

Evaluating how the state of medical
education and practice in the UK,
Workplace experiences, and Workforce
reports are used and engaged with by
key internal and external audiences

Final report

by ICE for GMC

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ice

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1 Executive Summary

1.1 Introduction

The General Medical Council (GMC) publishes two annual reports that provide unique insights into the UK's medical workforce and doctors' workplace experiences. This research, commissioned by the GMC, evaluated how internal and external stakeholders are aware of, perceive, and use these reports, with the aim of understanding their reach, impact, and value.

1.2 Methodology and sample

To understand the reach, impact and value of the state of medical education and practice (SoMEP) reports, several methods were deployed. These were a systematic review, qualitative interviews and focus groups and an online survey.

A systematic review was conducted to understand where and how the GMC's SoMEP reports have been cited and used. 365 sources met the eligibility criteria of sources that cited SoMEP since 2019 and were included in the review.

Qualitative engagement was conducted with internal (n=29) and external (n=31) stakeholders, using interviews and virtual focus groups to capture diverse perspectives across roles and organisations. All data from the interviews and focus groups was transcribed, anonymised, and thematically analysed to identify patterns in awareness, engagement, and perceptions of SoMEP. Differences between stakeholders (e.g. internal and external, those involved in the overview vs detail, organisation type and professional interest), were highlighted where they occurred. These insights were then compared with findings from the systematic review to inform further considerations.

An additional online survey (n=44) was circulated to external stakeholders unable to engage in interviews. Qualitative responses were coded and compared with findings from internal and external interviews and focus groups. This allowed for similarities and differences to be highlighted.

1.3 Summary of key findings

The systematic review found that the majority of sources (228) did not specify which SoMEP report they were citing. The workforce report was cited more frequently (109) than the workplace experience report (18). Citations of the reports were predominantly used to provide contextual background and as supporting evidence alongside other sources.

Stakeholders generally view the SoMEP reports as valuable and credible sources of evidence that support decision-making, though awareness of the distinctions between reports remains limited. Engagement preferences varied, with some stakeholders favouring concise summaries and others seeking more detailed data or regional comparisons. Barriers to engagement included a lack of clarity around the core purpose of the reports, limited time to digest them, concerns about data trustworthiness, and questions about relevance to organisational priorities.

1.4 Implications/next steps

The findings suggest that considerations around clarifying SoMEP's core purpose, strengthening its "so what" and data implications, refining its format and frequency, and balancing interpretation with accessibility will help it stay aligned with GMC objectives while remaining relevant and impactful for diverse stakeholders.

1.5 Logic Model

A logic model¹ was developed to map and summarise findings from the evaluation, highlighting how resources and processes translate into impact.

¹ A logic model is a structured graphic that is designed to help set out how an intervention works or is intended to work, tracing the relationship through from the inputs through to the outcomes that are intended.

Inputs <i>What resources, activities and data are used to produce the reports?</i>	Outputs <i>What is generated as a result?</i>	Outcomes <i>What changes, uses or effects result from the reports?</i>	Unintended consequences <i>Were there any unintended consequences?</i>
<ul style="list-style-type: none"> • GMC research and survey data (e.g. Barometer survey). • Production of supplementary resources to support interpretation and engagement (e.g. data tables, summaries, infographics, communications materials). • Collaborative working and iterative feedback from colleagues across GMC directorates (e.g. DRIH, OCCE, Strategy, Policy). • Structured stakeholder engagement processes, including targeted briefings, limited pre-briefings and dissemination of embargoed copies. • Strategic communication and outreach through GMC channels (e.g. social media, national media coverage, GMC News, blogs and website content). • Pre- and post-publication briefings, presentations and engagement with system stakeholders and research audiences. 	<ul style="list-style-type: none"> • High-quality, credible evidence reports on the state of medical education and practice in the UK. • Clear and accessible summary materials that communicate key findings to diverse audiences. • Comprehensive datasets enabling benchmarking and regional or national comparisons. • A trusted data source used to triangulate findings with other sector and research evidence. • Internal use of SOME P insights to inform GMC outreach, stakeholder briefings and strategic messaging. • Widespread referencing and citation of SOME P findings in academic publications, policy reviews, response papers, media coverage, blogs and speeches. 	<p>These outcomes represent contributions rather than direct attributions. Stakeholders consistently reported that SoMEP is used alongside other data sources, sector intelligence and professional insight. The reports primarily support, reinforce and contextualise existing understanding, helping to guide priorities, validate decisions and prompt discussion rather than independently drive change or impact.</p> <ul style="list-style-type: none"> • SoMEP supported strategic discussions and planning around workforce supply, postgraduate education and wellbeing. • Findings on postgraduate training pressures contributed to the development of a five-year GMC programme to address supervision and training capacity. • Evidence on reliance on international recruitment and workforce sustainability informed and reinforced NHS England's <i>Long Term workforce Plan (2023)</i> and related policy discourse. • SoMEP data are regularly used by government departments, arm's-length bodies and GMC teams to support evidence-based discussions with ministers, boards and the media, helping to shape workforce and education strategies. • Data on the experiences of ethnic minority and IMG doctors have raised awareness of inequalities, prompting reflection and dialogue within medical schools and professional bodies about widening participation and fairness in progression. 	<ul style="list-style-type: none"> • Stakeholders often find it difficult to differentiate between the <i>workforce</i> and <i>Workplace experiences</i> reports, which can make it harder to identify where specific insights or influence originate. • Some stakeholders are uncertain about which data underpin SoMEP, occasionally confusing it to be the National Training Survey results. This can lead to misattributed questions about the validity of the data. • Sensationalised or selective media coverage has, at times, misrepresented findings, leading some audiences to question the purpose of the reports and, in turn, the GMC's motivations. • A degree of "fatigue" has been reported with recurring findings and the overall volume of outputs, which can reduce longer-term engagement and attention. • As SoMEP's thematic range has expanded over time, its distinct identity and purpose have become less clear to some audiences.

2 Acknowledgements

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4 Introduction and objectives

Every year, two of the General Medical Council's key reports are published under the state of medical education and practice in the UK (SoMEP) banner. These are the SoMEP workforce report¹, concentrating on the trajectory of the doctor workforce and how it is changing and the workplace experiences report², which focuses on trends in the wellbeing of doctors and workplace satisfaction. Both reports use the GMC's unique data and research to provide important insights on areas such as the demographic make-up of the medical workforce and how pressured doctors feel in their work.

The GMC have commissioned ICE Creates (ICE) to evaluate the impact and use of both the SoMEP reports.

The SoMEP reports are often referred to as 'the workplace experiences and workforce reports' throughout this report.

4.1 Purpose of the research

The purpose of this research is to explore how internal and external stakeholders perceive, use and engage with the GMC's reports and supporting content.

By examining these interactions, the GMC can gain a deeper understanding of what stakeholders' value, what they need, and how they make use of the insights provided.

This understanding will help the GMC assess the extent to which its data and insights inform healthcare policy, support workforce planning, and ultimately contribute to improving patient care. The findings will also guide the refinement of future reports, ensuring they remain relevant, impactful, and responsive to evolving needs.

4.2 Objectives

To understand key stakeholders' awareness, perceptions and use of the workplace experiences and workforce reports, the 4 broad objectives are to:

- Understand how external stakeholders become aware of the reports, considering how this awareness varies based on their sector/ field, roles and organisational types.
- Determine the most effective ways for internal and external stakeholders to learn about and engage with the reports to achieve widespread 'reach' and explore ways to enhance these mechanisms and channels.

- Investigate how internal and external stakeholders use the reports and data resources, and what influences their usage levels.
- Examine how well the reports engage external stakeholders at different times, from launch to long-term interaction.

