

Public Confidence Thresholds Research – Technical Appendices

Research for the General Medical
Council | June 2026



Bringing the voices of communities into the heart of organisations



Contents

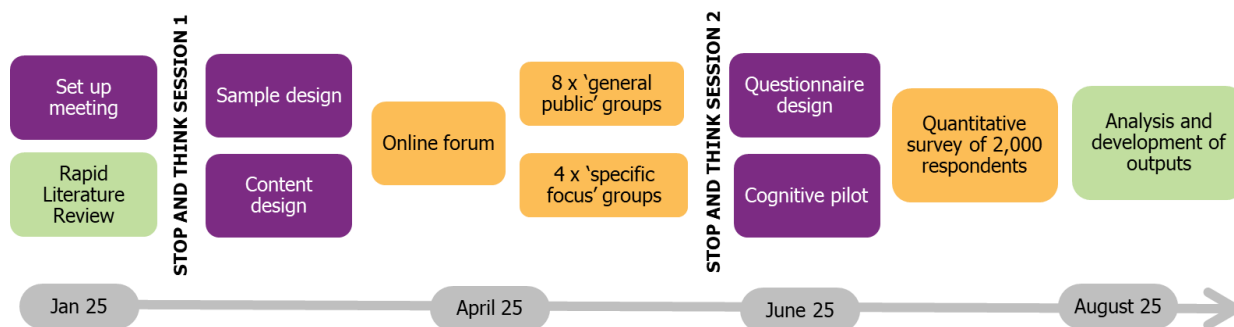
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1. Overall approach

The overall phased approach, comprising a rapid literature review, qualitative and quantitative components is outlined in Figure 1 below.

Figure 1: Overall programme of research



The rapid literature review findings are provided in a separate document. Further details on the methodology and samples for the qualitative and quantitative phases are provided in Sections [2](#) and [3](#) respectively.



2. Qualitative methodology

2.1 Qualitative approach

Community Research undertook a series of **twelve x 2 hour focus groups (8 face to face and 4 online)** across the four countries of the UK. The sample was designed to obtain the views of a cross section of the public, in terms of: age, ethnicity, socio economic grade, and frequency of visiting the doctor. These focus groups were conducted between the 13th and the 28th May 2025.

Separate focus groups were conducted by gender given the need to explore any gender 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 as a possible determinant of views.

Table 1: Face to face qualitative sample

| Face to face group no: | 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 live discussion groups were preceded by participants completing **a series of activities in an online forum using software** provided by [Recollective](#). This involved reviewing the scenarios, rating them in terms of perceived seriousness and level of concern and giving an explanation of their rating. Participants could review other people's comments once they had completed the tasks.



An initial online forum was conducted prior to the group discussions as a convenient way of collecting individual views (mitigating against group think at the group discussions and facilitating analysis of views of different demographics) and introducing the scenarios. This approach also built in time and space for participants to consider their views. Participants first encountered the scenarios during the online forum. They had the opportunity to review the scenarios over a period of days and give us their initial feedback. They were also able to think about the scenarios (and discuss with family/friends) in the period between the online forum and focus groups so that they brought a more considered viewpoint to discussions.

The feedback provided during the online forum was also used in subsequent discussions with the same participants, i.e. facilitators were able to interrogate views and themes emerging and also play back some of the findings (where there was broad consensus or differences of opinion) to help generate discussion.

2.2 Sample breakdown – live discussion groups

Table 2: Sample breakdown for live discussion groups

| Characteristic | Detail | 75 participants in total |
|----------------------|---|--------------------------|
| Gender | • Men | 34 |
| | • Women | 41 |
| Age | • 18-29 | 16 |
| | • 30-49 | 27 |
| | • 50-69 | 18 |
| | • 70+ | 14 |
| Children | • Have dependent children | 23 |
| Socio-economic group | • AB | 16 |
| | • C1/C2 | 41 |
| | • DE | 18 |
| Ethnicity | • White British | 46 |
| | • White Other | 5 |
| | • Black/Black British | 3 |
| | • Asian/Asian British | 9 |
| | • African | 4 |
| | • Mixed or multiple ethnic groups | 5 |
| | • Other | 3 |
| Religion/faith | • Christian | 25 |
| | • Muslim | 9 |
| | • Hindu | 3 |
| | • Jewish | 3 |
| | • Buddhist | 1 |
| | • No religion | 28 |
| | • Other | 2 |
| | • Prefer not to say | 4 |
| Health | • Have a long-term health condition or disability | 30 |



| Characteristic | Detail | 75 participants in total |
|--|---|---------------------------------|
| Frequency of doctor visits in last 12 months | • None | 8 |
| | • Once | 16 |
| | • 2-4 times | 23 |
| | • 5-7 times | 12 |
| | • More than 7 | 16 |
| Complaints | • Made a formal complaint about a healthcare professional | 6 |



3. Quantitative methodology

3.1 Quantitative approach

About the Yonder panel

Yonder's online proprietary consumer panel was used as the vehicle for the quantitative research. All samples and all methodologies are subject to bias. In the case of online panel research, one potential bias is in the make-up of the panel and how far it reflects the wider population of non-panel members. Yonder employs a broad range of recruitment techniques, including offline approaches, to maximise the representation of hard-to-reach and minority groups. Recruitment to the panel takes into account latest census metrics such as proportions of age, gender, region and ethnicity. There is a good representation of those who are in rural areas, those with long term disabilities and older age groups 75+ year olds.

