

# Public Confidence Thresholds Research – main report

Research for the General Medical Council  
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community  
research

*Bringing the voices of communities into the heart of organisations*



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# 1. Executive summary

## 1.1 Introduction

The General Medical Council (GMC) works with doctors, physician associates (PAs), anaesthesia associates (AAs), patients, and other stakeholders to support good, safe patient care across the UK. It sets the standards doctors, PAs, AAs and their educators need to meet, and helps them achieve them. If there are concerns these standards may not be met or that public confidence in doctors, PAs, or AAs may be at risk, the GMC can investigate, and take action if needed.

The GMC commissioned this research to test and explore the public's view on cases where there are no patient safety issues and the basis for considering regulatory action is to maintain public confidence in the professions they regulate e.g., cases involving dishonesty, violence, use of social media/freedom of expression and criminal behaviour. These cases are less well understood than those where there are patient safety issues and can give rise to feedback to the GMC from a wide range of viewpoints. This research aims to support the GMC to better understand the public's views on where the thresholds should sit in public confidence cases, both in terms of their thoughts on hypothetical scenarios, but also more broadly to understand why the public holds those views.

## 1.2 Approach

To meet the research objectives effectively, a programme of qualitative and quantitative research was undertaken with patients and the public. The quantitative element (a survey of over 2,000 respondents) provided the required level of statistical robustness for the research, meaning that there is a high level of confidence that the findings reflect the views of the wider general public. Quotas were set to ensure that the sample was representative in terms of age, gender, socio-economic group and UK country/English region. The qualitative phase (comprising 12 live discussion groups preceded by an online forum) was instrumental in informing the design of the survey questionnaire and refining the scenarios to ensure they were easily understood by respondents. It also provided an in-depth insight that no fully structured questionnaire could ever have achieved.

A series of eight scenarios were used to explore the complex issues that arise in public confidence cases. These scenarios were developed based on the types of concern that the GMC commonly receives and selected to reflect cases where there are shades of grey i.e. nuanced and requiring some consideration. They were not based on individual, specific cases but instead were an aggregation of a number of typical examples. The scenarios (which nearly all took place outside of the workplace are provided in full [here](#)) and focussed on concerns relating to:

- **Dishonesty** - fraudulent use of a disabled Person's railcard (Scenario [A](#)) and the fraudulent claiming of expenses (Scenario [B](#))
- **Violence** – a physical fight (Scenario [C](#)) and domestic abuse (Scenario [D](#))



- **Social media** – expressing views causing serious offence on social media (Scenario [E](#))
- **Criminal behaviour** – an acquittal following a sexual assault charge (Scenario [E](#)); a prison sentence following a conviction for breaching the peace while protesting (Scenario [G](#)) and the expression of extremist views at a public rally (Scenario [H](#))

In both the qualitative and quantitative research, people were asked to rate their level of concern for each scenario, selecting either high, moderate, low or no concern at all. The question specified they should indicate their level of concern “in terms of the GMC’s duty<sup>1</sup> to maintain public confidence in the professions they regulate”, rather than in any personal sense as a potential patient of the registrant (doctor, PA, or AA). However, in practice some respondents conflated the two.

People were then asked to indicate what, if any, action the GMC should take in each scenario. They had previously been given an explanation of the possible GMC actions and were asked to choose between the following five options: no action; warning; supervision / restriction; suspension or strike off. Information on how these were presented to respondents in the survey is shown [here](#).

### 1.3 Context/public starting point

Just over two-thirds (67%) of survey respondents were aware of the GMC prior to taking part in the research. The majority of respondents agreed or strongly agreed (82%) that the vast majority of registrants can be trusted to follow the professional standards expected of them and 79% agreed or strongly agreed that they felt confident that the GMC would take action against registrants if their behaviour fell seriously below the professional standards expected of them. Males, those over 50 and those from higher socio-economic groups were more likely to have heard of the GMC and, correspondingly, to be confident that the majority of registrants adhere to professional standards. A majority of respondents (85%) also agreed with the statement ‘It is important to me that the behaviour of the GMC’s registrants outside the workplace (as well as at work) would be in keeping with the professional standards expected of them’. Those aged 50+ were more likely to strongly agree with this sentiment than younger age groups.

### 1.4 Overall response to the scenarios

Across all eight hypothetical scenarios shown to respondents in the survey there were at least some respondents at either end of the concern scale and/or severity of action scale in every case. This reflects the grey nature of the cases presented. From the qualitative research, it was evident that a multitude of factors influenced the responses to the hypothetical scenarios, in complex and nuanced ways. Whilst some empathy towards registrants was shown, it was very apparent in the qualitative discussions that there was a tendency for participants to hold registrants to a higher standard than the

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<sup>1</sup> Whilst the research refers to a duty to uphold public confidence, this is more accurately described as a statutory objective



population as a whole. This was because participants felt their professional position meant they should act as role models. Furthermore, personal values/belief systems, life experience and perceptions of justice, the legal system, police and government all influenced participants' views, sometimes leaving participants feeling quite conflicted about their responses.

Some clear patterns did emerge and there was consistency between the qualitative and quantitative feedback. In the quantitative research, the scenario about a fight with a friend (C) attracted the lowest levels of concern overall and also the softest sanctions. The scenarios about the registrant who received a prison sentence for actions taken while protesting (G) and the registrant who expressed extremist views (H) had the highest proportion of respondents indicating that the registrant should be struck off the register.

However, whilst there was a relationship between levels of concern and the GMC action chosen, participants who expressed the highest level of concern about a scenario did not automatically indicate that they thought the GMC should implement a severe sanction and vice versa. For example, there were relatively high levels of concern about the domestic abuse scenario (Scenario D), however the proportion of respondents selecting a stringent sanction was relatively low. The converse was true for Scenario G about the prison sentence arising from actions taken while protesting where there were low levels of concern compared to some of the other scenarios but higher proportions of respondents choosing a more serious GMC action. In some scenarios (A, B, and E), the most commonly suggested action was a warning in spite of overall concern levels being fairly high.

Some members of the public chose supervision or practice restrictions as the most appropriate GMC action. This was especially in response to Scenarios D, F, and H where there were numerous suggestions that the registrant should only see patients with someone else present. This is notable as the GMC does not generally use these types of conditions in non-clinical cases.

In the qualitative discussions, Scenarios C and E, there was a spontaneous call for a sanction that fell between no action and a warning i.e. where respondents wanted the GMC to act but felt that a formal warning on the public record was not warranted. A similar call for something akin to an informal warning was also noted in some of the open comments from the survey.

## 1.5 Aggravating and mitigating factors

Survey respondents were also asked to consider a list of different factors and indicate the extent to which each should be viewed as either aggravating or mitigating factors by the GMC. Overall, there was stronger public support for aggravating factors (i.e. reasons for the GMC to take a firmer approach) than for mitigating factors (i.e. reasons for the GMC to take a softer approach). There was a tendency for both females and respondents aged over 50 to be more likely to express an opinion that the aggravating factors should make the GMC much firmer in their approach.



Behaviour that seemed to be part of a pattern was the most frequently endorsed aggravating factor (89% of respondents indicated that they felt that the GMC should take a bit firmer or much firmer action if the registrant has done similar things before). This was also borne out by the qualitative research. Repetition was felt to exacerbate the issue because it suggested engrained behaviour (dishonesty scenarios), problematic behaviours that the registrant is unable to effectively control (violence scenarios) and/or problematic actions that the registrant has actively decided to take regardless of the consequences (Scenario [G](#) protest).



## 2. Background, objectives and methodology

### 2.1 Background

The GMC is required by the Medical Act 1983 (the Act) and the Anaesthesia Associates and Physician Associates Order 2024 (the Order) to protect the public. The Act and the Order split public protection into three distinct but related parts. It says that the GMC must act in a way that:

- protects, promotes and maintains the health, safety and wellbeing of the public.
- promotes and maintains public confidence in the profession.
- promotes and maintains proper professional standards and conduct for members of the profession.

When the GMC receives a concern, they are legally required to assess if the doctor, AA or PA may pose any current and ongoing risk in relation to one or more of the three parts of public protection. A risk to public confidence will arise where a doctor, PA or AA behaviour undermines, or is capable of undermining, the confidence that a fully informed and reasonable member of the public places in the GMC-regulated professions. This threshold can be met in relation to conduct outside of a professional context, but there should be a realistic likelihood the behaviour would damage public confidence. Public confidence cases commonly include allegations of violence, dishonesty, inappropriate use of social media and alleged, or actual, criminal behaviour.

The research will provide an evidence base to support a proportionate approach whereby the GMC only investigate, and take action, if a registrant's behaviour poses a genuine risk to public confidence in their profession.

In 2019 similar research<sup>2</sup> with the public and patients was conducted to support the independent review of gross negligence manslaughter and culpable homicide. Whereas the current research explored patient and public expectations of regulatory processes after a practitioner has been convicted of a criminal offence.

### 2.2 Research objectives

The research aimed to better understand the public's views on where the thresholds should sit in public confidence cases, both in terms of their thoughts on hypothetical scenarios, but also more broadly to understand why the public holds those views.

Consideration was given to the following research questions:

- RQ1: To what extent are the public aware of and understand the GMC's obligation/requirement to investigate and where appropriate take action in public confidence cases?
- RQ2: In which specific circumstances/types of public confidence cases do the public think the GMC should investigate/not investigate and take action/not take action?

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<sup>2</sup> [Promoting and maintaining public confidence in the medical profession - GMC](#)



- RQ3: In the cases where the public think the GMC should act, what are their views on what outcome would be appropriate to maintain public confidence in the professions?
- RQ4: What factors drive the perception of seriousness in public confidence cases?
- RQ5: Are there other ways that the public think the GMC should fulfil their statutory duty to maintain and uphold public confidence in the professions they regulate?

## 2.3 Methodology

### Overall approach

To meet the research objectives effectively, a programme of qualitative and quantitative research was undertaken. The quantitative element provided the required level of statistical robustness for the research and the qualitative research provided an in-depth insight that no fully structured questionnaire could ever have achieved. Conducting the qualitative research before the quantitative phase allowed for the hypothetical scenarios used in the survey to be revised and refined. Both elements of the research were informed by a rapid literature review (see separate document) which informed both the sampling and recruitment, as well as the initial development of scenarios to be used in the research.

These scenarios were developed based on the types of concern that the GMC commonly receives and selected to reflect those where there are shades of grey i.e. they are nuanced and requiring some consideration. They were not based on individual, specific cases but instead were an aggregation of a number of typical examples. The order in which the scenarios were shown to the public was rotated in both qualitative and quantitative stages to mitigate against that order influencing responses.

All scenarios were presented in the research as sex and gender neutral – they did not specify whether the registrant was male or female. Facilitators were also careful to ensure they used gender neutral language in talking about the scenarios. However, in many cases, participants automatically assumed the registrant was male, and this is sometimes reflected in direct quotes from participants.

The scenarios used in the quantitative survey are shown in Table 1 below:

**Table 1: Scenarios used in the quantitative research**

#### Dishonesty scenarios

A	Registrant A, who is not disabled, is caught using a relative's Disabled Person's Railcard to make a discounted train journey. Following further investigation, it is apparent they have done this repeatedly. In all, they have avoided payments of £310 across a number of journeys over the last 2 years. They later plead guilty to fare evasion at a Magistrates' court.
B	The GMC has received a referral from the hospital that employs Registrant B notifying them that Registrant B intentionally claimed too much money back for travel and accommodation expenses when they stayed at a recent medical conference. Whilst their actual claim should have been £275, they claimed and received £600 from their NHS employer.



### Violence scenarios

C	On a weekend away with a group of friends, Registrant C gets into a physical fight with one friend, after the group has been drinking alcohol. The police had to intervene though no-one was arrested or charged. Registrant C's friend had some minor injuries that were treated at the scene.
D	Registrant D has behaved in a verbally and physically aggressive manner towards their spouse including shouting at and throwing a dinner plate at them; pushing them out of the way and then slamming the door in their face. Although the police attended the family home following reports of a disturbance, no criminal charge or conviction has resulted from Registrant D's behaviour as the spouse did not wish to make a formal statement. The GMC must now make their own assessment of whether they need to take any action.

### Social media scenario

E	Several complaints are received by the GMC about views that Registrant E has expressed on social media about the conflict in the Middle East. The comments used offensive language to express Registrant E's opinions about the conflict from a particular perspective. Whilst the comments did not meet the definition for criminal conduct, social media responses show that they have caused serious offence to a large number of people. It's clear to anyone viewing Registrant E's social media account that they are currently registered with the GMC and working in the United Kingdom.
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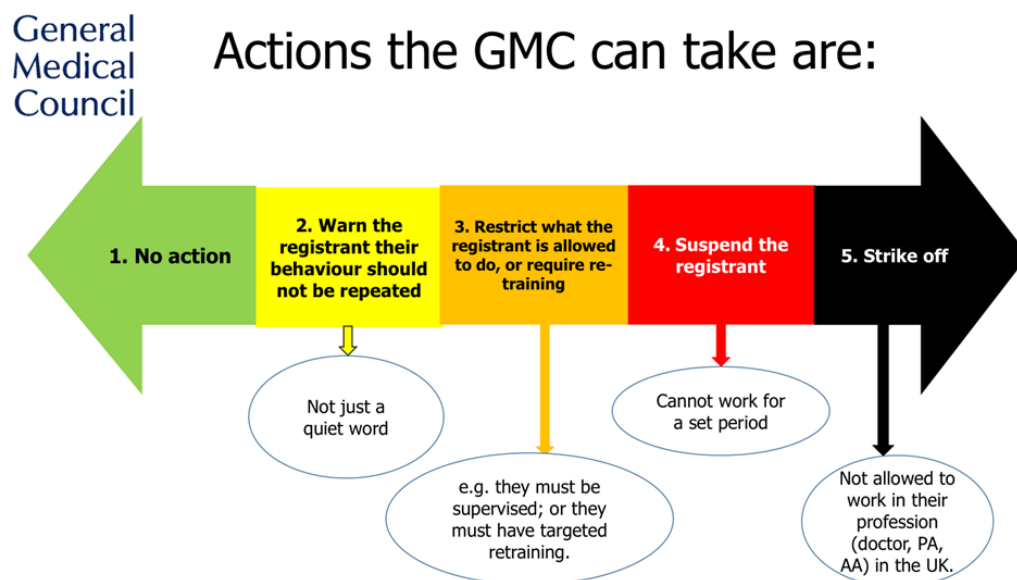
### Criminal scenarios

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

The scenarios were amended over the course of the research project in order to ensure that they were unambiguous and to clarify any misunderstandings that became apparent in the discussion groups. These changes largely focussed on the inclusion of more explanation of the relationship between police, legal and GMC action and the removal of some information which caused participants to make certain assumptions about the hypothetical scenarios. The full set of scenarios used for both the qualitative and quantitative research elements can be found in the Technical Appendices. This includes a description of how the scenarios were amended over the course of the research project.



In both the qualitative and quantitative research, participants were asked to decide individually what action they would expect the GMC to take in this scenario (based on limited information). In the survey, respondents were shown the diagram overleaf which illustrated five possible GMC actions to choose from:



Participants were then introduced to a series of mitigating and aggravating factors ('what ifs') to gauge the impact of these factors on their expectations of regulatory action. In the survey, these attitudinal questions were asked after respondents had reviewed all the scenarios so that they were basing their responses on a firmer understanding of the topic in question. The scenarios presented could, therefore, have had an impact on respondents' views of mitigating and aggravating factors.

### Qualitative approach

Community Research undertook a series of eight face to face and four online focus groups across the four countries of the UK; each lasting two hours. The sample was designed to obtain the views of a cross-section of the public, in terms of age, ethnicity, socio-economic grade (SEG), and frequency of visiting the doctor. These groups were conducted between the 13<sup>th</sup> and the 28<sup>th</sup> May 2025.

Separate groups were conducted by sex, given the need to explore any sex-based differences in the response to the scenarios and the sensitivity of the subject matter. Separate groups were also conducted by age as this was identified in the rapid literature review as a possible determinant of views.



**Table 2: Face to face qualitative sample**

	Age	Gender	Location
1	18-29 years	Male	Glasgow
2	18-29 years	Female	Leicester
3	30-49 years	Male	London
4	30-49 years	Female	Newcastle
5	50-69 years	Male	Cheltenham
6	50-69 years	Female	Belfast
7	70+ years	Male	Llandudno
8	70 + years	Female	Norwich

In addition to seeking the view of a cross section of the public, there were specific online focus groups conducted with:

- Individuals living in rural areas.
- Individuals living with long term health conditions.
- Individuals who have previously raised a complaint about a medical professional.

The full rationale for the sample design can be found in the Rapid Literature Review (see separate document) and a complete breakdown of the qualitative sample is detailed in the Technical Appendices.

The live discussion groups were preceded by participants completing a series of activities in an online forum. This involved reviewing the scenarios, rating them in terms of perceived seriousness and level of concern and explaining those ratings. The online forum, conducted a week before the live groups, gave participants an opportunity to consider and reflect on the scenarios presented to them.

The two-hour focus groups followed a semi-structured discussion guide (provided in the Technical Appendices), which included the exploration of the scenarios. These scenarios were rotated across the groups, in order to mitigate against order bias.

### Participant recruitment

An independent specialist market research recruitment agency, [Acumen Fieldwork](#) recruited a diverse spread of members of the public to the agreed specification. These participants were either 'free found' via their network of recruiters or, in the case of more specific audiences, via a nationwide database of individuals who had actively signed up to take part in market research studies.

### Quantitative approach

An online survey was conducted with a nationally representative sample of 2,018 members of the public across England, Scotland, Wales and Northern Ireland. Community Research was responsible for the survey design and analysis of the data; whilst the data collection, survey mechanics and sample management was managed by [Yonder Data Solutions](#).



### Respondent recruitment

The quantitative survey of 2,018 members of the public was conducted via Yonder Data Solutions' panel of approximately 100,000 active panel members. Quotas were set by the four countries in the UK to ensure that the findings are nationally representative of the public at large. The sample size in each country within the UK was as follows:

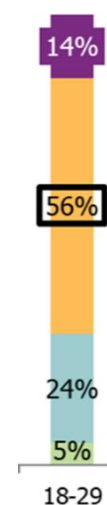
- England - 801
- Scotland - 504
- Wales - 506
- Northern Ireland - 207

The size of the samples in Scotland, Wales and Northern Ireland were boosted to ensure that analysis by each country would be possible. The total sample data was then weighted to ensure that results were nationally representative for the UK as a whole.

Quotas were set to ensure that the sample was representative in terms of age, gender, socio-economic group and (in England only) region. The proportions applied to the quotas were provided by Yonder Data Solutions in line with their standard approach to polling for nationally representative samples in the UK.

The quantitative survey results come from a sample of 2,018. For a question where 50% of a sample responds with a particular answer, the chances are 99 in 100 that this result would not vary more than + or – 3% from the result that would have been obtained from a census of the entire adult population of the UK. Strictly speaking, these tolerances apply only to random samples with an equivalent design effect. Although the Yonder panel itself is non-random, given that we are sampling a random group within this, it is accepted statistical and industry practice to treat the sample as random and apply the confidence interval tests as described.

Different groups within a sample (e.g. males and females) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant though. Throughout the analysis of the survey data we tested if a difference in results between two sub-groups within the sample was a statistically significant one, at the 95% confidence interval. Unless otherwise stated, we have only reported on differences which are statistically significant compared to the total sample and / or to all, or most, other sub-groups within the same demographic category (i.e. where the response from 18-29 year-olds is significantly different to the response from all or most other age groups). Such differences are highlighted in the charts with a black outline, as shown in the example to the right of this text. Where differences are not significant at this level they have not been drawn out within the findings. Again, strictly speaking the tests for significance apply only to random samples, but in practice they are used as a helpful rule of thumb to decide whether findings should be highlighted or not.



Percentages that derive from base sizes of less than 100 participants should be regarded as indicative. Where percentages do not sum to 100, this may be due to respondents being able to give multiple responses to a question or to computer rounding.

The survey resulted in a large amount of data being available to the GMC. A full outline of the questionnaire with weighted results for the total sample is provided in the Technical Appendices (see separate document).

## 2.4 Notes on reading the report

Throughout the report, members of the public who took part in the qualitative phase are termed 'participants' and those who took part in the quantitative phase are termed 'respondents'.

It should be noted that the report refers to 'registrants' to include, as well as doctors, physician associates and anaesthesia associates (who were not regulated by the GMC until 13th December 2024). This terminology was explained to participants and respondents at the start of the research process. However, in many cases, participants reverted to referring to doctors, and this is sometimes reflected in direct quotes from participants.

Throughout the report, direct quotes have been included to illustrate particular viewpoints and do not always represent the views of all respondents and participants. The quotes are anonymised. Quotes from in-person discussion group participants are attributed according to the demographics of the group. This includes sex, age and location. Quotes from online focus group participants are attributed according to their sex and their status as people with long-term conditions, people living in a rural area or people who have previously made a complaint about a healthcare professional.

Whilst every effort was made to ensure that a broad cross section of the general public is reached, including the payment of incentives, there is an inherent risk with all research that those individuals who actively choose to participate have different views to those of the population as a whole.

Readers should note that the different research formats have implications for interpretation of the findings, particularly in the context of such a complex subject matter:

- In focus groups, participants had two hours to consider the issues and discuss them in depth, in addition to the time spent considering the issues in the online forum which preceded this. They were also able to listen to others' perspectives and develop their own views.
- In the quantitative research, participants were answering an online survey individually, and did not have the opportunity to hear others' views on the issues.
  - The signs are that survey respondents were highly engaged in the subject matter as, on average, respondents took 21½ minutes to complete the survey (which was timed at 15 minutes when programmed based on the number of questions).



There was limited drop-out and no complaints about the length of the survey in spite of it taking longer to complete than a typical online survey. This suggests that the vast majority of respondents were taking their time to consider the issues and their answers. Also, analysis of the verbatim comments suggested careful and detailed consideration of the scenarios and issues from most respondents.

It should, therefore, be noted that the findings in this report are based on the views of people who have considered the issues in greater depth, for more time, and with more information than members of the public who consider the issues in the course of their day-to-day lives. The wider general public's views may often be based solely on media headlines rather than more detailed information.

The Bawa-Garba case<sup>3</sup> reaffirmed the previous case law principles that public confidence in the profession must reflect the views of an "informed and reasonable member of the public" and that public confidence must be assessed by reference to the standard of "the ordinary, intelligent citizen who appreciates the seriousness of the proposed sanction, as well as the other issues involved in the case". This makes the results useful and relevant in terms of informing GMC decisions, albeit not necessarily representative of a less informed public view.

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<sup>3</sup> <https://www.judiciary.uk/wp-content/uploads/2018/08/bawa-garba-v-gmc-final-judgment.pdf>



## 3. Context/public starting point

### Section summary:

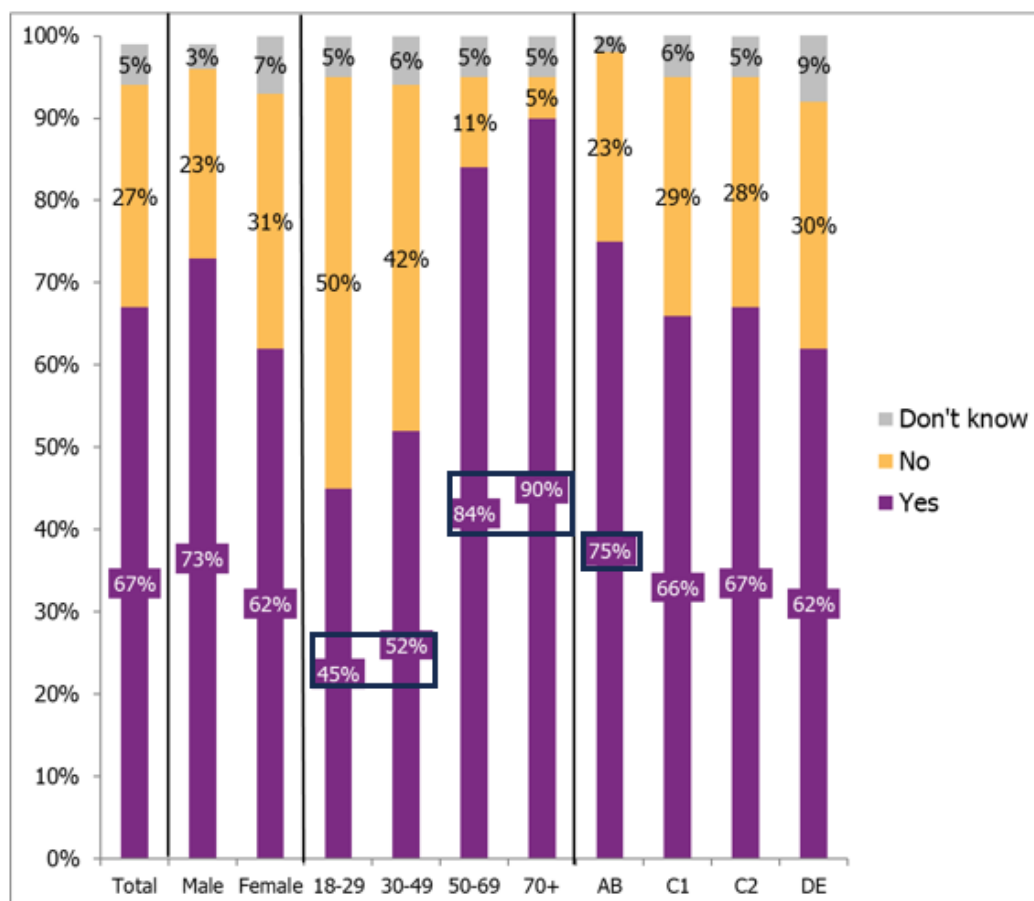
- Just over two-thirds (67%) of survey respondent were aware of the GMC prior to taking part in the research, with higher levels of awareness amongst males, those over 50 and those from higher socio-economic groups.
- There were high levels of agreement with statements relating to trust in registrants adhering to professional standards and confidence in the GMC taking action if behaviours fell seriously below standards.
- A majority also agreed with the importance of behaviour outside the workplace being in keeping with professional standards, although those aged 50+ were more likely to strongly agree with the statement than younger age groups.
- From the qualitative research, it was evident that a multitude of factors influenced the responses to the hypothetical scenarios, including personal values/belief systems, life experience and perceptions of justice, the legal system, police and government. Whilst some empathy towards registrants was shown, it was evident that there was a tendency for participants to hold registrants to a higher standard than the population as a whole.

