GMC Corporate Strategy and Perceptions Tracking Survey 2024 | Qualitative findings

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Contents

EXECUTIVE SUMMARY

Background

Shift Insight was commissioned to run the GMC's 2024 corporate strategy and perceptions research. The first stage involved conducting the corporate strategy and perceptions tracking survey with seven key audiences: patients and the public, final year medical students, doctors, Responsible Officers (ROs), providers, educators, and stakeholders. This year, an additional qualitative stage was commissioned to follow up on findings from the survey, providing greater insight into *why* certain audiences feel the way they do.

Methodology

38 online interviews were conducted with final year medical students (who were recent medical graduates at the time of interviewing), doctors and ROs, between 17th October and 14th November 2024. All interviewees had taken part in the survey.

Key findings

Expectations and perceptions of regulation

Participants shared a range of expectations for the General Medical Council (GMC). Some expectations were focused on ensuring doctors have the necessary knowledge and skills to practise safely. Other expectations were broader, viewing the GMC as having greater responsibility in the wider healthcare system and for supporting and representing doctors. Younger participants often felt that paying registration fees meant the GMC should have some kind of representative function. These participants were also less likely to associate the GMC unprompted with a responsibility to uphold patient and public confidence in doctors. Participants' confidence in the GMC was linked to how well they felt these expectations were met.

Ensuring patient safety: Most participants expected the GMC to ensure patient and public safety. This involved setting and maintaining high standards for doctors' knowledge, skills, education and training. While there was general agreement on the importance of patient safety, many participants were frustrated by fitness to practise (FTP) investigations into doctors' behaviour or conduct that didn't involve patient safety concerns, including high-profile cases such as Dr Arora and Dr Ip.

Setting and maintaining standards: Participants generally felt the GMC was effective in setting clear standards for doctors to follow. However, there were concerns about inconsistencies in maintaining these standards. Some participants believed the GMC's fitness to practise (FTP) investigations showed racial biases, with discrepancies noted between the treatment of doctors from an ethnic minority background and White doctors. This perception contributed to negative views about the GMC's impartiality and impacted confidence levels.

Personal fear of FTP investigations: Younger doctors and those from ethnic minority backgrounds expressed fears around being unfairly scrutinised in FTP investigations. High-profile cases discussed on social media heightened these concerns. Participants expected a regulator to support their ability to practise and be impartial when looking at an FTP investigation – the perception that the GMC failed in this regard affected their overall confidence in the organisation.

Understanding and representing the profession: Some participants, especially recent medical graduates and younger doctors, expected the GMC to understand their challenges and reflect their needs. Some had a perception of the GMC as a somewhat politicised body which responded mostly to government requests and prioritised public confidence over doctors' needs, which led to frustration. Additionally, the regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs) was seen as the GMC not fully listening to and representing doctors.

Perceptions of the GMC as…

Effective: Participants defined an effective regulator as one that acts swiftly, fairly and appropriately, maintains an up-to-date register, and gains the trust of both doctors and the public. Views on the GMC's effectiveness were mixed, with some appreciating its stringent yet efficient registration process while others had concerns about bias in FTP investigations and perceptions of a lengthy process that negatively impacted their confidence of the GMC's effectiveness.

Relevant: Participants believed a relevant regulator understands doctors' challenges, stays updated with healthcare changes, and ensures continuing professional development. The GMC was seen as necessary but

sometimes slow to adapt, and its regulation of PAs and AAs was viewed as not relevant to a regulator of doctors, which many still perceived it as being.

Compassionate: Compassion in regulation was largely defined as understanding doctors' working contexts and supporting them, especially during FTP investigations. Many participants felt the GMC lacked compassion, citing high-profile FTP cases such as Dr Bawa-Garba, which was seen as having a lengthy investigation process with an unfair outcome. Effective communication was seen as a key aspect of compassion, but participants felt the organisation often fell short.

Participants expected the GMC to balance effectiveness, relevance and compassion to maintain trust from doctors.

The impact of information sources on perceptions

The research highlighted a relationship between the complexity of information networks and participants' confidence levels. Those getting information from more diverse sources tended to have lower confidence, while those who received information mainly from the GMC directly had higher confidence.

Interviews revealed that participants' informational networks, influenced by age and social media use, were complex, affecting their perceptions of the GMC.

Social media and the news: Participants frequently encountered negative information about the GMC from sources other than the regulator, particularly regarding high-profile FTP investigations, perceived racism and doctors being struck off. These stories, disseminated through news media, social media and informal peer discussions, often led to more negative perceptions of the GMC.

Direct communications from the GMC: Participants who relied more heavily on direct communication from the GMC tended to have more positive perceptions and higher confidence levels. This direct communication included interactions with individuals from the GMC, website access, and outreach activities. Sometimes direct communications from the GMC had positive impacts, for example, one participant cited when the GMC communicated promptly and clearly during the pandemic. However, perceptions of slow and irregular communications from the GMC during FTP investigations negatively influenced perceptions.

The impact of role and registration type on perceptions

Recent medical graduates: Recent medical graduates' felt that their medical education showed them the GMC is for patients, not for doctors, in that it regulates doctors for patient safety and does not prioritise doctors' concerns or environments. They wanted to feel supported by the GMC and were afraid of being involved in an FTP investigation. They were very concerned about the impact of the organisation regulating PAs and AAs, both for doctors and for patient safety, and felt this demonstrated the GMC was not supportive of their profession.

Specialty and Associate Specialty (SAS) Doctors: SAS doctors, particularly those with international medical qualifications, generally had higher confidence in the GMC. They appreciated the transparency and accountability compared to regulators in their home countries. Their expectations were more likely to be focused on basic regulatory functions, such as maintaining an up-to-date register.

Doctors on the specialist register: These doctors had varying opinions, but some suggested that the nature of their specialties might impact on their confidence and perceptions in the GMC. For example, one participant in paediatrics noted concerns arising from a particularly challenging working environment and a perception of higher referrals.

GPs: GPs exhibited lower confidence, often due to concerns about fairness in FTP investigations. Some noted that high-profile cases involving GPs contributed to their fears of being unfairly targeted. The public-facing nature of their role seemed to increase their anxiety about investigations into their personal lives.

Doctors in training: This group had the lowest confidence levels. Their perceptions were influenced by high-profile FTP cases, concerns about the regulation of PAs and AAs, and perceived biases in FTP investigations. They sometimes linked their registration fees with a feeling of wanting to be represented.

Responsible Officers (ROs): ROs had varied perceptions of the GMC and confidence levels, regardless of whether they were newer to the role or had been in the role for several years – they were impacted by the same factors as all other doctors. They expressed a need for more transparency in FTP investigations and outcomes. Positive interactions with Employer Liaison Advisers

(ELAs) generally resulted in more positive perceptions of the GMC.

Appraisers and supervisors: Some appraisers and supervisors were less confident in the GMC, citing issues with the appraisal process and the quality of incoming doctors. Some felt the process was not stringent enough and sometimes applied inconsistently.

Areas to focus on

Reducing impact of FTP: Participants frequently highlighted the need for the GMC to reduce the length and impact of FTP investigations. Concerns included fear of involvement in an investigation and perceived lack of impartiality. Better understanding of the FTP process, frequent communication and updates from the GMC were suggested to make the process feel less daunting and more compassionate. Clear communication about changes and priorities was also desired.

Monitoring and mitigating bias: Many participants, especially those from ethnic minority backgrounds, emphasised the need for the GMC to monitor and mitigate bias. Concerns here typically were more focused on the outcomes of GMC investigations rather than the referrals or complaints themselves.

Improving working conditions: Participants believed the GMC should use its influence to improve working conditions. This priority was linked to the expectation that the GMC should support doctors and ensure patient safety by improving work environments. Participants suggested the GMC could set firmer expectations for employers and ensure adequate resources and conditions for doctors.