For each survey, sample selection is aligned with the target specification, taking into account all demographic and other attributes of the target population and constructing detailed sample selection plans. The audience of interest is targeted and respondents randomly selected who meet the criteria to take part.

Yonder hold the ISO 20252 International standard for market research.

Questionnaire development and testing

The questionnaire was drafted by Community Research, informed by the qualitative phases and in close consultation with the GMC. A near-final draft of the questionnaire was programmed and then subjected to a cognitive testing process whereby five panellists were asked to complete the questionnaire and then discuss their experience with researchers. Feedback was given on each question to ensure that it was comprehensible, clear and user-friendly.

Following this small-scale cognitive test, some small amendments were made, largely to the order of questions at the start of the survey. The survey was then subject to a 'soft launch' whereby the first 50 responses were gathered and checked to make sure that all aspects of the survey were working as expected, prior to fully launching the survey online.

Analysis

Data was cleaned and checked using Yonder's standard procedures which include proprietary algorithms to automatically identify any potential rogue respondent activity such as straight lining, speeding, and providing poor verbatim responses. Subsequent analysis was undertaken by Yonder to a specification provided by Community Research. The data was weighted to ensure that results were nationally representative for the UK.



As a sample and not the entire population of adults aged 18 and over living in the UK was surveyed, all results are subject to potential sampling tolerances (or margins of error). 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. It should be noted that these tolerances apply only to random samples with an equivalent design effect. Although the Yonder panel itself is non-random, it is accepted statistical and industry practice to treat the sample as random and apply the confidence interval tests as described. It should also be noted that the margins of error for smaller sub-samples (e.g., at regional level or by specific demographic groups) will be higher.

Once cross-tabulated, significance testing was conducted using Pearson’s Chi-Square test. This test allows researchers to calculate whether two variables in a sample are independent. It looks at an observed distribution of the responses across the total sample and calculates an expected distribution across each of the groups in the cross tabulations. It then reveals if there are any significant differences between how the different groups have answered any given question.

Where differences were 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. Any group differences highlighted within this report are statistically significant at a 95% confidence level or greater.

3.2 Quantitative sample

Recruitment was via the Yonder Data Solutions’ online market research panel. The final unweighted sample profile is shown in the table below. *% = less than 0.5% but more than 0%.

Table 3: Sample breakdown for quantitative survey

| Gender | 2,018 respondents | % |
|----------------------|-------------------|----|
| Male | 976 | 48 |
| Female | 1,036 | 51 |
| Prefer not to say | 6 | * |
| Age | | |
| 18-29 | 299 | 15 |
| 30-49 | 664 | 33 |
| 50-69 | 716 | 35 |
| 70+ | 339 | 17 |
| Socio-economic group | | |
| AB | 632 | 31 |
| C1 | 562 | 28 |
| C2 | 359 | 18 |
| DE | 464 | 23 |



| | | |
|---|-------|----|
| Disability/long term health condition | | |
| Yes | 622 | 31 |
| No | 1,340 | 66 |
| Prefer not to say | 56 | 3 |
| Region / country | | |
| Greater London | 125 | 6 |
| East of England | 91 | 5 |
| East Midlands | 71 | 4 |
| North-East | 38 | 2 |
| North-West | 106 | 5 |
| South-East | 133 | 7 |
| South-West | 84 | 4 |
| West Midlands | 75 | 4 |
| Yorkshire | 78 | 4 |
| Scotland | 504 | 25 |
| Wales | 506 | 25 |
| Northern Ireland | 207 | 10 |
| Ethnic background | | |
| White | 1,794 | 89 |
| Asian | 89 | 4 |
| Mixed / Multiple | 49 | 2 |
| Black | 38 | 2 |
| Other | 20 | 1 |
| Prefer not to say | 28 | 1 |
| Informal carer | | |
| Yes | 206 | 10 |
| No | 1,791 | 89 |
| Prefer not to say | 21 | 1 |
| Frequency of doctors appointment in last 12 months | | |
| None | 435 | 22 |
| 1-2 | 751 | 37 |
| 3-4 | 434 | 22 |
| 5-7 | 201 | 10 |
| More than 7 | 152 | 8 |
| Don't know | 31 | 2 |
| Prefer not to say | 14 | 1 |
| Formal complaint about healthcare | | |
| Yes | 162 | 8 |
| No | 1,844 | 91 |
| Prefer not to say | 12 | 1 |
| Religion | | |
| No religion | 986 | 49 |
| Christian | 885 | 44 |
| Muslim | 51 | 3 |
| Buddhist | 16 | 1 |
| Hindu | 12 | 1 |
| Jewish | 10 | * |



| | | |
|-------------------|----|---|
| Sikh | 3 | * |
| Other religion | 16 | 1 |
| Prefer not to say | 39 | 2 |



4. Full questionnaire with overall results

All data is weighted. Base sizes are unweighted. *% = less than 0.5% but more than 0%. Totals may not sum to 100% due to rounding.