### 3.1 Awareness of the GMC and its role

In total, 67% of all respondents indicated that they were aware of the GMC, with 27% saying that they were not aware and 5% saying that they didn't know. When sampling error is taken into account, this represents a small decline in awareness from the 2019 survey when the same question was asked. In 2019, 74% indicated that they were aware of the GMC.

As shown in Figure 1, males, those who are over 50 and people from higher socio-economic groups were more likely to say that they had heard of the GMC. This is a similar pattern to that noted in the 2019 survey<sup>2</sup>.



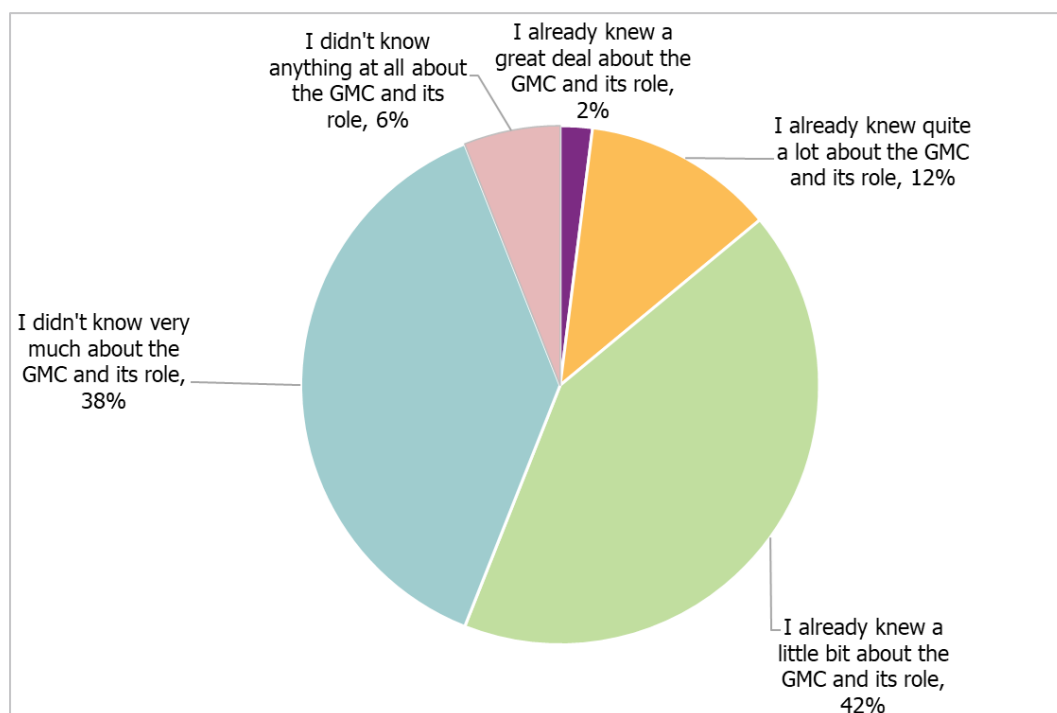


**Figure 1 - This research is being conducted for the General Medical Council (the GMC). Prior to taking part in this research, had you heard of the GMC? By sex, age group and socio-economic group<sup>4</sup> (Base: all respondents, 2,018)**

Participants who indicated that they were aware of the GMC were then asked how much they knew about the organisation and their role. Relatively small proportions were very familiar with the GMC’s remit – 2% knew a great deal and 12% knew quite a lot, as shown in Figure 2.

<sup>4</sup> Approximated Social Grade with its six categories A, B, C1, C2, D and E is a socio-economic classification produced by the ONS (UK Office for National Statistics) by applying an algorithm developed by members of the MRS Census & Geodemographics Group.





**Figure 2 - Prior to taking part in this research how much, if anything, did you know about the role of the GMC? (Base: all aware of the GMC, 1,421)**

In the qualitative research, detailed awareness of health regulation was low. There was a presumption that there would be some oversight of registrants but little knowledge of how this was done or which professionals are actually covered by the GMC. There was evident confusion about processes, but some awareness that a regulator is able to suspend and/or erase registrants.

I kind of assumed that with every job, no matter what industry, they kind of have a set of rules you have to follow and then consequences. But I kind of assumed, especially within the medical field, that it would be a bit more specific, I guess and a bit more taken seriously. (In-person group, 18-29, female, Leicester)

You would imagine that that these people are regularly assessed and well managed and issues are picked up and dealt with. So I suspect that probably provides a bit of confidence; but at the end of the day, it is still an assumption. I don't know whether that happens or not. (In-person group, 50-69, male, Cheltenham)

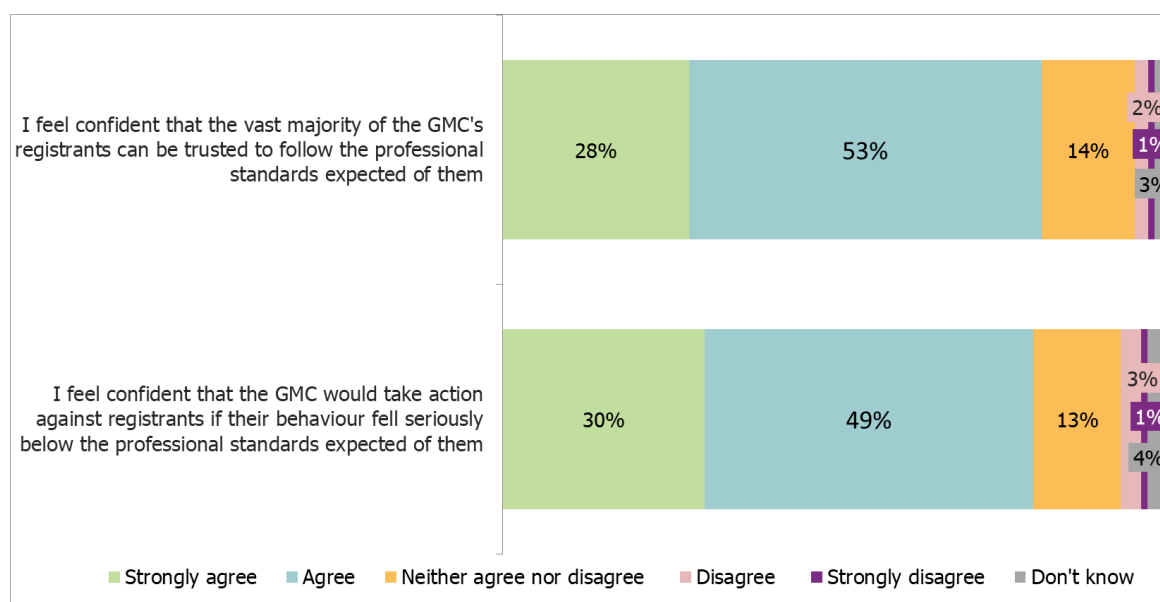
### 3.2 Confidence in registrants and the GMC

Respondents agreed (53%) or strongly agreed (28%) that the vast majority of the GMC's registrants can be trusted to follow the professional standards expected of them. Males (32%), those aged 70+ (37%) and those in higher socio-economic groups (36%) were more likely to strongly agree with this statement than other groups. This may reflect the fact that awareness of the GMC was higher amongst these groups.



Levels of net agreement were lower for those with a long-term condition or a disability than for other groups (74% agreed or strongly agreed, compared to 84% of those without such a disability or condition).

High proportions of respondents also agreed or strongly agreed (79% in total) that they felt confident that the GMC would take action against registrants if their behaviour fell seriously below the professional standards expected of them. There were no significant differences by demographic characteristics for this statement.



**Figure 3 - To what extent do you agree or disagree with the following statements about these professions? (Base: all respondents, 2,018)**

Qualitative research highlighted that confidence in the professions was influenced by a number of factors, including:

- Individual experience and the treatment of friends and family.
  - Experiences were variable although there was some feeling that continuity of care is important in this context and that some trust has been eroded, for example, by the fact that patients are no longer able to build a relationship with the same GP. This means that trust in the professions as a whole is more important than it was previously.

I know that most GP surgeries now, you don't necessarily see the same doctor all the time and I think that is a mistake, because you're not building that bond, that trust with one person anymore, which is a bit of a shame. (In-person group, 30-49, female, Newcastle)

- Awareness that doctors are in training for a considerable time.

[What makes you confident?] The amount of training they've had. They've had a lot of training, a lot of shadowing. And I guess we have to be confident in them (In-person group, 50-69, male, Cheltenham)



- Information available about the professions in the media and on social media.
  - Stories of serious clinical failures (in terms of both physical and mental health) undermine trust, as well as awareness of systemic pressures and waiting times.

There was some acknowledgement that societal attitudes have shifted over time and there is now less “blind trust” in authority; there is more questioning partly as a result of access to information (e.g. Google).

*It was very much just blind trust; where I think the scales are now lifted off people's eyes and they're just going, 'What are you saying to me?' and they're able to Google things and check things and that makes a difference. (In-person group, 50-69, female, Belfast)*

There was a broad consensus that confidence in the professions is hugely important as it affects whether patients are willing to seek treatment.

*I feel like they're in a place of trust... and if you don't have that confidence or trust, then that's a major issue, because where do we go? (Online group, female, participant who has made a healthcare complaint)*

There was some spontaneous discussion about the perceived efficacy of the regulator<sup>5</sup>. Some felt that it was robust as evidenced by the high entry standards to the professions and on-going monitoring of standards. However, others were less sure and there was some discussion of the difficulty associated with holding registrants to account and concern about the potential for the regulatory system to favour professionals over patients.

*I think it depends on how independent they are as well and how removed they are from the operation, to a degree. Obviously, they need to have a clinical background, a clinical knowledge of what they're looking at and I think there needs to be a degree of separation and independence....*

*...Yes and they can't be all doctors; they can't be marking their own homework. (In-person group, 50-69, male, Cheltenham)*

Others felt that the possibility of doctors protecting each other meant that the GMC's role was even more important.

*I was just going to say, [registrants] close ranks, sometimes, yes....Because anything goes wrong, immediately, it's: 'Right, it's not our fault.' (In-person group, 50-69, female, Belfast)*

### 3.3 Importance of standards outside of the workplace

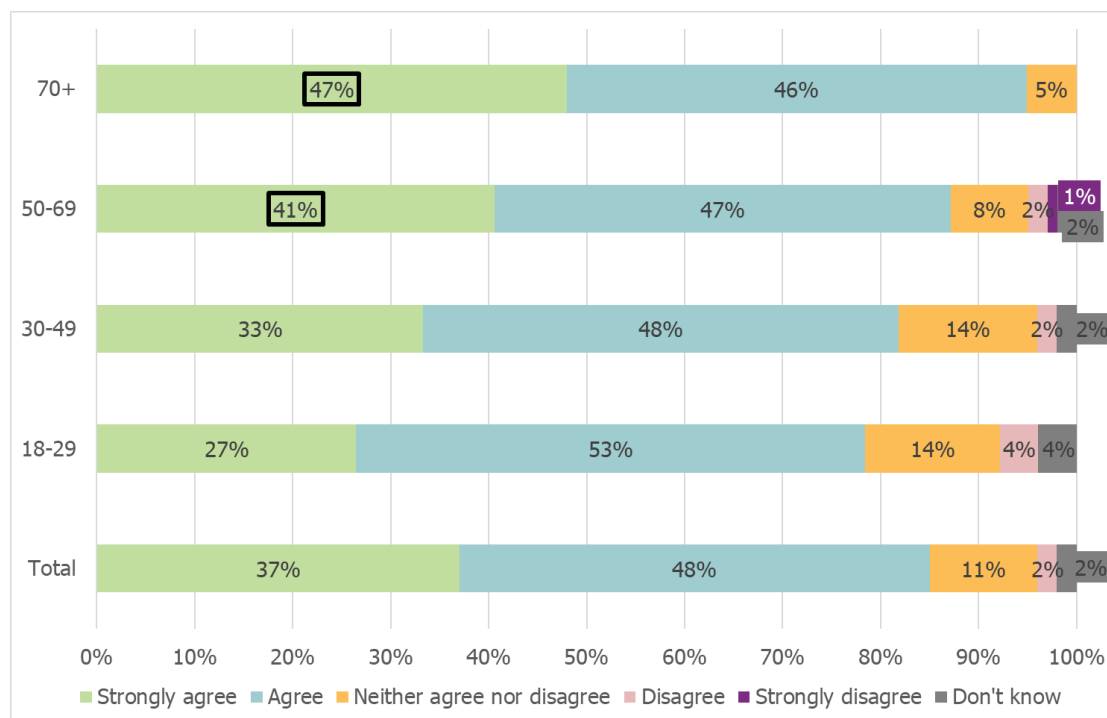
The majority of respondents (85%) agreed with the statement 'It's important to me that the behaviour of the GMC's registrants outside the workplace (as well as at work)

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<sup>5</sup> This scepticism about regulation in general has been noted in other research we have conducted recently.



would be in keeping with the professional standards expected of them'. However, some differences by age group were apparent, with those aged 50+ more likely to strongly agree with the statement than younger age groups.



**Figure 4 - To what extent do you agree or disagree with the following statement about these professions? It's important to me that the behaviour of the GMC's registrants outside the workplace (as well as at work) would be in keeping with the professional standards expected of them. By age group (Base: all respondents, 2,018)**

In the qualitative discussions, there was some surprise initially to hear that the GMC has a legal duty to maintain and promote public confidence in registrants and that they can sanction a registrant if the behaviour was in their personal life. However, this made intuitive sense to most, once further explained.

So I suppose what it's saying is: the GMC is trying to preserve the status of the medical profession and to say: 'These people are fit and proper people who you can trust.' So that's why they would get involved with other things, not just purely medical matters, because it's sort of going to the heart of whether you're a fit and proper person. (Online group, female, participant with a disability)

Some had previous knowledge that this was likely to be the case – either from media coverage of previous cases or from their own experience of working in a profession that is regulated. Some had recently watched an ITV television series called Malpractice which dealt with these issues.

As a teacher, we are also monitored and we have to have a clear DBS. And in any profession, when it's customer facing, as in when you're working with people, in that position of vulnerability... you must have a clear conduct within your



workplace; but also, outside of it, because we have to trust you. (Online group, female, participant who has made a healthcare complaint)

There was extremely low awareness of any actual fitness to practise cases that related to public confidence. One participant recalled a doctor being erased from the register following their participation in environmental protests.

Some participants felt uncomfortable with the idea of the GMC regulating registrants' personal lives, but this was a minority view. Others felt that the GMC should be focusing on clinical behaviour as this was more a matter of concern.

All the scenarios were about people's private lives and that's obviously what they're paying this research for, because they are concerned about that. But for me, it's their professional abilities and any wrongdoing that they would do when they've got the white coats on that would concern me most. (In-person group, 50-69, male, Cheltenham)

I just don't trust the people who run the country to police anybody's morals, to be quite honest. And it does concern me that the GMC would do that to somebody, because you really want talented, good people. (Online group, female, participant who has made a healthcare complaint)

### 3.4 Influences on views towards scenarios

Figure 5's honeycomb diagram summarises some of the various influences that combine to determine how people reacted to the various scenarios. These influences are complex and they interact in different ways in the different scenarios. Some are competing in the sense that individuals can feel conflicted in terms of their response. This was very apparent in the qualitative phase where participants indicated that they were 'pulled in different directions' in terms of their decision, often changing their minds as the discussion progressed.



Figure 5 - Influences which impact on individuals' views



**Participants' personal values/belief systems** were hugely important. Some felt strongly that the GMC should act decisively on any wrongdoing, even relatively low-level issues or misdemeanours. They saw the issues in fairly absolute terms i.e. any dishonesty is morally wrong and raises fundamental questions in relation to an individual's character. They felt that it could be the 'thin end of the wedge' and that if not 'nipped in the bud', the behaviour could continue or worsen.

Other participants had a more nuanced and pragmatic approach. They didn't view the issues through an ethical lens, but instead considered whether the wrong-doing (and any associated GMC action) may affect patient safety in general or their (hypothetical) willingness to see the registrant in question. For example, some showed more leniency in relation to the fare evasion scenario, but felt that more stringent action should be taken in relation to the fraudulent expense claim because this was defrauding the NHS which may ultimately impact patient care. The domestic abuse, drunken fight and sexual assault scenarios were sometimes considered in light of whether they were likely to impact patients in future (i.e. if the registrant potentially has anger management issues), rather than thinking about the behaviour itself or wider public confidence concerns.

So it's trying to balance it out, because when you look at it, it's a bit trivial [Scenario C], it doesn't seem that important, but actually, if you were a patient being treated by that person you'd probably have a different view. So it's trying to get your head around what point of view you're trying to see it from. (In-person group, 18-29, female, Leicester)

Some focussed on how the registrant in question would treat them as a patient or whether losing registrants from the professions would impact on waiting lists.

I mean, to be quite honest, what I want is confidence that they will do the best for me as a doctor. I'm not perhaps so interested in whether they've fiddled their expenses. You know, if I'm not well, that's not really high on my list of priorities. (Online group, female, participant with a disability)

Some consideration was also given to the impact on the professions (and patients) of the most severe sanctions with suspension and erasure meaning that registrants are not able to practise, which would impact on other registrants' workloads.

However, it should be noted that some participants moved between these points of view at different times in the discussion, which illustrates the complexity and nuance of the issues. This was particularly the case for the domestic abuse and sexual assault scenarios. Some participants felt conflicted in their response and were torn between a rational response (choosing no action, because there was a lack of concrete evidence) and a more emotional response (a gut response feeling that some action is appropriate).

**Participants' life experiences** were, unsurprisingly, also influential in terms of their response to the scenarios. Some who worked in professions which were closely regulated reflected on what would be expected of them (and were often fairly stringent



as a result). This was particularly the case for the Scenario [E](#) – social media. Others considered their experiences of socialising, with some of the male participants indicating that they could imagine Scenario [C](#) – drunken violence – happening very easily to them. They tended to be more lenient as a result.

**Participants' perceptions of the legal system, justice, the police and the government** also impacted on their views. Some had faith in the justice system and felt strongly that any decisions made by the courts and/or the police should be sacrosanct (and the GMC decision should simply follow this). Others were more sceptical, pointing to high profile miscarriages of justice and the difficulty securing convictions for sexual violence cases. This is discussed more in Section 8.2 in relation to Scenario [E](#). Similarly, some participants were critical of the recent government legislation relating to protests and this influenced their response to Scenario [G](#).

There was a strong sense that qualitative participants (and some quantitative respondents) **held registrants to higher standards** than the population as a whole. A number of reasons were given for this, including:

- Their position means they should act as a role model:
  - They are in a position of relative power and treat vulnerable people.
  - They have access to sensitive information.
  - They have an important job – they hold people's lives in their hands.
  - They play an important role in the community as a whole.

I think it's the principle that matters, it's the ethics, because they're supposed to be examples for the others, all right? They're supposed to be leaders of the community, so they're supposed to be someone you'd look up to. (In-person group, 18-29, male, Glasgow)

I think there are certain things that you might do in your public life, that I might do and I can still do my job and maybe I'll get a slap around the wrist and I'll get certain things in life, or a fine, or even some kind of sentence against me and still be able to keep my job. But for a doctor, I hold a higher standard. (In-person group, 30-49, male, London)

- They know what they are signing up to when they decide to become a registrant:
  - There is a presumption that the standards are clearly outlined and that registrants are fully aware of the requirements and expectations of their chosen profession when they join and that this is reinforced throughout their professional career.

The assumption that they would have done lectures or classes in ethics and ethical practice, good practice, that kind of thing, so it's kind of built into their training. (In-person group, 18-29, male, Glasgow)

- Some also highlighted that doctors were both well paid, and paid by public money which was another reason they needed to be seen to 'behave' as public figures.
- They are well-educated, professional people who should know better.



- Some felt that registrants are intelligent individuals who have little excuse for making questionable decisions in their personal lives.

There was some comparison to other regulated sectors that have strict codes of conduct professionally and personally.

But then, if you look at an industry like aviation or something like that, where things are really quite strict on what you can and can't do, because they're people that need to do their jobs and we have to trust them. (Online group, female, participant with a disability)

One participant likened registrants to brand ambassadors:

If I had a brand deal with Nike and I do something in the public eye that could offend people or whatever, I'm going to be stripped of my brand deal. Not that I'm guilty, but to the brand, I'm bringing their name down, if that makes sense. (In-person group, 30-49, male, London)

A minority viewpoint was that attitudes were changing, and because the public is less deferential now, registrants were not viewed as being in any way different.

I don't have any reason to trust registrants any more than any other member of society. I think there's nothing that intrinsically, in being a doctor, means that you're a more trustworthy person. You've chosen a career path and you've become a professional (In-person group, 30-49, male, London)

There was some **empathy for doctors** shown in that it was acknowledged that they are working in a stressful profession and that they are only human and that anyone can make a mistake. However, this view tended to be expressed by a minority of participants – the expectation that doctors should be role models was the prevailing view. There was some softening of views for doctors in training or those who are less experienced, with these groups given slightly more benefit of the doubt.

So as much as they are humans, we also don't want to see some of those mistakes, because if they are in the public space, it definitely affects the way we view them. (30-49, female, Newcastle)

Some participants in their response to preferred actions, were influenced by what the **GMC should be seen to be doing**. They felt that there are some circumstances where the GMC could be criticised for not acting and that would reflect on the reputation of the GMC itself:

That's true, but then, if you do just warn them and you don't take appropriate action and then, something *does* happen, then how does that look on the GMC, because they haven't done their due diligence? (In-person group, 30-49, male, London)

The public still needs to see something happen to the registrant, because they want to feel like there is some power that is responsible for the people that are



doing stuff, so they still need to see something to believe in the system. (In-person group, 18-29, male, Glasgow)

However, others felt that acting too firmly could also impact, detrimentally, on the GMC's reputation:

The GMC have been like: 'Oh, this person's suspended because they've been speaking out about this thing, that is what they believe and is bad generally and has offended this string of people.' I'd think: 'Well, what's this got to do with anything?' And then, I'd think: 'Well, how are other things being handled?' (Online group, female, participant with a disability)

Some felt that GMC action was more about sending a message to other practitioners (and setting an example to young registrants), rather than being a public facing message.

So, I'm assuming the GMC's power is... deterrence against bad behaviour and restriction to work happens more on an internal level, so it's more targeted towards practitioners, as I say, as opposed to what the public think about the GMC and how they act. (In-person group, 18-29, male, Glasgow)



## 4. Overall responses to the scenarios

### Section summary:

- The eight hypothetical scenarios shown to respondents in the survey generated differing levels of concern, with at least some respondents at either end of the scale in every case. This reflects the grey nature of the concerns presented.
- The scenario about a fight with a friend (C) attracted the lowest levels of concern overall and also the softest sanctions.
- The scenarios about the registrant who received a prison sentence for actions taken while protesting (G) and the registrant who expressed extremist views (H) had the highest proportion of respondents indicating that the registrant should be struck off the register.
- For the most part, respondents who expressed higher levels of concern about a scenario went on to choose a relatively firm GMC action and those who were less concerned, chose a less stringent action. However, there was not always a linear relationship between levels of concern and preferred action. This was particularly the case for Scenario D about domestic abuse and Scenario G about the prison sentence after protests.
- In the qualitative discussions there was a spontaneous call for a sanction that represented an informal warning i.e. where respondents wanted the GMC to act but felt that a formal warning on the public record was not warranted.

Eight scenarios (provided in full [here](#)) were used to explore the complex issues set out in the research objectives and focussed on concerns relating to:

- Dishonesty.
- Violence.
- Freedom of expression/social media.
- Criminal behaviour.

Survey respondents were told that they were being shown a series of fictional examples of GMC registrants' actions and behaviours in their personal life. They were informed that they were not real life cases but based on the kinds of things that do happen.

Respondents were asked to rate their level of concern for each scenario, selecting either high, moderate, low or no concern at all. It is important to note that the question specified they should indicate their level of concern "in terms of the GMC's duty to maintain public confidence in the professions they regulate", rather than in any personal sense as a potential patient of the registrant. However, open comments suggested that the concept of public confidence is indelibly linked to patient safety or, at least, how happy the respondent would be to be a patient of the registrant and/or for the registrant to treat patients in general.

Survey respondents were then asked to indicate what, if any, action the GMC should take in this scenario. They had previously been given an explanation of the possible

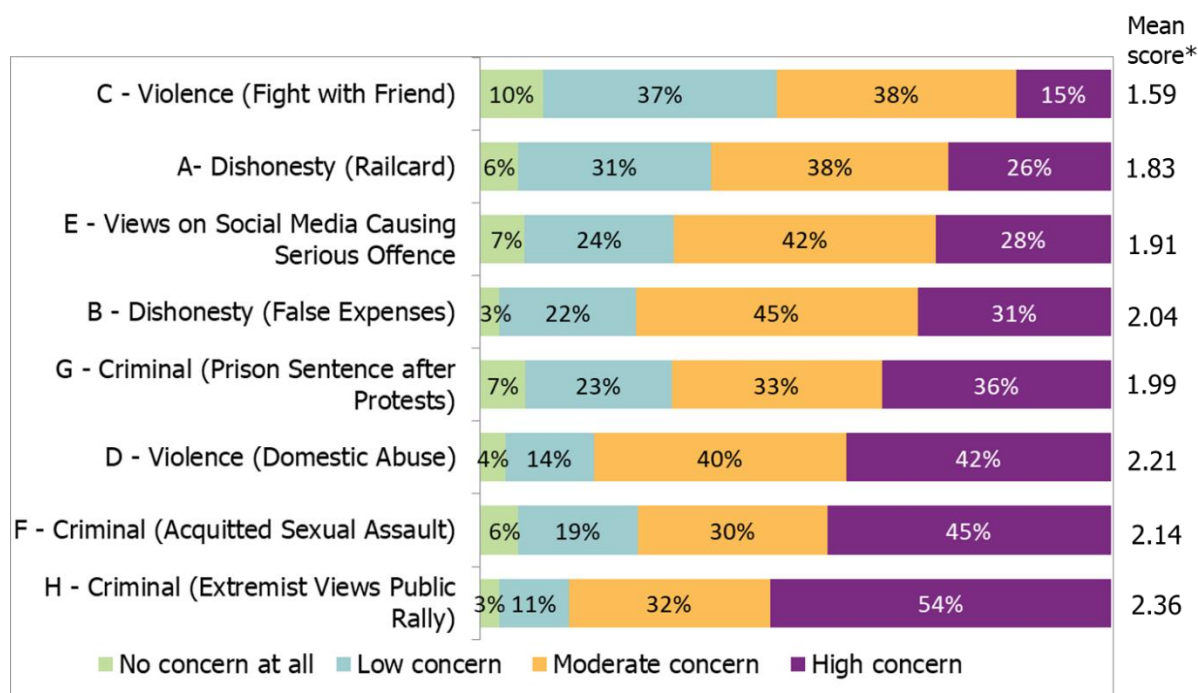


GMC actions and were asked to choose between the following five options: no action; warning; supervision / restriction; suspension or strike off. Information on how these were presented to respondents in the survey is shown [here](#).