Becoming an effective multiprofessional regulator: There were generally negative views on the GMC's role in regulating PAs and AAs. Many were worried about the impact of this regulation on doctors and healthcare systems. Concerns included blurring professional lines, pay disparities, and confusion for patients. The decision to regulate PAs and AAs was seen by some as indicative of the GMC not listening to doctors or being unduly influenced by political factors.

INTRODUCTION

Background and methodology

Shift Insight was commissioned to run the GMC's 2024 corporate strategy and perceptions research. The first stage involved conducting the 2024 corporate strategy and perceptions tracking survey with seven key audiences: patients and the public, final year medical students, doctors, Responsible Officers (ROs), providers, educators, and stakeholders. The findings for this stage of the research are in a separate report.

This year, an additional qualitative stage was commissioned to follow up on survey findings and to provide greater insight into *why* certain audiences feel the way they do. Respondents who took part in the online survey were offered the opportunity to take part in a 40-minute online interview. Shift Insight conducted 38 online interviews across three of the seven audiences: final year medical students, doctors and ROs. These three audiences were originally selected for the qualitative stage as they had particularly notable findings in both the 2022 tracking research and the 2023 interim doctors survey, and to help build a better understanding of key doctor groups. Interviews took place between 17 October and 14 November 2024.

Note: final year medical students took part in the survey in early Summer 2024, prior to graduation, but by the time of the interviews they had graduated and were in their first post. They are therefore referred to as recent medical graduates throughout this report.

Research objectives

Overall research objectives developed at the start of the project were supplemented in the qualitative stage with specific research questions generated from the quantitative findings.

Overall objectives included:

- To what extent is the GMC perceived as an effective, relevant and compassionate regulator?
- What areas should the GMC focus on?
- How do audiences perceive the GMC and its role?
- What influences or impacts perceptions of, and confidence in, the GMC?
- What would improve confidence in the GMC?
- What are the awareness levels and perceptions of changes to the regulation of Physician Associates (AAs) and Anaesthesia Associates (AAs)?

A small selection of the **specific questions** that emerged from the quantitative stage included:

- Why do Specialty and Associate Specialist (SAS) doctors appear to be more confident in the GMC than other registration types?
- Why do some newer ROs in the survey suggest they have a less positive or more neutral working relationship with the GMC?
- What does being an effective, relevant and compassionate regulator mean to participants? Do they consider it important for the GMC to be perceived this way?
- Is there a relationship between perceptions of effectiveness, relevance and compassion?
- How have individual perceptions of the GMC changed over the course of a participant's education and career?
- What roles do different information sources (e.g. social media, news media, peers and colleagues, directly from the GMC) have in influencing perceptions of the GMC?

Profile of participants

38 participants took part in the research, comprising 20 Doctors, 9 recent medical graduates and 9 ROs.

Sample criteria were developed in collaboration with the GMC. The sample was selected specifically to further explore areas of interest identified in the survey and was not random. This means, for example, certain groups were recruited specifically to investigate higher or lower confidence in the GMC.

The tables below represent some of the top-line criteria: participants' confidence levels as they self-reported it in the survey, where they were practising and their registration type. For a full breakdown of the research sample, please see Appendix A; for a list of the survey questions reviewed and factored into recruitment of the sample, please see Appendix B.

Confidence in the GMC	Recent medical graduates	Doctors	ROs
Not at all confident	4	5	3
Not very confident	2	6	1
Fairly confident	2	7	4
Very confident	1	1	1

Table 1. Overall confidence in the GMC, as reported in the survey – Recent medical graduates, Doctors, ROs

Country	Recent medical graduates	Doctors	ROs
Wales	0	3	0
England	8	13	7
Scotland	0	3	1
Northern Ireland	1	1	0
Other	0	0	1

Table 2. Nation – Recent medical graduates, Doctors, ROs

Registration type	Doctors
Doctors on Specialist register	5
Doctors on GP register	4
Doctors in training	5
SAS	3
Locally employed doctor	3

Table 3. Registration type – Doctors

EXPECTATIONS OF REGULATION

Participants had varying expectations of a healthcare regulator. For some, these expectations were narrow, linked largely to ensuring doctors have the right knowledge and skills and are safe to practise. For others, these were broader, seemingly related to perceiving the GMC not just as the regulator *of* doctors, but as the regulator *for* doctors, with oversight and responsibility for the wider healthcare system. These participants held more specific expectations, wanting to feel supported and represented by the GMC, and often feeling the regulator was not doing enough, for example, to improve working conditions.

I would want them [a regulator] to be ensuring the public are safe, making sure we're delivering the best quality care we can, but also that systems are safe rather than just focusing on individuals, and ideally making sure that healthcare workers are supported as well.

Doctor on the GP register, UK PMQ, Wales, 25-34, Female – Not at all confident

The extent to which participants felt the GMC was meeting their expectations of a regulator often contributed to their overall confidence levels and perceptions.

Responsibilities towards patients and the public

There were various opinions amongst participants as to what this meant but there was a consensus that the principal function of a healthcare regulator is ensuring patient safety. For most, this meant ensuring doctors have a clear set of high standards to follow – which are easy for the doctors to access online and refer to – making certain that doctors' knowledge and skills are up to date, and that doctors' education and training is of a high quality. There were varying views on the degree to which the GMC was felt to be meeting each of those expectations.

A small number of doctors explicitly stated that the GMC regulated doctors in service of patients and the public – and that they also expected their regulator to not only ensure patient safety by regulating doctors' skills and knowledge, but also patient confidence in doctors, by regulating education, training and doctors' conduct.

However, this view represented only a small minority of participants and, whilst most felt it was important for patients to actually be safe, it was less common to expect the GMC's role to involve ensuring patients *feel* safe, through maintaining trust and confidence in doctors and the system.

This disparity between some participants' front-of-mind expectations around patient safety and the fact that upholding patient confidence is part of the GMC's statutory duty seemed to significantly contribute towards negative perceptions of the GMC. Some participants' confusion and frustration over the pursuance of high-profile fitness to practise (FTP) investigations around doctors' conduct or behaviour (for example, Dr Arora or Dr Ip) were mentioned as examples where the GMC had not met their expectations of regulation.

It is worth noting, however, that perspectives on the high-profile cases were complicated by not only confusion around *why* these referrals were taken seriously, but also by a perception that a White doctor would not have faced the same repercussions – and that, by pursuing these cases, the GMC had upheld and entrenched racism in their FTP investigation processes.

Setting and maintaining standards

Participants expected a healthcare regulator to set the standards doctors must follow and ensure these standards were being maintained. This was often connected to maintaining patient safety, and sometimes to ensuring general high-quality practice. Participants felt the GMC's transparency in this area, and the ease of access to clear clinical standards of practice, was positive, and most felt the GMC was appropriately setting standards. The GMC's Good medical practice guidance was frequently mentioned, which tended to be associated with more positive perceptions of the regulator.

However, there was greater disagreement amongst participants as to whether the GMC was appropriately maintaining standards. As illustrated by the Dr Arora or Dr Ip cases, participants often highlighted what they felt were inconsistencies in the kinds of cases that the GMC investigates, believing the regulator upholds and entrenches racism through its FTP investigation processes. This contributed to a sense that the GMC was not impartially or fairly maintaining standards. For example, one participant said they were aware of a White colleague who had been referred to the GMC for sexual harassment and bullying complaints, but who continued to practise, comparing this to high-profile cases of doctors from ethnic minority backgrounds who were suspended for conduct that posed no risk to patient safety.

My perception of it has become much more is it an old boys' club where if you're a White, middle-class male, you're fine, and if you're a black female, are you less fine? I don't know the answers to that, but it would seem to me that there are discrepancies.

SAS doctor, UK PMQ, England, 55-64, Female – Fairly confident

Participants, particularly if they were younger or from an ethnic minority background were particularly afraid of the GMC, due to a concern they might be involved in an FTP investigation. Discussing high-profile cases they had seen on social media with peers seemed to lead to a fear that GMC's investigations might unfairly scrutinise their personal lives or that they would be scapegoated in an investigation that did not appropriately account for difficult working conditions and wider contextual factors. Most participants expected that a regulator should be able to fairly and impartially review referrals, and their perceptions that the GMC was not delivering on this front seemed to exert a strong negative influence on their overall confidence in the GMC.