SECTION 1 – Prior confidence and understanding of the General Medical Council (GMC)

Question 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?

SINGLE CODE

| Response option | Percentage | Question routing |
|-----------------------|------------|------------------|
| Yes | 67% | ASK Q2 |
| No | 27% | SKIP Q2 |
| Don't know / not sure | 5% | SKIP Q2 |

Base: Total sample (2,018)

Question 2. Prior to taking part in this research how much, if anything, did you know about the role of the GMC?

SINGLE CODE

| Response option | Percentage |
|--|------------|
| I already knew a great deal about the GMC and its role | 2% |
| I already knew quite a lot about the GMC and its role | 12% |
| I already knew a little bit about the GMC and its role | 42% |
| I didn't know very much about the GMC and its role | 38% |
| I didn't know anything at all about the GMC and its role | 6% |

Base: All aware of the GMC (1,421)

SHOW EXPLAINER VIDEO 1, EXPLAINS GMC ROLE TO PROTECT THE SAFETY OF PATIENTS AND / OR THE PUBLIC'S CONFIDENCE IN REGISTRANTS. ALSO EXPLAINS THAT THIS CAN BE IN RELATION TO BEHAVIOURS AND SITUATIONS OUTSIDE OF WORK AS WELL AS IN WORK.



Question 3. To what extent do you agree or disagree with the following statements about these professions?

SINGLE CODE PER ROW

| ROTATE | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|---|----------------|-------|----------------------------|----------|-------------------|------------|
| I feel confident that the vast majority of the GMC's registrants can be trusted to follow the professional standards expected of them. | 28% | 53% | 14% | 2% | 1% | 3% |
| I feel confident that the GMC would take action against registrants if their behaviour fell seriously below the professional standards expected of them. | 30% | 49% | 13% | 3% | 1% | 4% |
| 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. | 37% | 48% | 11% | 2% | *% | 2% |

Base: Total sample (2,018)



SECTION 2 – Base Case Studies Sorting

We are now going to share with you a series of fictional examples of GMC registrants' actions and behaviours in their personal life. These are not real life cases but are based on the kinds of things that do happen.

ROTATE / RANDOMISE SCENARIO ORDER

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.

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.

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.

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.

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.

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.

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.



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.

Question 4. We would like you to tell us how much of a concern you feel each one is in terms of **the GMC's duty¹ 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

SINGLE CODE PER ROW

| ROTATE scenario | No concern at all | Low concern | Moderate concern | High concern |
|-----------------|-------------------|-------------|------------------|--------------|
| Scenario A | 6% | 31% | 38% | 26% |
| Scenario B | 3% | 22% | 45% | 31% |
| Scenario C | 10% | 37% | 38% | 15% |
| Scenario D | 4% | 14% | 40% | 42% |
| Scenario E | 7% | 24% | 42% | 28% |
| Scenario F | 6% | 19% | 30% | 45% |
| Scenario G | 7% | 23% | 33% | 36% |
| Scenario H | 3% | 11% | 32% | 54% |

Base: Total sample (2,018)

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



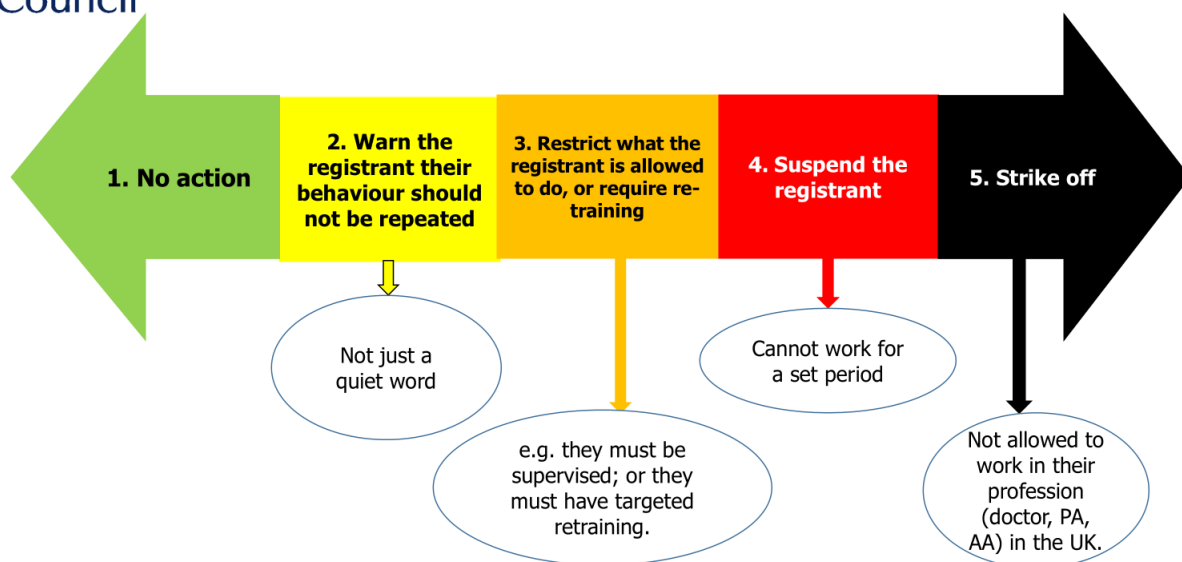
SECTION 3 - Case Studies and Expected Actions

The GMC can take a variety of actions in cases like these. The following short video explains these possible actions.