4.3 Approach

To meet the above objectives, this report brings together the data and insights from several data sources:

- Systematic review
- Qualitative engagement with internal stakeholders (GMC staff) via interviews and focus groups
- Quantitative and qualitative engagement with external stakeholders via survey
- Qualitative engagement with external stakeholders via interviews and focus groups

To ensure the report is meaningful, findings from all data sources have been triangulated, with attention paid to areas of convergence and divergence.

5 Methodology

This section describes the different methodologies deployed to meet the research objectives.

5.1 Systematic review

We conducted a systematic review to understand where and how the SoMEP reports have been cited and used. Academic databases such as PubMed and Web of Science were searched alongside policy documents and governmental sources, grey literature, news and media sources, and health regulatory and educational sources, to identify where the SoMEP reports had been cited between 2019 and 2025, hence focusing on recent trends in the impact of the reports. Of 2674 sources eligible for review, 2318 sources were not included due to them being published prior to 2019, translation was not available, or they did not cite SoMEP. This resulted in 356 sources being included for data extraction and synthesis.

Key findings from the systematic review are presented in pop-out boxes, highlighting similarities and differences with qualitative insights. This format enables comparison between perceived use of SoMEP from interviews and actual use of the reports reflected in citation frequency. The full systematic review is available on the GMC website.

5.2 Engagement with internal and external stakeholders

5.2.1 Internal stakeholders

Internal stakeholder interviews were conducted to secure our contextual understanding of the SoMEP reports to support the development of the research. To do this we engaged n=29 GMC staff members across a range of roles and teams, including but not limited to staff working in regulatory policy, education, standards and ethics, revalidation, communications and engagement, national offices, and senior leadership. Participants were selected using purposive sampling to ensure coverage of staff with different responsibilities and interaction with the reports. A full breakdown of roles represented is provided in the Appendix, section 12.1.

Focus groups were conducted virtually on Microsoft Teams, with between 9 and 11 participants in each session. Where a group format was not suitable (e.g. due to seniority, diary constraints, or preference for one-to-one discussion), top-up interviews were conducted. This approach ensured a breadth of views while allowing deeper exploration of individual perspectives.

5.2.2 External stakeholders

We engaged n=31 external stakeholders through semi-structured interviews and paired interviews where relevant (e.g. colleagues from the same organisation). Again, stakeholders were selected using purposive sampling to ensure diversity in role, organisation type, and professional interest.

5.2.3 Online Survey

An online survey was also circulated to a wider group of stakeholders who were unable to participate in interviews. The survey included a mix of closed and open-text questions to capture awareness, engagement, and use of the reports. Responses from n=44 were collected. Due to a small sample size, it was not appropriate to report quantitative findings from the survey.

To further our analysis, we mapped survey responses onto the interview themes, using the survey data to provide additional context and indicate the relative prevalence or “weight” of each qualitative theme. This approach offered a broader understanding of the key patterns in stakeholder engagement with the reports. It also enabled us to identify similarities and differences where they occur.

5.3 Thematic analysis and segmentation

All focus groups and interviews were recorded (with consent), transcribed, and anonymised. Thematic analysis was applied to identify patterns, similarities, and differences across the data, extracting key insights such as awareness, engagement, and perceptions of SoMEP.

5.4 Logic Model

A logic model² was developed (see page 45) to map and summarise findings from the evaluation, highlighting how resources and processes translate into impact. This logic model illustrates the end-to-end process through which the SoMEP reports are developed and delivered. It captures the linkages between inputs, outputs, outcomes, and unintended consequences, providing a structured overview of how SoMEP activity contributes to change and influence across the system.

These outcomes represent contributions rather than direct attributions. Stakeholders consistently reported that SoMEP is used alongside other data sources, sector

² A logic model is a structured graphic that is designed to help set out how an intervention works or is intended to work, tracing the relationship through from the inputs through to the outcomes that are intended.

intelligence and professional insight. The reports primarily support, reinforce and contextualise existing understanding, helping to guide priorities, validate decisions and prompt discussion rather than independently drive change or impact.

5.5 Research Activity Timings

The research activities for this research took place between January and June 2025, encompassing focus groups and interviews with GMC internal stakeholders (January), a systematic review (January – March), external stakeholder interviews (March – April) and a survey (April – June).

During these activities, neither of the 2025 SoMEP reports had yet been published. The 2024 workplace experiences report had been released in August 2024 and the 2024 workforce report in October 2024. Consequently, participants' reflections were based primarily on their recollections of the 2024 reports rather than on engagement with new findings.

In contrast, research activities ran concurrently with the 2025 National Training Survey (NTS) with survey distribution occurring between March and May 2025. This overlap possibly influenced participants' perspectives, as the NTS survey may have been particularly salient at the time of interviews and surveys. Several participants appeared to conflate or compare findings from the NTS with those of the SoMEP reports.

Additional contextual factors may also have shaped participants' views. The ten-year workforce plan³ and continuing system-level focus on workforce pressures were prominent topics across the sector, increasing awareness of data related to this and continuing confusion of where data has originated from.

Finally, there was an adjustment to the timing and sequencing of research activities. Originally, the study was designed to run in two phases with external stakeholder interviews and the online survey to occur before and after the publication of the 2025 workplace experiences report. These phases were merged to improve engagement, mitigate the risk of lower response rates and accommodate publication delays.

6 Layout of the findings

The qualitative engagement with stakeholders (via interviews and focus groups) forms the core of this report, reflecting the depth and richness of the data collected. Where relevant, similarities and differences between the qualitative data, survey responses, and systematic review are explicitly highlighted throughout the report.

All insights presented in this section are directly informed by the data. While these findings highlight important themes, they should not be interpreted as formal recommendations. The discussion section will consider these findings in context and explore implications for future report development and stakeholder engagement.

The appendix provides a conceptual framework with broad themes and segmentation, including details on theme frequency and which organisation types and role types contributed to them.

6.1.1 Groupings

For analysis, participants were grouped by role type to capture differences in engagement with the reports. The themes that emerged from the data did not exactly follow level of seniority or specific job roles but were based on job type and responsibilities.

- **“Overview”** = these are often stakeholders in more senior roles (but not always) who are responsible for oversight, planning and strategy and have a team working under them.
- **“Detail”** = these are often stakeholders in more hands-on roles and those who have closer contact with the data day to day and often report to someone in a “overview” role.

6.1.2 Sample characteristics

A full breakdown of sample characteristics across internal, external and survey respondents can be found in the Appendix, section 12.1.

6.1.3 Conflicting narratives

Throughout the report there are often conflicting narratives between what stakeholders want from the reports. Therefore, there is a need to balance these different preferences in the interpretation of findings.

7 Insight Findings

7.1 Familiarity with the SoMEP reports

7.1.1 Overall, strong familiarity is reported with the reports both internally and externally

Internal and external stakeholders believed they had good awareness of the SoMEP reports. Stakeholders reported that they were familiar with the reports alongside the data that sits behind them, with many giving examples of how they used it.

"Very much aware of them. In my day job as consultant oncologist – I fill in the survey. Also, in this current role, I look very closely at the report/data. Have regular meetings with GMC."

Professional and Membership body, Medical Education and Training, Detail Role

As would be anticipated, internal familiarity with the reports and supporting materials tended to be greater among employees who were directly involved in producing or applying them. This included members of the SoMEP team responsible for the marketing and communications of the reports, as well as staff whose roles required using report findings. For example, one internal stakeholder reported being more familiar with the section of the reports relevant to their work and found them particularly useful for developing briefings. However, not all internal teams were aware of the reports, including across strategy teams, suggesting that this awareness is not universal within the GMC.