Understanding and representing the profession

Some participants expected a regulator to understand their challenges and working environments, listen to their concerns and reflect the needs of registrants. The expectation that the GMC should have some kind of representative function was not held by all participants, but seemed more common amongst recent medical graduates and younger doctors. Some participants felt that since they pay registration fees to the GMC, the organisation should prioritise listening to and representing doctors more than patients. Some felt that prioritising doctors would necessarily ensure patient safety and public confidence in the healthcare system.

I think probably a regulator advocates for its doctors… Obviously, we have the BMA for that, but they're a trade union, I think a regulator should also pressure for standards that are good, are high quality for doctors.

Recent medical graduate, Northern Ireland, 18-24, Female – Not at all confident

Some of these participants were particularly aggravated by hearing about the offer of private medical insurance to GMC employees and queried why their fees were used in this way. Some felt this indicated a lack of trust in the majority of doctors the GMC regulates – doctors who were working in the public system.

A few participants were concerned the GMC had become 'politicised', which they felt was inappropriate. These concerns seemed to arise from a perception that the GMC was responding to requests from the government or was inordinately working to secure public confidence in doctors, rather than prioritising the needs of doctors themselves.

I have a feeling that now it has become a politicised body that is a puppet for people at Westminster, and the way it is funded with doctors paying them quite a substantial amount of cash per year, £400 on average and what happens within the GMC with that money… is quite baffling

Recent medical graduate, England, 25-34, Male – Not at all confident

Many participants with negative perceptions of the GMC felt the regulation of PAs and AAs was indicative of their belief the GMC was not meeting their expectation of a regulator who was listening to and representing the needs of the doctor profession.

PERCEPTIONS OF THE GMC AS EFFECTIVE, RELEVANT AND COMPASSIONATE

The GMC's corporate strategy 2021-25 outlines its vision to 'be an effective, relevant and compassionate multiprofessional regulator'. Interviews explored participants' views on what this might look like, before delving in to whether they felt the GMC was meeting these aims and its impact on their overall perceptions of the GMC.

Effective

Participants felt that being effective meant acting quickly and appropriately, responding to issues that may impact on patient safety, whilst considering and understanding the wider context in which doctors work. They also discussed acting fairly, keeping an up-to-date register, and maintaining the trust and confidence of both doctors and the public.

However, participants held differing views on how effective they felt the GMC was. Some thought that there were functions the GMC delivers effectively. Examples included its Good medical practice guidance, keeping an up-to-date register, and having a registration process that was stringent but not inappropriately onerous.

I think they are an effective regulator… I know for a fact that they are diligent about the registration process, the GMC licensing process when you're coming from abroad.

Doctor in PG training, UK PMQ, England, 25-34, Female – Fairly confident

Specialty and specialist (SAS) doctors who were interviewed – many of whom were international medical graduates – were likely to believe that the GMC was effective, as they principally had expectations around the more standard functions of regulation, such as keeping an up-to-date register. The GMC met these expectations, and they described the process of registering to practise medicine in the UK as smooth and efficient.

However, a few participants also felt that the GMC was not effective. This was often caused by a perception of bias within FTP investigation procedures, which led to some participants feeling afraid that they themselves would be unfairly investigated. Alongside the outcome of the investigation itself – for example, having conditions placed on their registration or being struck off – participants were afraid of the length of time an investigation might take, which may put strain on themselves, their careers and their families.

We know the suicide rate of doctors who are waiting for a tribunal is incredibly high, much higher than the national average, and I don't know about support the GMC puts in for those doctors... As an effective regulator, of course they need to investigate things that are referred to them, but they need to do it in a time efficient way, and in a way that doesn't leave people broken.

SAS doctor, UK PMQ, England, 55-64, Female – Fairly confident

Participants felt that it was very important for the GMC to be perceived as effective to maintain trust from both doctors and the public. Some noted that ensuring patients had high levels of trust in doctors and the UK healthcare system as a whole is an important factor in it functioning effectively.

Interestingly, while some participants felt that the GMC being perceived as effective was an important part of ensuring patient confidence in the healthcare system, the issue of the organisation working to ensure patient confidence in doctors more specifically was not commonly cited when participants explained their expectations of regulation. For participants in this stage of the research, the GMC having the regulatory responsibility to uphold and ensure patient confidence in doctors, as part of a wider responsibility to ensure patient safety, was not widely front of mind. In some cases, this contributed to their confusion around why some FTP cases were pursued, feeling the GMC's approach was inconsistent – ultimately leading some participants to believe the GMC was ineffective.

Relevant

Participants felt that being relevant meant understanding the challenges faced by doctors in the healthcare system, in order to react and create appropriate standards and guidelines, alongside understanding varying contexts to deliver effective and impartial FTP investigations. They also mentioned ensuring representation amongst those involved in conducting FTP investigations which includes representation across different specialties and backgrounds such as ethnicity and gender. Some also felt that a relevant regulator needed to recognise the changing nature of modern healthcare and respond to updates in the healthcare sector, for example, using WhatsApp to discuss patients, social media usage or artificial intelligence.

I think a regulator is relevant if it performs its functions well. Maintaining the register, making sure that fitness to practise hearings occur fairly and maintaining medical school standards. They're relevant things.

Doctor on the GP register, UK PMQ, England, 25-34, Male – Not very confident

Participants also felt a relevant regulator communicates with and understands its registrant population, as well as understands individual registrants' current situations by continuing to review their fitness to practise. They felt the system for appraisal and revalidation was an example of the GMC being a relevant regulator, there was a belief that ensuring doctors maintain the required clinical skills and knowledge to continue safely treating patients is an essential function of regulation. They held differing views around whether the current appraisal and revalidation system was the most appropriate way to do this, but felt the GMC's role in facilitating continuing professional development and ensuring doctors were fit to practise throughout their careers meant the regulator was relevant.

Many participants thought the GMC was relevant in the sense that it is necessary for doctors to be regulated, and it was seen to be important for the organisation to exist – but more nuanced views of what constituted 'relevance' were not always seen to be met by its actions. For example, some felt the upcoming regulation of PAs and AAs showed the GMC acting in a fashion that was not relevant for a regulator of doctors, believing it indicated that it was not representing the profession – which some younger doctors in particular expected. Others cited examples of when they felt the GMC had been slow to respond to changes in healthcare, such as the use of AI in diagnosing, in terms of guidance and standards.

Compassionate

Participants felt that being a compassionate regulator involved caring for doctors by deeply understanding their working contexts, supporting them throughout their careers and being aware of their challenges. This included being highly communicative and showing an awareness of how difficult it can be to experience an FTP investigation. A small number of doctors also mentioned that being a compassionate regulator was also about understanding the perspectives of all parties involved, including patients.

Participants wanted to **receive communications from the GMC on FTP investigations.** Some wanted to receive clear, regular updates on the status of an FTP investigation if they were involved in one personally. Others wanted to receive communications from the GMC *about* their work on the process for these investigations, for example, a very short newsletter round-up of any ongoing work within the GMC to reduce the length and impact of these. By doing this, participants said they would feel more reassured that the GMC is concerned about the impact on doctors of involvement in an FTP investigation.

Of the three descriptors (effective, relevant and compassionate), participants were least likely to indicate feeling that the GMC was compassionate. They cited highly publicised cases where they personally felt the GMC was wrong

to pursue an FTP investigation, as well as the length of investigations and the rates of suicide amongst doctors involved. Some mentioned that being effective necessarily involved being compassionate, as communicating clearly, concisely and in a timely fashion would also contribute to the GMC being seen as compassionate. The majority of those who felt the GMC did not meet their definition of a compassionate regulator had not themselves been involved in an investigation (particularly the recent medical graduates) but had heard stories via social media or from colleagues and peers about a perceived lack of communication during them.