SHOW EXPLAINER VIDEO 2 EXPLAINING (WITH VOICEOVER) ACTIONS 1-5:

General
Medical
Council

Actions the GMC can take are:



We will now return to the scenarios and ask you what action you feel the GMC should take in each situation. We recognise that in the real world you might want to know more of the background details to each situation, but please answer as best you can.

SCENARIOS REPEATED FROM Q4



Question 5. What, if any, action should the GMC take in this scenario:

- No action
- Warning
- Supervision / restriction
- Suspension
- Strike off

SINGLE CODE PER ROW; ROTATED

| Scenario | No action | Warning | Supervision/ restriction | Suspension | Strike off |
|------------|-----------|---------|-----------------------------|------------|------------|
| Scenario A | 10% | 48% | 15% | 19% | 8% |
| Scenario B | 5% | 44% | 19% | 23% | 8% |
| Scenario C | 23% | 48% | 16% | 11% | 3% |
| Scenario D | 12% | 29% | 29% | 20% | 10% |
| Scenario E | 12% | 44% | 22% | 15% | 7% |
| Scenario F | 23% | 13% | 28% | 18% | 18% |
| Scenario G | 13% | 24% | 19% | 24% | 20% |
| Scenario H | 6% | 23% | 29% | 25% | 18% |

Base: Total sample (2,018)

Question 6. Why did you chose that action rather than one of the others?

Please enter your answer in the box below



SECTION 4 – MITIGATING OR STRENGTHENING FACTORS

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.

ROTATE ORDER OF Q's 7 & 8 ACROSS SAMPLE, SO HALF SEE 7 FIRST AND HALF SEE 8 FIRST

Question 7. 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.

RANDOMISE ORDER

| Factor to be considered | This should make no difference to the GMC's approach | This should mean the GMC is a bit softer in their approach | This should mean the GMC is much softer in their approach |
|--|--|--|---|
| The behaviour was a 'one off' - the registrant has never done anything like this before | 33% | 54% | 12% |
| The registrant apologised for the behaviour | 48% | 46% | 6% |
| The registrant promised to learn from what happened and behave differently in future | 39% | 53% | 8% |
| The police and / or the courts took no action against the registrant | 45% | 43% | 12% |
| (In violence cases) only minimal harm was caused to the victim | 72% | 23% | 6% |
| (In financial dishonesty cases) the amount of money involved was small i.e. less than £200 | 55% | 36% | 9% |
| The registrant was under a lot of stress at work at the time | 50% | 43% | 7% |
| The registrant had personal problems (e.g. bereavement) when the behaviour occurred | 29% | 60% | 12% |
| Base: Total sample (2,018) | | | |



Question 8. Where cases like this come to the GMC's attention there are also 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 now going to show you a series of factors that the GMC might consider when thinking about what action to take.

Please let us know whether you think it should make a difference to the GMC's action towards the registrant.

RANDOMISE ORDER

| Factor to be considered | This should make no difference to the GMC's approach | This should mean the GMC is a bit firmer in their approach | This should mean the GMC is much firmer in their approach |
|---|--|--|---|
| The behaviour seems to be part of a pattern - the registrant has done the same or similar things before | 10% | 25% | 64% |
| The behaviour took place at work | 18% | 25% | 58% |
| The behaviour was directed towards, or may have impacted on, a person with impaired capacity or a person with a particular vulnerability e.g. a child or young person under 18 or a person with a disability or mental health issue | 14% | 24% | 63% |
| (In freedom of speech cases) the registrant has said or written things that have caused offence to a specific group (e.g. a religious or ethnic group) | 36% | 42% | 22% |
| The registrant has received a police caution for the behaviour | 23% | 51% | 26% |
| The registrant has received a court fine for the behaviour | 31% | 47% | 23% |
| The registrant has received a prison sentence for the behaviour | 15% | 22% | 63% |
| (In violence cases) harm was caused resulting in hospital treatment of the victim | 12% | 19% | 69% |
| The case has attracted media attention | 48% | 30% | 23% |
| (In financial dishonesty cases) the amount of money involved was large i.e. more than £200 | 30% | 44% | 26% |

Base: Total sample (2,018)



5. Qualitative polling results

During the course of the online forum and online groups, participants were asked for their views of the scenarios. The data below provides an indication of their response. Please note the following:

- The wording of the scenarios changed between the forum, live groups and survey. Details are provided in [Section 7](#) of this report.
- The feedback at the live groups was collected via a show of hands, with some participants indicating that they were unsure between two actions.
- The data is calculated on small bases and, therefore, is not statistically significant.