"Read early drafts because I work in Policy & External affairs, I sit on the SoMEP working group with a focus on bringing perspective and needs of the devolved nations"

Internal, Policy and External Affairs

Most external stakeholders had more familiarity with the reports if they viewed the data as being directly relevant to their role. This was seen across stakeholders from different organisations and in overview and detail roles. For example, stakeholders from a government or arm's length body highlighted how the reports provide the perspective of the workforce and advice which allows them to identify potential trends and get them thinking about the future of the medical workforce. A majority of those who had high familiarity with the reports placed high value on them and regularly used them within their work.

"The reports are really helpful. They help give an understanding about what the GMC's position is and that gives us a frame for how we think about how we support clinicians in their practise"

7.1.2 'The GMC' is more recognisable than 'SoMEP'

Despite stakeholders feeling confident they were aware of the SoMEP reports, they often mentioned different GMC resources interchangeably within focus groups and interviews. For example, many conflated the National Training Survey (NTS), which assesses the quality of postgraduate medical education and training environments, with the Barometer Survey, which captures how doctors' experiences of practising in the UK are changing.

This was especially prominent for external stakeholders who tended to view GMC outputs, including the SoMEP reports through the lens of the 'GMC' rather than as distinct reports. Thus, their familiarity sits with the GMC more broadly rather than with the individual reports, which can cause confusion for their core purpose, suggesting the 'GMC' is the primary driver of trust in data in the reports rather than the actual data within individual reports.

The primary confusion emerged between the SoMEP reports (alongside the Barometer survey that sits behind them) and the NTS. Due to the conflation between products, perceptions of data quality of one survey, can influence views of other GMC activities. Some participants cited the declining rates of the Barometer Survey as a reason for questioning data validity. There is no current evidence of a decline in Barometer survey participation, but there has been a small decline in the NTS survey, albeit from a very high level.

This confusion suggests that other reports can confuse or blur perceptions of all GMC outputs, decreasing some stakeholders' confidence in the accuracy and validity of SoMEP findings. For example, when asked about the barriers they faced to engaging with the SoMEP reports and their data one participant spoke about the NTS.

"But I think it's become less reliable because I think the elements of requirement for trainees to fill it in has been lessened. Used to be extremely valuable in providing information about trainees, perceptions of individual training environments and clearly there's nothing about that"

While internal stakeholders may have a clearer understanding of survey aims and methodology that sit behind the individual reports, this knowledge does not always translate externally. Consequently, even well-designed surveys risk their impact being reduced if distinctions between their outputs (reports) are not clearly landed with the intended audience.

Finally, while many participants internally and externally in this project praised the GMC for regularly providing credible research, it is possible that the downside of publishing a series of annual resources makes it challenging for external audiences to differentiate between them.

7.1.3 The length of the reports can make it difficult to get close to the findings

Another key finding was that while most internal and external stakeholders were largely familiar with the reports, some stakeholders knew of it but could not describe it in any significant detail. This included both internal and external stakeholders, those with less contact with the reports had difficulties distinguishing between the two reports and their intended purpose(s). Participants referred to the reports as the 'state of' reports and had low awareness that the reports served separate purposes.

"Not as aware, looked at both recognise the brand State of Medical Education.... didn't realise that there were two reports doing separate things but think I have looked at both as aware of both datasets"

Government or arm's length body, Workforce Planning and Development, Detail Role

Some external stakeholders from governments or arm's length bodies and professional or membership bodies commented that they had low familiarity with the reports due to the amount of information contained within them, reducing their ability to engage with their content. This can lead them to focus on headlines rather than read the reports in full.

"How people are feeling, e.g. managers, medical directors, and trainees wanting to leave the NHS. Experience around bullying and harassment."

Government or arm's length body, Patient Safety, Detail

However, for stakeholders able to distinguish between the two reports, awareness was higher for the workforce reports than the workplace experiences reports.

The findings also suggest levels of familiarity are not consistent over time. Some external stakeholders emphasised that while they are familiar with the reports upon their release, they become less familiar with the detailed findings over time. Nevertheless, the headlines and key figures can create a lasting impression on

stakeholders, keeping them 'front of brain' and memorable beyond the time of publication.

External Stakeholders

- Higher familiarity with reports if findings are relevant to their role
- Low familiarity with the branding of individual SoMEP reports
- More familiar with reports upon release which decreases over time

Both Stakeholders

- Higher familiarity with reports if they work on the reports or the findings are closely related to their role
- Knowledge of the purpose of the reports was lower for those less familiar with them

Similarities and differences across systematic review and survey

Survey responses from external stakeholders broadly reflected the findings from the qualitative engagement, indicating that stakeholders are generally familiar with both SoMEP reports. Overall familiarity was high, with n=37/44 of survey participants reporting they were aware of SoMEP. A small number of participants, n=6, reported no prior awareness.

Survey results also showed familiarity was strongest for the workforce report than for the workplace experiences report or supporting data reference tables for either report. Similarly, survey respondents were more likely to use the workforce report compared to the workplace experiences or data reference tables.

That said, it is difficult to conclude the true level of familiarity with the reports. The survey findings support qualitative insights that suggest that stakeholders may conflate GMC resources. For example, one survey participant explicitly cited the NTS as a useful part of SoMEP, while several others referenced topics such as training and educators, which are more closely associated with other GMC resources and research.

The systematic review revealed a similar pattern: SoMEP was often cited without specifying which report (64%). When distinctions are made, the workforce report is referenced more frequently (31%) than the workplace experiences report (5%). While this could indicate lower awareness of the workplace experiences report, other factors may also be at play. Stakeholders may conflate GMC outputs, find the workforce report more accessible, or consider it more directly relevant to their work.

Taken together, the survey, qualitative engagement, and systematic review underscore both high overall awareness of SoMEP and challenges in distinguishing between reports and other GMC resources, which may influence perceptions of their relevance and use.

7.2 How are stakeholders made aware of the reports?

7.2.1 Directly from the GMC

From internal stakeholders we know they are playing a role in sharing the reports; they tend to share summaries and add it to their presentations for external stakeholders. A few external stakeholders did say/report they were hesitant to share the full version; this is discussed further in section 7.7.47.7.2.

This supported the primary finding that most external stakeholders receive direct communication from the GMC either through meetings, briefings, emails, presentations or LinkedIn. This suggests that the targeted and strategic approach taken by internal GMC teams is successfully reaching relevant stakeholders and increasing their awareness and familiarity with the reports.

"I get direct notification of them from the email circulation list. They would flag up even in advance when they're due to come as well as we have regular meetings and they're very keen to place these on the agenda."

Government or arm's length body, Workforce Planning and Development, Detail Role

7.2.2 Senior stakeholders tend to receive summaries

A key finding was that those in overview roles are more likely to receive summaries from members of their team than read the reports themselves. This includes members from operational teams distilling the key information that is relevant to the senior's role and professional interest. For example, a stakeholder from a government or arm's length body highlighted that a member of the team is responsible for summarising and sharing the key findings of the reports. Thus, those in senior or overview roles are less likely to read the reports in full themselves and their awareness is shaped from how information is communicated internally.

"Someone on my team gets sent them and she summarises and pulls out the key points/also sharing with the Cabinet Secretary's office / and myself".

Government or arm's length body, Workforce Planning and Development, Overview Role

7.2.3 Through citations in other publications / presentations

Beyond direct contact from the GMC some external stakeholders are made aware of the reports from seeing the data and insights within other publications that are relevant to their role. Examples included media stories, journal articles, books or reports. This highlights the importance of indirect sharing and acknowledgement in other works to increase stakeholder awareness and engagement.