For many participants, a perception the GMC was not compassionate or supportive contributed to an overall negative view of and lack of confidence in the regulator. They expected a level of care and understanding from their regulator. For many this meant not unduly pursuing FTP investigations that did not involve patient safety concerns. Most participants did not explicitly reference the GMC's statutory duty to uphold public confidence in doctors. Many felt pursuing certain FTP investigations into doctors' conduct that were linked to maintaining patient confidence was a waste of time, an undue stressor to the doctors involved and indicative of a regulator who wasn't compassionate – prioritising patient trust in the system above doctors' trust in the GMC.

INFLUENCES AND IMPACTS ON PERCEPTIONS

Impact of information sources on perceptions

The first phase of this research found a relationship between the information sources survey respondents heard about the GMC from and their level of confidence in the regulator. Those who received their information about the GMC from a higher average number of sources tended to have a lower level of confidence, while respondents who mostly received their information from the regulator directly tended to have a higher level of confidence. The qualitative research phase sought to better understand this relationship, unpacking how different information sources influenced perceptions of the GMC.

Interviews revealed that the participants had complex informational networks, where they heard news, information or anecdotes about the GMC, all of which contributed to perceptions. Participants' age and social media usage contributed to the nature of their infospheres – the platforms and sources of information that made up participants' informational networks. Other factors, like the value they placed on these information sources, also played a role in impacting perceptions. Information appeared to bounce around within infospheres – for example, peers and colleagues discussed cases they heard about via social media – which made it difficult to always directly understand where participants' perceptions were coming from.

Regardless of where participants principally found their information, most said when they heard about the GMC from sources other than the regulator itself, it was typically negative – largely about high-profile FTP investigations, reporting on perceptions of racism within FTP outcomes or of doctors being struck off.

News media and social media

Participants often heard about high-profile FTP investigations from the news, whether online, the radio or newspapers; others mentioned using social media and other online platforms, such as doctors.net. Participants rarely clearly delineated between these sources, and sometimes would say they had 'heard' something but could not quite recall exactly where from.

Infospheres appeared to complicate and change information as stories (of high-profile FTP cases, for example) were passed through different sources. For example, the details of the Dr Arora case, or more recently, Dr Benn, may be published in the news media, be part of a wider discussion on social media which then is more informally spoken about at work with peers, who may have their own opinions based on their personal and professional views and experiences. All of this served to create more negative perceptions of the GMC, which were sometimes based on slightly more headline understandings of cases. Many participants said they were not always familiar with the details of some of the high-profile cases that had contributed to their negative opinions, but felt they had heard enough to contribute to their perceptions of the GMC as an organisation that was not impartially pursuing FTP investigations.

The impact of reading about these high-profile cases was severe, and had a very negative impact on how doctors reported their levels of confidence in the survey:

I was a bit steamed up about [this] when I was looking at the survey, there was a recent case of a GP who was suspended by GMC, having been involved in a climate change protest, and they were convicted of public nuisance or something like that relating to this protest, and that was then considered a professional issue that the GMC needed to look at, and the outcome was that they were suspended from the medical register, and that to me, without knowing all the details, seemed like an unhelpful thing to do. I know the GMC are making steps to try and be more engaged with the profession, to listen to concerns, and to try and get feedback, but after several years of those efforts, it feels like some of the decisions are still quite… show not a great sensitivity.

Doctor on the specialist register, UK PMQ, England, 45-55, Male – Not very confident

Another doctor noted that 'horror stories in newspapers' contributed to a feeling there was the potential that they too may one day be involved in an unfair FTP investigation.

I think it's also because of some horror stories in newspapers, doctors getting punished and GMC holding a high standard. And of course there are certain fears, I think it's rooted in being an international medical graduate, that if I do anything wrong, what will happen to me?

Doctor in training, IMG PMQ, England, 25-34, Female – Fairly confident

Directly from the GMC

The survey results showed that doctors who heard about the GMC directly from the regulator tended to have more positive perceptions and higher levels of confidence. Respondents provided various examples of what this direct communication looked like, and how this impacted their perceptions.

Most said that, for them, direct communications with the GMC did not necessarily come from an email or newsletter, but rather other direct interactions with individuals from the GMC or the website. This generally tended to have a positive impact, but it wasn't always the case. Some examples of this kind of direct interaction with the GMC noted in the interviews are included in the table below.

Method of communication	Examples	Impact on perceptions
Website	Accessing the Good medical practice professional standards	Positive impact from reviewing the website, which was felt to be clear and easy to access
Direct interaction with GMC employees	Direct communications with an Employer Liaison Adviser (ELA)	Positive impact from clear and helpful communications from ELAs
Direct interaction with GMC employees	Queries, advice or guidance	Positive impact from clear and direct communication from individuals at the GMC
Direct interaction with GMC employees	Close involvement with or awareness of an FTP investigation	Negative impact from limited communications from the GMC during an investigation
GMC outreach	A talk from a GMC representative explaining the function of the organisation to them at university, who highlighted that its role is principally the protection of patient safety and ensuring confidence	Slightly negative impact from direct communications from the GMC, as it made them feel the organisation was, in one participant's words, 'not on their side'
GMC outreach	A seminar on the Portfolio Pathway to becoming a consultant	Positive impact from attendance of a GMC seminar as it highlighted a possible career pathway

Table 4 A table of methods of communications, examples and their impact on perceptions

A few participants commented on direct communications from the GMC during the pandemic – one felt the tone of these emails was appropriate given the circumstances, contributing to positive perceptions:

I think particularly the [personalised emails] that came through the pandemic. There was a real honesty around that 'we're all in this together'. That is when the GMC have felt most compassionate… They moved swiftly to communicate about how regulation was going to work through the pandemic, and I think they did that well. That was a very reactive response and very appropriate.

GP, UK PMQ, Scotland, 55-64, Female – Very confident

A small number of participants noted that the communications they received directly from the GMC highlighted to them that there was work underway to address bias in FTP procedures and to listen more to doctors – the key concerns that many participants with negative perceptions had. One participant specifically highlighted they felt some negative perceptions of the GMC represented a 'perceptions lag' where ongoing work from the GMC to address doctors' concerns hadn't fully been recognised by doctors yet. This could imply that GMC communications about these key issues are not always reaching their audience as the survey data and interviews suggested that when these communications are being read and engaged with, they tend to have a positive impact.

Impact of role on perceptions

The first stage of this research found differing levels of confidence in the GMC depending on doctors' registration type. Whilst the interviews did not specifically ask participants to reflect on what impact their own role and registration type may have played in their perceptions, some themes emerged. There were a small number of participants in each of these groups – as such, findings are not intended to be fully representative of the registrant type, but some interesting differences amongst participants of each group have been noted.

Recent medical graduates

Most of the recent medical graduates we spoke to in the interviews were less confident in the GMC. Many told us they had been confident in the GMC before their medical education, generally based on less awareness or interacting only with the Good medical practice guidelines. During their degrees they often became less confident – they told us this was due to developing a better understanding of how the GMC works, and a perception of its prioritising of patients and the public over doctors. This group tended to have quite high expectations of the kinds of activity the GMC should be delivering in terms of support and representation. The survey results noted that younger doctors and medical students were more likely to be turning to their union for information and guidance than older doctors, perhaps suggesting that unions are a point of reference for recent medical graduates in terms of their expectations of the organisations that make up the healthcare system.

SAS doctors

The sample of interviewees contained 4 SAS doctors, all of whom were confident in the GMC. These participants were specifically selected to try and unpack why a higher proportion of these registration types were confident in the GMC in the survey.

In line with wider workforce demographics, a higher proportion of SAS doctors received their primary medical qualification internationally. When discussing their expectations of the GMC, they tended to refer to those that were slightly narrower than some other doctors, more closely linked to functions around providing standards and keeping an up-to-date register. This often meant they felt the GMC was meeting these expectations and therefore had higher confidence levels.