#### 4.1 Levels of concern

Figure 6 shows a comparison of levels of concern for all eight scenarios. The scenarios had been developed and drafted to replicate the kinds of concerns that cause challenge for the GMC in their decision making. It is, therefore, perhaps unsurprising to see that all eight of the scenarios generated differing levels of concern amongst the public, with at least some respondents at either end of the scale in every case.

For every scenario the majority of respondents expressed at least some concern. Scenario [C](#), on average, attracted the lowest levels of concern, with a mean score of 1.59 out of 3 (Figure 6). Three quarters or more of respondents expressed either moderate or high concern in relation to Scenario [E](#) (75%), Scenario [D](#) (82%), and Scenario [H](#) (85%).



\* mean scores calculated based on a score out of 3, where No concern =0, Low concern =1, Moderate concern =2, High concern=3.

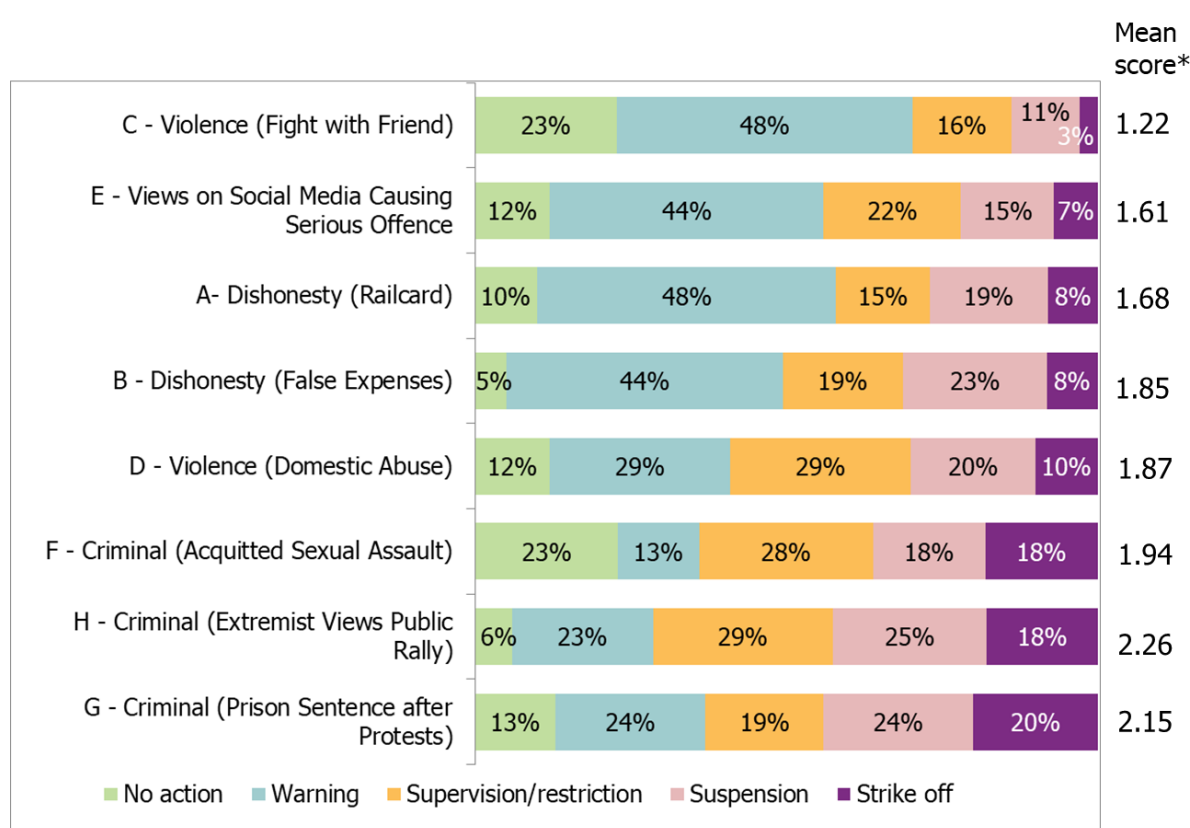
**Figure 6 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC's duty to maintain public confidence in the professions they regulate. Please sort these cases into one of the following four categories: No concern at all; Low concern; Moderate concern; High concern (Base: all respondents, 2,018)**



## 4.2 Preferred action

It is also the case that responses were mixed when respondents were asked what, if any action, they thought the GMC should take in response to each scenario. Figure 7 shows the range of responses received. Warnings were selected as the appropriate GMC action by the highest proportion of respondents in half of the eight scenarios (and the joint most popular choice in two of the other four scenarios).

Whilst there was a relationship between levels of concern and the GMC action chosen, participants who expressed the highest level of concern about a scenario did not automatically indicate that they thought the GMC should implement a severe sanction and vice versa. In some scenarios (A, B, and E), the most commonly suggested action was a warning in spite of overall concern levels being fairly high.



\* Mean scores were based on a score out of 4, where No action=0, Warning=1, Supervision/restriction=2, Suspension=3, Strike off=4.

**Figure 7 - What, if any, action should the GMC take in this scenario: no action; warning; supervision / restriction; suspension; strike off (Base: all respondents, 2,018)**

As is the case with levels of concern, Scenario C attracted the softest actions overall, but even in the case of this scenario some respondents expressed the view that the registrant should be suspended (11%) or even struck off (3%). Conversely, almost a quarter of respondents (23%) felt that the GMC need take no action in this case.



At the other end of the spectrum, while Scenario [G](#) shows the fifth highest mean score in terms of levels of concern, it had the highest proportion of respondents (20%) indicating that the registrant should be struck off the register and almost a further quarter (24%) said the registrant should be suspended. The highest overall mean score in terms of GMC actions was seen for Scenario [H](#), where 43% of respondents indicated that the registrant should either be suspended (25%) or struck off (18%).

### 4.3 Relationship between concern and action

In the quantitative survey, the order of the scenarios in terms of levels of concern was similar, but not identical, to the hierarchy in terms of severity of proposed GMC action. Table 3 shows how the order of the scenarios changed between these two measures.

Concern Mean score rankings, out of 3 (low to high)		Biggest differences	Action Mean score rankings, out of 4 (low to high)	
C - Violence (Fight with Friend)	1			C - Violence (Fight with Friend)
A - Dishonesty (Railcard)	2		E - Expressing views causing serious offence on social media	2
E - Expressing views causing serious offence on social media	3		A - Dishonesty (Railcard)	3
G - Criminal (Prison Sentence after Protests)	4		B - Dishonesty (False Expenses)	4
B - Dishonesty (False Expenses)	5		D - Violence (Domestic Abuse)	5
F - Criminal (Acquitted Sexual Assault)	6		F - Criminal (Acquitted Sexual Assault)	6
D - Violence (Domestic Abuse)	7		G - Criminal (Prison Sentence after Protests)	7
H - Criminal (Extremist Views Public Rally)	8		H - Criminal (Extremist Views Public Rally)	8

**Table 3 - Mean score rankings of all scenarios for concerns and actions compared (Base: all respondents, 2,018)**

Scenario [G](#)'s relative position is higher for strength of action, than for level of concern (7th vs. 4th). Scenario [D](#)'s relative position, conversely, is 7th for level of concern, but 5th on strength of action.

It is clear from this that the relationship between initial concern and subsequent views about actions the GMC should take is not simple. Broadly speaking, the hierarchy of the scenarios from least concerned to most is similar to the hierarchy for strength of action. However, there are some scenarios that generate a high level of concern, but this does not necessarily lead to a preference for a strict sanction. Conversely there are scenarios where the concern level is not as high, but firm action was called for.

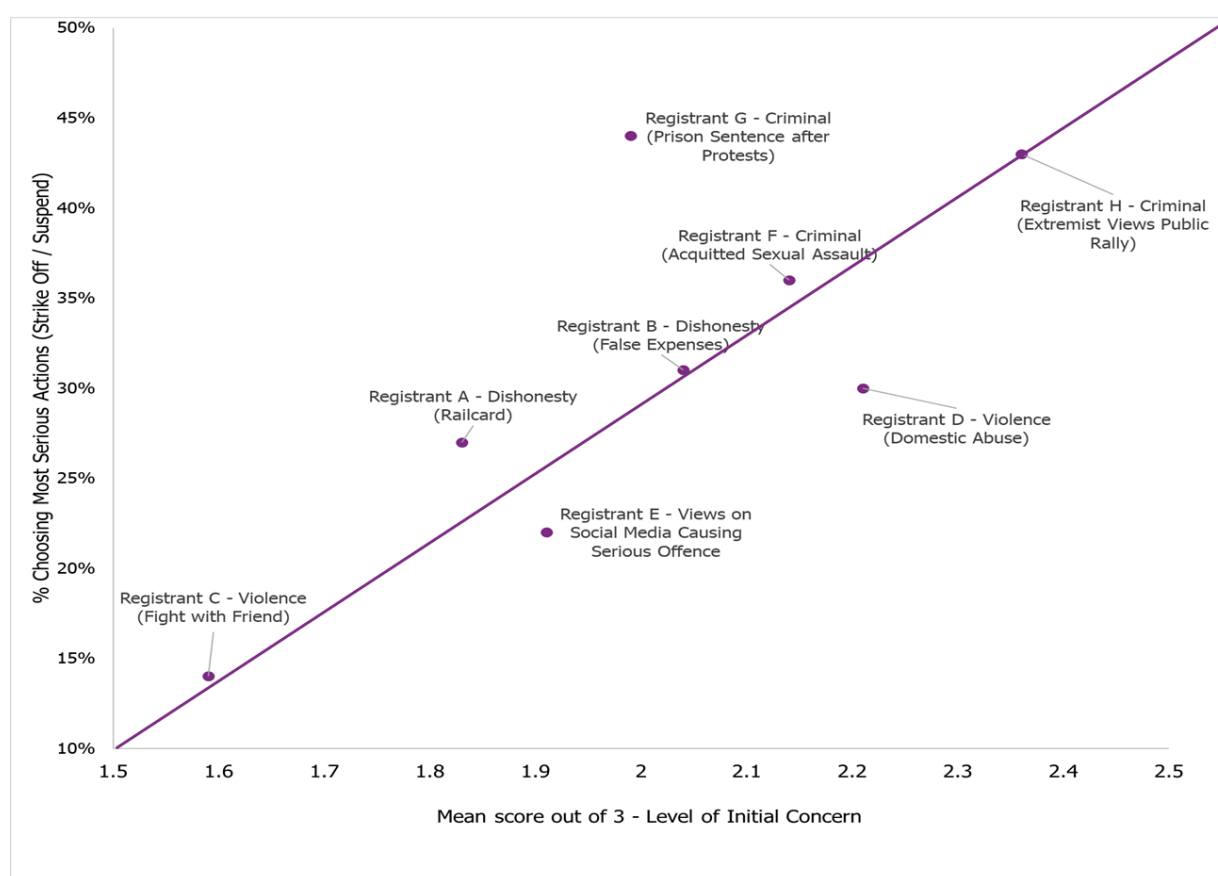
Figure 8 shows the relationship between the mean score for concern (out of 3) on the horizontal axis and the percentage of respondents calling for the two most serious actions by the GMC (suspension and striking off). There is a clear and obvious correlation between these two measures. Scenario [C](#) caused least concern on average and also shows the lowest proportion of the sample calling for the registrant to be



suspended or struck off. At the other end of the scales, Scenario [H](#) was of highest concern and also attracted the biggest call for the firmest two GMC actions.

Scenarios [G](#) and [D](#) are the two outliers, veering away from the line of correlation shown on the chart. Further analysis of responses shows that in relation to every scenario some respondents expressed low or no concern initially, but went on to call for strong action by the GMC. The opposite was also apparent for every scenario: some respondents initially expressed moderate or high concern and then went on to say that the GMC should take no action against the registrant.

This may at first seem contradictory, however it is important to recognise that the questions, whilst related, are not the same. Public responses are also nuanced and complex, this is seen throughout the qualitative phases and is also clear from open responses to the scenarios within the survey.



**Figure 8 - Correlation between mean level of concern and % calling for strongest two GMC actions: suspension or strike off (Base: all respondents, 2,018)**

In between the two questions within the survey an information video was shown explaining the range of actions available to the GMC and also informing respondents that:

- Action may be taken even if no further action is pursued by employers, the police, or courts.

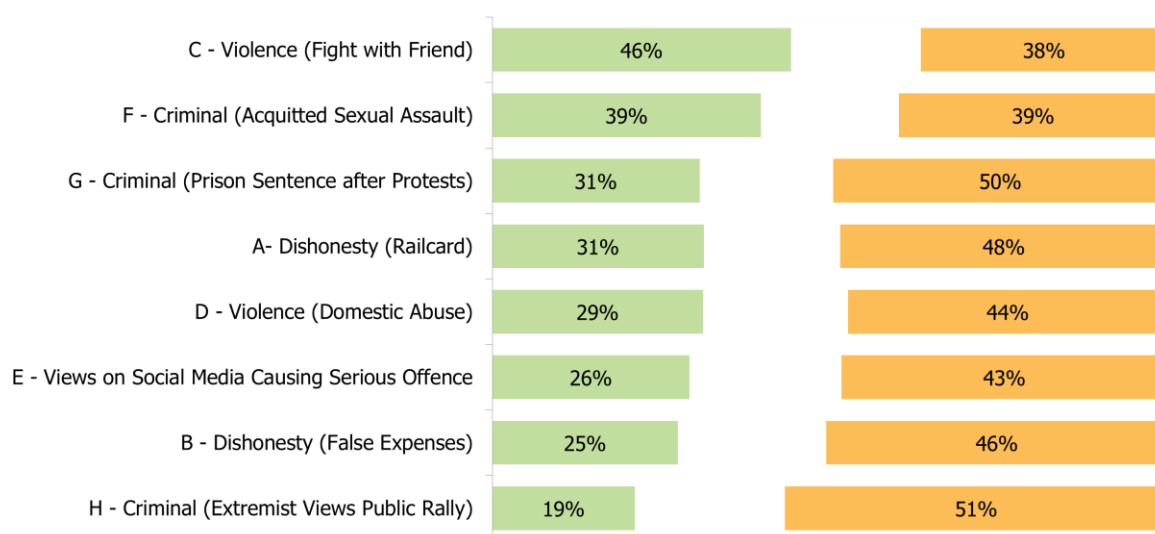


- The GMC uses the civil standard of proof (more likely than not something happened), rather than the criminal standard used by the police and courts (beyond reasonable doubt).
- GMC action can differ from legal action; the GMC can act even if the courts or police do not.

This additional information may be one factor in some of the seeming contradictions observed. However, it is also the case that during qualitative discussions participants in the research did, very simply, change their minds about some scenarios as they considered them further.

#### 4.4 Reasoning behind choices of action

In response to all scenarios, the open comments provided an insight into the rationale of respondents when deciding on what action the GMC should take. Figure 9 shows the balance between mentions of (possible) mitigating and aggravating factors across all of the scenarios. Only in the case of Scenario C did the mentions of mitigating factors (like the registrant having personal problems or making an apology) outweigh the mentions of aggravating ones (like repeated behaviour or the behaviour taking place at work). For most scenarios the balance is firmly towards aggravating factors.



**Figure 9 - Proportion of respondents mentioning aggravating and mitigating factors in relation to each scenario (Base: all respondents, 2,018)**

#### 4.5 Common sub-group differences

The response patterns to each of the eight scenarios were unique. The sub-group differences for each scenario are set out in detail in Sections 5-8 of this report. However, in summary, of all the demographic characteristics, sex and age appeared to have most influence on views.



## Sex differences

Table 4 summarises some of the key patterns that are discernible across the scenario responses by sex. Females tended to register a higher level of concern than males across a number of scenarios, including the violence (C, D); sexual assault acquittal (E) and social media (E) scenarios.

In both of the dishonesty scenarios (A and B) female respondents were more likely than males to indicate a warning as the appropriate response by the GMC. Scenarios D and E also attracted differing responses in terms of the suggested actions by sex, with females more likely to suggest a stronger response (especially suspension) and males more likely than females to indicate that the GMC should take no action.

Related to this, males were more likely to explain their suggested GMC actions in response to Scenarios D and E by referring to the lack of police charges (Scenario D) and the acquittal in court (Scenario E).

Females		Males
<b>Degree of concern</b>		
More likely to indicate higher concern	Violence cases (Scenarios C and D)	More likely to indicate no/lower concern
	Social Media case (Scenario E)	
	Sexual assault acquittal case (Scenario E)	
<b>Preferred GMC Action</b>		
More likely to choose softer actions (especially warning)	Dishonesty cases (Scenarios A and B)	
More likely to choose firmer actions (especially suspension)	Sexual assault acquittal case (Scenario E) Domestic abuse case (Scenario D)	More likely to choose no/softer actions
<b>Explaining choice of action (open response)</b>		
Less likely to...	Give lack of charges or acquittal (for Scenarios D and E) as justification of their choice of action	More likely to...

**Table 4 – Summary of differing responses to scenarios by sex**

## Age differences

Table 5 summarises some of the key patterns that are discernible across the scenario responses by age group.

Younger respondents (aged 18-29) tended to show less concern about the dishonesty scenarios (A and B) and the social media scenario (E). Younger respondents were also



less concerned about the protest and extremist views scenarios ([G](#) and [H](#)) than was the case for older age groups.

In terms of suggested GMC actions, the pattern was less clear by age. In response to Scenario [D](#), the oldest age group (70+) was more likely than other groups to indicate that a warning would be the most appropriate GMC action.

In line with their lower levels of concern, those in the youngest age group were the most likely to suggest that no action was needed in response to the social media Scenario ([E](#)). Conversely, under 50s were more likely than older age groups to suggest that the registrant in Scenario [F](#) should be struck off, while those over the age of 70 were the most likely age group to suggest a warning as the most appropriate GMC response to this same scenario.

Younger		Older
<b>Degree of concern</b>		
More likely to indicate no /lower concern	Dishonesty cases (Scenarios <a href="#">A</a> and <a href="#">B</a> )	More likely to indicate higher concern
	Social Media case (Scenario <a href="#">E</a> )	
	Prison sentence after protests (Scenario <a href="#">G</a> )	
	Extremist views (Scenario <a href="#">H</a> )	
<b>Preferred GMC Action</b>		
More likely to choose no action	Domestic abuse case (Scenario <a href="#">D</a> )	More likely to suggest a warning
	Social Media case (Scenario <a href="#">E</a> )	
More likely to suggest striking off	Sexual assault acquittal case (Scenario <a href="#">F</a> )	More likely to suggest a warning

**Table 5 – Summary of differing responses to scenarios by age**

#### 4.6 Calls for an additional GMC sanction

In the qualitative discussions there was a spontaneous call for a sanction that fell between no action and a warning.

This became more pronounced once participants understood the formality of the warning and the fact that it is publicly available information.

This was particularly the case in relation to Scenarios [C](#) and [E](#), although it was also occasionally mentioned in relation to other scenarios too. It was felt that there are some instances that warrant an informal reminder of the professional standards and how registrants should behave, without this being public facing or on record.



But I do think there should be an option to have an internal warning that doesn't mar their image publicly... There are some things that shouldn't get out to the public space, but they should be reprimanded or questioned within the system. (In-person group, 30-49, female, Newcastle)

Some likened this to verbal and written warnings in their own work and a more graduated system of sanctions.

This potential need for a middle sanction between no action and warning, or at least expression of a very difficult dilemma between these sanctions, was also occasionally raised by respondents within the survey's open comments:

There should be a category between no action and warning. No winners in a 'he said/she said' marital spat. Was this a regular occurrence or one-off heated row? (Survey response, female, 70+, White British, Wales)

I am torn between no action and a warning! (Survey response, female, 50-69, White British, Wales)

In the qualitative phase, participants were explicitly asked whether a different type of GMC action might be appropriate for police cautions or minor criminal convictions for some misconduct (not the most serious matters). An example was given of registrants being reminded of the professional standards they should follow or a formal warning being swiftly given to the registrant, rather than the GMC going through its fitness to practise investigation process.

Although there was some appetite for a less formal warning, participants did not necessarily agree with the GMC not conducting an investigation. They still felt that this was an important part of the process and didn't necessarily understand why it would not still be needed.

Furthermore, for some, police involvement and legal action increased the seriousness of the issue – meaning that a formal warning is the most appropriate action when the registrant has been cautioned or convicted.

I think in terms of a practical thing they could do, I think inserting that between [no action and a warning], informal chat, but it's not a formal warning, it's not a recorded warning, I think should be in their toolkit, but it should be following an investigation. (In-person group, 30-49, male, London)



## 5. Response to dishonesty scenarios

### Section summary:

- Almost two-thirds of respondents (64%) felt that the scenario relating to dishonest use of a Disabled Person's Railcard (A) was of moderate or high concern, with 37% considering it to be of low or no concern. The dishonest claim for expenses whilst at a medical conference (B) was felt to be more of an issue, with over three-quarters (76%) expressing moderate to high concern and one quarter in total (25%) viewing it as low or no concern.
- Age was a significant differentiator in terms of concern for both scenarios, with older respondents expressing higher levels of concern.
- In terms of the action the GMC should take in relation to the railcard scenario, whilst 1 in 10 (10%) suggested no action need be taken, almost half of respondents (48%) felt that a warning would be appropriate. Only a small minority (5%) suggested no action should be taken for the expense claim. The most popular response was a warning (44%). Again, there were differences by sex and age group.

### 5.1 Scenario A – use of Disabled Person's Railcard

#### Scenario wording (survey) <sup>6</sup>

Registrant A, who is not disabled, is caught using a relative's Disabled Person's Railcard to make a discounted train journey. Following further investigation, it is apparent they have done this repeatedly. In all, they have avoided payments of £310 across a number of journeys over the last 2 years. They later plead guilty to fare evasion at a Magistrates' court.

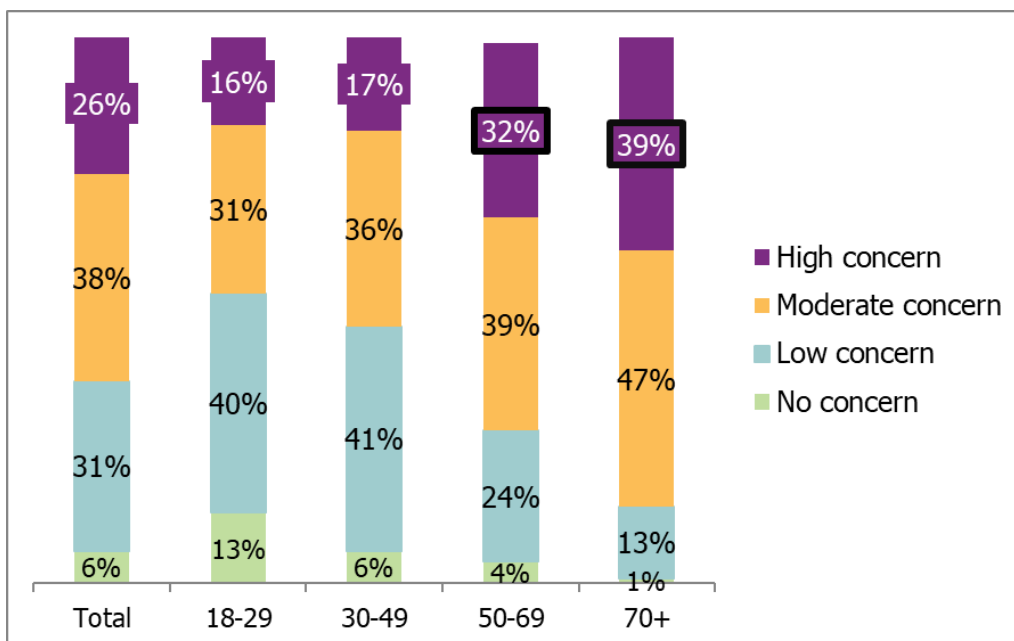
This scenario was of high concern, in terms of the GMC's duty to maintain public confidence, to just over 1 in 4 survey respondents (26%). The most popular response (38%) in terms of concern was 'moderate'; however, well over a third of respondents (37%) considered this scenario to be of low or no concern.

As Figure 10 shows, age was a significant differentiator in terms of initial concern. Older people showed higher concern. Whether someone is themselves disabled, or a carer, made no significant difference to these responses. Those from lower socio-economic groups (DE) were more likely to express 'no concern' (9%) than those from ABC1 backgrounds (4%). The latter groups are generally associated with higher education, professional or managerial jobs, and higher disposable incomes.