"Often see the same data quoted by other specialists, colleges. They may say "we need more of 'X' because SoMEP says 'Y'"

Government or arm's length body, Workforce Planning and Development, Detail Role

Internal Stakeholders

- Share the reports with external stakeholders

External Stakeholders

- Receive reports or communications about the reports
- See the reports in other publications in the media or academic publications
- Those in 'overview' roles are more likely to receive summaries from those in 'detail' roles

7.3 How do stakeholders engage with the reports?

7.3.1 Stakeholders are mostly interested in high level data relevant to their role

Another primary finding was that due to the length of the reports, when engaging with them, most internal and external stakeholders focus on data that is relevant to their role rather than read the entirety of each report. They highlighted that due to high workloads and the volume of data they receive, they lack the time to read the reports in full. Instead, they skim headlines, look for relevant topics or focus on the executive summary to provide them with the information most interesting and applicable to them. This suggests that stakeholders do not engage with the full reports but focus on high level data.

"Tend to read the exec summary of both reports. Don't tend to plough through everything"

Professional and Membership Body, Medical Education and Training, Detail Role

7.3.2 Operational or 'detail' stakeholders are more likely to read the entire reports

Additionally, some stakeholders who are in 'detail' roles such as senior officers and directors of education and training highlighted that they do read the whole of the reports. This allows them to distill the key information back to more senior or 'overview' members of their team. However, it is unclear how much of this information they retain or if they return to read the reports beyond their release.

7.3.3 Stakeholders revisit the reports over time

Secondary to these findings, while stakeholders might not read the full reports upon its release, they often return to them throughout the year, especially if something relevant to the reports emerges. This includes coming back to the supplementary data tables and reference tables. It can contain crucial information that allows stakeholders to repeatedly return to the report rather than being a resource they read once.

"Just have a quick read of both reports – it's one of many reports we see. I don't read it all but just use it as a quick tool. It's a good reference document. Would go back to it throughout the year for various purposes – e.g. policy development, brief ministers, responses to press notices."

Government or arm's length body, System change and improvement, Overview Role

Similarities and differences across systematic review and survey

Findings that most participants focus only on the executive summaries and information relevant to their roles is reflected in the survey. The survey showed that n=37/44 of participants engaged with the reports by reading the executive summaries, skimming the headlines, and looking for relevant topics. In contrast only n=7/44 of participants reported reading the whole report.

The survey did not identify the length of the report as a barrier to engagement, as a strong theme in comparison to qualitative findings. Only one survey respondent stated that fewer, briefer and punchier reports would increase their engagement with them. However, n=12/44 respondents did answer that shorter, more accessible summaries of key findings would increase their engagement with the report.

Both stakeholders

- Read headlines, exec summaries and key data relevant to their role
- Come back to the reports as needed
- Reports are perceived as large and can be difficult to digest

7.4 Have you ever found aspects of the report useful in your work?

7.4.1 SoMEP provides high quality, credible data

A key finding was that external stakeholders consistently valued the reports for providing high quality, reliable data that they couldn't access elsewhere. Some examples of data which were especially useful include data on locally employed doctors, international medical graduates and GP registrars.

The reports were seen as a trusted and comprehensive evidence source, particularly in comparison to other data sets that were described as difficult to use or fragmented such as data from national health policy bodies or NHS. This credibility was especially important when communicating findings with decision-makers, helping stakeholders give weight to their arguments and inform discussions. This was valued across both 'overview' and 'detail' roles alike.

"Unlike Welsh Government and NHS Wales data, which is fragmented across sectors, the GMC brings everything together in one place — something we don't get elsewhere."

Government or arm's length body, Overview Role

Stakeholders especially valued the ability of the data to highlight trends and patterns across the workforce. For example, insights from SoMEP on postgraduate training pressures helped internal stakeholders recognise a crisis point in workforce supply and plan a five-year programme of work to address it. This highlights that the impact of the reports is often long-term, influencing awareness and planning rather than immediate changes.

"We know from the insights of SoMEP over the last few years that postgraduate training in particular is at a crisis point...this has informed us we need to take some action"

Internal, Education Policy

Having access to the previous reports allowed stakeholders to track trends by cross-referencing new data and findings with previous data to allow them to observe patterns over time. The data related to trends and patterns informs the different approaches taken by stakeholders in relation to planning and strategy. For example, one stakeholder commented that data on international medical graduates highlighted the extent of reliance on overseas doctors, shaping long-term workforce planning and discussions with government.

"The data doesn't help answer the question of sustainability, but it does help to spell out how much we are reliant on that as a source of supply...we were recommending to the government that we needed to increase medical supply"

Government or arm's length body, Workforce Planning and Development, Detail Role

Even if data trends are predictable stakeholders placed high value on the data from the SoMEP reports to support these trends. Additionally, it can help to inform them of the next steps that should be taken to address these trends.

"Very useful data to help illustrate points and inform different approaches. You can use them to look at impact over time."

Government or arm's length body, Medical Education and Training, Overview Role

7.4.2 The importance of the data for benchmarking

Some stakeholders involved in policy, training and workforce planning and development emphasised the value of the reports for providing regional and geographic breakdowns of data, especially for those working across the devolved nations. This data enables stakeholders to compare trends and experiences in their area with those in other regions and countries, supporting longer-term planning and evidence-based decisions. They found this especially useful for informing evidence-based changes within their specialty, region or local area.

"Country level data, Wales specific. The Wales-specific data is especially valuable, as it helps us understand national trends and compare them with other UK nations."

Government or arm's length body, Workforce planning and development, Overview Role

7.4.3 SoMEP provides an evidence base for decision making and further research

Both internal and external stakeholders consider the reports a key evidence base to inform policy, decision making, programme development and prioritisation of planning. The credibility of the GMC's data helps ensure these findings are trusted and incorporated into strategic discussions.

"I think we're kind of primary user of it, especially in terms of how we use SoMEP to inform development of our policies."

Internal, Education Policy

External stakeholders consistently described the GMC's workplace experiences and workforce reports as valuable tools for informing strategy, setting priorities and guiding next steps. The reports are used by stakeholders from workforce planning and development, patient safety and quality of care, medical education and training and healthcare policy to develop action plans, shape agendas for strategic groups, and support evidence-based conversations with credibility and authority. For example, one stakeholder working in government or arm's length body highlighted that they use the reports to inform the agenda and conversations in their

strategy group to ensure they are discussing the key trends. Again, this highlights that the reports' influence is often long-term rather than immediate.

These stakeholders highlighted that the data helps identify key focus areas, trends, influence policy discussions, and trigger follow-up actions or collaborations. The insights also support workforce planning, advocacy efforts and deeper understanding of issues such as retention, burnout, and future workforce direction.

"I've looked at it and used the information from it for years. And that's partly to inform what we're doing about workforce numbers and quality and because that's my role."

Government or arm's length body, Workforce Planning and Development, Detail Role

External stakeholders also valued the reports for highlighting areas that require more in-depth evaluation and future research to better understand the workforce and workplace experiences. Therefore, the reports can be viewed as a starting point to understand current trends and patterns by stakeholders while allowing them to explore the data in greater depth in a way that is meaningful to their role.

"But I do want to highlight the opportunities that come from it. (SoMEP) highlighted a real issue for a particular part of the medical workforce which allowed us to develop and think through, and it also triggered more in-depth evaluation and research. When those trends happen the data team will then go on and explore that further and that's what I found really helpful"

Government or arm's length body, Medical Education and Training, Detail Role

Similarly for internal GMC stakeholders, especially from the standards and ethics team and the policy and delivery team, the reports help inform the development of internal guidance and the development of wider policy. The reports also help build an evidence base to justify and communicate externally why certain workstreams are being prioritised by the GMC; workstreams are often underpinned by the SoMEP reports alongside other data and intelligence.