A theme amongst some international medical graduate (IMG) SAS doctors (and also noted by other registrant types who qualified outside the UK and Europe), was a perception that the GMC was comparatively more transparent and more accountable than the regulator in the country in which they had qualified. This did not fully explain their confidence, however, nor did the interviews have sufficient time to explore in depth the perceived differences between UK and international regulators.

Many IMG SAS doctors suggested that they first became aware of the GMC directly through researching registering to practise in the UK. These participants said early direct communications with the regulator were clear, transparent and ultimately positively impacted their perceptions.

Doctors on the specialist register

Doctors on the specialist register were the registration type second most likely to report confidence in the GMC. In the survey, these doctors were more likely to have qualified within the UK, but were also more likely to be over 45, which was reflected in our qualitative sample. Doctors on the specialist register with a range of confidence levels were interviewed; confidence was not linked to their registration type by participants. However, these participants did mention a few different instances where their perceptions of the GMC may have been influenced in part by the nature of their specialty.

For example, one paediatric doctor who was less confident in the GMC explained how negotiating their specialty was particularly difficult due to the safeguarding aspects of working with children, which might lead to a higher level of confrontation or referrals. They perceived this to be out of step with the wider profession or other specialties.

I work in an area of paediatrics where sometimes it can be quite confrontational if we're involved with a child protection issue, and there can be complaints made to authorities, either to the hospital or the GMC.

Doctor on the specialist register, UK PMQ, England, 45-55, Male – Not very confident

This doctor also noted a series of 'very publicised cases where child abuse was being investigated' which was distressing and damaging to those working in paediatrics at the time, who became worried about investigations.

That was quite hard for people working in paediatrics to see, and I suppose at that time there was a sense that [the] GMC were the group that were investigating and punishing doctors, and maybe didn't understand the difficulties people were having.

Doctor on the specialist register, UK PMQ, England, 45-55, Male – Not very confident

The survey did not gather information on doctors' specialties, so it is difficult to say whether this doctor's perceptions that paediatrics are a particularly challenging specialty to negotiate with regard to referrals is accurate or explains other doctors on the specialist registers' level of confidence in the GMC – this could therefore be an interesting area for further research.

Doctors on the GP register

The first stage of the research showed a lower proportion of doctors on the GP register who were confident in the GMC. Doctors on the GP register who were interviewed commonly spoke about fairness within FTP investigations as a primary driver behind their lower levels of confidence, specifically the idea that some FTP investigations pursued cases that they felt were 'unreasonable'. Whilst many doctors noted this, regardless of registration type, it was a concern amongst all low-confidence GP participants. This supports the survey findings, which indicated that those licensed on the GP register were more likely than average to feel the GMC should focus more attention on reducing the length and impact of FTP investigations.

The highly public-facing nature of the GP role and high level of interaction with patients may contribute to a particular fear that they may be involved in an investigation. Although this is not something the GPs interviewed themselves identified, high-profile FTP investigations into the GPs Dr Arora, Dr Warner and Dr Benn (the latter two related to involvement in climate change protests) were frequently mentioned across the research sample as examples.

Doctors in postgraduate training

In the survey, doctors in postgraduate training had the lowest proportion who were confident in the GMC. In the interviews, there appeared to be less consistency within this group. For example, one IMG doctor in specialist

training said they had a positive experience with the GMC when registering to practise in the UK, which led them to perceive the GMC as effective, but were also aware of high-profile FTP investigations from the news which altered their perceptions and made them slightly more wary. This is in line with the overall themes of this research and not strictly indicative of their registration type or career stage.

Lower levels of confidence amongst doctors in training were linked to: the FTP investigation of Dr Benn who was arrested at a climate march (which was felt to be overly harsh and unfair), concerns around the registration of PAs and AAs, a perception FTP investigations disproportionately impact doctors from ethnic minority backgrounds, and queries around how registration fees are used at the GMC. Interestingly, they made no mention of the GMC's role in quality assurance in training in relation to confidence levels – this could perhaps suggest that these participants had less awareness of this as part of the GMC's role. While some doctors did note the GMC's role in training and medical education when discussing expectations of regulation, this was not particularly common and tended to come from older participants involved in supervision and training, rather than from those in training themselves.

Appraiser / supervisor roles

Outside of overall registration type, the interview research sample also included some participants who were either an appraiser or supervisor. In some instances, involvement in the appraisal process seemed to have a negative impact on perceptions of the GMC. Some appraisers felt that the process was not particularly stringent, that people did not always take it seriously and that there were varying levels of quality in appraisal write-ups across different locations.

We regulate through self-declaration and as an appraiser, I don't check. If someone tells me they've read a book, and here's a reflection and three things they learned from their book I believe that because if I didn't, the whole system falls apart. So, it's largely self-declared, isn't it?

GP, UK PMQ, Scotland, 45-54, Female – Fairly confident

For some in supervisory roles, there was some concern around the incoming quality of some doctors, and frustrations around the requirements involved in continuing to support trainees being insufficient. While this was not frequently mentioned in the sample, it does contribute to building a picture of why some people in appraiser or trainer/supervisor roles may be less confident in the GMC.

As a [specialist], the quality of the doctors that is coming through is just appalling. I was a trainer in my last consultant post, up until they made me go on training to stay being a trainer, and it was just appalling. I could have delivered better training myself and I looked at the course material and I just thought – hyper academic but not realistic.

Doctor on the specialist register, UK PMQ, Scotland, 55-64, Female – Very confident

Responsible Officers (ROs)

Of all groups included in the interviews, confidence and perceptions were most disparate for ROs. The nature of the RO role meant that the ROs interviewed all had different experiences, specialties, nations they were practising in and differing reasons for their reported levels of confidence. Regardless of whether the RO was newer or had been in this role for a number of years, lower confidence seemed to stem from the same set of concerns as with the wider sample of participants. One RO's lack of confidence in the GMC was directly attributed to their disagreement with the regulation of PAs and AAs and did not suggest it had anything to do with their role as an RO. Another RO similarly suggested that their falling confidence was unrelated to their role but instead was due to their confusion and disagreement over the handling of the high-profile Dr Bawa-Garba case.

A newer RO, who was less confident in the GMC, stated they had been involved in a case where they did not feel the clinical expert involved in referring the investigation had made the correct recommendation, impacting their confidence in the GMC's FTP procedures more generally and in the expertise of the clinical experts used more

specifically. They also had been involved in a practice review of a different doctor, who they felt was not working to a high enough standard, but which was not taken forward into an investigation – perceiving an inconsistency within FTP investigations, which contributed to their overall negative perceptions. Similar concerns around consistency in FTP investigations were also noted by ROs who had been in the role for many years.

ROs interviewed wanted more transparency in FTP investigations and outcomes. This arose from personal lack of understanding around how outcomes had been reached, for example, in Dr Arora's case. They wanted to be able to see more details and documents related to the case to better understand why decisions had been made.

One area where ROs did directly reference their role was in relation to engagement and communication with their employer liaison adviser (ELA). These interactions were unanimously described as extremely positive and helpful. This generally contributed to increased levels of confidence in the GMC to communicate effectively, but was not always enough to contribute to positive perceptions overall.

The RO system with the GMC and the ELAs works very, very well and I would be horrified if that was dismantled. I think that's an extremely good way of helping to regulate doctors below GMC referral. I think it works very, very well and if you talk to all the ROs I've ever talked to, that we really do value our ELAs enormously.

Responsible Officer, UK PMQ, England, 65+, Male – Not at all confident

Alongside understanding how different groups or registrant types might view the GMC differently, interviews also sought to better understand how each individual participant's views on the GMC may have changed over time and what factors may have contributed to this. This is explored in the next section of this report.

INDIVIDUALS CHANGING PERCEPTIONS OVER TIME

Qualitative interviews sought to understand how individual participant perceptions of the GMC have changed over time and what influenced these changing perceptions. To that end, they involved a life-journey exercise, in which participants were given space to talk through the key stages of their education and career so far. At each stage, interviewers prompted participants to gather information on awareness and perceptions of the GMC, as well as information sources and other influencing factors.