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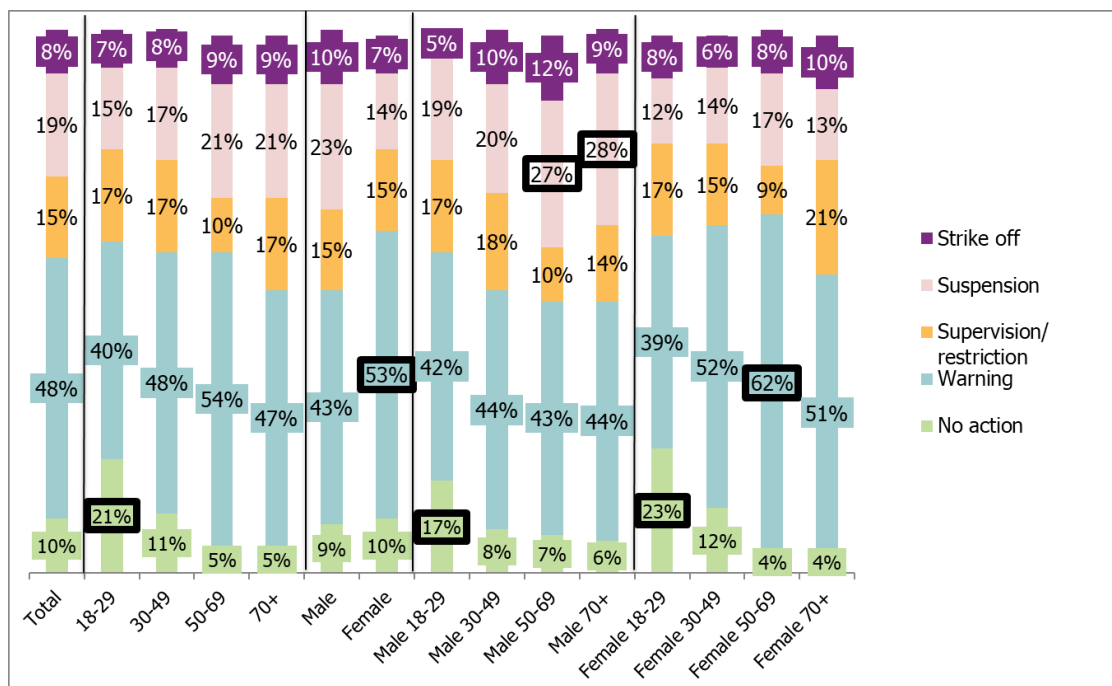
<sup>6</sup> The amount of money involved was changed slightly for the survey to make it more precise





**Figure 10 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC’s duty to maintain public confidence in the professions they regulate. Please sort Scenario A into one of the following four categories: no concern at all; low concern; moderate concern; high concern. By age group (Base: all respondents, 2,018)**

In terms of the action the GMC should take, whilst 1 in 10 suggested no action need be taken (10%), almost half of respondents (48%) felt that a warning would be appropriate. Smaller proportions of the sample suggested supervision/restrictions (15%), suspension (19%) and striking the registrant off (8%).



**Figure 11 - What, if any, action should the GMC take in this scenario (A): no action; warning; supervision / restriction; suspension; strike off. By age group and sex (Base: all respondents, 2,018)**



As shown in Figure 11, when it comes to GMC action, female respondents (53%) were more likely to favour a warning, than males (43%). This figure is still higher amongst females aged 50-69 (62%).

Higher proportions of those under 30 (21%) suggested no action is necessary, compared to just 10% of the sample as a whole. This was particularly the case for females under 30 (23%) but still higher for males under 30 (17%) than for any other age group.

Meanwhile, males over the age of 50 were more likely to opt for suspension in response to this scenario – 27% of those aged 50-69 and 28% of males over 70 opted for this action.

When asked to give the reasons for their choice of action in open comments, many responses (17%) mentioned the fact that the behaviour outlined is illegal. This was a strong driver for those who suggested that the GMC should strike the registrant off - 44% of those 159 respondents who suggested this made mention of illegality.

Amongst those 186 respondents who suggested no action is required by the GMC, a strong theme was that the behaviour has nothing to do with their abilities or behaviours at work (20% mention this).

I don't think the GMC has any business here. That he evades fares to save cost and help him/her fare better with the ever-rising cost of living doesn't make the registrant evil or unprofessional in any way. (Survey response, female, 30-49, Any other White background, Greater London)

For many respondents, however, the dishonesty shown by this behaviour raised questions for them that do have a bearing on the registrant's professional life.

I chose 'warning' because, although fare evasion is dishonest and the fact that it happened repeatedly over two years is concerning, it's a non-violent, low-level offence. The registrant has accepted responsibility by pleading guilty, and the amount involved, while not trivial, isn't huge. It does raise questions about their integrity, so some action is needed, but I don't think it's serious enough to justify suspension or being struck off. A formal warning would remind them of the standards expected from a doctor. (Survey response, male, 18-29, ethnicity not specified, South East)

They are proven to be dishonest people so I would not trust them with my patient record, for example, if they made a medical mistake they might cover it up. (Survey response, male, 30-49, White British, South West)

It is also clear from the open comments that the involvement of the criminal justice system had a strong bearing on respondents' views about how the GMC should handle the case. For some, the fact that a sentence has been handed down, meant the GMC need take no further action.



The matter has been dealt with by the courts already. (Survey response, female, 30-49, Asian background, Northern Ireland)

Others, however, took the opposing view and saw the registrant's criminality as pointing to a strong need for GMC to act.

You can't take no action as the Registrant now has a criminal record, but it has no effect on them doing their job. However, a warning should be given about their future behaviour. (Survey response, female, 70+, White British, East of England)

Most definitely a suspension. Guilty at Magistrates court. Would it move into Strike Off? I'm teetering that it could. (Survey response, male, 30-49, White British, Yorkshire)

### Qualitative views on the scenario

Most qualitative participants saw this as a fairly low level issue – no patients were affected (either directly or indirectly) and there was little sympathy for private rail companies being defrauded. Some felt it was a 'stupid', ill-judged act but that it had no bearing on public confidence, partly because it was unlikely to make the national press. This was one scenario where participants felt that informal advice would be preferred to any of the stated GMC actions.

Yes, this is one of those ones where I would wish there was an internal warning, because for me, it borders on integrity and for me, that's a big deal for anyone at all – and especially for a doctor who is in the eye of the public. (In-person group, 30-39, female, Newcastle)

However, there were some who did feel strongly that the behaviour merited some sanction because the dishonesty suggests a lack of integrity which might apply in other contexts (and a registrant may go on to take advantage of patients). The fact that the behaviour was repeated and intentional was important (as they presume the registrant would continue with the behaviour until stopped); as well as concerns about it being a 'slippery slope'.

I think there's an expression there of serial dishonesty. He's only got caught, you know; he could have done it for his whole career. I think it's also, given that, as we said, they have a privilege, they have financial privilege... So is there a lot of reveals there around maybe their character and the way that they may perform in more complex environments? (In-person group, 50-69, male, Cheltenham)

A separate group was conducted with individuals with long term health conditions and/or disabilities. Whilst there were no statistically significant differences between respondents with and without disabilities/long term health conditions in the survey, the qualitative group clearly felt strongly that using a Disabled Person's Railcard was completely unacceptable largely because it suggested a lack of respect and empathy towards those with disabilities; something that was very concerning given the registrant is likely to be interacting with this audience regularly. Some other



participants also felt that the use of a Disabled Person's Railcard compounded the issue, commenting that the use of a student railcard would not be as bad.

*As a disabled person, it would really... I think it would upset me more than it might upset your average non-disabled person, because it shows a certain amount of contempt for disabled people, I think. (Participant with a disability, online group)*

Some participants suggested that how the registrant came by the railcard may be a factor i.e. if they were given the card to use, it is less concerning than if they stole it from a vulnerable person and used it without permission.

There was some discussion about if the registrant is in a precarious financial situation, this should be seen as a mitigating factor (particularly if the amount defrauded was higher). Some participants felt that this should be taken into account but generally participants were not especially sympathetic to this idea – they felt that doctors, in particular, were high earning professionals who were unlikely to be in this situation. Some were more inclined to accept this as a mitigation for doctors in training or PAs and AAs rather than a consultant on a higher income.

## 5.2 Scenario B – expense claim

### Scenario wording (survey)<sup>7</sup>

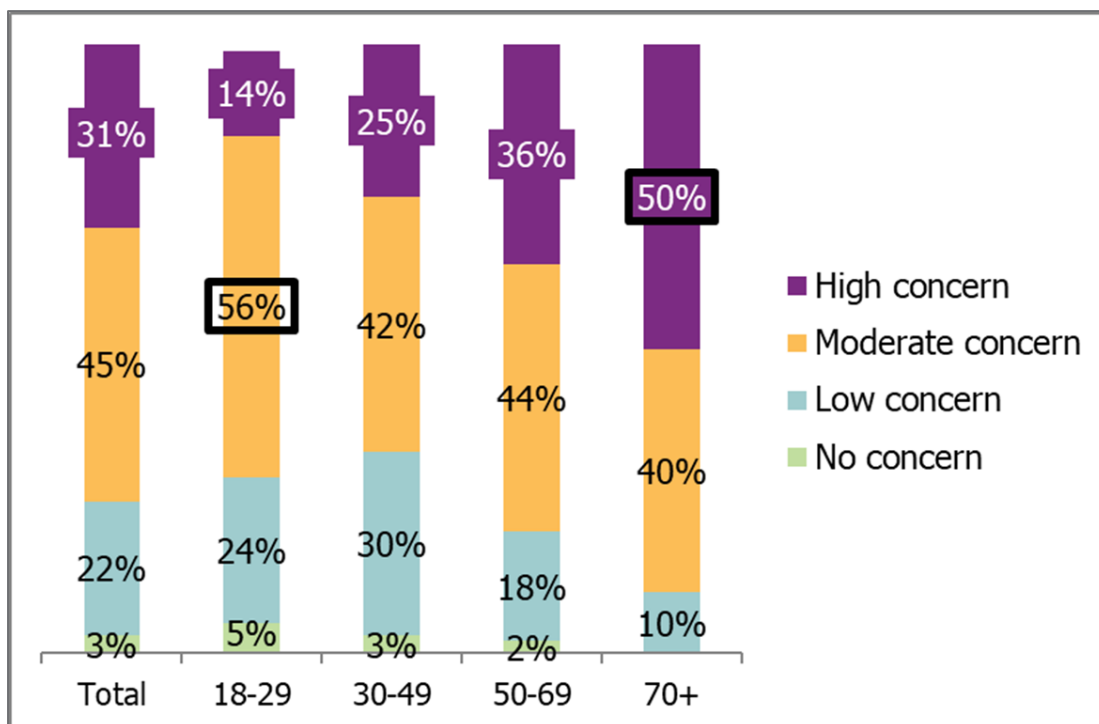
The GMC has received a referral from the hospital that employs Registrant B notifying them that Registrant B intentionally claimed too much money back for travel and accommodation expenses when they stayed at a recent medical conference. Whilst their actual claim should have been £275, they claimed and received £600 from their NHS employer.

As shown in Figure 12, Scenario B generated higher concern than Scenario A, with almost one in three respondents (31%) considering it of high concern regarding the GMC's duty to maintain public confidence. Over three-quarters (76%) expressed moderate to high concern, while one quarter in total (25%) viewed it as low or no concern.

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<sup>7</sup> Further information was provided for the survey on how the GMC heard about the issue as this created some confusion in the qualitative phase





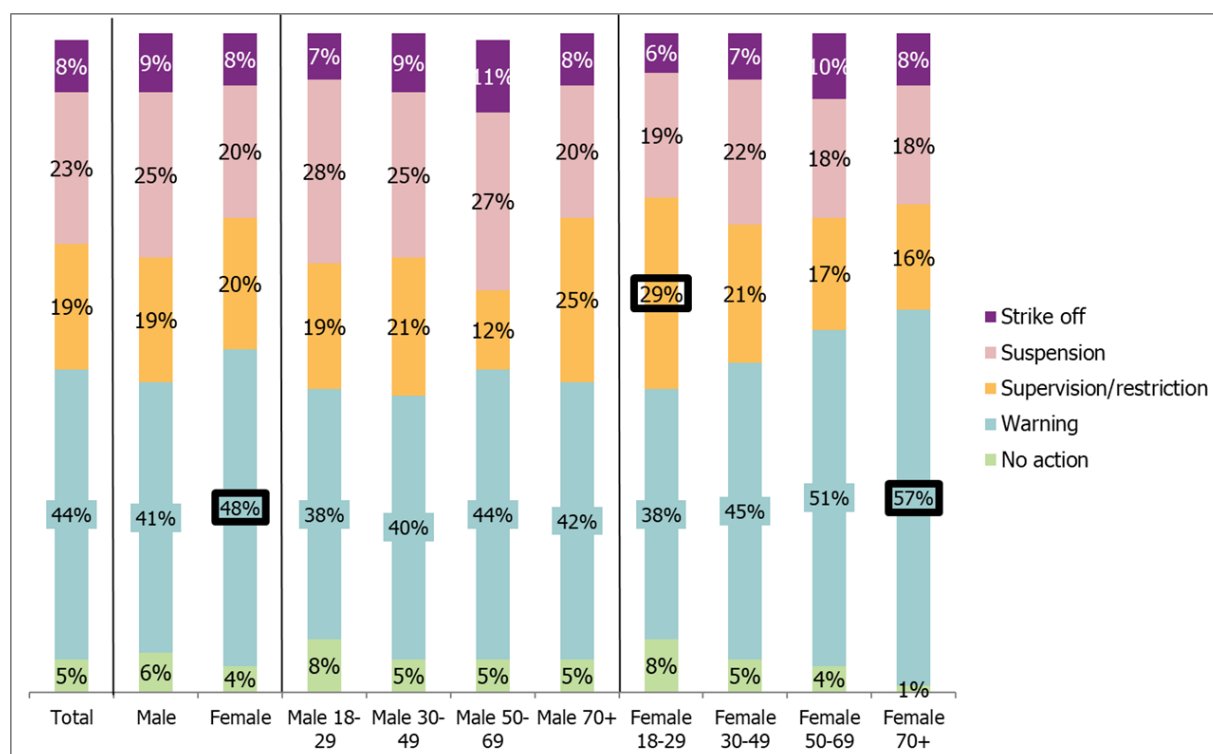
**Figure 12 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC’s duty to maintain public confidence in the professions they regulate. Please sort Scenario B into one of the following four categories: no concern at all; low concern; moderate concern; high concern. By age group (Base: all respondents, 2,018)**

Age remained a differentiator for initial concern levels, with older respondents showing higher concern, mirroring the age differences seen in response to Scenario A.

Regarding GMC action, only a small minority (5%) suggested no action should be taken. The most popular response was a warning (44%), followed by suspension (23%), supervision/restrictions (19%) and striking off the registrant (8%). These results are shown in Figure 13.

Sex differences emerged when examining preferred actions, with females (48%), particularly those aged over 70 (57%), more likely to favour a warning than was the case for males (41%). However, younger females (18-29) showed a greater tendency to support supervision/restrictions (29%) compared to the sample as a whole (19%).





**Figure 13 - What, if any, action should the GMC take in this scenario (B): no action; warning; supervision / restriction; suspension; strike off. By age group and sex (Base: all respondents, 2,018)**

When respondents explained their reasoning, criminality and dishonesty were key concerns. Almost half (49%) of those 160 respondents suggesting the registrant should be struck off cited the illegality of these actions as a reason.

The open comments revealed strong concerns about financial integrity and misuse of NHS resources. Many respondents viewed this as more serious than simple fare evasion due to the breach of trust with their employer and the misappropriation of public funds. Some emphasised that while this represented fraud, it should be considered alongside other potential mitigating factors when determining appropriate GMC action.

The fact that the money has been dishonestly obtained from the NHS/public purse was cited by around 8% of respondents as an aggravating consideration.

NHS money is tight enough without people wrongly claiming money they are not entitled to. (Survey response, female, 50-69, White British, Yorkshire)

As was the case with Scenario A, for some, the act of dishonesty led to a more general distrust and a sense that the registrant does not have the right character for their chosen profession.

I think this is quite serious and brings their character and morals into it. If they can behave fraudulently against their employer then they could do something similar in their workplace or cause harm or upset to their colleagues or patients. They should be suspended until it has been thoroughly investigated. (Survey response, female, 30-49, White British, East Midlands)



Others took a softer position, suggesting that a warning (the most popular option for this scenario) should be sufficient to prevent any repeat behaviour of this kind.

I chose the warning action, as while it is an undesirable choice that Registrant B made to be deceitful, I think the warning would hopefully make them think about their future actions. I do not think that, at this time, a restriction is needed to be put on what they are able to do work wise. (Survey response, female, 30-49, White British, Scotland)

### Qualitative views on the scenario

Whilst most participants selected a warning as their preferred action, this scenario was generally felt to be more serious than the fare evasion one. This was largely because it was the NHS being defrauded. The fact that a registrant might act in this way intentionally towards the NHS was felt to be unacceptable given that they know at first hand the financial challenges facing the organisation. It was seen as taking money that potentially could be spent on treating patients. Consideration was also given to how this might play out in the media, if it became public.

The previous one [Scenario A] is a lot more justifiable, because maybe they are poor and again, we just don't have enough understanding of the circumstances for us to completely say that that was wrong. You know, there's a lot of nuance... whereas this just feels like someone is stealing just for the sake of greed. (In-person group, 18-29, female, Leicester)

The amount of money appeared to make little difference to participants' views (i.e. whether they claimed £600 for a £275 expense or £92 for a £42 expense). However, some felt that it would be less concerning if the registrant only slightly inflated the expense claim (rather than more than doubling it, as in the given example).

Some participants did feel that GMC action would be unwarranted, feeling that the employer should deal with this directly (by asking for the money to be paid back and by introducing close monitoring of any future expense claims).

The GMC is not their employer... they're employed by a local health trust, so the trust might have a [procedure]... but it's a bit small fry for the GMC, for me... they should be concentrating on the big cases and getting those right. (50-69, male, Cheltenham)



## 6. Response to violence scenarios

### Section summary:

- The scenario related to a fight with a friend (C) generated overall lower levels of concern compared to all other scenarios. A minority (15%) viewed this as being of high concern, and nearly half of the sample (47%) indicated this scenario is of no or low concern. In contrast, the domestic abuse scenario (D) generated high levels of concern, with 42% of respondents viewing it as of high concern.
- Clear sex and age group differences emerged in the level of concern for both violence scenarios, with middle aged males expressing less concern about the fight scenario and younger males showing lower concern about the domestic abuse scenario. Differences by sex were also apparent in terms of preferred GMC action for the domestic abuse scenario.
- Mitigations suggested related to the fact that the events happened outside of the workplace and no charges being brought and aggravations related to repeated behaviours.

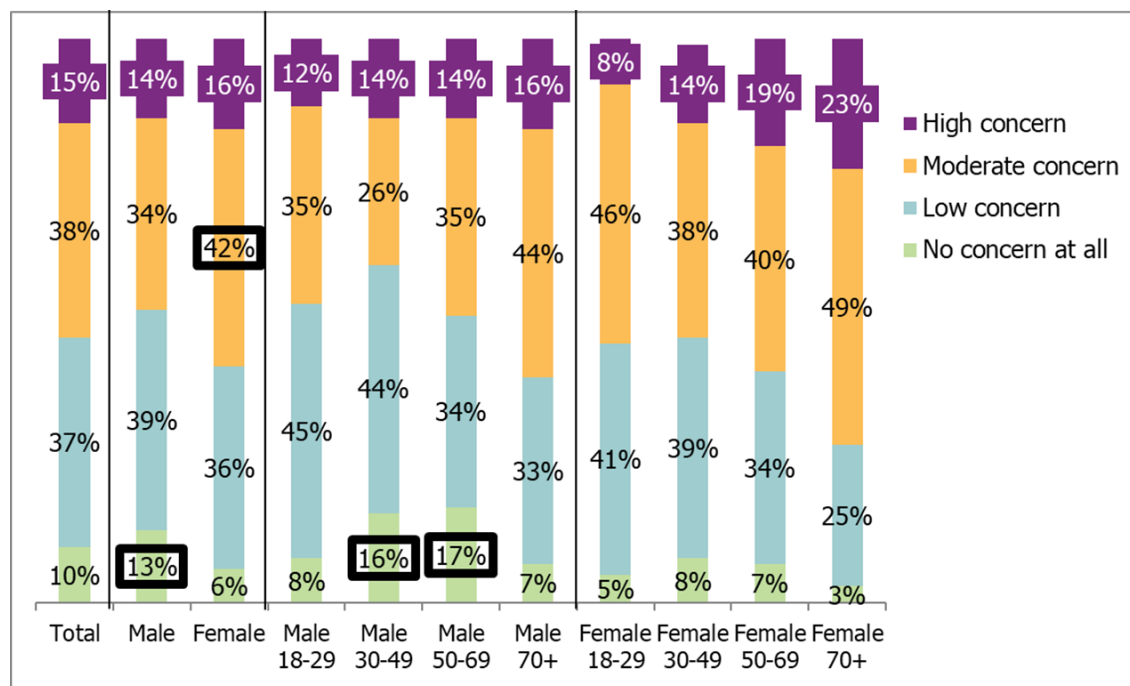
### 6.1 Scenario C – fight with friend

#### Scenario wording (survey)

On a weekend away with a group of friends, Registrant C gets into a physical fight with one friend, after the group has been drinking alcohol. The police had to intervene though no-one was arrested or charged. Registrant C's friend had some minor injuries that were treated at the scene.

This scenario generated overall lower levels of concern compared to others. As Figure 14 shows, a minority (15%) viewed this as being of high concern, and approaching half of the sample (47%) indicated this scenario is of no or low concern.





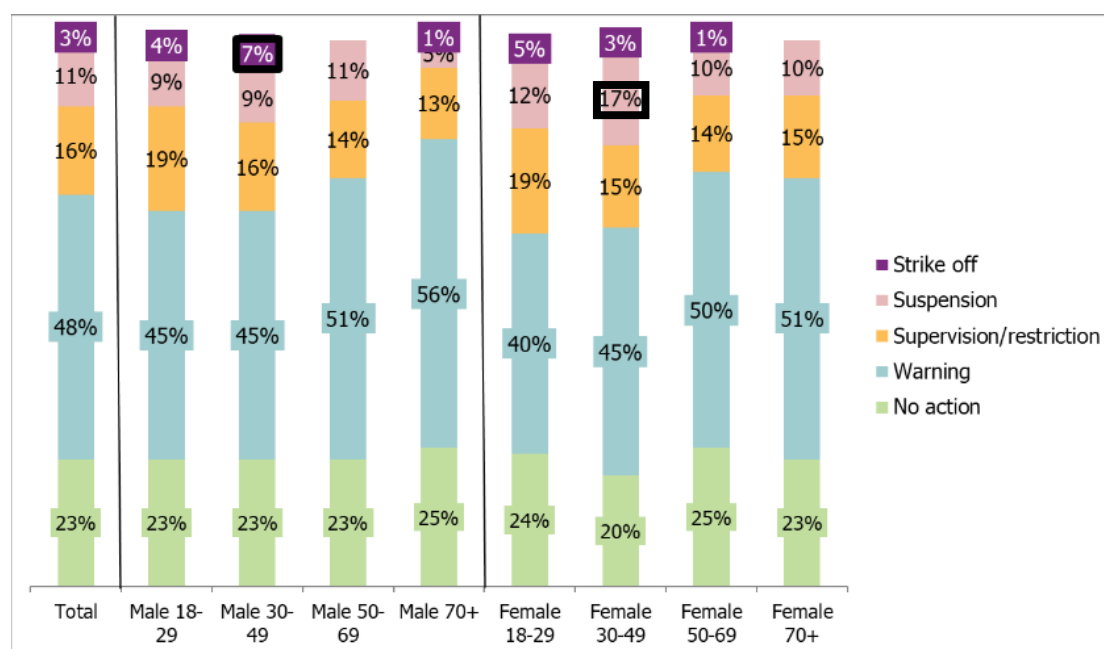
**Figure 14 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC’s duty to maintain public confidence in the professions they regulate. Please sort Scenario C into one of the following four categories: no concern at all; low concern; moderate concern; high concern. By sex and age group (Base: all respondents, 2,018)**

Clear sex and age group differences emerged in the level of concern, with males and females showing differing perspectives. Males overall were more likely to say this scenario was of no concern, albeit this was still a minority viewpoint (13%, compared to 6% for females). Middle aged males (aged 30-69) were more likely to indicate 'no concern', though this remained a minority view even within this demographic.

There were few significant demographic differences overall in relation to preferred GMC actions, as shown in Figure 15. The exception was that males aged 30-49 were more likely to suggest striking off, albeit only a small minority did so (7%). Females of the same age group were the most likely group to favour suspension (17%).

Muslim respondents (22%) and those from Asian ethnic backgrounds (14%) showed higher rates of support for striking off, though these findings should be treated cautiously due to the small sample sizes.





**Figure 15 - What, if any, action should the GMC take in this scenario (C): no action; warning; supervision / restriction; suspension; strike off. By age group and sex (Base: all respondents, 2,018)**

Key mitigating factors frequently cited as reasons for respondents' choice of action included the lack of serious harm, the isolated nature of the incident, and the absence of police charges. One-third (33%) of the 473 respondents suggesting no action emphasised that the behaviour was not serious or caused no significant harm. However, some respondents viewed physical violence as unacceptable regardless of the circumstances.

Physical violence should result in a suspension as it is a serious lapse in judgement. (Survey response, male, 50-69, White British, Wales)

Conversely, others considered the context of alcohol consumption and the absence of criminal charges as significant mitigating factors.

I think most people of the public would laugh this off. No arrests or charges. They were drunk. As no one else was harmed, it doesn't need a warning, though I wouldn't rule it out. (Survey response, male, 30-49, White British, South East)

One in ten (10%) respondents in fact stated that this was an incident outside of the workplace that should not necessarily impact on the registrant's professional practice.

Although the incident involved unprofessional behaviour outside of work, it was an isolated event with minor injuries and no criminal charges, so a warning appropriately addresses the lapse in judgment while maintaining public confidence without imposing harsher sanctions for more serious or repeated misconduct. (Survey response, male, 18-29, African, Greater London)



This was a personal incident and shouldn't impact their career especially if no police action was taken. (Survey response, male, 30-49, White British, North West)

Open comments reveal mixed attitudes toward alcohol-related violence. For some, the context of alcohol consumption raised significant concerns about the registrant and a consequent need to monitor them in the future.

This I think is the best solution for now as alcohol was involved. Supervision so his behaviour can be properly monitored. (Survey response, male, Indian, 30-49, Greater London)

For others, however, as a one-off incident, it is considered a relatively trivial matter – something that could happen to anyone.

Everyone does stupid things sometimes, especially with alcohol. Nobody was charged, the friends probably made up soon enough and it's not worth wasting time on. (Survey response, female, 30-49, White British, East Midlands)

There were also, however, many respondents who took the view that registrants should be held to a higher standard and they had concerns that this incident was suggestive of wider character flaws that need to be monitored and addressed.