"Things to help with making those prioritisation decisions about where we want to go next and the kinds of activity. I think this year was quite a nice way to be able to use the report to say we should be doing this."

Internal, Education and Standards Directorate

7.4.4 Reports are triangulated with other data sources and existing knowledge

Another important finding was that external and internal audiences triangulate findings with other data sources to balance their understanding of current trends and patterns. Thus, the reports are viewed as sources of credible corroboration rather than as unique, isolated sources of data by some stakeholders.

"Useful triangulation to other bits of data. If it didn't exist, quite a lot of what we have done would be similar, but with less clarity around impact of scale required. That's where GMC makes a difference."

Government or arm's length body, Workforce Planning and Development, Detail Role

Information and data contained within the reports are often not surprising to external stakeholders. For example, one stakeholder highlighted that they felt the data was not essential but rather helpful for confirming UK health sector data and that the workforce experiences report mirror similar findings to the NHS England staff survey. Nevertheless, this is beneficial for stakeholders as it helps them to build the overall picture of the workforce and better understand workplace experiences. It can also help them reinforce their findings and be more proactive with addressing workforce issues.

"When the reports come out and reinforce what we have found and the call for action is that we might have it as part of our policy, it gives us impetus to then pursue it and say, look, our members are finding this, the GMC has now got data on it too. This has to change. How we going to do it?"

Professional or Membership Body, Healthcare Policy, Overview Role

Internal and external stakeholders especially value the SoMEP reports because they bring clarity to the scale of issues and their impact on the overall workforce. The reports also provide data to support the latest conversations and what they might hear anecdotally from doctors. Further building the evidence base on which decisions are made.

"The report is one piece of the wider evidence puzzle. As regulators, triangulating evidence is important—if multiple sources raise the same concern, it adds weight and helps guide where to focus attention and action"

Government or arm's length body, Patient Safety and Quality of Care, Overview Role

7.4.5 The SoMEP data is helpful to inform briefings and outreach

A few internal stakeholders emphasised the reports' value in briefing senior colleagues and preparing for high-level meetings, including those with government officials and policy leaders.

"Working in policy and external affairs, a lot of what we do is kind of briefing senior colleagues for meetings. So, for example, GMC had a meeting with our Cabinet Secretary for Health and Social Care in Wales before Christmas and we know a big concern of theirs is the sustainability of the future workforce. So, we can pull out some of the data from SoMEP and say look, this is how it's changing in Wales, this is what we can interpret about the extra support that the workforce might need."

Internal, Strategic engagement

These internal stakeholders also highlighted that they use the data to support outreach to facilitate responsive engagement with doctors and other organisations to help spread awareness of the reports and key insights from the reports.

"We use the data when we're talking in engagements to doctors, we use it to raise awareness and to raise support for those who are working in the system"

Internal, Senior Leadership Team

External stakeholders revisit the data from the reports to inform presentations and briefings. This includes using stats and data sources from the reports to share the findings wider to highlight the key findings and disseminate them to those best placed to take action to address the issues and keep conversations progressing.

Similarities and differences across systematic review and survey

The survey reflects the findings that the SoMEP reports are broadly useful in stakeholders' work. Participants were asked the question "have you ever found aspects of the "State of" reports or it's insights and data useful in your work?" Of those who answered (n=29), 27 said they have been. Similarly, of those who answered if SoMEP had an impact on their work (n=21), most reported that it had (14) by supporting discussions (n=12), shaping thinking or understanding of a topic (n=12). A smaller number of participants reported that it had influenced a decision, action, or further work they are involved in (n=8), or informing recommendations for policy, programmes, or something else (n=6). Two participants reported SoMEP contributed to further research in a particular area.

Similarly, the systematic review highlighted that SoMEP report citations (n=356) are widely used in research, policy, and media. The primary citation functions of the reports were to add contextual background (57%), bolster an argument for the significance of a problem (20%), highlight gaps (12%), and provide direct support for action or recommendations (10%). Other citation functions include summarising what SoMEP indicates (9%), support for conclusion (8%), showing changes over time (7%), comparison and benchmarking (6%), policy alignment (4%) and critical engagement (2%). It is important to note that a citation often served more than one function. Therefore, the total number of citations is larger than the original number of sources.

What was less clear from the systematic review was if SoMEP made a tangible impact, whereas the survey and qualitative insights (interview and focus groups) were able to explore how impactful SoMEP has been for them and their specific work.

Internal Stakeholders

- Valuable for outreach and briefings

External Stakeholders

- Value high quality data
- Useful for benchmarking

Both Stakeholders

- Key data to inform prioritisation
- Triangulate with other data for full picture of workforce

7.5 How do stakeholders feel about how the findings of the report are communicated?

7.5.1 Presentation is excellent and easily accessible

External stakeholders largely felt the layout and style of the report is accessible, breaking down complex findings in a way that is easy to comprehend and digestible for stakeholders. A key enabler of this is having key findings presented upfront in the executive summary as well as being woven throughout the report. This allows external stakeholders to easily find and interpret the main messages and navigate through the reports to find the data and messaging relevant to them.

"I like the way it's set out in chapters, it's accessible to read, use of acronyms, acknowledgements. Organised in an easily identifiable way. Resembles scientific format – what a doctor is accustomed to. Inviting you to read it. Not overly colourful, not too graphic or too wordy. Style of writing is consistent"

Professional Body, Healthcare Policy, Detail Role

Some external stakeholders believe the presentation of the reports have improved over time, with the GMC showing greater honesty by sharing negative workforce data and experiences. This increased transparency and has strengthened trust and made the reports more appealing.

7.5.2 The reports' neutral tone reinforces a sense of objectivity and factual accuracy.

It is felt that the report findings are communicated in a clear and unbiased manner where the findings are data driven and written in a neutral tone. External stakeholders said because it feels like the reports are factual rather than opinionated, it leads them to trust the content of the reports and, by extension, increase the likelihood of them using or referring to it in their work.

"I think the 'so what' is clear the 'this is what it means' is well communicated. Golden thread through all of this. Even in the exec summary they pull out the key messages this year. Very sophisticated comms"

Government or arm's length body, Patient Safety, Detail Role

7.5.3 Marketing of the reports can sensationalise findings

Although most external stakeholders find the reports accessible and factual some stakeholders perceived that press releases and media coverages often skew perceptions of the reports upon release by focusing on negative findings and using sensationalised headlines. Stakeholders felt this approach overlooks context, such as the causes of negative experiences or potential solutions, and instead prioritises

attention-grabbing tactics that appear self-promotional. This creates frustration and undermines trust.

This suggests the GMC should be aware that while people who are familiar and use the reports see them as balanced, unbiased and factual, those who engage less with the reports might see a sensationalised headline which then perpetuates negative beliefs and views towards the GMC.

"Often the reports are better than the press releases. Common with comms teams, take a balanced report and turn it into headlines. Sometimes these things are taking a little bit too definitively, the relative changes are more interesting than absolute percentages."

Government or arm's length body, Medical Education & Training, Overview Role

There were similar sentiments from internal stakeholders who felt the press releases were written with the objective of grabbing media attention to raise awareness of both the SoMEP reports and the GMC more broadly, rather than prioritising high quality data and insights.

"Sometimes I think we're looking for another media opportunity (now twice a year) to get a story in national or trade media"

Internal, Senior Leadership Team

However, it is important to note that this is a key purpose of the press releases and thus should be made clearer to stakeholders.

Nevertheless, this can lead to the positioning from press releases possibly detracting from the reports content.

Similarities and differences across systematic review and survey

Findings from the systematic review and survey did not provide any further insights into how the reports are communicated.