Online forum – levels of concern

Question 1. Now that you have seen all the scenarios, please could you let us know which you see as a:

- No concern at all
- Low concern
- Moderate concern
- High concern

SINGLE CODE PER ROW; ROTATED

| Scenario | No concern at all | Low concern | Moderate concern | High concern |
|------------|-------------------|-------------|------------------|--------------|
| Scenario A | 4 | 29 | 26 | 20 |
| Scenario B | 2 | 17 | 29 | 31 |
| Scenario C | 10 | 32 | 25 | 12 |
| Scenario D | 2 | 11 | 24 | 42 |
| Scenario E | 4 | 18 | 35 | 22 |
| Scenario F | 8 | 11 | 28 | 32 |
| Scenario G | 6 | 19 | 26 | 28 |
| Scenario H | 1 | 11 | 21 | 46 |

Total sample (79 responses) NOTE LOW BASE



Live discussion groups – views of GMC actions

Question 1. What, if any, action should the GMC take in this scenario:

- No action
- Warning
- Supervision / restriction
- Suspension
- Strike off

SINGLE CODE PER ROW; ROTATED

| Scenario | No action | Warning | Supervision/ restriction | Suspension | Strike off |
|------------|-----------|---------|-----------------------------|------------|------------|
| Scenario A | 2 | 31 | 9 | 6 | 1 |
| Scenario B | 4 | 19 | 7 | 6 | 1 |
| Scenario C | 22 | 26 | 8 | 4 | 1 |
| Scenario D | 5 | 17 | 9 | 12 | 8 |
| Scenario E | 9 | 29 | 13 | 9 | 2 |
| Scenario F | 17 | 13 | 16 | 12 | 3 |
| Scenario G | 8 | 20 | 7 | 18 | 12 |
| Scenario H | 2 | 11 | 8 | 22 | 12 |

Total sample (37-65 participants; not all answered every question as the scenarios were rotated at the live groups) NOTE LOW BASE



6. Qualitative discussion guide

6.1 Online forum

| Timings | Activity | Materials/ stimulus |
|--|---|------------------------|
| <p>Activity 1</p> <p><i>Introductions</i></p> | <ul style="list-style-type: none"> Explain how Recollective works (for the purpose of this research it will be largely used to gain individual responses, although there will be some limited scope for discussion and you will be able to see what others have written after you have submitted your own responses) <p>There will be further opportunity to discuss views later in face to face/ Zoom groups</p> <ul style="list-style-type: none"> Provide an overview of the research objectives and outline reporting intentions Obtain and record participant consent for the online forum | |
| <p>Activity 2</p> <p><i>Exploring initial understanding</i></p> | <p><i>We are carrying out this research on behalf of the General Medical Council (GMC). The GMC regulates doctors, physician associates (PAs), anaesthesia associates (AAs). Together these are referred to as 'registrants'. If you are interested in finding out more about PAs and AAs please click on this link: Roles in the medical associate professions Health Careers.</i></p> <p><i>This research is looking at cases where the behaviour was in the registrant's personal life or it was in the workplace but didn't directly affect patient safety or care. For example, the registrant claimed money for hours they had not worked</i></p> <p><i>We are looking to understand initial responses, so please do not go looking for information on Google etc.</i></p> <p><i>Remember 'registrants' includes doctors, physician associates (PAs) and anaesthesia associates (AAs)</i></p> <ul style="list-style-type: none"> Is there anything that a registrant may do in their personal life or at work but which doesn't directly affect patients that would concern you or meant that you feel less confident in registrants as a whole? If yes, what sort of things? Would you expect registrants to have to keep to a set of professional standards which include behaviour outside of the workplace? | |



| Timings | Activity | Materials/ stimulus |
|--|---|------------------------|
| | <ul style="list-style-type: none"> • Would you expect action to be taken against registrants who do not meet such professional standards? • Do you know what happens to registrants if they fail to meet professional standards that are set out? | |
| <p>Activity 3</p> <p><i>Initial response to scenarios</i></p> | <p>PARTICIPANTS WILL BE SHOWN ALL 8 SCENARIOS. THE STARTING POINT WILL BE ROTATED ACROSS THE PARTICIPANTS.</p> <p>Participants will be asked the following:</p> <ul style="list-style-type: none"> • Thinking about the specific circumstances, how would you rate the seriousness of the concern about Registrant X on a scale of 1 to 10 where 10 is the most serious? • What, if any, action do you think the General Medical Council (the regulator) should take, with regard to Registrant X, so that the public have confidence in their profession <p>Once participants have seen all the scenarios, they are asked:</p> <ul style="list-style-type: none"> • Having seen all 8 scenarios, has it made you feel differently about how you rated the seriousness of any of them? Would you change any of your ratings? Why? In what way? | Scenarios |
| <p>Activity 4</p> <p><i>Sorting exercise</i></p> | <p>PARTICIPANTS WILL BE ASKED TO SORT THE SCENARIOS INTO FOUR 'BUCKETS' - NO CONCERN; LOW CONCERN; MODERATE CONCERN OR HIGH CONCERN (SET TO ALLOW A MAXIMUM OF SCENARIOS IN EACH IF REQUIRED) – THINKING ABOUT MAKING SURE THAT THE PUBLIC HAVE CONFIDENCE IN REGISTRANTS, HOW WOULD YOU FEEL IF THE REGISTRANT CARRIED ON WITH NO ACTION TAKEN AGAINST THEM?</p> <ul style="list-style-type: none"> • What is it about the ones that you've put into 'high concern' or 'no concern' that makes you say that? | |
| <p>Activity 5</p> <p><i>Wrap up and next steps</i></p> | <ul style="list-style-type: none"> • Confirm attendance of the live group and obtain permission for recording the session <p>Thank for contributions so far</p> | |