Someone who has no control over their emotions and makes poor judgement - such as in the example here - should have to demonstrate they are remorseful and willing to improve if they are expected to be dealing with the general public in a professional capacity. (Survey response, female, 30-49, White British, Wales)

### Qualitative views on the scenario

In the qualitative discussions, similarly, this was felt to be the least serious of all the scenarios. Most felt that the scenario represented an individual letting off steam and it was described as 'tomfoolery'. They pointed out that the context wasn't provided i.e. what had happened immediately preceding the fight and whether the registrant was provoked and whether this was more of a 'scuffle'. This was the situation where participants had most empathy for the registrant, with many references to the registrant being 'only human' and that anyone can make a mistake. Participants were generally more tolerant of a younger, less experienced registrant doing this rather than an older registrant with more responsibility. However, there was some also discussion about the fact that any registrant should demonstrate more maturity no matter their age.

It's almost like what you do at the weekends is what you do at the weekend. Now, you shouldn't be fighting, but we all make mistakes. (Online group, male, rural participant)

I would say that because it's just so private and like you say, where do you draw the line? He's been out with his friends and he's had a bit of a kerfuffle



with one of them I don't care if Dr C's been out on a stag do and had a punch up with his mate; I still trust him as a doctor. (In-person group, 30-49, female, Newcastle)

However, some felt that this was a serious matter as it involved violence and criminality and so does damage public trust in the professions. Being involved in a physical fight, especially while drunk, suggested a lack of self-control and responsibility, qualities they expect from registrants. A minority took a very hardline approach feeling that registrants should not drink alcohol at all (Norwich 70+ participants); with others feeling that they shouldn't be drinking at any event linked to work<sup>8</sup>.

But that's not what you expect. If people have a bit to drink, then they might get giddy or whatever, but you don't expect violence. (In-person group, 70+, female, Norwich)

Repetition of the behaviour was also seen as an aggravating factor as it suggests an alcohol problem and/ or anger management issues. There was some mention of the need to support registrants in this situation if they are discovered to have an issue with alcohol dependency.

Participants were asked to consider the impact of the registrant receiving a police caution in this scenario. Some felt that this was immaterial to GMC action or it implied that it wasn't a serious issue (because the police had only given a caution rather than further action). Others felt that any involvement of the police was a concern.

Once it's been investigated by the police and the police have then made a judgment based on the evidence, the GMC can't just sort of dismiss that out of hand. I think that would then change me towards a warning on your file and a shot across the bows, really. (Online group, male, rural participant)

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<sup>8</sup> One of the scenarios presented to qualitative participants related to the violence happening at a work conference

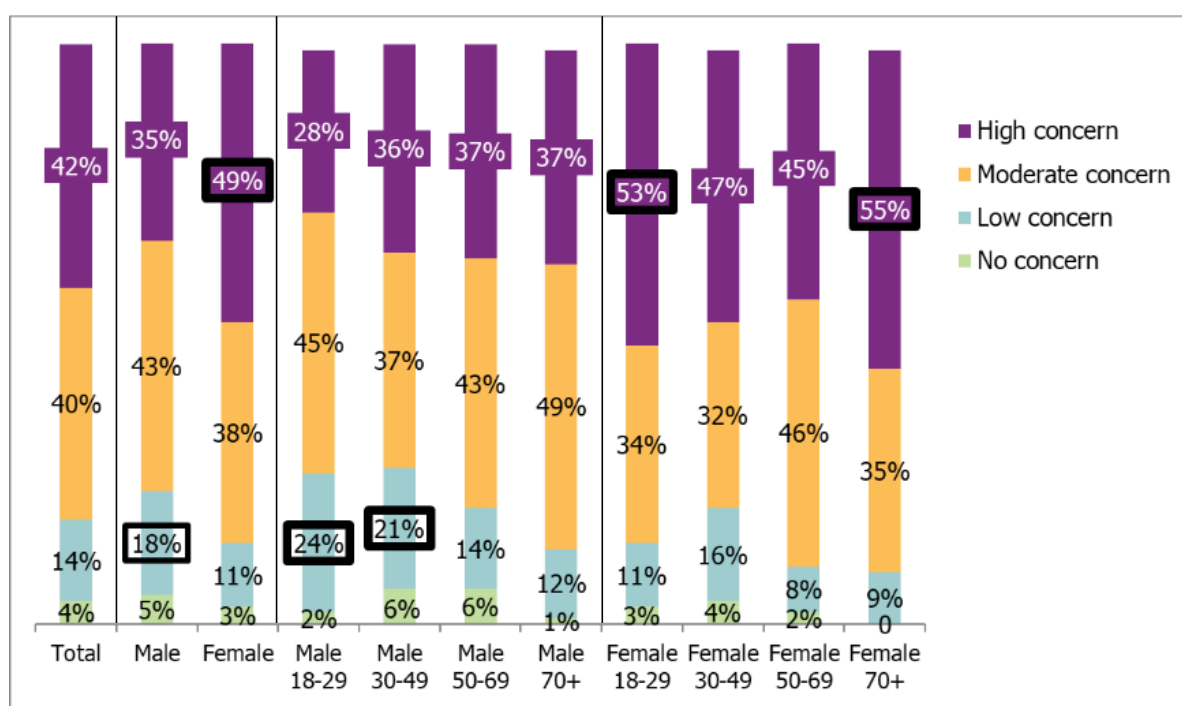


## 6.2 Scenario D – domestic abuse

### Scenario wording (survey)<sup>9</sup>

Registrant D has behaved in a verbally and physically aggressive manner towards their spouse including shouting at and throwing a dinner plate at them; pushing them out of the way and then slamming the door in their face. Although the police attended the family home following reports of a disturbance, no criminal charge or conviction has resulted from Registrant D's behaviour as the spouse did not wish to make a formal statement. The GMC must now make their own assessment of whether they need to take any action.

This domestic abuse scenario generated high levels of concern, with 82% of respondents viewing it as of moderate or high concern, as shown in Figure 16.



**Figure 16 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC's duty to maintain public confidence in the professions they regulate. Please sort Scenario D into one of the following four categories: no concern at all; low concern; moderate concern; high concern. By sex and age group (Base: all respondents, 2,018)**

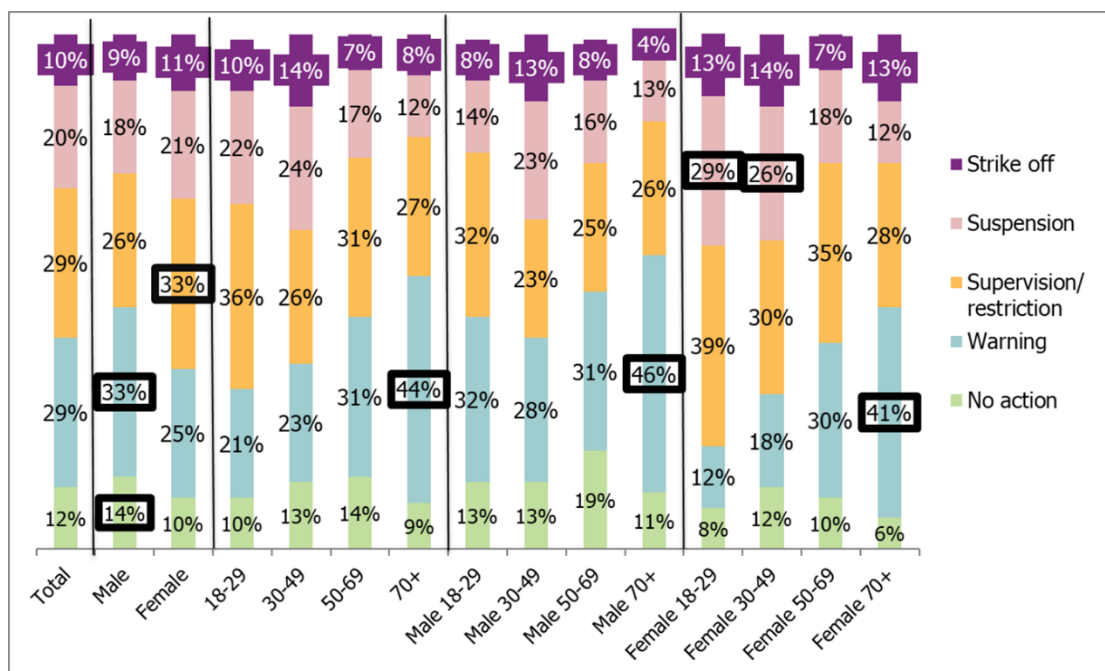
Substantial differences existed between demographic groups regarding concern levels. There was a clear distinction between females and males overall, with almost half of all female respondents (49%) identifying this as of high concern, compared to 35% of males. Over half of 18-29 year old females (53%) expressed high concern about this

<sup>9</sup> The reference to allegations was removed following the online forum as this suggested to participants that there was uncertainty about whether the violence occurred. Further information on the police involvement was provided following the live group discussion as this was felt to be unclear. A sentence was also added to underline the distinction between police and GMC action.



scenario and an even higher proportion did so amongst females over 70 (55%). In stark contrast, almost a quarter of males aged 18-29 (24%) saw this as a matter of low concern, as did just over 1 in 5 (21%) of males aged 30-49.

Views on appropriate GMC actions also revealed several significant demographic differences, as shown in Figure 17. Females under 50 were more likely to choose suspension (29% of those aged 18-29 and 26% of those aged 30-49) than all other sex/age categories apart from men aged 30-39. Those over 70 (both sexes) more frequently opted for a warning, than was the case for other age groups (44% overall, compared to 29% of the total sample). Males were more likely than females to suggest either no action (14% vs. 10%) or a warning (33% vs. 25%) as the correct GMC action.



**Figure 17 - What, if any, action should the GMC take in this scenario (D): no action; warning; supervision / restriction; suspension; strike off. By age group and sex (Base: all respondents, 2,018)**

For those who sought a strong response, this was based on the violence and aggression displayed; 42% of those 218 respondents choosing to strike off this registrant cited this as their reason.

Conversely, 34% of those 245 respondents choosing no action, pointed to the absence of criminal charges, while 42% emphasised that the behaviour occurred outside the workplace.

The open comments further revealed deep divisions in the public’s opinion about domestic abuse and its relevance to professional practice.

Some respondents viewed violent behaviour toward a spouse as fundamentally incompatible with medical practice, expressing particular concern about vulnerable patients who may have experienced domestic abuse.



A violent, abusive person should not work in this field. (Survey response, female, 70+, White British, South East)

Others argued this represents a private matter that does not necessarily reflect professional competence.

As this was a personal matter, I feel that it would be sufficient to monitor the registrant. No charges were brought so this should not affect the GMC per se. (Survey response, male, White British, 50-69, South East)

Some respondents raised specific concerns about this registrant being allowed to treat and interact with vulnerable patients unsupervised.

I would be seriously concerned that there are vulnerable patients dealing with abuse at home who could be very scared to be treated by this person. (Survey response, female, 30-49, White British, South East)

Whilst for many the absence of any charges being made was enough to persuade them that the GMC need take no action, others argued that the lack of formal charges doesn't necessarily mean that the registrant is safe to continue practising.

Spouse not making a formal complaint doesn't mean the physical disturbance was not serious. The actions of the registrant are serious enough for a suspension. (Survey response, female, 50-69, White British, East Midlands)

Almost 1 in 3 respondents (29%) suggested the use of supervision/restrictions with regard to this scenario. These are rarely applied by the GMC in non-clinical cases, but many members of the public appeared to feel this might be the most appropriate course to take.

I think this is very difficult. It is possible that the registrant has a perfectly acceptable persona at work and is very different in behaviour from when at home. I should suggest that a course in anger management be a condition of the registrant being allowed to work. (Survey response, female, 50-69, White background, Greater London)

### Qualitative views on this scenario

Responses to this scenario were also very mixed in the qualitative discussions. Some felt that the lack of evidence (together with the possibility of a vexatious complaint) should equate to limited GMC actions<sup>10</sup>. They felt that this could be seen as a private matter – an argument that got out of hand and that registrants are entitled to some privacy.

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<sup>10</sup> It should be noted that the online forum and the initial group discussions, there was mention of 'allegations' in the scenario. This prompted some (typically male participants) to consider the possibility of vexatious allegations, the wording was therefore changed.



I think the GMC might say: 'Look, you need counselling on this. If this becomes a repeated issue, that you're having domestic arguments and it's getting worse, get some counselling.' But I don't think it's going to affect, again, his performance in front of patients. It's just something that needs to be resolved outside of that. (In-person group, 70+, male, Llandudno)

However, others pointed to the fact that this sequence of events is likely to have happened and the difficulty of proving domestic abuse (together with the barriers to a spouse making a statement like coercive control). Amongst the latter, there was some discomfort about the registrant continuing to treat patients, particularly women without a chaperone. There was concern about the registrant's apparent inability to manage emotions more generally which could ultimately impact how they are with patients.

It doesn't just happen once; it never just happens once. And that sort of behaviour comes from a place of hate and anger and emotions that... It's likely that this person needs help for whatever it is as well; but until such a point as you're more stable than that, I don't think you should be being able to treat people. (In-person group, 18-29, male, Glasgow)

I think if say it was a man and I'm a woman, I think I might feel that he's discriminating against me slightly, because if that's how he treats his wife, is he listening to what I'm saying as a patient? (In-person group, 70+, female, Norwich)

Possible mitigation was if the registrant went to counselling/anger management but again there were mixed feeling about this.

Evidence of previous, similar behaviour was seen as an aggravating factor which reinforced the need for a more severe sanction. The majority felt that the hypothetical involvement of a child in this scenario exacerbated the issue.

I would say suspended if the child was involved... I'm not saying that you'd do it to the opposite sex, but I'm just saying that could be highly emotional and it could be a bit more mutual; but if there's a child there, screaming and shouting or whatever, you don't do anything. You're the adult here and if you're a doctor, even more so. (In-person group, 30-49, female, Newcastle)



## 7. Response to social media scenario

### Section summary:

- The vast majority of respondents (70%) saw the social media scenario (E) as of moderate (42%) or high (28%) concern.
- Age and sex again served as key differentiators for concern levels. Young males (aged 18-29) were more likely to express 'no concern' (16%) than all other groups (7% of all respondents). Female respondents expressed a higher level of concern overall than males. Just under one-third (31%) of females selected high concern compared to 25% of males.
- Views on appropriate actions for the GMC showed more mixed patterns in terms of demographic variations. Overall, 12% selected no action and 44% selected warning. 7% selected strike off.
- Analysis of the open comments revealed a tension between support for freedom of expression and the need for registrants to be impartial.

### 7.1 Scenario E – expressing views causing serious offence on social media

#### Scenario wording (survey)<sup>11</sup>

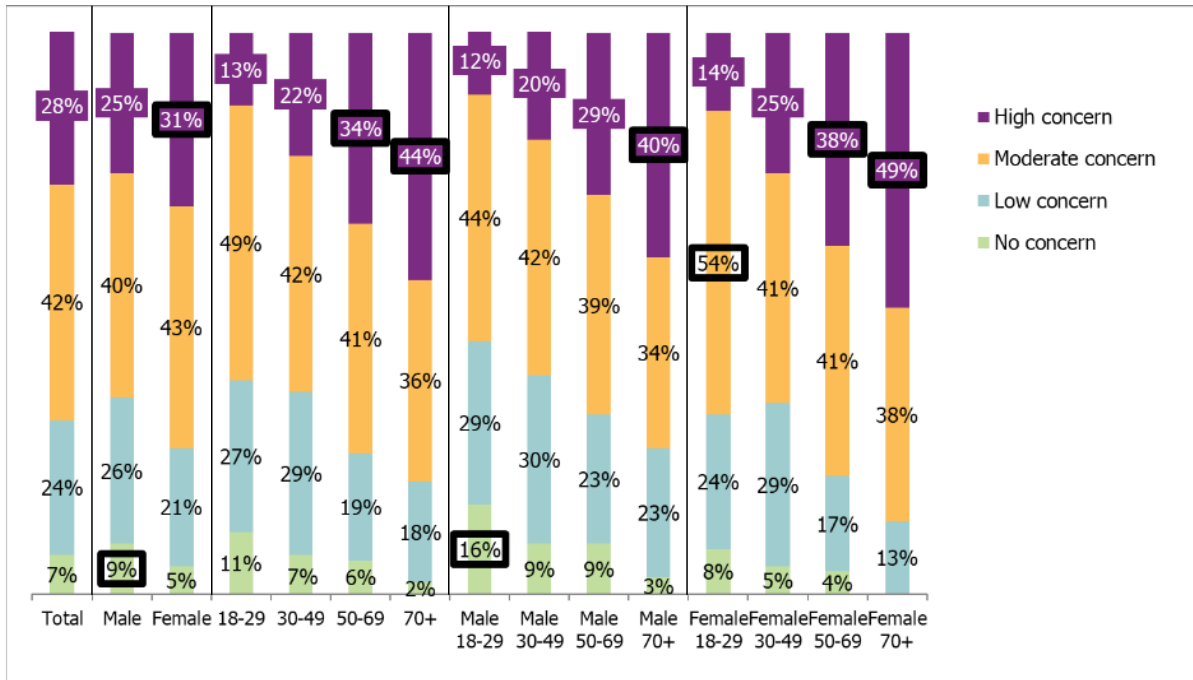
Several complaints are received by the GMC about views that Registrant E has expressed on social media about the conflict in the Middle East. The comments used offensive language to express Registrant E's opinions about the conflict from a particular perspective. Whilst the comments did not meet the definition for criminal conduct, social media responses show that they have caused serious offence to a large number of people. It's clear to anyone viewing Registrant E's social media account that they are currently registered with the GMC and working in the United Kingdom.

The vast majority of respondents (70%) saw this as of moderate (42%) or high (28%) concern, as shown in Figure 18.

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<sup>11</sup> Participants in the qualitative phase were unsure about the nature of the comments made so more detail was added for the survey. Further explanation was also provided in relation to the legal status of the comments.



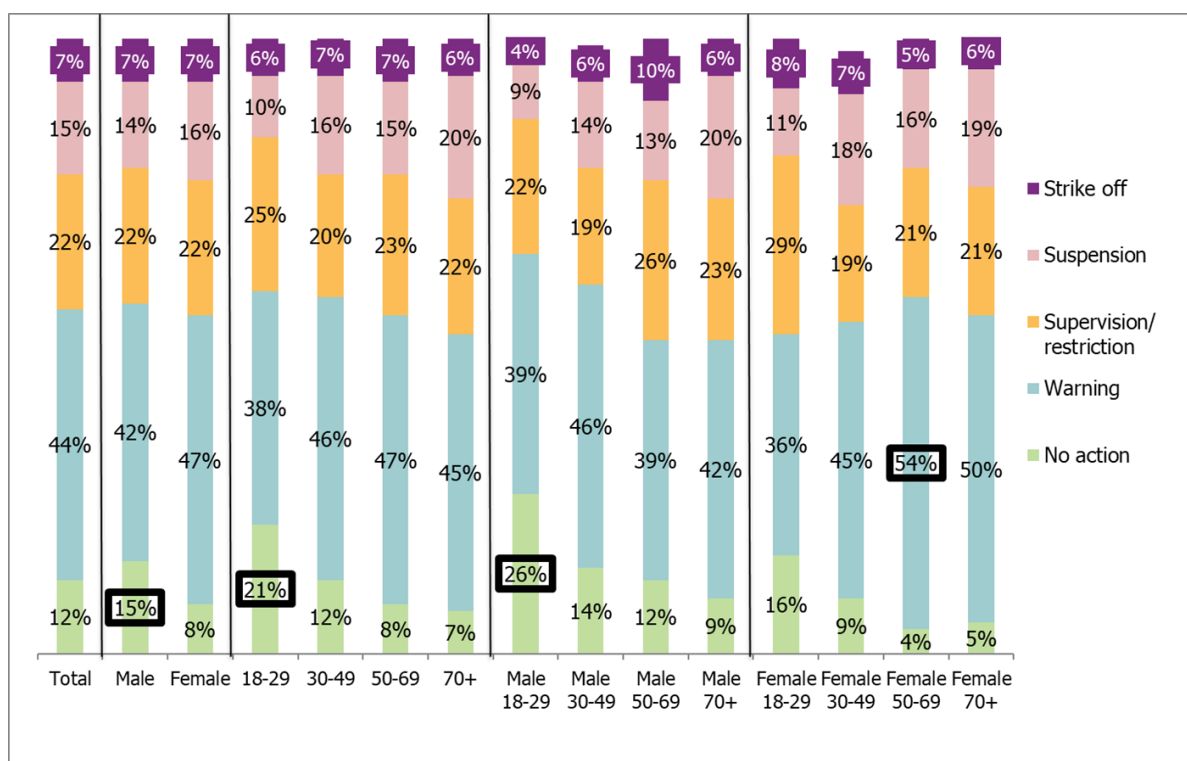


**Figure 18 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC’s duty to maintain public confidence in the professions they regulate. Please sort Scenario E into one of the following four categories: no concern at all; low concern; moderate concern; high concern. By sex and age group (Base: all respondents, 2,018)**

Age and sex again served as key differentiators for concern levels. Young males (aged 18-29) were more likely to express 'no concern' (16%) than all other groups (7% of all respondents). Female respondents expressed a higher level of concern overall than males. Just under one-third (31%) of females selected high concern compared to 25% of males. Across both sexes, the proportion expressing 'high concern' increased with age, showing clear generational differences in attitudes toward professionals’ conduct on social media.

Views on appropriate actions for the GMC showed more mixed patterns in terms of demographic variations (see Figure 19). Young people under 30 (21%), and particularly young males (26%), more frequently suggested the GMC should take no action. Meanwhile over half (54%) of female respondents between the ages of 50 and 69 suggested a warning as the action the GMC should take, a higher proportion than any other group.





**Figure 19 - What, if any, action should the GMC take in this scenario (E): No action; Warning; Supervision / restriction; Suspension; Strike off. By age group and sex (Base: all respondents, 2,018)**

Analysis of the open comments revealed a tension between support for freedom of expression and the need to be able to trust registrants to treat all patients fairly and without prejudice. Many respondents provided lengthy explanations of their rationale. This scenario generated the highest average character count for open-ended responses, indicating the complex ethical considerations involved.

Thirty-eight percent of those choosing no action explained their decision by referring to personal beliefs and freedom of expression. The open comments revealed sophisticated thinking about professional standards, social media responsibility, and the potential impact on patient care. Almost 1 in 10 respondents (9%) mentioned that public / patient trust may be affected.

There were also mentions of direct risks to patient safety if the registrant is not impartial in delivering patient care (5%), worrying that strongly held views might affect treatment of patients from different backgrounds.

This person obviously has very strong views on the subject. This could impact his interaction with patients from the ethnic group he/she has a problem with - for instance, if he/she is Arab, he may well be less than totally professional with patients of the Jewish faith – or vice versa. He has already shown lack of judgement by not moderating his social media posts so leaving him in post could well result in some unpleasant scenarios. (Survey response, male, 70+, White Irish, Northern Ireland)



I am split between no action and warning. Even though the registrant's comments did not meet a set definition for criminal conduct, they have caused serious offence to a large number of people. This to me signifies the registrant has offended a particular race or ethnicity given the subject of conflict in the Middle East. My concern is if the registrant needed to treat a person of this race/ethnicity, would they maintain the patient care standards? (Survey response, female, 18-29, White British, West Midlands)

Others defended the right to personal expression outside of the professional context. In fact, 38% of those 232 respondents who chose no action explained that this was because the behaviour was related to personal beliefs/freedom of expression.

Freedom of speech is important however they should be told to put 'views are my own' in their profile. (Survey response, male, 18-29, White British, West Midlands)

The fact that the comments caused offence was a key driver of many respondents' choice of action (12% of all respondents). There were also frequent mentions that this is unprofessional behaviour and that registrants should know better:

The actions caused offence and were opinions. Society tends to 'look up' to registrants and believe professional standards must be in place. For the registrant to hold such views is personal and must not be made public. Social media is powerful and for a registrant to be openly sharing views on this platform is not professional. (Survey response, female, 50-69, White British, East Midlands)

### Qualitative views on the scenario

Most qualitative participants felt that the registrant should face some sort of sanction, with a fairly even split between those preferring a warning and those who advocated for a more serious sanction. There was a general consensus that this behaviour illustrated a lack of emotional intelligence and that they would have expected better of a registrant. Some participants felt that everyone, including doctors, has a right to personal views and freedom of expression, but this right comes with greater responsibility for those in trusted professions.

Being a doctor doesn't change who you are as a person or your views in certain things, but the way you express them should be with a lot of emotional intelligence, especially when you know there are people with very divergent views on these things. (In-person group, 30-49, female, Newcastle)

Participants acknowledged the blurred line between personal and professional life on social media, especially when a doctor's identity is known. There was an expectation that the employer and/or the GMC must have clear guidelines in place about this sort of behaviour and that the registrant should be fully aware of these expectations – there are 'rules of engagement'. The fact that the profile mentioned their profession exacerbated the issue. Some likened it to their own jobs, mentioning employers that had made it clear that this sort of activity would be penalised. There was mention of Gary Lineker as an example in this respect.



If they're linking it to their job, then really, they're an ambassador for the health service and they need to be impartial, really, in all their social media posts, as far as I'm concerned. (In-person group, 50-69, male, Cheltenham)

My contract where I work says I can't do anything on social media that would bring the company into disrepute. I could even be sacked for it and my salary isn't paid for by taxpayers. So I think it's more serious if a doctor does something like that. (Online group, male, rural participant)

Some felt that re-training might be appropriate:

Depending on the nature of the comments, maybe some training in diversity or patient care or about training in professional conduct and why they need to conduct themselves a certain way in public and on social media. (Online group, female, participant who has made a healthcare complaint)

However, a minority felt that no action was appropriate if the comments were not illegal, arguing that the registrant has a right to freedom of expression. They felt that it is impossible to judge intention, and that different things offend different people. This was particularly the case if the post was a one-off and not repeated behaviour.

I mean, how bad was it? If he's just posting stuff online, it's like, leave the guy's Twitter alone; that's his Twitter. So as far as I'm concerned, I think that one should just be like: leave them alone. (In-person group, 18-29, male, Glasgow)

As we know, people can share opinions and what offends somebody isn't necessarily offensive as found by the law or whatever; but you know, people can choose to be offended by whatever's said. (In-person group, 50-69, male, Cheltenham)

The scenario was left deliberately open in the qualitative research, with no reference to the Middle East. However, some participants spontaneously mentioned Gaza and the difficulties of striking a balance in relation to this topic in particular:

I follow a couple of doctors on social media, none of whom have posted any dodgy stuff, FYI, but one of them would post some stuff about Gaza and they're disgusted with what is happening there at the moment. And I don't know what kind of comments and stuff they get back on that, but I'd imagine there is a segment of the population that is very upset by that... And therefore, I don't think any action should be taken; they're not being derogatory. (Online group, female, participant with a disability)

Participants were asked whether, if the registrant had posted on a private WhatsApp group, it would make any difference to their views. Some felt that it was still concerning behaviour as it leaves a digital footprint and the registrant has still behaved in a naïve way. Others felt strongly that the registrant has more right to express their views in a more private setting.