External Stakeholders

- Presentation of the reports are excellent and easily accessible and have improved over time
- 'So what' is clearly communicated
- Perception of the reports can be skewed by press releases and media stories

7.6 What are the perceived core objectives of the report?

7.6.1 Reports support credibility and authority of the GMC

Internal stakeholders highlighted that the reports provide the opportunity for the GMC to highlight their credibility and authority as a public body. The rich data that the GMC collect and disseminate through the reports is unique to them as a regulatory body and provides an opportunity to showcase their value.

"I think the core objective is to give the GMC a voice of credibility and authority. Also to enhance our reputation, particularly with government audiences"

Internal, Senior Leadership Team

7.6.2 Reports share data and experiences of the workforce

Internal stakeholders highlighted that one of the core purposes of the report is to share data in an accessible and compelling manner to other stakeholders and organisations. This allows for the GMC to significantly contribute to conversations about the workforce and their experiences. This data allows for the GMC to call other organisations to action to ensure that recommendations that fallout from the findings are placed in the hands of those best suited to implement the changes. For example, one external stakeholder from the government or arm's length body highlighted that the data helps to add value in country-specific meetings across the devolved nations.

"The Wales-specific data is especially valuable, as it helps us understand national trends and compare with other UK nations."

Government or arm's length body, Workforce Planning and Development, Overview

7.6.3 Reports encourage change and proactivity

Beyond providing data of experiences and challenges of the workforce, a key mechanism of the reports is to use evidence to advocate for change and guide how it can be implemented and prioritised. Internal stakeholders often felt that this was an obligation of the GMC, ensuring their rich insights could be used to help inform improvements.

"We have an obligation and a duty that comes with a justification for our existence as well. We carry out our regulatory functions, of course, but also have to think what can we give to the wider system, so I do think there's something of value for us as a regulator, as well as value for the system and how we seek to influence and make changes"

Internal, Education and Standards Directorate

Some external stakeholders, particularly in 'overview' roles, view the reports as tools for driving change and strategy. They use the findings to prioritise future areas of focus from policy changes to building evidence for further research, adapting the insights to their specific roles to deliver practical and evidence-based action. One example of the reports supporting local prioritisation was in Northern Ireland, where unusually high numbers of medical undergraduates from grammar schools highlighted concerns about representation and diversity, sparking discussions on widening recruitment.

"The GMC are in a very influential position, but don't exceed their influence. They present data in an objective way and let people interpret it differently. Evidence and information from the reports support policy changes and give us a gentle nudge that allows us to develop our own responses/policies."

Government or arm's length body, System Change and Improvement, Overview Role

However, some internal and external stakeholders felt the reports have drifted from their original objectives, making their purpose less clear. Additionally, some stakeholders felt the reports did not fully deliver or go into enough detail about the 'so what' behind the reports or their key findings.

7.6.4 Report objectives are not clear

Internal stakeholders, particularly those working within policy teams, felt the reports have shifted in focus. Perceived as originally aimed at a small, influential audience close to the GMC, they are now seen as part of a broader influencing campaign with less impact. This has led to a constant search for new narratives in the data, diluting the original purpose. An internal stakeholder also noted that this shift has reduced opportunities for the GMC to reflect internally on the value of the reports. Stakeholders felt the reports could play a stronger role in informing internal policy questions and guiding future research

"I think the purpose of it has become blurred over time "

Internal, Policy and regulation

Some external stakeholders felt that the purpose of the reports and their findings are well communicated, helping them to understand the 'so what' behind the reports. However, these stakeholders did not distinguish between the two reports and thought the collective purpose of the reports was to provide evidence and insight into doctors' views and experiences.

Other external stakeholders, especially in detail roles reported less clarity about the reports' core purpose, with some feeling they served as a "tick-box exercise". They

found the objectives vague and questioned whether the reports aimed to provide commentary, drive change or act as a reference document. Some felt the reports lacked analysis and don't go far enough in highlighting the implications and offering recommendations for action, instead it is felt that they focused on reporting and accepting the status quo. Thus, some found the reports confusing and felt they did not fully utilise the rich data behind them.

“As a reader consumer of it, you don't really know what it's for. It feels like it is trying to do too much”

Professional and Membership Body, Workforce planning and development, Detail Role

A few external stakeholders wanted the reports to take a more of a stance and provide a more critical commentary about the medical workforce and practice. This includes the reports discussing the implications of findings and suggesting changes that could address the workforce issues.

Additionally, a small number of external stakeholders wanted more detail and data connected to their job roles and specific areas of interest from the reports. This can lead to high levels of variability in how stakeholders want to use the data and create difficulty in determining a consensus on the level of detail that should go into the reports.

Similarities and differences across systematic review and survey

The survey reflects the findings that the report objectives are not clear. A few respondents stated that they wanted more clarity about what the GMC are using the data for and what are the next steps or actions to be taken consequent of the report's findings. Additionally, some of these respondents also wanted clearer communication about who the audience is and n=10/44 wanted better communication about the purpose and relevance of the reports.

Perceived objectives of the reports could not be determined in the systematic review.

Internal Stakeholders

- Reports maintain GMC's credibility
- Share data across the workforce
- Promote and guide changes
- Purpose can become unclear, this has increased over time

External Stakeholders

- Promote and guide changes
- Some find the purpose unclear and vague

7.7 What are the barriers to engaging with the reports?

7.7.1 Layout and separation of reports

A primary finding, as mentioned in section 7.1.2, was that external and internal stakeholders experience difficulties distinguishing between the two reports and their intended purpose, meaning that they often aren't clear which ones to direct their attention to. There was greater awareness of the broader term SoMEP rather than of the workforce or workplace experiences report.

7.7.2 The length of the reports can drive arms-length engagement

As discussed, in section 7.1.3, some internal and external stakeholders reported that the length and frequency of the reports can feel overwhelming or daunting. As a result, many tend to engage only with the executive summaries and conclusions, rather than the full reports. This sense of information overload can lead to a more superficial engagement with the findings and may limit the extent to which the reports inform action.

"When I first started, I used to read [it] cover to cover, now less engaged with the detail, more interested in what people will be saying about it - the press releases, the key headlines, the so what's"

Internal, National Office

A few internal stakeholders were hesitant to share the whole report due to concerns about the length of the report. Instead, they tend to focus on sharing key findings that are role specific alongside headlines and high-level findings, creating barriers for stakeholders to engage with the reports.

"We've spoken in Wales about maybe sharing it with some key politicians as well, so it can inform some of their thinking. But I think with the way it's presented at the

moment, I'm really reticent to do that because it's too big and it's just not focused enough"

Internal, National Office Wales

7.7.3 Fatigue of the findings

A few internal stakeholders had doubts about the value of the reports. Repetition of messages and findings from the reports can create feelings of fatigue and reduce engagement with the reports. Similarly, while external stakeholders value the data there was a sense that the reports are telling them the same things they know from other organisations or previous reports.

"It's just more evidence telling them the same things that they already know. And yet we seem to think that it's very unique."

Internal, Strategy and Policy Directorate

7.7.4 Organisation specific findings

A few external stakeholders from professional and membership bodies also raised concerns about the suitability of the reports for their specific needs related to their organisation and role.

A few external stakeholders from membership bodies, particularly those working across devolved nations or in strategic roles, highlighted that they perceived the reports to offer limited data segmentation by country or region. They wanted to see the findings relevant to their role and region. This created perceived barriers to engaging with the reports as stakeholders were unable to use the data to understand what actions were needed locally on the back of the reports.