To demonstrate these findings, five composite case studies have been compiled. These are designed to be indicative of findings from the participant profiles represented – and therefore have combined insights from multiple participants to ensure that key findings are included.

Composite case study 1: An IMG SAS doctor – very confident in the GMC

"I know that it's a regulatory body – that's about it." **SAS doctor, IMG PMQ, England, 35-44, Male – Very confident**

Expectations of regulation
This doctor has slightly narrower expectations of regulation than some other participants. They feel the GMC should ensure that patients are kept safe, and doctors are competent, while publishing standards and guidelines. They feel the GMC is meeting their expectations of a regulator.

Infospheres
Although they may still hear about the GMC via social media, this is less likely to influence their perceptions. While they do have some awareness of high-profile cases through the news and conversations with peers, these are not top-of-mind, or mentioned in the interview, suggesting this SAS doctor has a low association between these cases and their perceptions of the GMC.

Before coming to the UK

Awareness via peers and colleagues led to positive perceptions. They were less aware of the GMC when practising in their home country, but became more familiar when researching the move to UK practice. They found information on the GMC website, but also spoke with peers already practising in the UK. Peers told them it was clear and straightforward to register with the GMC, so they had early positive perceptions.

While practising in the UK

Awareness from the GMC through administrative interactions enhanced their positive perceptions. Their awareness increased throughout the registration process. They feel this process was very clear, having fully understood what information they needed to provide and were able to do this easily – thereby entrenching their positive perceptions of the GMC. They also felt that administrative communications were higher quality than those of the regulator in the country where they gained their primary medical qualification.

Ongoing perceptions

Awareness from the GMC directly about career progression continues to fuel positive perceptions. Now they have been practising in the UK for a few years, and have had conversations with peers and colleagues, they are aware of some negative perceptions others hold about the GMC, but they don't feel influenced by this. They have become aware, through a meeting delivered by the GMC, of the Portfolio Pathway route to becoming licensed on the specialist register and think it's a positive way to advance their career, which they associate with the regulator, leading to more positive perceptions. Otherwise, they do not think about the GMC very much. They are aware of occasional emails from the organisation and know they can easily access Good medical practice, which feels like a level of transparency and communication comparatively higher than regulation in their home country.

Composite case study 2: A recent UK medical graduate – low confidence in the GMC

"In the professional groups I'm part of there is a massive negative perception of the GMC when it comes to dealing with cases fairly." **Recent medical graduate, England, 25-34, Female – Not at all confident**

Expectations of regulation

They expect the GMC to ensure patient safety, while supporting and listening to doctors. They want to feel represented by their regulator and are particularly concerned by the feeling that the GMC has disproportionately investigated doctors from ethnic minority backgrounds. They have high expectations around the level of support they want to receive from public bodies, their union and the government, which also influences their expectations of regulation.

Infospheres

They have been studying and working within complex informational networks – getting a high level of information from a range of sources, including social media, where they are following high-profile cases and discussions around the regulation of PAs and AAs closely, and are influenced by other peoples' negative perceptions of the GMC.

First heard of the GMC prior to medical school

Awareness directly from the GMC led to more positive perceptions, complicated by negative perceptions from the news. They first heard of the GMC when preparing to interview for medical school. They came across Good medical practice and felt it was positive and clear, but simultaneously became aware of high-profile cases, such as that of Dr Bawa-Garba, which made them worried about personally facing racism in an FTP investigation and negatively impacted their perceptions. They became fearful of something similar happening to them.

During medical school

Increased awareness directly from the GMC in this instance has led to more negative perceptions. Their university gave them a better understanding of how the GMC functions. They recalled a visit from a GMC representative to their university who explained that the GMC existed to ensure patient safety. They were also told that they would have to inform the GMC of incidents such as parking fines or speeding tickets, which made them feel worried and disempowered, while starting to feel that the GMC did not represent them. At the same time, they were reading social media posts about FTP investigations involving doctors' conduct outside of work and beginning to feel more negative about the GMC and even more fearful of being involved in an investigation situated around their personal life.

After medical school and ongoing perceptions

Social media coverage around the regulation of PAs and AAs has contributed to more negative perceptions. More recently, they have become particularly concerned about the regulation of PAs and AAs. They are following discussions on X (Twitter) and with their peers and have several concerns about the regulation of these roles, to which they do not feel the GMC is adequately responding. They don't fully understand why the GMC has, as they see it, made the decision to regulate these roles and feel this further indicates the GMC isn't listening to doctors or representing the profession, something they feel the GMC should be doing now they pay a registration fee – they feel frustrated they are paying to be regulated by an organisation they don't feel represents their interests.

Composite case study 3: A fairly confident doctor licensed on the specialist register

"I expect it to keep the public safe by making sure doctors are appropriately trained, have continued training, and continue to be fit to practise." **Doctor licensed on the specialist register, Scotland, 55-64, Female – Very confident**

Expectations of regulation

They have quite thorough expectations of regulation, believing it is particularly important to continually review if doctors have the required knowledge, skills and experience to continue practising. They also suggested that ensuring patient confidence in doctors is part of the role of a regulator, which was less common amongst other participants.

Infospheres

They have smaller informational networks than other doctors – they're aware of some of the big headlines around high-profile FTP cases, but have their own opinions on these and don't regularly speak with colleagues about them. They have limited direct communications with the GMC outside of reading the occasional email but they are also an appraiser and are aware of the requirements from the GMC around appraisal.

First heard of the GMC in medical school

They had probably first heard of the GMC during medical school. However, they don't remember anything specific about what they might have heard at the time and say they didn't really have an opinion of the GMC at this point in their careers.

During postgraduate training

Still very little awareness of the GMC. Their interactions were limited, beyond registering to practise. They were still early in their career, so they likely would not have been thinking about the GMC at this point; they didn't hear very much unless they had directly reached out for some reason, and they weren't aware of any high-profile cases.

Mid-career, early consultancy

They noticed the GMC changing at this point in their careers with more frequent communications as there was a transition to receiving online and email communications over print communications. They felt that at this point, the GMC seemed to intentionally be trying to become more open and more communicative with doctors and the public. At the time, they did not think much of this, but looking back now they see how this fits into wider trends of public bodies moving to becoming more transparent and accountable.

Recent years, as a senior consultant

They understand how large an undertaking it is to regulate doctors and think that the GMC does a good job of meeting their expectations. They have recently started working as an appraiser and see how important it is for the GMC to be involved in appraisal and revalidation, believing some doctors practising in their specialty are not always of the highest standard. They are aware of some of the recent high-profile FTP cases from the news and are conscious that the GMC should be working to make sure FTP processes are impartial, but they also understand the GMC's responsibility to follow up on all cases that get referred to it and think it's appropriate to investigate all cases that might impact on the public's confidence in doctors.

Composite case study 4: A less confident doctor currently in specialist training

"Regulation is about making sure that healthcare services are safe for patients and offering guidance on best practice. Supporting doctors to ensure that they're well supported and able to practise in a safe manner." Doctor in training, **UK PMQ, 35-44, Female – Not very confident**

Expectations of regulation

They expect the GMC to set and enforce standards in healthcare, ensuring policies and procedures are safe in order to protect patients. They believe the GMC should provide doctors with support to make sure they are able to practise safely such as through providing Good medical practice and CPD but also through supporting doctors in their working environments.

Infospheres

They are likely to hear of and engage with the GMC directly through their specialist training such as annual appraisals and receive some direct contact with the GMC through teaching. They are also highly involved with social media, engaging with and researching high-profile FTP cases online.

First heard of the GMC during medical school

They first heard of the GMC towards the end of medical school when registering. They did not know of, or engage with the GMC much at this time, although they may have received a talk from a GMC representative during their studies. The main source of exposure they had to the GMC was through FTP investigations shown in the media. Talks from the GMC at university and media led to more negative, fearful perceptions of the GMC.

During postgraduate training and early career

They still had little awareness or engagement with the GMC at this time. Beyond registering for practice, they had limited interaction with the GMC due to being early in their career. The only time they engaged with the GMC was through staying updated with Good medical practice and updates in regulation. They still received most information about the GMC through the media during this time.