## 8. Responses to criminality scenarios

### Section summary:

- This scenario about an acquittal following a sexual assault charge (F) generated high concern levels, with three-quarters (75%) viewing it as of moderate or high concern. Sex was the strongest differentiator of views on this scenario, with females expressing most concern (50% felt this was of high concern compared to 40% of males). The demographic analysis of preferred GMC actions was more complex. Rationales given for choices either focussed on the not guilty verdict or the potential risk to patients.
- For the protest scenario (G), seven in ten respondents (69%) considered this a moderate or high concern case. Concern levels increased with age and there were no significant differences by sex. Those over 50 were more likely to suggest firmer sanctions. The prison sentence was a key driver for severe GMC action.
- The scenario about extremist views (H) generated the highest level of concern across all eight examples. Levels of concern again rose by age although preferred action was more mixed. Open comments reflected deep concerns about the boundaries of acceptable speech, professional responsibility, and public safety.

### 8.1 Scenario F – acquittal following sexual assault charge

#### Scenario wording (survey)<sup>12</sup>

Registrant F was charged with a serious sexual assault against a female known to them in their personal life. The female has never been Registrant F's patient. The allegation was the subject of a criminal trial at which Registrant F pleaded not guilty. After the jury had considered all the evidence presented to them at the trial, Registrant F was acquitted (found not guilty). The GMC must now make their own assessment of whether they need to take any action.

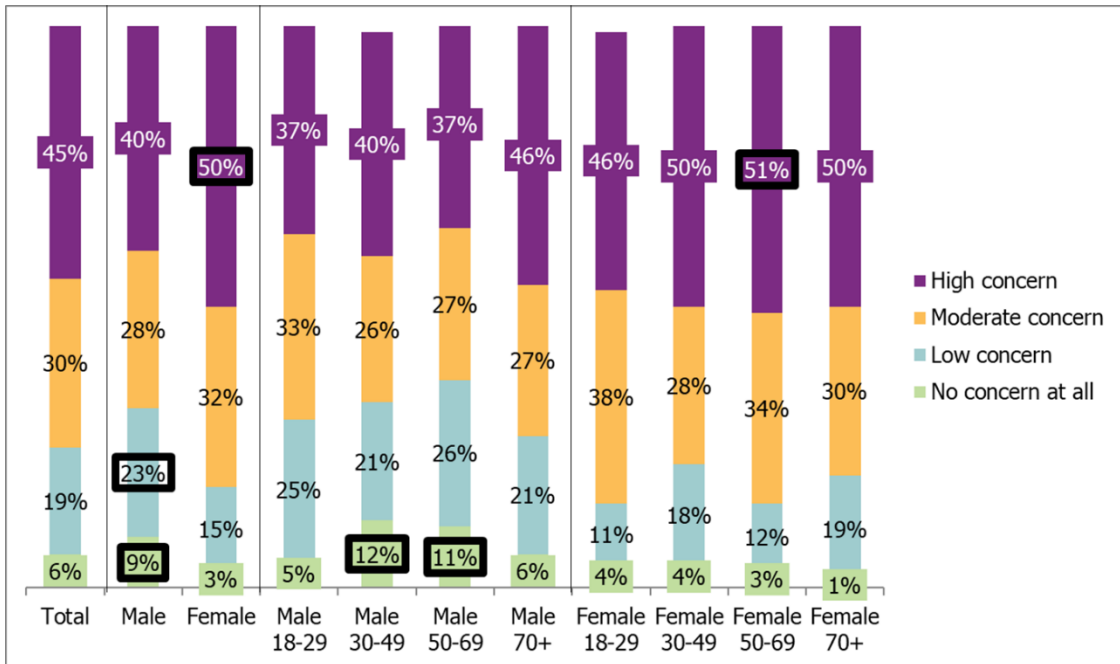
This scenario generated high concern levels, with three-quarters (75%) viewing it as of moderate or high concern, as shown in Figure 20.

Sex was the strongest differentiator of views on this scenario. Half of all females (50%) viewed this as of high concern, compared to 40% of male respondents. In total almost a third of male respondents (32%) stated this to be of low or no concern, while only 18% of females viewed it the same way. Middle-aged males were most likely to express 'no concern' (12% of those aged 30-49; 11% of those aged 50-69).

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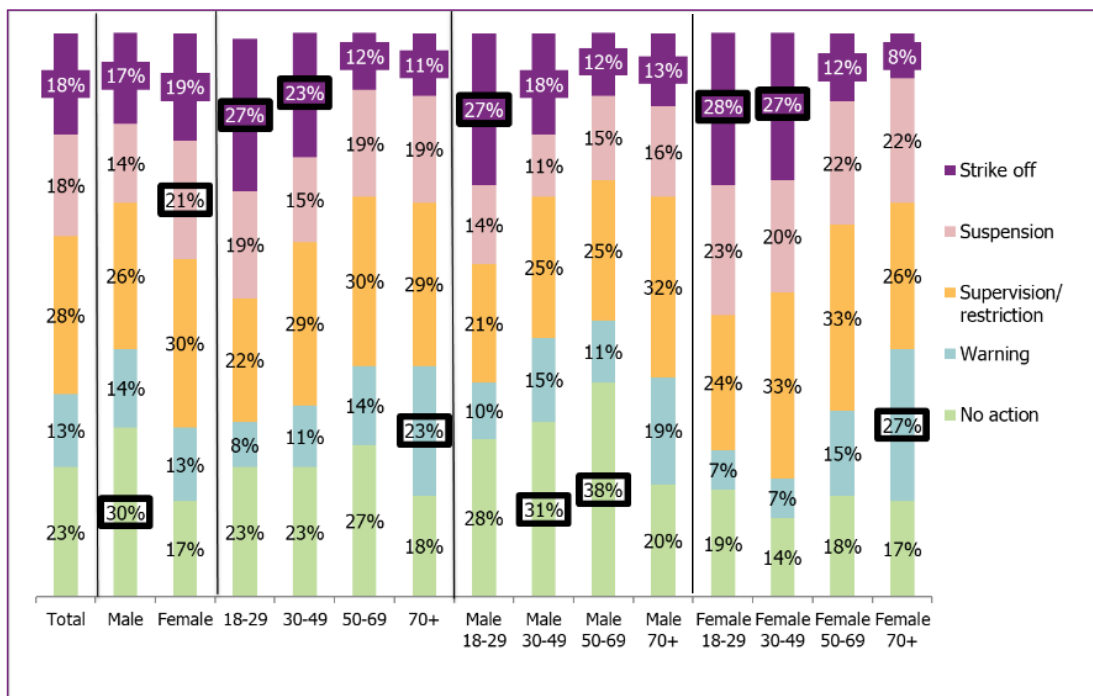
<sup>12</sup> A sentence was added following the qualitative research to underline the distinction between police and GMC action.





**Figure 20 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC’s duty to maintain public confidence in the professions they regulate. Please sort Scenario F into one of the following four categories: no concern at all; low concern; moderate concern; high concern. By sex and age group (Base: all respondents, 2,018)**

The demographic analysis of preferred GMC actions created a complex picture, as shown in Figure 21.



**Figure 21 - What, if any, action should the GMC take in this scenario (F): No action; Warning; Supervision / restriction; Suspension; Strike off. By age group and sex (Base: all respondents, 2,018)**



All sub-groups showed mixed views on appropriate responses for the GMC to take. Almost 1 in 3 male respondents (30%) were of the view that the GMC should take no action, this compared to 17% of females. However, supervision/restriction was the most popular action overall (selected by 28% of all respondents). Many explained they envisaged supervision specifically to monitor and safeguard patients during the registrant's future interactions with female patients (given that the assault victim had been female).

Males aged 30-69 were more likely to suggest no action being necessary. Females under 50 and males under 30, on the other hand, were more likely to support striking the registrant off.

The acquittal after trial was the key factor for those supporting softer actions, with 82% of those 487 respondents who opted for no action specifically mentioning the 'not guilty' verdict in their reasoning.

They were found not guilty, why should there be any more action taken? That is the point of the criminal justice system and their career should not be targeted if they were found not guilty. (Survey response, male, 50-69, White British, North West)

The registrant was found not guilty and there was nothing hinting at impropriety in their professional life so I can't see how the GMC can justify distributing their own brand of justice. (Survey response, male, 40-59, White British, Wales)

However, for many it was the potential of a direct risk to patients as well as to public confidence, driving support for more serious sanctions, in spite of the acquittal.

Too risky to allow to continue close to the public. (Survey response, female, 70+, White British, Wales)

Sexual assault is totally unacceptable in any circumstances and the registrant should not be allowed to practice as the public are potentially at risk. (Survey response, female, 50-69, White British, Scotland)

Open comments revealed the complexity of thinking in response to this scenario, with respondents weighing legal outcomes and concerns about public safety. Some emphasised that acquittal in criminal court does not necessarily mean the GMC should take no action, while others argued strongly that the legal system's verdict should be the end of the matter. Often, it was the serious nature of the allegation that caused respondents to choose stronger actions.

Because of the seriousness of the offence and most sexual assault causes are found not guilty when they are they just can't prove it in criminal court. (Survey response, transgender female, 18-29, White British, Scotland)



## Qualitative views of the scenario

Of all the scenarios, this was one of the most divisive. When asked to select a sanction, there were broadly even numbers across all sanctions, with the exception of erasure which was chosen by a small number of participants. Some participants felt that the GMC should be mindful of the legal outcome (and the jury's decision) and it was inappropriate for them to sanction the registrant. Some were very wary of seemingly wrongful accusations and keen for the GMC not to take action if there is an element of doubt. The importance of fairness and due process was emphasised, with some feeling strongly that it would be unjust to punish or restrict a doctor's career if they had been found not guilty. Some saw the GMC as having a role to protect registrants in this situation rather than exacerbate the situation.

Let's say somebody accused you of rape and you hadn't done it and you went before a court and you were found not guilty, but your employer said, 'Well, you were accused of rape, so I'm sacking you.' If you really hadn't done it, you'd be a bit angry about that, wouldn't you? (In-person group, 50-69, male, Cheltenham)

Because he hasn't been found guilty, so at the end of the day, how unjust and how unfair would it be to punish someone for something that nothing proves that they've done, for someone that's potentially completely innocent, that had to go to trial and they still can't practice their job that they've studied for years etc? It just doesn't make sense. (Online group, female, participant who has made a healthcare complaint)

Others felt that sexual assault is notoriously difficult to prove; that the likelihood of it being a false accusation is small and that the registrant could have been able to afford a 'good' defence barrister. They would, therefore, expect some form of sanction in order to protect patients. They felt that the public would be equally aware of the low conviction statistics and the GMC should be seen to be doing something and investigating, not least because of the risk of something happening in the future.

There was some feeling that the burden of proof would (and should) be higher for courts than GMC – as they would potentially be putting someone in prison and that the Crown Prosecution Service would not have taken the case to court if there was little compelling evidence.

I think with sexual cases as well, though... in court, it's very hard to prove sexual assault, especially when it comes to areas like consent and things like that. So that's why I'm a bit: 'Oh, I don't know.' Because that's why I went on the sort of balance of probabilities. (In-person group, 30-49, female, Newcastle)

He's not guilty, but equally, I think there'd be issues of trust, because as you said, it would have been in the public domain and there may be a lot of females who would be a little bit intimidated by being treated by that person. (In-person group, 70+, male, Llandudno)



Some make a direct link to patient safety and feel particularly uncomfortable about registrants who work predominantly in women's health:

I would just think that's just a risk that I just wouldn't be willing to take, to allow him to be in that position in a room with a closed door with vulnerable patients. (Online group, female, participant who has made a healthcare complaint)

Those who had direct experience either through their career (working in legal services or the police) or through voluntary work with vulnerable audiences felt particularly strongly about this.

I'm a big believer in the legal process. We've got to. At the end of the day, we've got to; but I also know how knackered it is and I know how wobbly it's gone and I know how it's failed victims of serious sexual crimes. So I know all of this because it's my job. (In-person group, 50-69, male, Cheltenham)

Some participants felt extremely conflicted and uneasy about this scenario – feeling rationally that the GMC shouldn't act, but emotionally that they would have a doubt about patient safety (particularly of female patients). Adding to the hypothetical scenario, part-way through discussions, that the acquittal was based on a technicality served to confuse and accentuate this dilemma.

Any suggestion of a pattern (e.g. previous accusations) were seen as a clear and strong aggravating factor.

As seen in the survey, there was a distinct gender divide on opinion on this scenario – with females more likely to indicate that they see the behaviour as serious and concerning than males. Whilst there were some males who saw any suggestion of violence against females as a clear red line in terms of behaviour, others focussed on the lack of evidence and the possibility of a vexatious allegation. Female participants were more likely to focus on the limitations of the legal process and consider how they would feel if they or their daughter were being treated by the registrant in question.

So I had a discussion with my husband about that, because he was in the room when I was doing it [the online forum] and I was like: '...I wouldn't be comfortable with a doctor who had been charged with sexual assault, whether he was found guilty or not, being in a room with my daughters. But then, my husband was like, 'But then, he's found not guilty, then you know...' and we had a whole kind of – not a fight, but we had a bit of a discussion (Online group, female, participant with a disability)

I think if you were a woman, you might have felt about it differently because you, you would feel more threatened, I think, being in a position with a male doctor who had been accused, even if they had been found not guilty. So I agree: I think there would be a male-female split there. (Online group, female, participant with a disability)

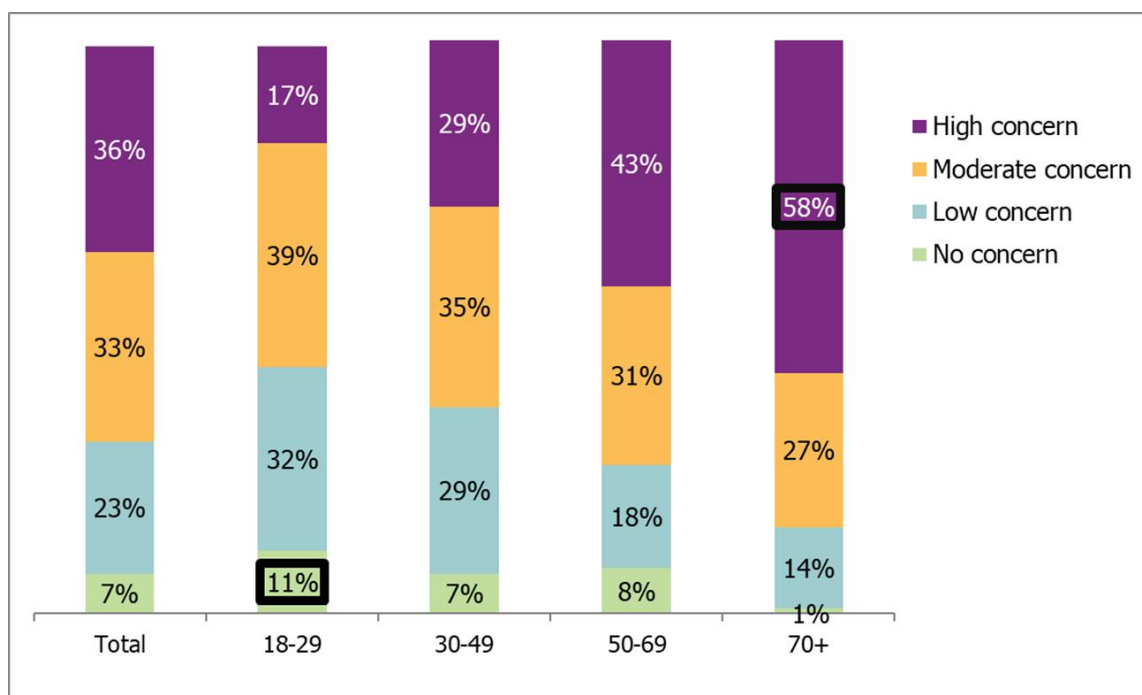


## 8.2 Scenario G – arrest and prison sentence following protest

### Scenario wording (survey)<sup>13</sup>

Outside of work Registrant G is an activist for a cause they feel strongly about. They have been arrested a number of times at protests. Most recently they have been arrested, charged and found guilty at a Magistrates' court of creating a public nuisance when taking part in a protest. The registrant was sentenced to (and has served) two months in prison.

Figure 22 shows that almost seven in ten respondents (69%) considered this a moderate or high concern case. Concern levels increased with age. Unlike other scenarios, there were no significant differences by sex.



**Figure 22 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC's duty to maintain public confidence in the professions they regulate. Please sort Scenario G into one of the following four categories: no concern at all; low concern; moderate concern; high concern. By age group (Base: all respondents, 2,018)**

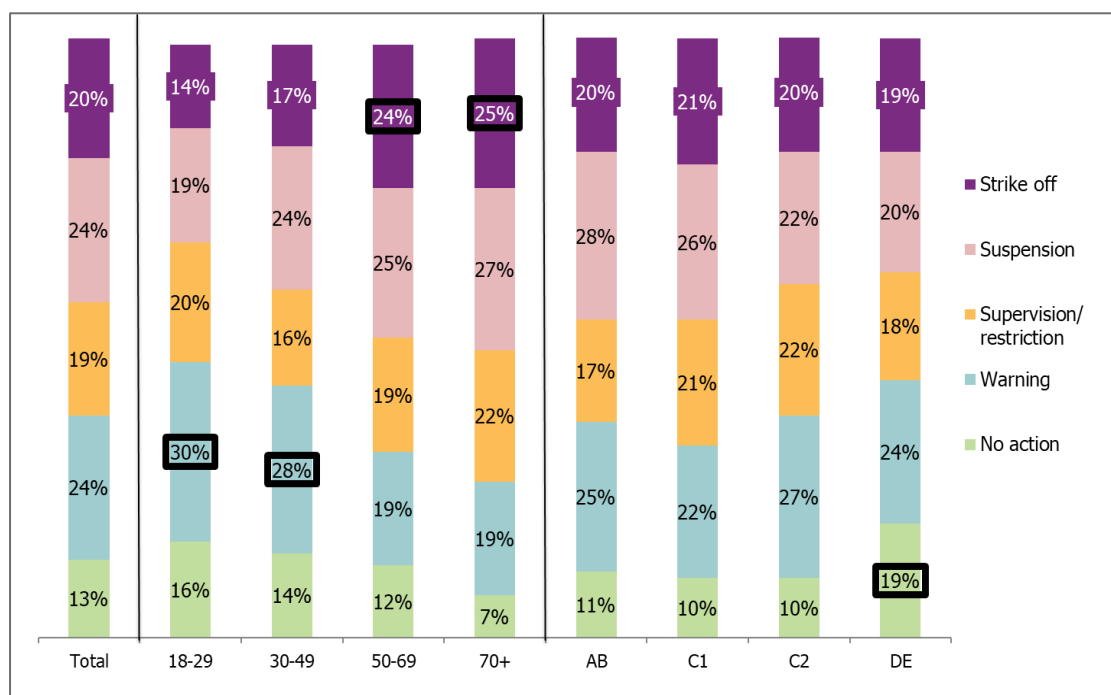
Whilst only 17% of those aged 18-29 saw this as being of high concern, amongst those aged over 70 this figure is 58%.

Those from lower socio-economic groups (DE) were more likely to express 'no concern' (13%) as compared to the sample as a whole (7%).

<sup>13</sup> A reference to motorway traffic was removed for the survey as this led participants in the qualitative research to automatically assume that the scenario was related to an environmental protest.



Age differences were also apparent regarding preferred GMC actions, as shown in Figure 23. Those over 50 were more likely to suggest firmer actions. Young females aged 18-29 were particularly likely to suggest a warning (36%). Those from DE social backgrounds were more likely to support no action (19%).



**Figure 23 - What, if any, action should the GMC take in this scenario (G): No action; Warning; Supervision / restriction; Suspension; Strike off. By age group and sex (Base: all respondents, 2,018)**

The prison sentence served as a key driver for severe GMC action, with almost half (48%) of those 368 respondents who called for striking off specifically mentioning the charge or imprisonment.

The fact they've served prison time says to me they should have at least a suspension, how long that should be would depend on knowing more info. (Survey response, male, 30-49, White British, Wales)

Conversely, 41% of those 223 respondents suggesting no action referred to freedom of expression rights.

This is another that could be seen as an attack on free speech or a right to protest. This can depend on what side of the debate you are coming from. I don't believe this is worthy of a severe punishment. (Survey response, female, 30-49, White British, Scotland)

Open comments revealed competing thoughts around the right to protest, professional standards, and the significance of imprisonment. Some viewed the prison sentence as incompatible with continued practice, while others defended the right to activism and peaceful protest outside of professional life, whilst often still arguing that some action



by the GMC may be appropriate. The repetition of the behaviours was an aggravating factor for some (5%).

[The registrant] should have made the choice as to which is more important to him, his career, or the cause for which he was arrested and sentenced to imprisonment. The two are not compatible and bound to bring the GMC into disrepute. I can't see any other option [than erasure] if the GMC wishes to retain public confidence. (Survey response, male, 70+, White British, East of England)

### Qualitative views on the scenario

Responses to this scenario were also very mixed in the qualitative phase, with roughly equal numbers choosing no action and strike off. Some participants were very conflicted.

I'm really conflicted; I really don't know. Because on one hand, I think it's a worthy cause and how would we have felt about the suffragettes, that kind of scenario? But on the other hand, they've spent time in prison, so yes, I'm not really sure. (Online group, female, participant with a disability)

Some of those who selected a more lenient approach did so for a number of reasons:

- They assumed that the scenario must be related to an environmental cause. This was partly because the scenario wording in the qualitative phase included reference to motorway disruption. As such, they felt that the registrants' actions were justifiable.
- Some felt that the law was too harsh for protesting and that the police were trying to make examples of people – and that the GMC shouldn't follow suit.
- Others felt that the registrant had already been punished by their time in prison and no or little further action was required.

Just because someone served two months in prison or they've been arrested for protesting, it feels different to me than if someone served two months in prison for a violent offence or two months in prison for something that had a different offence. I think for me, the protest thing is quite a unique thing that I think we do have a right to protest in a way that doesn't harm other people and I think that's been really stamped down on recently. (Online group, female, participant who has made a healthcare complaint)

A protest for something you care about? Losing your job? No, I don't think so. But you've been to prison and there's reputational damage there, obviously, so you do need to be careful about that, so it's a slap on the wrist, essentially, for me. (Online group, male, rural participant)

I think the point is, it's not putting the safety of the patients at risk; it's his own personal beliefs. So warn him [the registrant], perhaps, not to do it again. And I've not got that much confidence in people being arrested for protesting. (70+, male, Llandudno)



Some even went as far to say that they would prefer to be treated by a doctor who cares about the world around them.

But do you want your doctors to be passionate about you and the world around you or do you want robots? (In-person group, 50-69, female, Belfast)

It's a bit like law and morality in conflict, because yes, he is guilty, but I would believe he is trying to express his views. They're activism, they're not violent, they're not discriminatory, but he's trying to promote his views and I would say actually, in this case, the law is combating his ability to do that. (In-person group, 18-29, male, Glasgow)

At the other end of the spectrum, the time in prison and the repeated arrests were factors which influenced the call from some for the registrant to be erased. For them, the registrant receiving a fine rather than prison sentence would change their view of what action is required. Some felt that they would lose their own job if they were sent to prison and they couldn't understand why it would be different for a registrant. Some also just fundamentally did not believe that a doctor should have a criminal record and, thought that being a public nuisance quite literally goes against public confidence. Some consideration was given to the belief that this issue is likely to be very newsworthy.

Some views were hardened by the reference in the scenario (presented only to qualitative participants) to the protest stopping motorway traffic.

Some went as far as saying that registrants should choose between being an activist or a doctor.

I mean, they've been sentenced and they're in prison. They're a registrant, they've got a job to do and they can't do their duty, right? Like they might have surgeries or GP practices that need them and because they're putting this cause above their profession, they are unable to do their job and they've broken the law.... If they want to be an activist... I agree with you: I think we need activists; but maybe retire and be an activist or be in a peaceful process that follows the law. (In-person group, 30-49, male, London)

They questioned if the registrant felt this strongly about an issue, how will they treat someone who feels differently to them?