"It gives a picture of England as a whole – however, is it useful as a whole? Regions are rather different from each other. E.g. burnout/how doctors are feeling you would want to know what's happening in your own organisation. E.g. workforce challenges might be quite different in London to the Norst East"

Professional Body, Medical Education and Training, Overview Role

Similarities and differences across systematic review and survey

In the survey, similar to the findings from the interviews and focus groups 4 participants highlighted barriers that limited the impact of SoMEP reports. For example, one participant had not been made aware of the reports, while two noted that, although the reports are data-rich, they can be time-consuming to digest and provide limited guidance on practical next steps. Another participant reported difficulty in using the findings to support cross-organisational learning. Additionally, one participant suggested that key statistics and trends could be presented more clearly and accessibly to improve usability and overall impact.

While the findings from the systematic review show that SoMEP is regarded as an authoritative source (as evident from the number of citations), it was also scrutinised for data gaps that may affect workforce planning and health system forecasting. For example, a 2024 journal article noted the absence of discussion on demographic pressures from an ageing population in the 2023 workforce report³, while a 2023 policy document questioned the robustness of GMC registration data in estimating active doctors (2023)³. This was not later identified in qualitative findings, but does reflect qualitative findings of stakeholders wanting the data to meet their specific needs.

Internal Stakeholders

- Fatigue from reports repeating similar messages
- Hesitancy to share the reports

External Stakeholders

- Decline in trust of survey data and sample size although this may be conflating different GMC surveys
- Desire for more detail behind the data to better understand the GMCs interpretation
- Mismatch between report findings and stakeholders' experiences
- Sometimes reports do not align with individual organisation's needs

Both Stakeholders

- Confusion separating the reports

7.8 How do stakeholders believe the reports can be improved?

7.8.1 Make the reports more digestible

As reported in section 7.5.1, participants highlighted they found that the layout and style of the report is accessible, breaking down complex findings in a way that is easy to comprehend for stakeholders. A couple of stakeholders liked the use of chapters within the report and that they are formatted in a way that resembles the scientific format.

Internal and external stakeholders expressed mixed views on the length of the reports. External stakeholders wanted shorter reports but also felt they needed more detailed data, especially information relevant to them and their role, creating tension between brevity and depth. Some stakeholders preferred more frequent, shorter updates throughout the year, while others recommended combining reports into a single annual publication.

Mixed views on the length of the reports came from internal and external stakeholders. There were inconsistencies between external stakeholders wanting shorter reports yet also wanting to be able to go into the data in more detail, especially for data they feel is relevant to them. This risks the reports becoming long to include the detail which contradicts the desire for short reports. Additionally, some felt they would benefit from more frequency of smaller reports throughout the year while external stakeholders suggested merging them into one report.

"Might be better to have 2 very short reports with data – include signposting"

Professional and Membership Body, Healthcare Policy, Detail Role

To address this, internal stakeholders suggested the reports should be made more digestible by ensuring key findings are communicated directly to external audiences. They emphasised internal teams should continue to focus on doing this, given their established relationships with stakeholders and understanding of the data most relevant to them. To do this, they felt the GMC should focus on providing succinct executive summaries and continuing to drip-feed clear messages, so that engagement with the reports is easier. However, it is important to note that the GMC do provide summaries throughout the year, suggesting that there is low awareness of these.

"But I think maybe it's just a sort of lack of engagement because of the size of it. A bit daunted by the size of the reports, so the exec summary summaries are important"

Internal, Education and Standards Directorate

Additionally, external stakeholders, largely from professional bodies in overview roles who didn't typically read the full reports, expressed a desire to access the content through different formats such as podcasts, physical copies, slide decks or infographics. This will help them overcome time barriers and allow them to access the findings in a more appropriate way, ensuring key messages are not lost.

"I don't believe the reports have come out as a podcast but even if there were just an audio summary that people can listen to that would be beneficial"

Professional and Membership Body, Medical Education and Training, Overview

7.8.2 Furthering the interpretation of the data

There were conflicting views to the extent to which the stakeholders believed that SoMEP effectively interpreted the data. While some believed that the 'so what' was well communicated, many external stakeholders, mainly membership bodies, felt they lacked interpretation. They wanted more transparency in how the GMC acts on the findings as well as suggestions for actions, including where other organisations can take the lead if outside the GMC's remit. Stakeholders stressed that insights from the reports should inform strategy and workforce planning, turning the findings into practical next steps to drive improvements.

"It's reporting the same stuff, but not doing anything about what that means or how it helps the registrants that are already here ... I don't think they've (The GMC) ever seen it as their role to give that kind of narrative, and they haven't had to because the state of medical education was perhaps slightly better. But now it's got worse."

Professional and Membership Body, Healthcare Policy, Overview Role

Where stakeholders want to make their own interpretations of the data, they want the GMC to be more transparent about the data. Despite the GMC publishing data tables alongside the reports, stakeholders reported a need for the raw data to be made available, suggesting low awareness of the availability of the data. Making sure stakeholders are aware of this raw data could allow them to look more in depth at the findings relevant to their role and specific organisation goals.

"GMC could be more careful to collate and publish data / provide more narrative and interpretation about the context of that data. To provide more about the narrative of the descriptors – to ensure they're not misrepresented"

Professional and Membership Body, Medical Education and Training, Overview Role

7.8.3 Clearer communication and marketing of the reports

As reported in section 7.1.2, there were many different opinions of the core purpose and objectives of SoMEP. Therefore, clearer communication about the report's

intention could be helpful for stakeholders to identify relevant content, increase usage and ensure the reports provide maximum value. This is due to some external and internal stakeholders lacking clarity on the purpose of the reports which can influence their ability to interpret findings and relevance to their role.

"I think probably for the GMC to think a bit more about what is the purpose in publishing this"

Professional and Membership Body, Medical Education & Training, Overview Role

7.8.4 Support identification of trends

Although the reports present trends and provide supporting data tracking, some external stakeholders wanted more longitudinal data in the reports and for this to be more clearly highlighted to help them identify trends over time. Given that a lot of stakeholders are keeping to the headline findings, there may be a need to highlight longitudinal trends more clearly in the summaries to increase awareness and signpost to the relevant sections.

"GMC should use more longitudinal data for objective data (trends) and subjective (burnout data). To see how it changes over time rather than reporting one off or make it clear that this is a repeated measurement."

Government or arm's length body, Medical Education and Training, Overview Role

Similarly, internal and external stakeholders highlighted that SoMEP data can feel incomplete and may represent workforce and experience trends more negatively than they truly are. For example, while the reports show how many doctors leave the workforce, they do not clarify how many rejoin the register. As a result, stakeholders felt that the reports often provide snapshots rather than investigating future and long-term impacts of this data or looking at how this might improve over time.

"I personally think we can get into a risky position by fueling the narrative of other organisations that docs are having a terrible time. Because how many of them are coming back? How are we following up that story? It doesn't tell the whole story, which is risky in the current climate."

Internal, Education and Standards Directorate

7.8.5 Further reporting

Internal and external stakeholders working across the devolved nations highlighted the importance of improving the way data is currently reported. Stakeholders felt the current data did not provide adequate depth about the state of the workforce in their country and had a desire for more specific findings relevant to their country.

Thus, country level findings were more valued than broader findings across the UK by these stakeholders.

"It says this chapter's a self-contained reference source for UK governments and healthcare organisations...I would challenge that because I think UK governments don't really want UK wide level data. They want data about what's happening in their country"

Internal, National Office

One internal stakeholder suggested that comparative data between the devolved nations, alongside tailored annexes that summarise key findings for conferences and events would be beneficial.

External Stakeholders

- Better segmentation for devolved nations

Both Stakeholders

- Make the reports more digestible
- Clarify the purpose of the reports
- More longitudinal data

Similarities and differences across systematic review and survey

In the survey we asked participants what would make them more likely to engage with a report like the "State of" reports in the future? Of those who provided answers (n=39), in order of the most common answer, participants reported shorter, more accessible summary of the findings (n=12); more targeted insights that are relevant to my role or sector (n=12); clearer communication about its purpose and relevance (n=10); more promotions through channels I regularly use (n=3), and more in-depth reporting on each of the individual UK nations (n=2).

