deliver messages through.

There are connections evident between perceptions of the GMC and the sources from which medical students and doctors hear information about the organisation.

- Medical students confident in the GMC tended to hear information from their university, whereas those not confident in the GMC were more likely to hear from others on social media, peers and colleagues, or a union or representative body.
- Doctors confident in the GMC were more likely to hear information directly from the regulator, whereas doctors not confident in the GMC were more likely to hear information from peers and colleagues, the media, a professional body, a union or representative body, or from others on social media.
- A regression analysis revealed that doctors who were more likely to hear about the GMC from peers and colleagues were associated, on average, with a 0.32 decrease in confidence, which suggests that peer influence may play a crucial role in shaping doctors' confidence in the regulator. Notably, 63% of ROs felt able to speak positively about the GMC's work, which could provide opportunity to reach informal networks.

Findings suggest that those confident in the GMC were more likely to hear about the GMC from the regulator directly, whereas those not confident in the GMC were likely to hear information from other sources, such as peers and colleagues, through which perceptions may be harder for the GMC to influence. This is an area for consideration for the GMC – how to reach those that hold more negative views.

The GMC's relationship with key groups appears to be positive – ROs, providers, educators and stakeholders – though findings suggest there is opportunity for more collaborative work.

- **Listening:** The proportion of ROs, educators and stakeholders who felt the GMC listens to them and uses their views to shape its work could be improved (38%, 38%, 54% respectively) – and in fact reduced this year for educators and stakeholders.
- **Understanding role and priorities:** Another area to consider, as 42% of ROs felt the GMC understands their role and priorities, while 19% of educators felt that the GMC *does not* fully understand their organisation's role and priorities – in contrast to 2022, when no educators disagreed with the statement.
Improving relationships: Notably, top ways these audiences felt their relationship with the GMC could be improved over the next 12 months were to increase collaboration and improve transparency and communication.

Findings suggest that key groups seek more collaborative work/relationships with the GMC, which provides opportunity areas for the organisation to enhance and strengthen existing – and often positive – relationships.

7. APPENDIX

Understanding medical students' and doctors' attitudes towards the GMC

A segmentation of the survey data, using k-means cluster analysis, was conducted to understand:

1. whether groups of medical students and doctors exist within the sample based on shared attitudes towards the GMC;
2. and which of these groups may have more ambiguous, or uncertain, views.

The aim of this analysis was to deepen understanding of the survey data by investigating latent patterns not immediately apparent across both samples that may not be found otherwise. A four-segment model was chosen for both medical students and doctors. Two groups from each model were identified as having more ambiguous or uncertain views about the GMC. Other groups in each model were identified as either having mostly positive or mostly negative views towards the GMC. Full details of the analysis can be found in the technical report.

Medical students: Group 1

Students who have some knowledge of the GMC and their functions, and use a larger number of information sources. However, they are not confident in the regulator.

24% of the sample

Who are they?

This group tend to be male home students. They are more likely than others to have a disability, long-term illness or health condition.

What are their experiences as medical students?

- They tend to agree that being a doctor will be a fulfilling career.
- They also may feel less confident than others in coping with the physical demands of their role and are less likely to feel supported by the GMC.

What is their overall understanding of the GMC?

- They tend to know 'a fair amount' about the GMC. However, they may not be confident in them.
- They tend to be fairly neutral or negative in their perceptions of the GMC.
- Sometimes their perceptions can be affected by their view that the GMC regulates harshly.

How do they view the GMC's regulatory role?

- They likely understand the GMC's role in regulating doctors and maintaining the UK register but may be less aware of its other functions.
- They may not trust the GMC to safeguard the quality of doctors' training and education, and tend to disagree or are unsure that the regulator would handle concerns about their practice fairly and appropriately.
- This group feel that the GMC should focus more on improving FtP investigations and processes, and feel this would improve their confidence.
- They generally know little about the MPTS and may not trust it to make fair and independent tribunal decisions about their practice.

How do they keep informed?

- They tend to have more information sources about the GMC than other segments, likely hearing about them from: the GMC directly; others on social media; peers and colleagues; or from a union or representative body. Of these, the most important sources for them are others on social media and unions or representative bodies.
- For guidance about a professional standards or ethical issue, this group would likely go to a medical defence body or a union or representative body.
- They tend to have more information sources than other segments for this kind of issue, and were less likely than other segments to consider the GMC as the most important information source. However, they are not overtly negative about GMC guidance.

Medical students: Group 2

Students who trust the GMC in some respects, but may be affected by others' views.

32% of the sample

Who are they?

This group spans a range of characteristics in terms of demographics.

What are their experiences as medical students?

- This group may feel less confident in how they feel about their leadership capabilities, emotional resilience, the physical demands of the role, and around managing uncertainty.
- They do not necessarily feel supported by the GMC.

What is their overall understanding of the GMC?

- They likely either know a little about the GMC, or have heard of it but do not know anything about it. They are often not very confident in the regulator.
- They tend to be neutral around the GMC descriptors and their views on these may be affected by others' negative perceptions.

How do they view the GMC's regulatory role?