Yes, it's a bit deeper for me; it's about unconscious bias. And how do we know that a doctor actually doesn't have some funny thoughts about someone who doesn't agree with his point of view? (In-person group, 50-69, male, Cheltenham)

Some participants found it hard to move away from the fact that the GMC can't differentiate between type of cause:

I totally get that they have to, to some degree, remain politically unbiased, but equally, if they're not going to make a judgment about what kind of beliefs they



want in a medical circle, what are they doing? (In-person group, 18-29, male, Glasgow)

I think there is a difference as well, in that an environmental protest is for something, you're wanting a better future, you're wanting to better the planet. A far-right protest is against whole swathes of people and is a prejudicial situation, which would impact their treatment, potentially, of patient groups. So I don't know, I think they probably should be treated differently. (Online group, female, participant with a disability)

However, others felt that the GMC can't be seen to be in favour of any one cause:

We will know that the newspapers, if we don't do anything, will say the GMC... Say it was just stop oil, the newspaper headline, if we don't do anything, will be: 'The GMC support Just Stop Oil.' (In-person group, 70+, male, Llandudno)

### 8.3 Scenario H – expression of extremist views

#### **Scenario wording (survey)<sup>14</sup>**

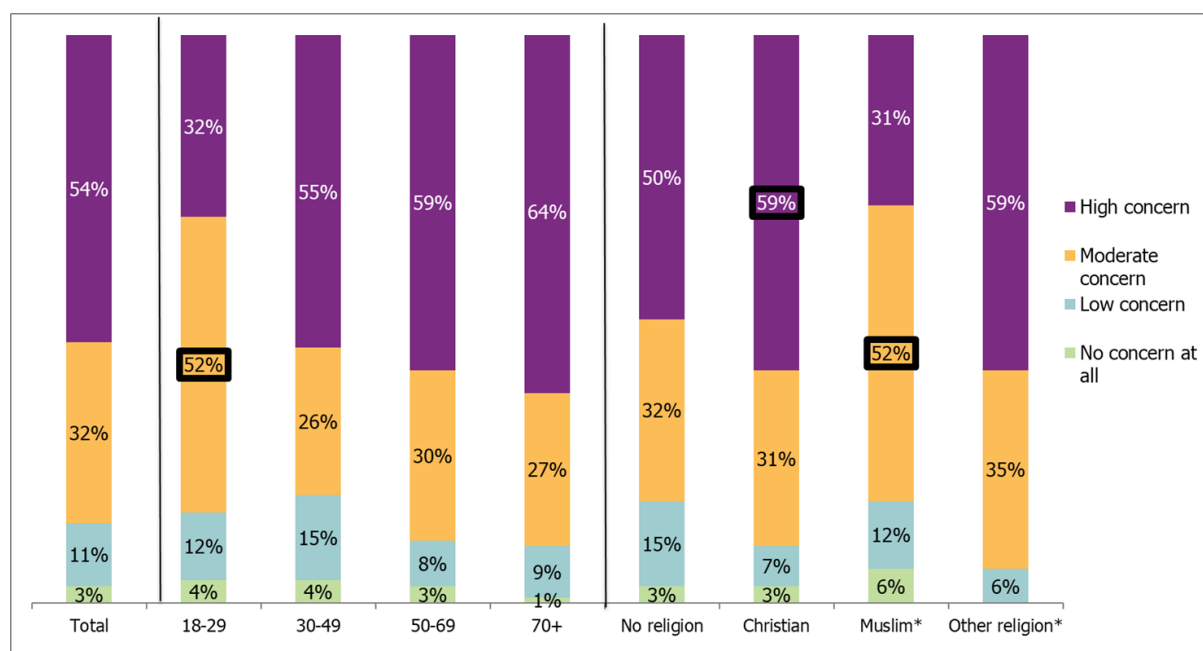
Registrant H has been investigated by the police for expressing extremist views at a public rally encouraging those present to take violent action in support of their beliefs. There have been accusations from some that the registrant is likely to encourage terrorism with their words. Registrant H is not going to be charged with any offence as the views expressed were not sufficiently extreme to amount to a crime. The GMC must now make their own assessment of whether they need to take any action.

This scenario generated the highest level of concern across all eight examples, as shown in Figure 24. As was the case for Scenario G there were no significant differences in concern level by sex.

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<sup>14</sup> Further explanation was provided for the survey in relation to police charges and the fact that the registrant had not committed a crime. A sentence was also added to underline the distinction between police and GMC action.





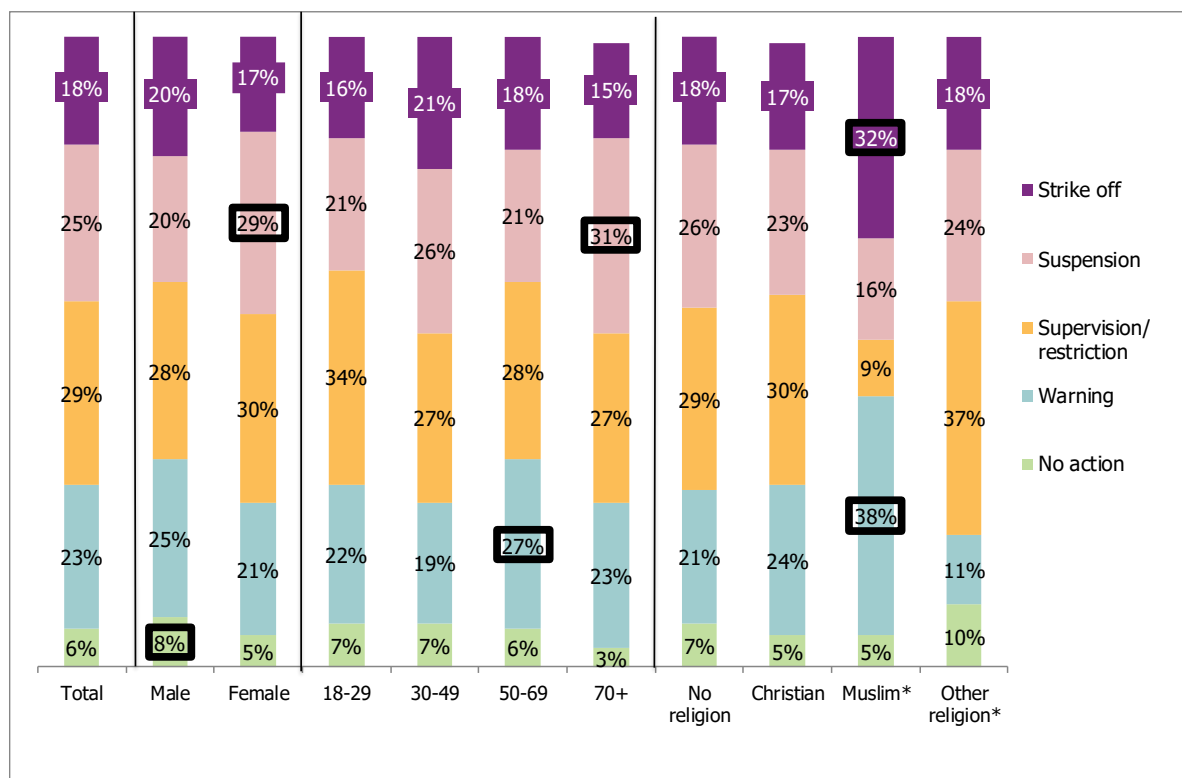
**Figure 24 - We would like you to tell us how much of a concern you feel each scenario is in terms of the GMC’s duty to maintain public confidence in the professions they regulate. Please sort Scenario H into one of the following four categories: no concern at all; low concern; moderate concern; high concern. By age group and religion (Base: all respondents, 2,018)**

The youngest age group (18-29-year-olds) was the least likely to view this as being of high concern, instead they were the most likely to indicate this scenario as being of moderate concern, over half (52%) indicated this, a much higher proportion than for any other age group.

Over half of all Muslim respondents (52%) also indicated a moderate level of concern and the lowest level of high concern amongst religious groups (31% compared to 59% for Christians and 59% of those of other religions). However, this finding should be treated cautiously due to the small sample size involved.

Those from lower socio-economic backgrounds (DE) were more likely to express ‘no concern’ in response to Scenario H - 7%, compared to 3% for the sample as a whole.





**Figure 25 - A What, if any, action should the GMC take in this scenario (H): No action; Warning; Supervision / restriction; Suspension; Strike off. By sex, age group and religion (Base: all respondents, 2,018)**

All demographic sub-groups gave a mix of responses regarding appropriate actions they believed the GMC should take. Females were more likely to favour suspension (29%) than males (20%). Though still a small minority view (8%), males were more likely to suggest no action than females (5%).

Those over 70 were the most likely age group to favour suspension in this case (31%). Meanwhile those aged 50-69 were the most likely age group to suggest a warning (27%).

Muslim respondents were particularly divided, being more likely to suggest either a warning (38%) or striking off (32%).

The scenario was viewed as extremely serious by many, with frequent mentions of the registrant setting a bad example. Almost a quarter (24%) of those 365 respondents who suggested striking off mentioned concerns about this, while 17% specifically referenced the terrorism connection.

They encouraged violence and could encourage terrorism – this is not in keeping with the doctor’s oath to uphold all life and there is the potential for them to discriminate against certain cultures. (Survey response, male, 30-49, White British, South-West)

Twenty percent of the 136 respondents who supported no action, on the other hand, referred to principles of freedom of expression.



After an impartial review on the registrant's statements, a warning could be issued. But it should be conveyed carefully without abuse of power. People are entitled to their opinions and activism. (Survey response, male, 30-49, Asian background, Northern Ireland)

Open comments reflected deep concerns about the boundaries of acceptable speech, professional responsibility, and public safety. Many respondents struggled with balancing free expression rights against concerns about encouraging violence and the potential impact on public confidence in the GMC regulated professions. The fact that criminal proceedings were not pursued was also a frequent consideration when respondents chose an action.

Everyone must be allowed to express their legally held opinions but if that close to the line, the suggestion to rein it in would be a good one. (Survey response, male, 30-49, Mixed White and Asian, East of England)

Expressing extremist views should be treated quite seriously, but given they were not extreme enough to amount to a crime, a small suspension seems the most appropriate. (Survey response, male, White British, 30-49, East Midlands)

### Qualitative views on the scenario

This scenario engendered least difference of opinion of all the scenarios presented to qualitative participants. It scored the highest in terms of level of concern and the highest numbers of participants choosing suspension or erasure when presented with a choice of sanctions.

You're putting yourself in that spotlight and you are in support of their actions, in support of their beliefs and encouraging people to take this action, then I don't think you are in a position of trust – or should be in a position of trust, personally. (In-person group, 50-69, male, Cheltenham)

Those who chose a low level sanction were largely influenced by the fact that the Crown Prosecution Service had decided to take no action, with the belief that the GMC should follow suit.

There was also some discussion about how the definition of 'extremism' can be subjective (and how what is thought to be extreme one day might not be the next), and whether the accusations of terrorism were actually that credible.

And the kind of subjective nature of extremist views, without knowing what extremist views. Which ones are we talking about here and who's the opposite making the accusations? And because there's been no prosecution, even though the police have investigated it. (In-person group, 70+, male, Llandudno)

However, there was evident concern that inciting violence could translate/carry through to how the registrant treats (and potentially discriminates against) patients.



They're calling people to arms, calling people to commit crimes against other people, violent crimes. That's not what people in the medical profession should be condoning. The exact opposite; they're there to save lives, not endanger them. So those core principles of the person have to be called into question at that point. (Online group, male, rural participant)

Let's say you have strong views about a certain religion and you're expressing and trying to get other people to take violent action, so let's say it's against Muslims and you have a Muslim person that comes into the practice and because of their religion, you could possibly treat them as that, if that makes sense? (In-person group, 30-49, male, London)

Repetition of the behaviour was seen as being a key aggravating factor. There was also a tendency to feel that an apology is meaningless in this scenario – if someone is inciting violence, they feel strongly about the issues and probably don't feel remorse for doing it.

Opinions were expressed particularly strongly in the in-person group held in Belfast, which is perhaps not surprising given the recent political history. They felt that allegations of inciting violence or terrorism were fundamentally incompatible with the responsibilities of a doctor. They felt behaviour goes far beyond issues of personal conduct or freedom of expression; it represents a direct threat to public safety and social order. However, participants felt there was a need for clear evidence and due process, recognising the gravity of the accusation and the importance of not acting solely on unproven allegations.

We've had enough doctors over here that have showed up and dealt with... the product of terrorism. Any doctor, who thinks that's [expressing extremist ideas] a good idea is unfit for the job. (In-person group, 50-69, female, Belfast)



## 9. Aggravating and mitigating factors

### Section summary:

- Survey respondents were asked to consider a list of different factors and indicate the extent to which each should be viewed as either an aggravating or mitigating factor by the GMC. Overall, factors that could make the GMC's action firmer, especially much firmer, were more frequently endorsed than those that could make the GMC's action softer / much softer.
- The most frequently endorsed aggravating factor was behaviour that seemed to be part of a pattern (89% of respondents indicated that they feel that the GMC should take a 'bit firmer' or 'much firmer' action if the registrant has done similar things before).
- In terms of possible mitigations, survey respondents were least likely to believe that the degree of harm in violence cases being minimal and the amount of money in dishonesty cases being small should make a difference to GMC action.
- Survey participants considered statements that might affect how firm a response the GMC could take. In reviewing these aggravating and mitigating factors, females tended to advocate a firmer GMC line than male respondents with statistical differences being apparent for five of the ten statements. Analysis of responses to aggravating factors by age group showed that respondents aged over 50 were more likely than younger respondents to say that that the aggravating factors should make the GMC much firmer in their approach.

Aggravating and mitigating factors with regard to fitness to practise scenarios were explored in all phases of the research in a number of ways. In the survey, a series of questions were asked once respondents had seen and commented on all the scenarios. In the discussion groups, they were discussed following the introduction of each of the scenarios.

### 9.1 Mitigations and aggravations mentioned spontaneously

After deciding on the action the GMC should take in response to each scenario, survey respondents were asked to explain the reasons for their choices. This was prior to being introduced to potential mitigating or aggravating factors in subsequent questions. The analysis of these spontaneous responses revealed some common ground across the scenarios, in terms of mitigating and aggravating factors.

Commonly cited **aggravating factors** focussed on the behaviours being criminal or illegal, where this was the case, in particular Scenario [A](#) (17%) and Scenario [B](#) (22%). Similarly, in response to Scenario [G](#) many respondents cited the fact that the registrant had served a prison sentence as the reason for their chosen action (28%).



Scenario [D](#) (21%) and, to a lesser extent, Scenario [C](#) (10%) led to discussion of aggressive and violent behaviours as a reason for respondents' choice of GMC action. Some scenarios also gave rise to mentions of a direct risk to patient safety, in particular Scenario [D](#) (11%) and Scenario [E](#) (10%).

The fact that the behaviour set a bad example for registrants was mentioned in relation to a number of scenarios, most frequently in relation to Scenario [H](#) (14%). Where the scenario wording made it clear that the behaviour was not a 'first offence' and that repetition has occurred, this was also mentioned by some as part of their rationale (Scenario [A](#), 5% and Scenario [G](#), 5%). The seriousness of the incident or allegation was a common driver of the actions chosen, in particular for Scenarios [H](#) (13%) and [E](#) (11%).

There were a number of recurrent **mitigating factors** in respondents' open comments across all scenarios. Many comments related to the behaviour occurring outside of work; highest mentions of this were in relation to the two violence scenarios, [C](#) (10%) and [D](#) (11%). The behaviour not being harmful or serious was also mentioned frequently across many cases; particularly in relation to Scenarios [C](#) (19%), [A](#) (11%) and [B](#) (9%). The possibility that there might be mitigating circumstances such as stress or personal problems was also highlighted; this was highest for Scenarios [C](#) (14%) and [G](#) (9%).

The fact that there was no charge brought by the police, or no criminal conviction, was a strong mitigation in the scenarios where this is the case: Scenario [D](#) (12%) Scenario [C](#) (10%) and in particular Scenario [E](#) (34%). The lack of impact on patient safety and/or the registrant's skills and abilities in their profession is given as a reason for choice of action by at least some respondents across all of the scenarios. The fact that the registrant was asserting their personal beliefs and mentions of freedom of speech were frequent mitigating justifications for Scenarios [E](#) (12%) and [G](#) (13%).

## 9.2 Overall response to prompted aggravating and mitigating factors

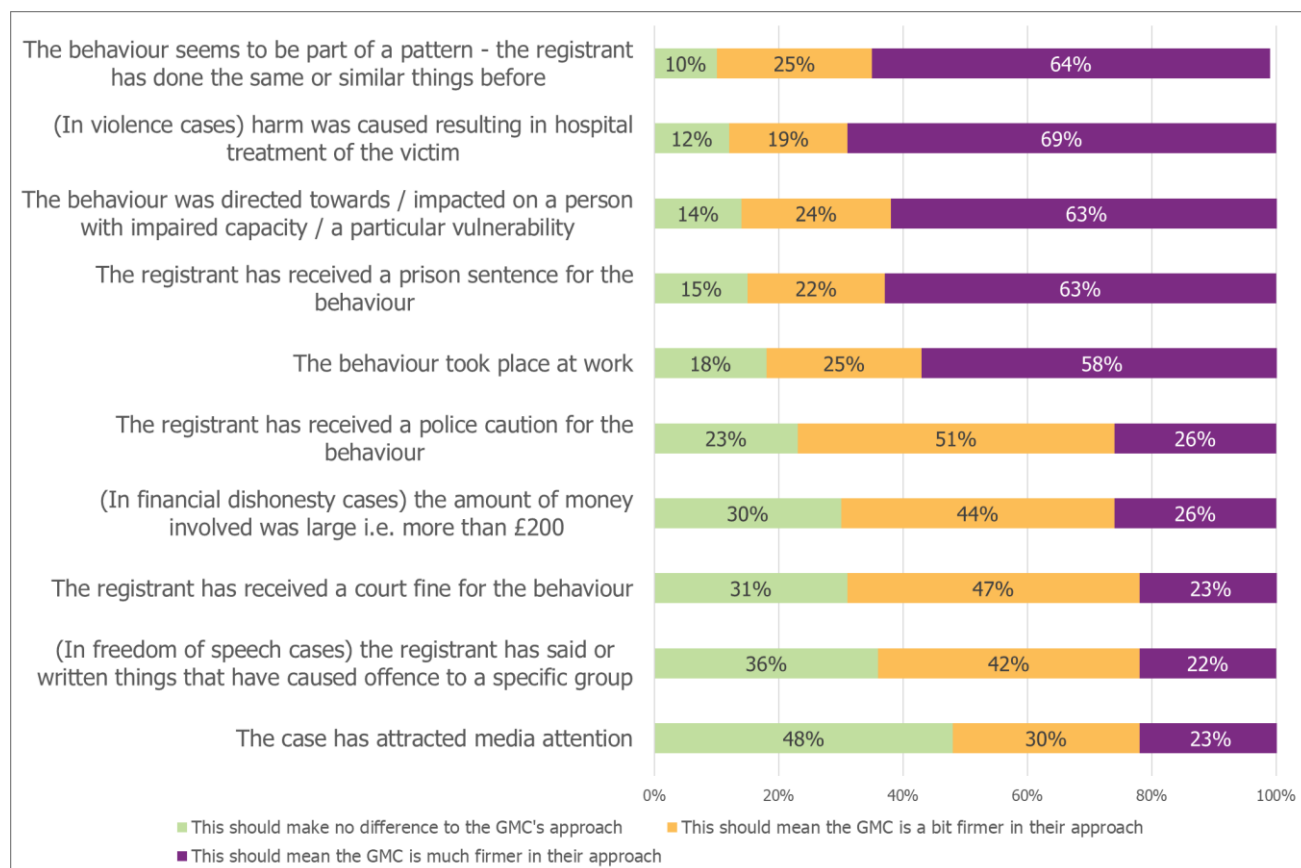
Survey respondents were also asked to consider a list of different factors and indicate whether each should be viewed as aggravating or mitigating factors by the GMC. These were considered once they had given their views on all of the individual scenarios. These factors were also discussed in the qualitative group discussions, although views were then explored as part of the debate about each of the individual scenarios.

Overall, factors that could make the GMC firmer, especially much firmer, were more frequently endorsed than those that could make the GMC softer / much softer, as Figure 26 shows.

The most frequently endorsed aggravating factor was behaviour that seemed to be part of a pattern (89% of respondents indicated that they feel that the GMC should take a bit firmer or much firmer action if the registrant has done similar things before). Whilst lack of harm in violence cases was not popular as a softening factor, the hospitalization



of a victim was strongly endorsed as an aggravating one, with 88% believing the GMC should take firmer action.

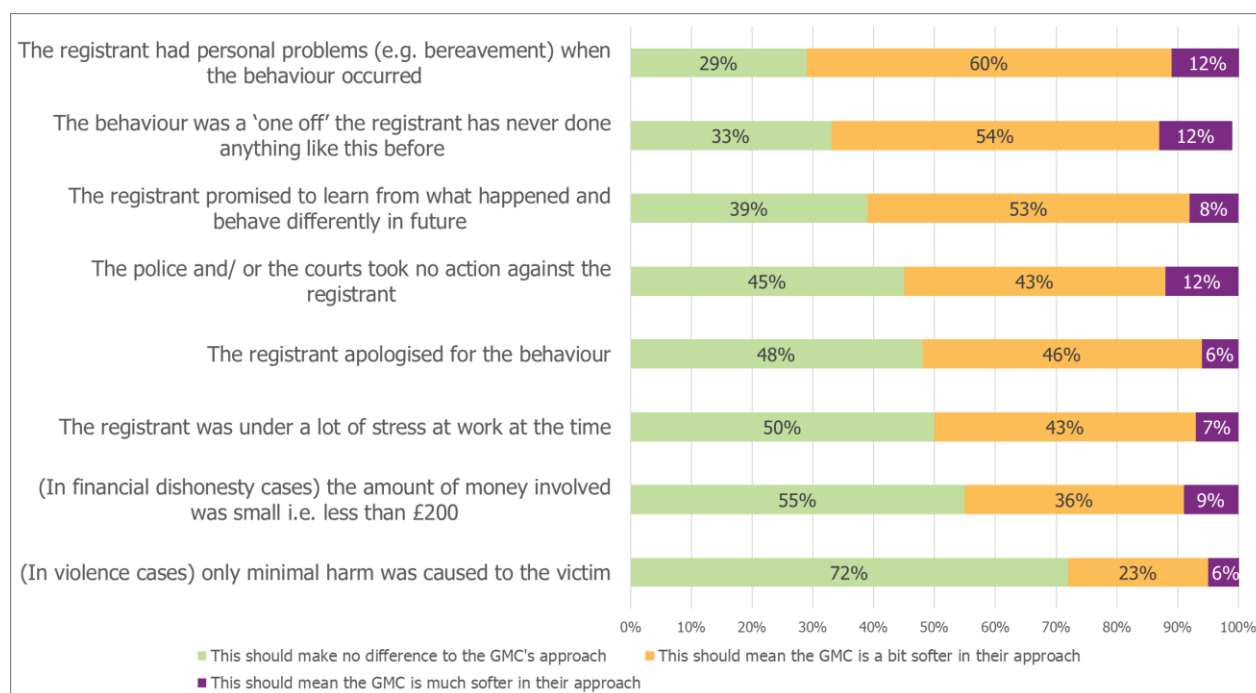


**Figure 26 - Where cases like this come to the GMC's attention there are a number of possible factors or circumstances that might mean the GMC would take FIRMER action towards the registrant than in other similar cases. We are going to show you a series of factors that the GMC might consider when thinking about what action to take. For each factor, please let us know whether you think it should make a difference to the GMC's action towards the registrant (Base: all respondents, 2,018)**

As Figure 27 shows, the registrant having personal problems and behaviours being a 'one off' gained the strongest backing as possible mitigations (72% and 66% felt the GMC action should be either a bit softer or much softer respectively).

In terms of possible mitigations, survey respondents were least likely to believe that the degree of harm in violence cases being minimal and the amount of money in dishonesty cases being small should make a difference to GMC action. In total 29% and 45% of respondents felt that the GMC action should be a bit softer or much softer for each of these statements respectively.





**Figure 27 - Where cases like this come to the GMC’s attention there are a number of possible factors or circumstances that might mean the GMC would take SOFTER action towards the registrant than in other similar cases. We are going to show you a series of factors that the GMC might consider when thinking about what action to take. For each factor, please let us know whether you think it should make a difference to the GMC’s action towards the registrant (Base: all respondents, 2,018)**

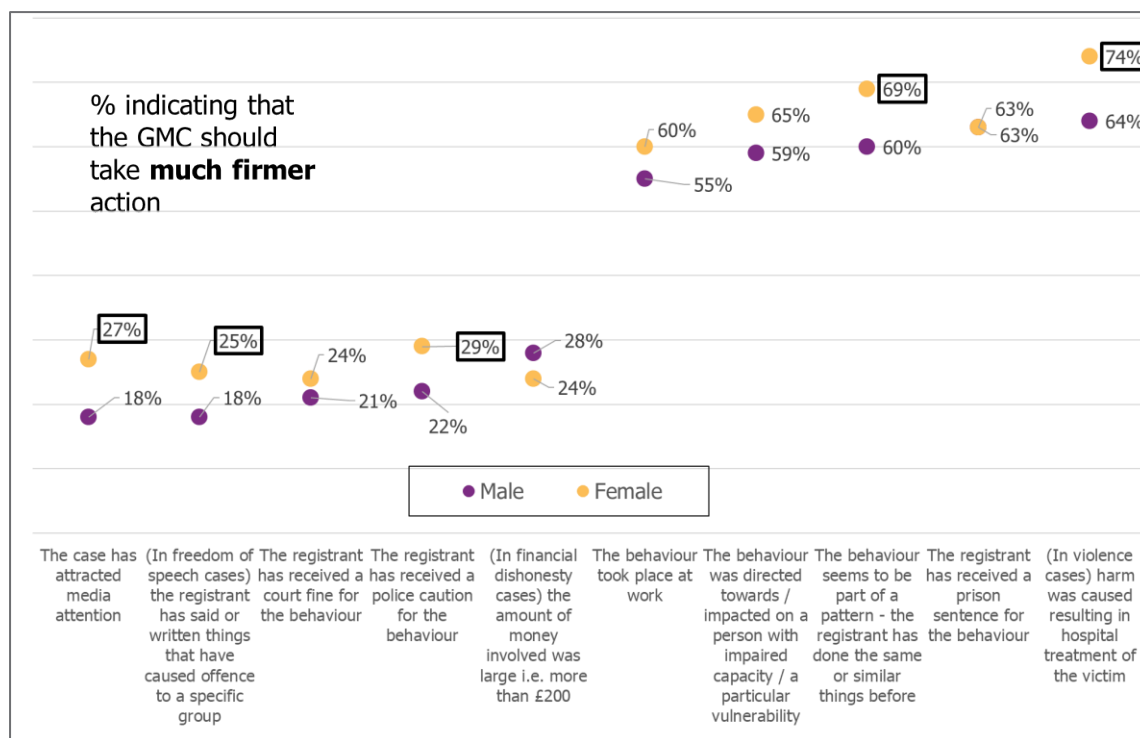
### 9.3 Views of aggravating and mitigating factors by demographic characteristics

Responses to the aggravating factors by male and female respondents are shown in Figure 28.

Females tended to advocate a firmer GMC line than male respondents, with statistical differences being apparent for five of the ten statements<sup>15</sup>. Of these, there was most variance in relation to the statement relating to hospitalisation of victims in violence cases (where 74% of females selected much firmer GMC action, compared with 64% of males).

<sup>15</sup> It should be noted that the response to the aggravating and mitigating factors could have been influenced by the specific scenario content.