| Timings | Activity | Materials/ stimulus |
|---|---|------------------------|
| Activity 1 <i>Introductions</i> | <ul style="list-style-type: none"> Explain how Recollective works (for the purpose of this research it will be largely used to gain individual responses, although there will be some limited scope for discussion and you will be able to see what others have written after you have submitted your own responses) <p>There will be further opportunity to discuss views later in face to face/ Zoom groups</p> <ul style="list-style-type: none"> Provide an overview of the research objectives and outline reporting intentions Obtain and record participant consent for the online forum | |
| Activity 2 <i>Exploring initial understanding</i> | <p><i>We are carrying out this research on behalf of the General Medical Council (GMC). The GMC regulates doctors, physician associates (PAs), anaesthesia associates (AAs). Together these are referred to as 'registrants'. If you are interested in finding out more about PAs and AAs please click on this link: Roles in the medical associate professions Health Careers. This research is looking at cases where the behaviour was in the registrant's personal life or it was in the workplace but didn't directly affect patient safety or care. For example, the registrant claimed money for hours they had not worked</i></p> <p><i>We are looking to understand initial responses, so please do not go looking for information on Google etc.</i></p> <p><i>Remember 'registrants' includes doctors, physician associates (PAs) and anaesthesia associates (AAs)</i></p> <ul style="list-style-type: none"> Is there anything that a registrant may do in their personal life or at work but which doesn't directly affect patients that would concern you or meant that you feel less confident in registrants as a whole? If yes, what sort of things? <ul style="list-style-type: none"> Would you expect registrants to have to keep to a set of professional standards which include behaviour outside of the workplace? Would you expect action to be taken against registrants who do not meet such professional standards? | |



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| | Do you know what happens to registrants if they fail to meet professional standards that are set out? | |
| Activity 3 <i>Initial response to scenarios</i> | <p>PARTICIPANTS WILL BE SHOWN ALL 8 SCENARIOS. THE STARTING POINT WILL BE ROTATED ACROSS THE PARTICIPANTS.</p> <p>Participants will be asked the following:</p> <ul style="list-style-type: none"> Thinking about the specific circumstances, how would you rate the seriousness of the concern about Registrant X on a scale of 1 to 10 where 10 is the most serious? What, if any, action do you think the General Medical Council (the regulator) should take, with regard to Registrant X, so that the public have confidence in their profession <p>Once participants have seen all the scenarios, they are asked: Having seen all 8 scenarios, has it made you feel differently about how you rated the seriousness of any of them? Would you change any of your ratings? Why? In what way?</p> | Scenarios |
| Activity 4 <i>Sorting exercise</i> | <p>PARTICIPANTS WILL BE ASKED TO SORT THE SCENARIOS INTO FOUR 'BUCKETS' - NO CONCERN; LOW CONCERN; MODERATE CONCERN OR HIGH CONCERN (SET TO ALLOW A MAXIMUM OF SCENARIOS IN EACH IF REQUIRED) – THINKING ABOUT MAKING SURE THAT THE PUBLIC HAVE CONFIDENCE IN REGISTRANTS, HOW WOULD YOU FEEL IF THE REGISTRANT CARRIED ON WITH NO ACTION TAKEN AGAINST THEM?</p> <ul style="list-style-type: none"> What is it about the ones that you've put into 'high concern' or 'no concern' that makes you say that? | |
| Activity 5 <i>Wrap up and next steps</i> | <ul style="list-style-type: none"> Confirm attendance of the live group and obtain permission for recording the session <p>Thank for contributions so far</p> | |



6.2 Live discussion groups

The following discussion guide is semi-structured, as such these questions are designed more as prompts than to be read out verbatim.

| Aim | Content | Stimulus required |
|---|--|-------------------|
| Introduction (5-10 minutes) | <ul style="list-style-type: none"> • Welcome and moderator introductions • Aims of the session to be shared with participants: <ul style="list-style-type: none"> • Discussions will focus on • Don't worry, nobody is expected to be an expert information you need. • Explain data protection/recording and confirm consent • Introduce observers (if appropriate) • Participant introductions and ice-breaker (name, if working, what they would be doing if not here tonight) | |
| Initial discussions on confidence and regulation (10-15 minutes) | <p>REMINDER THAT THE GMC REGULATES DOCTORS, PHYSICIAN ASSOCIATES (PAS), ANAESTHESIA ASSOCIATES (AAS). TOGETHER THESE ARE REFERRED TO AS 'REGISTRANTS'.</p> <ul style="list-style-type: none"> • How can you be confident that a registrant is doing the right thing/being professional? For example: <ul style="list-style-type: none"> • Not acting in a way inside or outside of work that is unacceptable for a professional • What, if anything, gives you confidence in registrants in general (as opposed to your own doctor)? • What, if anything, gives you doubts? • How important is it that patients and the public have confidence in registrants in general? Why do you say that? <p>THE FACILITATOR WILL GIVE PARTICIPANTS INFORMATION ON THE ROLE OF THE GMC, THE STANDARDS AND THE BROAD / GENERAL RANGE OF POTENTIAL ACTIONS/ SANCTIONS USING HANDOUT A. FACILITATOR TO FLAG THAT THE GMC DON'T TAKE ACTION BASED SOLELY ON A BREACH OF STANDARDS – THEY ONLY TAKE ACTION IF IT'S A SERIOUS BREACH WHICH LEADS TO A RISK TO PATIENT SAFETY OR TO PUBLIC CONFIDENCE.</p> <ul style="list-style-type: none"> • Explore spontaneous reactions <ul style="list-style-type: none"> • Is anything that you have heard surprising? • Probe on whether they are surprised that the GMC has a legal duty to maintain and promote public confidence in registrants and that they can act to restrict a registrant's registration if the behaviour was in their personal life? | Handout A |