During specialist training and ongoing perceptions

They have more exposure to the GMC now through their specialist training, through appraisals and staying up to date with Good medical practice. Because of this, they have an increased understanding of the help and support the GMC can provide. Beginning to work with non-medical professionals has helped them view the GMC from an outside perspective and understand how fearful doctors can be of the regulator. This has also helped them acknowledge that it can be difficult to balance regulating while simultaneously supporting doctors. However, they regularly use social media to connect with other doctors and hear many negative opinions online that they agree with, particularly about the GMC's regulation of PAs and AAs and FTP outcomes. Social media is still the primary way they hear about the GMC, despite now engaging more with the Good medical practice guidelines.

Composite case study 5: A newer, less confident RO

"They are required to set standards and communicate those standards widely to people, as the GMC does. And there needs to be a regulator that judges people by those standards and that's the aspect of the GMC work that I don't think they do very well" **RO, UK PMQ, England, 55-64, Male – Not at all confident**

Expectations of regulation

They view the GMC as having a responsibility to ensure safety and care is provided for patients through making sure doctors are providing an adequate service. While they believe protecting patients is a priority, the GMC also has a duty to protect the professionals it regulates. FTP investigations are considered important to ensure a standard of care is maintained, the GMC could support doctors by reducing the length of FTP processes and discrepancies in outcomes. They feel concerned that patient safety could be compromised with the regulation of PAs and AAs.

Infospheres

They tend to hear information from the GMC due to having a higher level of direct communication with them compared to other doctors due to their role and involvement in clinical governance and standards. They are also likely to hear information through the media around high-profile FTP cases which are likely to change their opinions of the GMC and lead to more negative perceptions.

First heard of the GMC during medical school

They first heard of the GMC during medical school. They were less aware of the role of the GMC at this time and felt they were more distant than they are today. This led to more fearful perceptions of the GMC being a "looming" or "policing" regulator who just hold the power to get doctors struck-off. The GMC were viewed as a body to keep at arm's length and avoid getting involved with.

Early to mid-career

Limited interactions with the GMC led to more neutral perceptions as this was prior to them becoming an RO. They told us that during this stage of their career they had very little interaction with the GMC, sharing that at this time the GMC did not offer the training and guidance it does now. They only really heard about it from colleagues facing FTP investigations.

Late career as an RO

Increased interactions with the GMC due to moving into the role of an RO increased their awareness of the GMC, however recent high-profile cases in the media have led to negative perceptions. They find regular meetings with the GMC and their ELA helpful for seeking advice and support. Recent news coverage of FTP outcomes in the media led to concerns about doctors potentially facing inappropriate sanctions and about discrepancies in outcomes between different cases, particularly when regarding doctors from ethnic minority backgrounds.

Recent perceptions

They've recently personally been involved in a few FTP investigations and were disappointed in the outcomes. They had seen the headlines about previous FTP investigations but had not had any direct interactions with an FTP investigation outcome that they disagreed with until recently. They felt that the GMC had an inconsistent approach to the cases that were pursued and the outcomes that were reached. Direct communication from the GMC in this instance led to more negative perceptions.

AREAS TO FOCUS ON

The first stage of the research asked survey respondents to select the areas in which they felt the GMC should focus more attention. This interview stage followed up on participants' survey responses to better understand why they had selected certain areas as a priority and what impact these had on their perceptions of the GMC.

Reducing the length and impact of fitness to practise investigations

A common area that participants selected in the survey was the GMC focusing more attention on 'reducing the length and impact of fitness to practise investigations'. This is unsurprising, given many of participants' negative perceptions, noted throughout this report, stemmed both from a fear that they may be involved in an FTP investigation and a concern that the GMC was not appropriately impartial during these.

Some participants suggested that a better understanding of how and why FTP investigations take place, alongside communications with registrants around the metrics used to determine whether an investigation is taken forward, might help them feel less afraid of being involved in an investigation themselves. Participants mentioned how better communication from the GMC – by which they tended to be referring to more frequent communication and regular updates on an investigation's progress – would contribute to an investigation feeling less daunting and more compassionate.

Crucially, some participants said they wanted, and were not currently aware of, clear and straightforward communications around any changes happening here – for example, a newsletter round-up of priorities for the years ahead and any current changes or a clear email linked to FTP investigation processes. This priority area was often linked to participant expectations that the GMC should maintain standards but also listen to doctors, respond to their needs and support them by understanding their contexts and challenges.

It's something everybody is terrified about, and in reality most people will never see, but it could destroy your life potentially… and it may be just because three people have got together and decided to complain at the same time, and that's awful.

Doctor on the specialist register, UK PMQ, Wales, 35-44, Male – Not very confident

Monitoring and taking steps to mitigate bias

Another key area to focus on commonly selected in the survey was 'monitoring and taking steps to mitigate bias'. Many interview participants highlighted this, particularly those who perceived the GMC to disproportionately impact doctors from ethnic minority backgrounds in its FTP investigations. They felt that this should clearly be a priority for the GMC, given the high number of IMG doctors practising in the UK. They felt it was crucial to ensure doctors were not being unfairly investigated, as this led to more fear and scepticism of the GMC.

Several doctors from ethnic minority backgrounds took part in the interviews, with both UK and international PMQs, and many were particularly fearful that they would be unfairly targeted or scapegoated if an investigation were to take place. This not only impacted confidence in the GMC, but also trust in regulation more generally. This linked to their expectation that the GMC should understand doctors and their contexts.

There's been a lot in the press about potential racial bias in some of the fitness to practise hearings. And I think that's obviously really important. For people to have confidence in the regulator, there needs to be no suggestion or evidence that there's any racial bias in any of their processes.

Doctor on the GP register, UK PMQ, England, 25-34, Male – Not very confident

Using its influence to improve working conditions

Survey results revealed that the GMC 'using its influence to improve working conditions' was a high priority area for doctors, medical students and ROs so interviewers asked questions around this regardless of whether interview participants had selected it in the survey.

Linked to regulatory expectations that the GMC should be responding to challenges and reflecting the profession, many doctors felt that the regulator could be doing more to improve working conditions. Some noted that the GMC's duty to ensure public safety would particularly be met by improving working conditions and environments, as poor working environments could more easily lead to risks to patient safety.

Identifying this as a priority area seemed to be, for some participants, linked to their expectation that the GMC's regulatory role included supporting doctors and systems. There were various examples of the influence some participants would like the GMC to exert on working environments, which were both individual and system-based. For example, some felt the GMC could be firmer in its expectations when communicating with trusts and employers to ensure there was sufficient space and time for doctors to rest and eat, as well as having office space for administrative work. More macro examples included ensuring there are always the appropriate number of people on wards, with the right levels of seniority. Some noted the GMC had previously been involved in delivering the working hours directive and this seemed to indicate to them that it was possible for the GMC to be involved in making improvements.

Additionally, for participants who selected this option in the survey, there was a sense that doctors could not work to safe standards in some current working environments, thereby compromising patient safety. This seemed to them to mean that working environments were an area the GMC should have a role in influencing.

Becoming an effective multiprofessional regulator

All interview participants, regardless of whether they had selected the option as an area to focus on in the survey, were asked their thoughts on the GMC 'becoming an effective multiprofessional regulator'. Most participants understood the phrase as referring to the regulation of PAs and AAs, although a smaller subsection of the sample seemed less aware of conversations around this.

Some participants said they had not selected this as a priority area in the survey as they did not want it misconstrued as agreement with the decision to regulate PAs and AAs. Conversely, some participants said they *had* selected the option because they similarly were concerned about the GMC's future of regulation for these roles. There were generally negative views expressed about this, amongst those who were aware, and this was a key theme, alongside fear of FTP investigations, which contributed to worsening or negative perceptions of the GMC.