**Figure 28 - Factors that could make the GMC's approach firmer by sex (Base: all respondents, 2,018)**

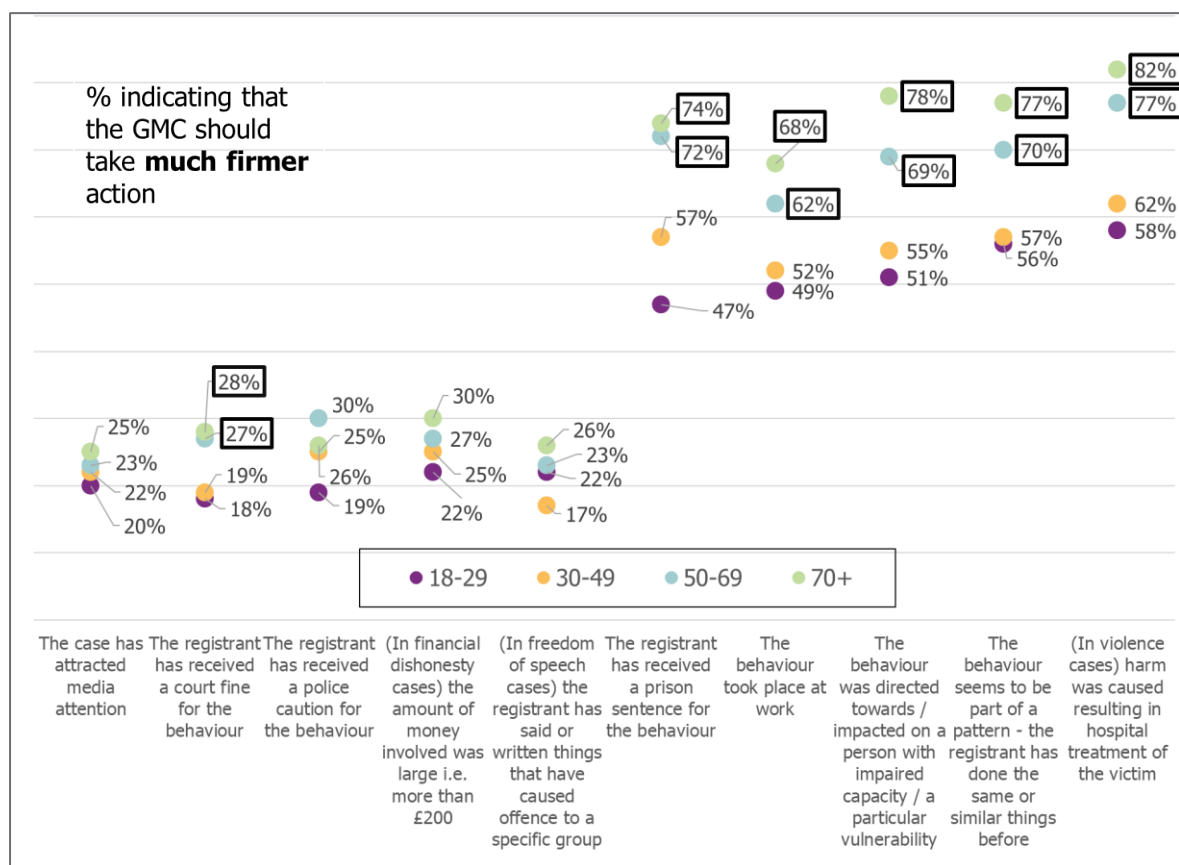
Some differences in views were also apparent for those with a disability or long-term health condition. They were more likely to select 'much firmer' GMC action than those without a disability or health condition for the statements relating to the following:

- **Vulnerability** (71% selected much firmer action compared to 59% of those without a condition or disability).
- **Behaviour taking place at work** (63% selected much firmer action compared to 55% of those without a condition or disability).
- **Violence** causing harm requiring hospital treatment (77% selected much firmer action compared to 66% of those without a condition or disability).
- **The behaviour being part of a pattern** (71% selected much firmer action compared to 61% of those without a condition or disability).

Analysis of responses to aggravating factors by age group showed that respondents aged over 50 were more likely than younger respondents to say that the aggravating factors should make the GMC much firmer in their approach.

Most notable differences were apparent between those aged 70+ and those aged 18-29 in relation to statements about a prison sentence, behaviour directed at a vulnerable person and violence resulting in hospitalisation, as shown in Figure 29.



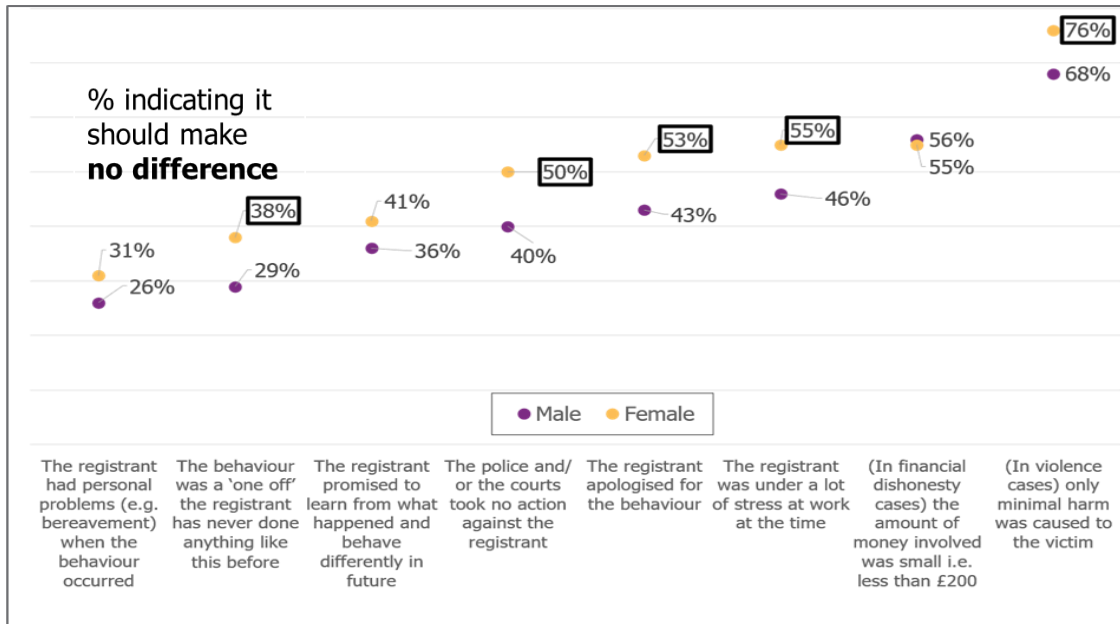


**Figure 29 - Factors that could make the GMC’s approach firmer by age group (Base: all respondents, 2,018)**

In common with their tendency to select firmer actions in relation to aggravating factors, females were also more likely to feel many of the mitigating factors should make no difference to GMC actions. Males, conversely, were more likely to select that the GMC should take much softer action than females for the following potential mitigations:

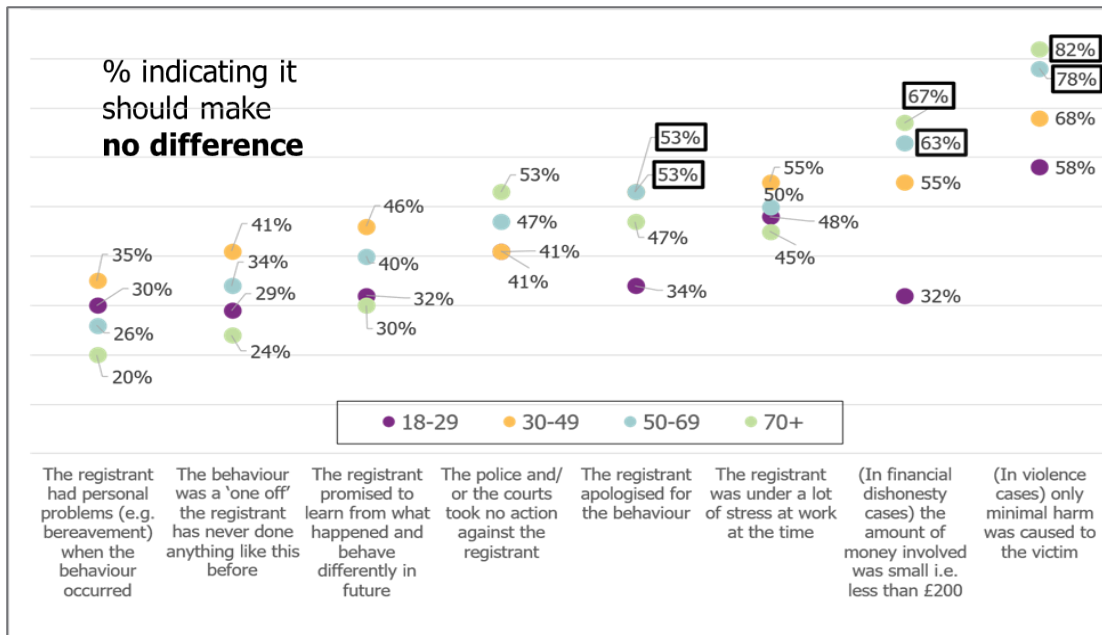
- **Police or courts taking no action** (16% of males compared with 9% of females).
- **The behaviour being a ‘one off’ behaviour** (16% of males compared with 9% of females).
- **The registrant having personal problems** (15% of males compared with 8% of females).
- **The registrant learning from what happened** (10% of males compared with 6% of females).
- **The registrant apologising** (7% of males compared with 4% of females).





**Figure 30 - Factors that could make the GMC's approach softer by sex (Base: all respondents, 2,018)**

Those from lower socio-economic backgrounds (DE) were more likely to feel that the registrant having personal problems should make no difference to the GMC's action (36%), than those from higher (AB) socio-economic groups (25%). There was a less clear-cut pattern by age in terms of mitigations. However, as Figure 31 shows, older age groups were more likely to say an apology; the amount of money being small (in dishonesty cases); and minimal harm (in violence cases) should make no difference.



**Figure 31 - Factors that could make the GMC's approach softer by age group (Base: all respondents, 2,018)**



## 9.4 Qualitative views on the impact of aggravating and mitigating factors

Discussion during the qualitative groups provided some further insight into the rationale for respondents' choices relating to perceived aggravations and mitigations.

### Impact of repetition

There was broad concern about repeated behaviour in relation to many scenarios. Repetition was felt to exacerbate the issue because it suggested one of the following:

- Engrained behaviour that the registrant is comfortable with or behaves that way without consideration of morality/legality (dishonesty scenarios).
- Problematic behaviours that the registrant is unable to effectively control (violence scenarios).
- Problematic behaviour that the registrant has actively decided to take regardless of the consequences (Scenario [G](#) protest).

I think I'd still stick to what I said, that they found him not guilty [Scenario [E](#)], so no action by the GMC. But I think, should it come to light that he's suspected of doing it again, then I might change my mind. (In-person group, 70+, female, Norwich)

If it's just like the first time they've been caught [Scenario B] and you know, they've seemed genuine and sincere in the way they've responded, I would kind of move the card [list of possible actions] to a one [no action]. (In-person group, 18-29, male, Glasgow)

Repetition was linked to not learning from mistakes:

But if you are repeatedly committing an offence, that and being arrested for it numerous times, as this person has, that shows that they're not taking any punishment or have any fear of punishment and there's no deterrence from their actions. They're not learning from their behaviour. (Online group, male, rural participant)

There was some sympathy for one-off mistakes:

And just generally, my philosophy would be: everyone should have the right to mess up once in their life, even if they mess up in different ways at different times (Online group, female, participant who has made a healthcare complaint, online group)

### Impact of violence

The introduction of an act of violence into a scenario prompted some qualitative participants to call for an increased sanction. An inability to control one's temper raised questions about a registrant's character. Some queried whether the registrant in question was inherently suited to being a health professional; others felt that it was concerning because it raised questions about how the individual will behave in challenging situations at work and with patients.



For some, violence against women was a red line.

As you'll have gathered, violence of any kind against women is something I find intolerable and something that should be investigated, to ensure the safety at home and in the workplace. (Online forum; 50-69, male, Cheltenham)

So just taking that whole doctor out of it and just thinking of them as humans, people make mistakes and people might try and get a free rail travel ticket, but if they're beating their wife up, then no. (In-person group, 30-49, female, Newcastle)

### **Impact of police involvement/legal action**

For some qualitative participants, any legal action against a registrant following a criminal investigation was felt to diminish trust in the professions.

I think once legal action is taken in any situation, it sort of makes a patient lose trust in that doctor or registrant. I think, yes, that step of legal action just, yes, decreases our trust in them. (In-person group, 18-29, female, Leicester)

I think there's a difference between misconduct and someone doing something illegal or getting a criminal record. I think that's an extra step, when they start breaking the law as such. I don't think there's any excuses once they break the law. Whether or not it's actually to do with their day-to-day job, I think we believe in doctors to be perfect. (In-person group, 50-69, male, Cheltenham)

When making decisions in relation to scenarios which involved legal action following a criminal investigation, there was some uncertainty about whether the GMC has to simply accept an outcome which resulted in no further action i.e. the registrant was not convicted of a criminal offence, or if they can investigate further and still act on a lower burden of proof. At the start of qualitative discussions, some participants assumed that a legal verdict of not guilty would take precedence and that the GMC would have to follow this lead in terms of determining the sanction. Even once it was explained that the GMC does have a choice to act, some participants still believed that the GMC should follow the decision of the court.

My thinking is that the jury have found him innocent and in this country, that is the law. It might be wrong, but we have to go by the rule of law. We can't stray from that, otherwise what's the point of having it? So if he's been found innocent, then it has to be one [no action]. (In-person group, 70+, female, Norwich)

Well he was found not guilty in a court of law, so really, that's the main thing. He was in a court of law, found not guilty. We aren't given all the evidence, so it's hard to make a judgement; but if a judge found him not guilty, or a whole court, then really, he's not guilty. (In-person group, 70+, male, Llandudno)

However, others were supportive of the GMC having the ability to conduct its own investigation and impose a sanction in cases where no criminal action is taken including where a registrant isn't charged with an offence following a police investigation. This tended to be because there was an underlying lack of faith in the judicial process.



The difference is that there's a difference between public confidence and legality, so there's a different burden of proof. So just because the Crown Prosecution Service hasn't charged them with anything, it could just be that they didn't meet the burden of proof, that they didn't have enough evidence to charge them; but that doesn't mean that then allowing that registrant to still practice wouldn't impact public confidence. (Online group, female, participant who has made a healthcare complaint)

Ultimately, their decision should be about, like you say, public perception and the safety of the patients. I don't know that a police caution makes a difference to either of them. (In-person group, 18-29, male, Glasgow)

In the quantitative survey, there was a clear majority in favour of firmer action by the GMC in cases where the registrant has been to prison (85% of respondents felt that there should be a bit or much firmer action). However, in the qualitative research, the impact of a prison sentence split opinion – some felt that it should mean automatic erasure, but others saw it as separate from the GMC (and for some, it was 'punishment enough').

I think the registrant had some jail time and I thought the situation wasn't that bad. But then, again, as a patient, I wouldn't want someone to be caring for me who spent time in jail, regardless of what it was for. (In-person group, 18-29, female, Leicester)

The thing is, he's [the registrant] been foolish and he's paid the price. He's done two months in prison, so I think he's done his penance, if you like. Again, I'm leaning on the fact that I would rely on the law to deal with it, rather than the GMC. (70+, female, Norwich)

Similarly, views in the qualitative research were more mixed about the impact of a court fine than those in the quantitative research, where 70% felt that there should be a bit or much firmer action. Some felt that a fine was still problematic because it clearly demonstrates that the registrant has done something illegal, but others saw this as relatively unserious.

I think it goes down, straight away, because they've not gone to prison, then it's like subjective now, based on the protest; whereas before, they've actually broken the law. But I mean they've received a fine, which is still breaking the law, but I think there'll be more allowance, I think. (In-person group, 30-49, male, London)

I don't see the difference between the prison and a fine, because either you believe that anyone who's ever had a criminal record can't serve in these professions, or they can. (In-person group, 30-49, male, London)

### **Impact of vulnerability**

The vast majority (87%) of respondents in the quantitative survey felt that GMC action should be firmer in cases of behaviour that impacted individuals with impaired capacity or who are vulnerable. In the qualitative discussions, it was apparent that participants



were actively considering vulnerable individuals when they were thinking about whether they had confidence in the registrant i.e. would they feel comfortable with that registrant treating a patient with vulnerable characteristics?

If I could give perhaps an example, it's a bit irrelevant, but when my father was in an old age home and he was on his deathbed, somebody came in and used his credit card. Now, something like that is a step up. (In-person group, 70+, female, Norwich)

Violence against a child is uncalled for and absolutely, you've got to take into consideration: well, they're going to be with vulnerable people in their job and if they can't be trusted around vulnerable people that they love, can they be trusted around ones that they don't love? (Online group, male, rural participant)

### **Impact of causing offence to a specific group**

Participants found it particularly difficult to decide which sanction the GMC should impose in cases relating to freedom of expression. Some were torn between the importance of registrants being role models and being 'neutral' as opposed to anyone having the fundamental right to express themselves.

The issue became more clear cut when comments were directed towards a particular group in society. There was a general agreement that if the comments were about specific groups of people then it would be worse as it could mean that the registrant could potentially discriminate against certain patients, or that patients may be reluctant to be treated by them.

It would [matter] if it was something directly about you and it was your race and you thought you were going to get less care because of it. (In-person group, 50-69, female, Belfast)

If they put a comment on saying: 'I watched the news last night, thousands of people are being killed in Gaza, this is really terrible,' it's their opinion, they're reflecting on something they've seen. If they'd have put a comment on there saying, 'Those people that are doing...' I don't want to get into the weeds of political stuff, but do you know what I mean? If it was more targeted in what they said and how they said it, then maybe that's different. (In-person group, 50-69, male, Cheltenham)

### **Impact of behaviour happening at work**

The majority (83%) of respondents to the quantitative survey indicated that they felt that the GMC should take a bit firmer or much firmer action if the behaviour happened in the workplace. This was particularly evident in relation to comments about Scenarios [C](#) and [D](#) where the comments in relation to mitigations tended to focus on the fact that the behaviour didn't happen at work.

In the qualitative research, participants were asked if their views would change about the preferred action if the fight in Scenario [C](#) happened in a work context (i.e. at a



conference). This was generally felt to be a more serious issue (in spite of the fact that it was not directly in a healthcare workplace setting).

Yes. I mean technically, at that point, you're also at work and to some degree, right? You're not out with your mates for a few pints of this or that. (In-person group, 18-29, male, Glasgow)

### **Impact of media profile**

Almost half of survey respondents (48%) felt that a high media profile should make no difference to the firmness of GMC action. This ambivalence was also apparent in the qualitative discussions.

There was some debate about the fact that the GMC does need to be mindful of how registrant wrongdoing would be portrayed in the media.

If the story was to get out that a registrant had been doing this and no action was taken, I think the public would be a bit like: 'why do doctors think they can just get away with it?' (In-person group, 18-29, female, Leicester)

I think that something like that [Scenario C] would probably attract unwanted media attention and that's the kind of story that the media would love and people would love to feed to the media as well. (Online group, male, rural participant)

However, some queried whether public confidence will actually be affected i.e. given low levels of knowledge of the GMC and public confidence cases, it is unlikely that people will get to know about them. Some felt that action was only necessary for cases that get national rather than local media attention and others pointed to the fact that the growth of social media means that small issues becoming well known is increasingly likely. Others felt that action was required regardless of whether the majority of members of public heard about it.

If something happened in Sunderland a few years ago, nobody knew. But now, within seconds, it'll be around the world. So you have to understand that and make sure that if you're the professional, you don't put yourself in a position where you can be compromised. (In-person group, 70+, male, Llandudno)

For me, if people find out that public confidence is dented on a big scale, that's even worse. But even if nobody knows, I think certain actions in their personal lives mean they're not fit to practice. If the public knew, public confidence would be almost like the proof of: are we happy with this or not? But the public don't need to know for the GMC to determine that on our behalf and protect us, even if we don't know. (In-person group, 30-49, male, London)

### **Impact of registrants' personal circumstances**

Participants were introduced to various scenarios in which a registrant was experiencing challenging personal circumstances which could be seen as mitigations for their behaviour. In the survey, 72% of respondents felt that GMC action should be softer for a respondent experiencing personal difficulties and 50% for those who are experiencing stress.



In the qualitative research, there was sympathy about registrants experiencing difficult times and a call for understanding and the provision of support.

I think the best approach would be for them to improve their support for their members, understand what it is that doctors feel is lacking, or causing them dissatisfaction in their job, because I know there are all sorts of pressures on doctors. (In-person group, 50-69, male, Cheltenham)

I mean they might be on £200K, but there could be some serious issues behind that and it could be linked to mental health and all sorts of stuff, couldn't it? And I think it's about GMC showing that they are there to support them as much as they are to sanction them, because they've got to be balancing every judgment really, haven't they? (In-person group, 50-69, male, Cheltenham)

However, some were less empathetic:

- Some dismissed that registrants (particularly doctors) are likely to be in challenging financial circumstances (as a possible mitigation for the dishonesty cases).
- Some felt that stress or personal issues was not an excuse or reason for behaving dishonestly or immorally (and that everyone has to deal with stress regardless of which profession they are in).
- There was some acknowledgement that registrants may be under stress (as a result of workload or personal circumstances) but some divorced this from GMC action i.e. indicating that while they should receive support, the GMC should still introduce a sanction.

I think maybe have some support if they are struggling with debt; then point them in the direction of debt support, debt charities, those sorts of things. But there still should be some sanction, because it is dishonesty and it brings the profession into disrepute. (Online group, female, participant with a disability)

But it [stress] still wouldn't come out in over-claiming his expenses; it's not the same thing, is it? (In-person group, 70+, female, Norwich)

I think if you're that stressed in that job, where you go and get drunk – and I'm making assumptions here – and then have a fight, maybe you need to change your career. (Online group, male, rural participant)

### Impact of apologies

Just under half of respondents (48%) felt that an apology should make no difference to GMC action.

In the qualitative research, whether a registrant apologised for their behaviour had little bearing on participants' views. There was a tendency to believe that apologising was relatively easy for a registrant to do and, as a result, meant very little. Some felt that any apology was likely to be inauthentic; that the registrant was 'going through the motions' and was unlikely to have changed how they really felt about their behaviour. This was particularly the case for those scenarios that involved registrants' strong



beliefs i.e. expressing views causing serious offence on social media, the protest and the incitement to violence.

You know, because they're: 'Oh, I'm not saying that again,' doesn't mean that they suddenly don't believe that. (In-person group, 50-69, female, Belfast)

The only things with apologies, I would say, is, they tend to be apologies for offence caused and it's kind of like a: 'sorry, not sorry', I think. So probably the context of the apology is quite important as well. (Online group, male, rural participant)

Previous research<sup>16</sup> on public confidence relating to clinical behaviour found something similar. When respondents to the quantitative survey were presented with a series of factors that could soften the GMC's approach to sanctions, statistical analysis indicated that 'the doctor apologised' was the factor that had the lowest importance.

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<sup>16</sup> GMC Promoting and maintaining public confidence (2019); Community Research [promoting-and-maintaining-public-confidence- pdf-78744712.pdf](#)



## 10. Conclusions

### 10.1 Engagement and data quality

Across both the qualitative and quantitative phases, participant engagement was consistently high. Those at the group discussions were extremely engaged with the subject matter, often discussing with friends and family between qualitative stages and willing to continue the live discussions beyond the allotted time. Survey respondents also provided thoughtful, well-reasoned answers, and the overall quality of feedback reflected careful consideration. The online survey, nominally timed at 15 minutes, took an average of over 21 minutes to complete, and open-ended responses were notably longer and more detailed than is typical for online surveys.

### 10.2 Grey areas

The scenarios presented were intentionally situated in grey areas for the GMC, and the public perceived them similarly. Each scenario garnered a broad spectrum of reactions - from high concern to no concern and a similarly wide range of suggested GMC responses, spanning from taking no action, to striking off.

### 10.3 Concern and GMC action

When asked to express their level of concern about scenarios, it was specified within the research materials that the level of concern should relate to the GMC's duty to maintain public confidence in the professions they regulate, rather than being about concern in any direct or personal sense. However, this clearly proved difficult to separate and oftentimes those taking part in the research seemed to rate their concern more in terms of whether they would be happy to be a patient of the registrant and / or for the registrant to treat patients in general. The lack of impact on patient safety and/ or the registrant's skills and abilities in their profession is given as a reason for choice of action by at least some respondents across all of the scenarios.

Perceived seriousness (as expressed by level of concern) and recommended action were related but did not align in a simple or consistent way. In every scenario, there were respondents who judged the issue to be of high concern in relation to maintaining public confidence, yet still recommended no action. Conversely, some respondents who expressed low or no concern nevertheless advocated for the most stringent GMC sanctions. Similar contradictions surfaced in the qualitative sessions, with participants sometimes flipping their opinions as they discussed the issues.

### 10.4 Expectation of case-by-case judgment

A frequent and prominent theme was that the GMC's response should depend on the specific facts of the case and the registrant's history. Qualitative participants sought additional detail before committing to a view. It is clear that the public expects the GMC to assess matters on a case-by-case basis and to act with flexibility based on the detailed facts.



There's nuance to it and I think that it can't just be a tick box, a one-size-fits-all. I think each scenario or each situation has to be taken on its individual merits. Because like our discussion tonight has kind of shown that. (Online group, female, participant who has made a healthcare complaint)

## 10.5 Sanction preferences

In some scenarios ([A](#), [B](#), and [E](#)), overall concern levels were high, yet the most commonly suggested sanction was a warning. Warnings were widely viewed as an appropriate and proportionate tool in even some quite serious cases, subject to the particular circumstances.

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

Qualitative participants also spontaneously suggested greater flexibility of action at the lower level, calling, in some instances, for a warning that was more informal than the current sanction.

## 10.6 Mitigations and aggravations

Aggravating factors that could make the GMC firmer, especially much firmer, were more frequently endorsed than possible mitigations.

Behaviour seeming to be part of a pattern was the most frequently endorsed aggravating factor. Violence was also felt to be a significant aggravating factor – lack of harm in violence cases was not felt to be a mitigation, whereas violence causing significant harm was strongly endorsed as an aggravating one.

## 10.7 Key demographic patterns

Sex and age were the key differentiators in responses. Only occasional differences were observed by disability, SEG, or religion, and there were no statistically significant/notable differences by country, English region, or whether a respondent is a regulated professional.

Broadly, females expressed greater concern about actual violence and accusations of violence and were more likely to support stronger action in such cases than males. Younger people tended to be less concerned about cases involving the expression of potentially offensive views and opinions, and they were also less concerned about dishonesty cases.