| Aim | Content | Stimulus required |
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| | <ul style="list-style-type: none"> To what extent does knowing more about the GMC reassure you? Why, why not? What would give you confidence in the GMC? What do they need to do? Is it important that there are clear standards of behaviour and people are held to account? Does this make a difference to levels of confidence? | |
| Response to online forum (10 minutes) | <ul style="list-style-type: none"> Explore overall response to scenarios on the forum: <ul style="list-style-type: none"> Any surprises? Any of the scenarios particularly clearcut? Any of the scenarios particularly difficult/challenging? | Have summary of forum feedback to hand to further explore |
| Exploration of specific scenarios (aim for as many as possible; order rotated across groups) (60 minutes) | <p>For each scenario</p> <ul style="list-style-type: none"> Gauge reactions to the basic scenario <p>AS INDIVIDUALS</p> <ul style="list-style-type: none"> Decide what action the GMC should take by filling in individual worksheets and holding up numbered paddles representing possible actions to inform the moderator (based on spectrum in Handout A) <p>DISCUSS AS A GROUP</p> <ul style="list-style-type: none"> What would a case like this make you feel about the registrants in general? Would you be concerned about the registrant treating you or other patients? How would you feel if the GMC took no action in this case? Would it impact on views on the effectiveness of professional regulation and/or public confidence in the wider profession? <ul style="list-style-type: none"> (Where appropriate), probe on the distinction between not condoning the action and what needs to happen to maintain confidence in the profession How would you feel if the GMC had decided to (Select from list of possible actions at Handout A)? <ul style="list-style-type: none"> (Spontaneous) Can you think of any circumstances in which you think the GMC should adopt a more lenient approach? (Spontaneous) Can you think of any circumstances in which you think the GMC should adopt a more severe approach/at what point do the GMC need to get involved? | Scenarios Spectrum of actions/sanctions – Handout A |



| Aim | Content | Stimulus required |
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| | <ul style="list-style-type: none"> • (Prompted) Explore a series of WHAT IFS relating to each scenario and if/how they change initial reactions <p>DISCUSS AS A GROUP HOW THE 'WHAT IFS' IMPACT ON THEIR VIEW OF THE SCENARIO. GAUGE INDIVIDUAL REACTIONS BY USING NUMBERED PADDLE</p> <ul style="list-style-type: none"> • What – if anything – changes in their reactions? Why? • What should/shouldn't be taken into account when deciding on what action to take against a registrant? • Would a different type of GMC action be appropriate at all for cautions or convictions for some misconduct (not the most serious matters)? If yes, what action would you expect? If not raised and a lesser action is preferred, explore the response to, for example, a reminder 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. • Why do you say that? <ul style="list-style-type: none"> • Would this have any impact on your confidence in GMC actions? <p><i>Explore if appropriate to scenario:</i></p> <ul style="list-style-type: none"> • Focus on how the presence of a caution or conviction impacts on what action they think the GMC should take <ul style="list-style-type: none"> • Is it acceptable for registrants to continue practising with this caution or conviction? In what circumstances is it acceptable? Under what circumstances is it unacceptable? • Where the registrant has received a caution or conviction in their personal life for certain types of misconduct (not the most serious matters), do you think the GMC should be able to swiftly take action without going through its own investigation? For example, issue a formal warning or provide the registrant with a reminder of their duty to follow the GMC's professional standards. | |



| Aim | Content | Stimulus required |
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| Recap on main themes (20 minutes) | <ul style="list-style-type: none"> • What factors impact on perceptions of seriousness – what makes cases more or less serious? • How does trust in registrants / health professionals (outside of work) impact on confidence in the care that they provide? <p>Explore the following if not emerged in discussions relating to individual scenarios:</p> <ul style="list-style-type: none"> • The importance of 'sending a message' in decision making i.e. making an example of an individual² • The importance of the regulator considering how decisions play out in public i.e. the media/Daily Mail test • Considering the impact of a criminal sanction (and whether its presence means that the public feel that the registrant has been 'punished enough'). • Facilitator to note (but not prompt on) where participants raise any trade-offs between sanctioning registrants to maintain public confidence and retaining the registrant in the profession (for their own sake and thinking about the potential impact on resources and patient safety from losing them from the profession) | |
| Summing up (5 minutes) | <ul style="list-style-type: none"> • What advice would you give the GMC in relation to developing its future policy in relation to public confidence thresholds? • Any final thoughts? • Thank and close | |