Participants also expressed many concerns around the impact that regulation of these roles would have on the GMC, on doctors and on healthcare systems. Some deemed it unfair to both doctors and PAs and AAs, as responding to and regulating different professions might mean none quite receive the required attention. Some participants referenced 'blurring the lines' between doctors and other roles, potentially eroding the reputation and value of the profession. Also mentioned were issues of pay scales in comparison to junior doctors, alongside the confusion for patients and the public over who was treating them. Overall, participants felt this was a key example in which the GMC was not perceived to be listening to doctors or reflecting the needs of the profession.

Participants from across the sample, including ROs, seemed concerned with the regulation of PAs and AAs. For some, there was confusion around why the GMC had, in one participant's words, 'made the decision' to regulate these roles. For others, the GMC's messaging around the government requiring the GMC to regulate PAs and AAs indicated that it was not appropriately representing the needs of the profession and was unduly influenced by political imperatives.

A small number of participants who stated their confidence in the GMC hadn't been impacted by the regulation of PAs and AAs usually said this was because they felt these roles should be regulated and weren't sure who else should do it, or were working with a PA now and felt this was a positive experience so were torn about whether the GMC's regulation of PAs and AAs would have a negative impact on themselves or the healthcare system.

CONCLUSIONS

Conclusions

Expectations of regulation vary and influence perceptions of the GMC

The standard functions of the GMC's regulation of doctors were largely felt to be delivered effectively – participants stated that they were confident in the organisation's capacity to check doctors were fit to practise, maintain the register and provide up-to-date standards and guidelines.

Participants whose expectations of the GMC were linked closely to these functions were therefore more confident in the organisation, and more likely to have positive perceptions of the regulator overall.

Participants with broader expectations of regulation, who primarily wanted the GMC to do more to support doctors, tended to be less confident. Some felt that paying for registration meant that the GMC had a responsibility to represent doctors, listen to them and improve working conditions. This was sometimes linked to an overall expectation the organisation should ensure patient safety by supporting doctors.

The GMC's role in upholding public confidence was not front-of-mind for most doctors, although some did later note that it is important for patients and the public to be confident in doctors and the healthcare system. Fitness to practise investigations related to doctors' conduct, rather than patient safety, with a potential impact on public confidence in the profession were most likely to be mentioned as evidence from participants of the GMC not meeting their expectations.

The working contexts of different registrant types did impact perceptions, but were not more influential than other factors

The survey results showed that different registrant types had differing levels of confidence. In the interviews, several themes emerged based on registration type. For example, SAS doctors had higher levels of confidence, perhaps due to being more likely to be an IMG. Specialist doctors' may have varying levels of confidence depending on their specialty – the related challenges or high-profile cases linked to their speciality may influence their perceptions of the GMC. Responsible Officers had varying levels of confidence that seemed to stem from the same influencing factors as other doctors, rather than being directly related to their role as an RO.

Concerns around the GMC's handling of FTP investigations was a key factor in influencing overall confidence in the regulator

Negative perceptions typically stemmed from concerns around FTP investigations. Many participants, particularly recent medical graduates, younger doctors, GPs and doctors from an ethnic minority background, communicated that they were afraid of being involved in an investigation that may go on for a long time, disrupting their lives and their families'. This fear created negative perceptions of the GMC, exacerbated by a belief that the organisation was racist and inconsistent in the outcomes it reached and its decision to pursue cases further. Participants didn't typically identify fairer referrals as an area for the GMC to focus on, but rather wanted to see the GMC more quickly dismiss cases that did not pose a risk to patient safety.

The regulation of PAs and AAs particularly concerned participants

Alongside concerns around FTP investigations, the second most influential factor in participants' perceptions of the GMC were their opinions on the regulation of PAs and AAs. Some participants were very strongly opposed to this – sometimes arising from confusion and frustration over why the organisation has, in their perspective, made the decision to regulate PAs and AAs, which led to participants perceiving that the GMC does not listen to doctors' concerns. When the government was cited by participants as a reason for the GMC regulating PAs and AAs, this still led to negative perceptions, as it demonstrated to participants that it was unduly influenced by outside factors – rather than representing the profession and prioritising doctor's concerns, which they expected their regulator to do.

Influencing informal and online communications channels may support with perceptions

Participants were operating within complex informational networks – hearing information about the GMC from a range of sources that interacted with each other. The more complex the informational network, the less confident they tended to be in the GMC. This seemed largely to be because the information changed and evolved across networks, influenced by a wider range of opinions, but it also speaks to other factors. Those who existed within more complex informational networks may have greater expectations of the GMC and hear information about the organisation from sources with similar expectations, who also feel it is not meeting these.

High-profile FTP cases such as that of Dr Bawa-Garba were widely cited as a turning point in some participants' perceptions of the GMC. They felt that their perception of an unfair outcome in this case contributed to their sense that the organisation wasn't sufficiently mitigating biases in its FTP investigations, did not understand the working conditions and environments that many doctors were practising in, and led them to feeling afraid of being involved in an investigation themselves.

Participants wanted more communications from the GMC, specifically around FTP processes. For example, they wanted to receive more regular updates from the GMC during an ongoing investigation. Most participants had not been involved in an investigation, but had heard there was insufficient communication from the regulator during this process. Many participants also wanted to hear more from the organisation about the work that was underway to ensure that FTP processes were fair, impartial and that a compassionate approach was being taken to communicating with those involved. Some noted it was possible the GMC was already doing some work here, but that they were not familiar with it and this could be leading to a perceptions lag – where the work the GMC may be doing to address some doctors' concerns was not yet widely known and had not yet made its way into influencing the complex informational networks where participants were hearing about the organisation.

APPENDICES

Appendix A. Profile of respondents

Age	Recent medical graduates	Doctors	ROs
18-24	5	0	0
25-34	4	7	0
35-44	0	6	3
45-54	0	2	2
55-64	0	5	3
65+	0	0	4

Table 5. Age – Recent medical graduates, Doctors, ROs

Region	Recent medical graduates	Doctors	ROs
Southeast of England	0	2	0
Southwest of England	1	2	2
Northeast of England and Yorkshire	0	2	1
Northwest of England	3	3	0
Midlands	1	2	0
London	1	2	3

Table 6. Region – Recent medical graduates, Doctors, ROs

Gender	Recent medical graduates	Doctors	ROs
Female	5	9	4
Male	4	11	5

Table 7. Gender – Recent medical graduates, Doctors, ROs

PMQ area	Doctors
UK	11
EEA	3
Outside UK & EEA	6

Table 8. Location of PMQ – Doctors and ROs

Ethnicity	Recent medical graduates	Doctors	ROs
White – English, Welsh, Scottish, Northern Irish	2	8	8
Any other White background	2	2	0

Asian or Asian British – Indian	2	2	0
Asian or Asian British – Pakistani	1	1	0
Asian or Asian British – Any other Asian / Asian British background	0	1	0
Black, African, Caribbean or Black British African – African	2	4	0
Mixed ethnic background – White and Asian	0	0	1
Any other mixed ethnicity background	0	2	0

Table 9. Ethnicity – Recent medical graduates, Doctors, ROs

Appendix B. List of survey questions reviewed for sampling

List of questions
How confident are you in the way the GMC regulates doctors?
GMC trust statements: a) I trust the GMC to register doctors who have the right qualifications and skills b) I trust the GMC to check that doctors are up to date and safe to practise c) I trust the GMC to protect the quality of doctors' training and education when there are concerns d) 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
GMC perception statements: a) The requirements the GMC places on me as a doctor are reasonable and proportionate b) The GMC is helping to tackle workplace issues experienced by doctors **Information sources** Where do you mostly tend to hear information about the GMC? Of the options you selected, which do you feel is the most common way you tend to hear information about the GMC?
To what extent do you agree or disagree with the following phrases as descriptors of the GMC? a) An effective regulator b) A relevant regulator c) A compassionate regulator
For doctors only:

Are you a recognised trainer or appraiser?

For ROs only:

Do you feel that your overall working relationship with the GMC is…?

How, if at all, has your relationship with the GMC changed over the last 12 months? Would you say it is…?

What would improve your confidence in the GMC?