- They are likely to trust the GMC to register doctors who have the right qualifications and skills, and to ensure they are up to date and safe to practise.
- However, they are neutral about trusting the GMC to protect the quality of doctors' training and education when concerns arise, and on whether they trust the GMC to handle concerns about their practice fairly and appropriately.
- They feel the GMC should focus more on offering pastoral and wellbeing support for doctors beyond formal guidance, and on becoming an effective multi-professional regulator.
- They may not have heard of the MPTS, and if they have, they often remain neutral on trusting it to make fair and independent tribunal decisions about their practice or professional behaviour.

How do they keep informed?

- They tend to have fewer information sources about the GMC and are less likely than other segments to hear about it from: the GMC directly; the media; others on social media; a professional body; or a union or representative body.
- For guidance about a professional standards or ethical issue, this group would likely go to a colleague, and would be less likely than other segments to approach a medical defence body. They tend to not have as high a number of sources for standards or ethical issues as other segments.

Doctors: Group 1

Doctors who are fulfilled in their career, but who may not see the GMC as compassionate, feel supported by them, or feel neutral in their views.

26% of the sample

Who are they?

This group are often female doctors aged 45-64, possibly serving as trainers, supervisors or appraisers. They are more likely than other segments to be on the Specialist register or SAS doctors, and are rarely in postgraduate training.

What are their experiences as doctors?

- Overall, they find their career as a doctor to be fulfilling. Despite the demands of the job, they rarely take leave due to stress, struggle to provide adequate patient care, or consider leaving the profession. Occasionally, they might feel overwhelmed by their workload or unsupported by management.
- Most of the time, they feel capable of delivering good, safe care to patients, believing their organisations often offer 'a fair amount' of support.
- When it comes to the GMC, however, they feel only moderately or not very supported.

What is their overall understanding of the GMC?

- Whilst they have some knowledge of the GMC, this group's confidence in the regulator is not high.
- The group agree the GMC is effective and relevant but do not see it as compassionate.
- They are often neutral on whether they see the GMC as a listening, learning or fair organisation, and hold similarly neutral views with regard to their trust in the regulator around key issues, such as how it handles concerns about doctors.
- They have mixed views of the GMC's impact on the health sector in the last 12 months and are less aware than other segment of changes to legislation governing how the GMC works.

How do they view the GMC's regulatory role?

- This group generally agree that the GMC's requirements for them are reasonable. However, they are either unsure or neutral about if they feel the GMC is focusing on the right issues.
- They believe the GMC could focus more on pastoral support, becoming a more effective multi-professional regulator, and sharing knowledge with health system partners to enhance patient safety.
- Their familiarity with the MPTS is mixed, with many either unaware of it or unsure about its role. They tend to be neutral towards or cautiously trust the MPTS's ability to make fair and independent decisions in tribunals.

How do they keep informed?

- They typically use fewer information sources to hear about the GMC compared to other segments, and are less likely to hear about them through social media, colleagues, employers, or unions.
- When seeking guidance, they are less inclined than others to turn to unions or medical defence bodies. When they consult GMC guidance, they tend to find it is realistic, relevant and supportive.
- They find communication from the GMC clear and empathetic in tone. They may feel that they receive a little less communication than they would like.

Doctors: Group 2

Doctors who trust the GMC in some areas but are not wholly confident in the regulator and may be unsure of using its communications and guidance.

33% of the sample

Who are they?

This group are less likely than other segments to be women, and more likely to be white. They are likely doctors in postgraduate training or registered on the GP Register, and currently practising and/or qualified as a doctor in the UK. They are more likely to be on a career break than other segments.

What are their experiences as doctors?

- Overall, this group may feel a lack of support or dissatisfaction with some aspects of being a doctor.
- They may be stressed, with some having taken leaves of absence, or contemplated leaving the medical profession.
- They might struggle to manage their workload and feel that they cannot provide the level of care their patients need. They may perceive a lack of support from their organisation's management.

What is their overall understanding of the GMC?

- Despite some awareness of the GMC, their confidence in the regulator is lower, with many either 'fairly' or 'not very' confident.
- While they trust the GMC to register qualified doctors, they tend to disagree or remain neutral on other trust-related issues.
- They may also be neutral regarding the descriptors 'effective' and 'relevant', and disagree the GMC is 'compassionate'.
- They are less aware of changes to legislation governing the GMC.

How do they view the GMC's regulatory role?

- They may disagree or be neutral that the GMC's requirements are reasonable or proportionate, that it is helping to tackle workplace issues and discrimination, or that registration fees are fair.
- Their views are also mixed on whether the GMC uses its data effectively to support doctors and protect patients.
- This group thinks the GMC should focus more on monitoring and mitigating issues in processes such as FtP.
- They may not trust the MPTS to make fair, appropriate and independent tribunal decisions.

How do they keep informed?

- This group tends to hear about the GMC from the media, social media, peers, colleagues, or a union/professional body, rather than directly from the GMC or their employer.
- They are often unsure how much communication they've received from the GMC in the past year.
- They are less likely than other segments to have used GMC guidance on professional standards and ethics in the last 12 months. Instead, when seeking guidance on these issues, they are likely to use a medical defence body, union or colleague – viewing the medical defence body as the most important source.