² Note the British Medical Association's concern that overemphasising public confidence could result in competent clinicians being 'punished' for the sake of the profession's reputation [Doctors could face "trial by media" under new GMC sanctions, BMA warns | The BMJ](#)



7. Scenario content and development

The wording of the scenarios in the different research stages is shown below. Scenarios were rotated in terms of the order in which they were shown to participants in both the qualitative and quantitative phases.

| Scenarios used in the online forum | Scenarios used in the live discussion groups | Scenarios used in the quantitative survey | Description of changes |
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| 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 just over £300 across a number of journeys over the last 2 years. They later plead guilty to fare evasion at magistrate's court. | 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 just over £300 across a number of journeys over the last 2 years. They later plead guilty to fare evasion at magistrate's court. | 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. | The amount of money involved was changed slightly for the survey to make it more precise |
| It has come to light that Registrant B has intentionally claimed too much money back from their NHS employer 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. | It has come to light that Registrant B has intentionally claimed too much money back from their NHS employer 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. | 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. | Further information was provided for the survey on how the GMC heard about the issue as this created some confusion in the qualitative phase |



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| <p>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.</p> | <p>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.</p> | <p>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.</p> | |
| <p>Allegations have been made to the police against Registrant D, by their spouse. The allegations state that Registrant D has behaved in a verbally and physically aggressive manner including, for example: shouting at and throwing a dinner plate at their partner; pushing them out of the way and then slamming the door in their face.</p> <p>No criminal charge or conviction has resulted from these allegations.</p> | <p>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.</p> <p>No criminal charge or conviction has resulted from Registrant D's behaviour as the spouse did not wish to make a formal statement to the Police.</p> | <p>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.</p> <p>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.</p> | <p>The reference to allegations was removed following the online forum as this suggested to participants that there was uncertainty about whether the violence occurred.</p> <p>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.</p> |



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| <p>Several complaints are received by the GMC about views that Registrant E has expressed on social media.</p> <p>Whilst the comments are not illegal, 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.</p> | <p>Several complaints are received by the GMC about views that Registrant E has expressed on social media.</p> <p>Whilst the comments are not illegal, 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.</p> | <p>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.</p> <p>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.</p> | <p>Participants in the qualitative phase were unsure about the nature of the comments made so more detail was added for the survey.</p> <p>Further explanation was also provided in relation to the legal status of the comments.</p> |
| <p>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.</p> <p>Following the trial they were acquitted (found not to be guilty) by the jury after they had considered all the evidence presented to them.</p> | <p>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.</p> <p>Following the trial they were acquitted (found not to be guilty) by the jury after they had considered all the evidence presented to them.</p> | <p>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.</p> <p>After the jury had considered all the evidence presented to them at the trial, Registrant F was acquitted (found not guilty). The GMC must now make their own assessment of whether they need to take any action.</p> | <p>A sentence was added to underline the distinction between police and GMC action.</p> |



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| <p>Outside of work Registrant G is an activist for a cause they feel strongly about. They have been arrested a number of times at protests. Most recently they have been arrested, charged and found guilty of creating a public nuisance by taking part in a protest which stopped motorway traffic. The registrant was sentenced to (and has served) two months in prison</p> | <p>Outside of work Registrant G is an activist for a cause they feel strongly about. They have been arrested a number of times at protests.</p> <p>Most recently they have been arrested, charged and found guilty of creating a public nuisance by taking part in a protest which stopped motorway traffic.</p> <p>The registrant was sentenced to (and has served) two months in prison.</p> | <p>Outside of work Registrant G is an activist for a cause they feel strongly about. They have been arrested a number of times at protests.</p> <p>Most recently they have been arrested, charged and found guilty at a Magistrates' court of creating a public nuisance when taking part in a protest.</p> <p>The registrant was sentenced to (and has served) two months in prison.</p> | <p>The 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.</p> |
| <p>Registrant H has been investigated by the police for expressing extremist views at a public rally encouraging those present to take violent action in support of their beliefs.</p> <p>There have been accusations from some that the registrant is likely to encourage terrorism with their words. However, the Crown Prosecution Service decided not to charge Registrant H with any offence and no further action was taken.</p> | <p>Registrant H has been investigated by the police for expressing extremist views at a public rally encouraging those present to take violent action in support of their beliefs.</p> <p>There have been accusations from some that the registrant is likely to encourage terrorism with their words. However, the Crown Prosecution Service decided not to charge Registrant H with any offence and no further action was taken.</p> | <p>Registrant H has been investigated by the police for expressing extremist views at a public rally encouraging those present to take violent action in support of their beliefs.</p> <p>There have been accusations from some that the registrant is likely to encourage terrorism with their words. Registrant H is not going to be charged with any offence as the views expressed were not sufficiently extreme to amount to a crime. The GMC must now make their own assessment of whether they need to take any action.</p> | <p>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.</p> |