8 Discussion

8.1 Considerations

A primary finding was that external stakeholders conflated SoMEP insights with other GMC outputs, such as the NTS, and some referred to SoMEP as the “annual surveys,” a label more accurately associated with the Barometer survey – which is the main source for the workplace experience report. This conflation between the “State of” brand and other GMC activities raises questions about its distinctiveness and perceived usefulness, while making it difficult to evaluate the unique impact of each report. It also suggests that there is greater familiarity with ‘the GMC’ than there is with ‘SoMEP’. This could both improve and create negative perceptions of SoMEP for stakeholders.

In line with the findings with the systematic review, internal and external stakeholders generally reported strong familiarity with the SoMEP reports, particularly when the content was directly relevant to their roles. Workforce reports were the most widely recognised and referenced. The workplace experiences report was cited less often, consistent with the systematic review. The systematic review suggested that a reason for reduced reference of the workplace experiences report was that cultural and wellbeing considerations were less actionable. However, factors such as burnout and doctor’s experiences were frequently cited by stakeholders as interesting and useful information in SoMEP, suggesting that the data from workplace reports are valuable and lead to long-term impact.

As shown in the systematic review and findings from external stakeholders the SoMEP reports are frequently cited as contextual evidence alongside other data sources. Despite this, key headlines can achieve ‘cut through’ across audiences. ‘Cut through’ refers to the degree to which SoMEP’s messages are noticed, recalled or reused within a crowded landscape. While there was limited distinction between the two reports and other GMC outputs, the most salient messages such as those relating to medical education, workforce sustainability, and doctor well-being were able to achieve notable ‘cut through’ across audiences and were repeatedly recalled and reused by stakeholders.

Stakeholders were positive about how they receive the reports, particularly when sent bespoke summaries tailored to their organisations. However, there is also a risk that emails may be overlooked among the volume of communications stakeholders receive. This highlights the value placed on convenience and direct communication, suggesting that these channels should be maintained while exploring ways to enhance engagement. This could include presentations and briefings or even other formats such as podcasts.

Stakeholders consistently described the reports as high-quality, credible evidence used to inform prioritisation and decision-making, triangulate with other data

sources, and support internal briefings and outreach. Stakeholders highlighted that while immediate actions are rare, the reports inform thinking, shape conversations, support decision-making, organisational priorities, particularly in areas such as medical education, workforce sustainability, and doctor well-being. This was supported by reviewing citations in the systematic review. However, a small number of both internal and external stakeholders believed that the overall purpose of the reports has become less clear, suggesting that while the insights remain valuable, clarity around objectives and intended impact could enhance their use.

Another consideration is the role of media coverage in shaping perceptions of the reports. Although the GMC can't ultimately control press narratives, sensationalised reporting can shape public perceptions. Participants familiar with the reports view them as objective data sets, those exposed only to these headlines may develop negative views of the GMC and therefore worsen their perception of SoMEP. While internal press releases are clear and accurate, they should also reflect the overall tenor and balance of the reports to achieve the desired 'cut through' and sustain stakeholder trust amid misrepresentative, sensationalised headlines from external sources.

Stakeholders identified several barriers to engagement. External stakeholders noted a desire for greater transparency behind the GMC's interpretation of findings. Some felt that the reports did not always align with their organisational priorities. Both internal and external stakeholders reported confusion distinguishing between reports, and some expressed concern about report fatigue, perceiving duplication of messages and questioning the frequency of publication. At the same time, stakeholders highlighted several enablers that could improve engagement, including better segmentation for devolved nations and regional comparisons, reports that are more digestible with clearly stated purposes, and greater longitudinal data to track change over time.

These findings point to several considerations for future reporting. There may be value clarifying the intentions and identities of each report to help stakeholders more easily recognise, reference, and apply insights relevant to their work. Producing shorter, more focused reports that emphasise key "so what" messages, while maintaining access to detailed data via a datahub or supplementary resource, could improve usability and engagement. Consideration of the optimal frequency of publication (e.g. annual or bi-annual) could help prevent fatigue while still providing timely updates.

Balancing the desire for comprehensive information with the need for concise, digestible reporting is likely to be important in addressing both organisational needs and the risk of duplication and/or disengagement. Stakeholders expressed mixed and sometimes contradictory views on format and length. Some emphasised the

need for shorter, more digestible outputs, while others valued comprehensive detail. These tensions highlight the challenge of striking the right balance while maintaining the robust and valuable data behind them and suggest that a “one size fits all” approach may not meet all stakeholder needs.

It may also be worth considering the difference between those in “overview” roles compared to those interested in the detail, and the level of granularity they want access to. Recognising and catering to these differing needs may help improve engagement and ensure that each audience can access the level of depth most useful to them.

Awareness and use of supporting content, such as the data tables, was very limited. Although these resources are published at the same time as the reports, and are publicly available, they were rarely referenced by stakeholders, suggesting either low awareness or low perceived usability. Improving communication and signposting of these supplementary materials may help stakeholders access the more granular, cross-tabulated data that many reported wanting.

A key question for future engagement is how to encourage greater proactivity among external stakeholders. Currently, most stakeholders become aware of SoMEP primarily through GMC emails. Given the volume of communications they receive, these messages risk being overlooked. Exploring strategies to make the reports more distinctive and communicating their unique purpose and contribution could strengthen engagement and ensure that SoMEP continues to inform decision-making and organisational priorities over time.

9 Strengths & Limitations

9.1 Strengths of the evaluation method

A key strength of this research was the representation of a wide range of roles, organisations and sectors in the sample, which enhanced the breadth and richness of perspectives captured. This diversity helped ensure that findings were not limited to a single viewpoint but instead reflected the breadth of different stakeholders and their engagement and use of the SoMEP reports.

Additionally, the use of qualitative interviews allowed for the collection of rich, in-depth insights. The semi-structured format provided a balance between consistency and flexibility, ensuring that key areas of interest were addressed while also giving participants the freedom to raise issues most salient to their experiences and opinions.

9.2 Limitations of the evaluation method

A primary limitation of this research was the lack of two phases for interviews, one before and after the publication of the 2024 reports. Instead, phases were merged and not run separately. This was due to delays in the publication of the reports and data saturation alongside waning stakeholder engagement. Therefore, long-term impact cannot be explicitly determined. Nevertheless, the research explored how stakeholders engage with the reports at launch and how this might change throughout the year.

Secondly, while we had a diverse representation of external stakeholders there were some gaps in our sample. This included low representation from think tanks, doctor organisations, and patient representative groups. This could lead to a lack of patient voice in our findings.

Similarly, there was low engagement and response rate for the survey. This was addressed by mapping the survey findings with the qualitative interviews; thus, it increased the representation of stakeholders and organisations within the sample. While this might limit the generalisability of the findings, it contributed to the rich insights gathered throughout the research.

The timing of the research presented some limitations. Data collection took place between January and June 2025, before the publication of the 2025 SoMEP reports, meaning participants' reflections were based on the 2024 reports. The overlap with the 2025 NTS survey could have influenced participants' views and awareness of the reports, as workforce and training issues were particularly prominent during this period. This was reflected in the responses from participants where the NTS was frequently conflated with the SoMEP reports.

10 Conclusion

This project identified what is working well and where changes could be considered to raise awareness and familiarity with the SoMEP reports, support engagement and use, and translate insights into short- and long-term impact. These key findings have been mapped to summarise findings from the evaluation, highlighting the intended and unintended consequences of the SoMEP reports which can be found in the logic model below.

The qualitative findings largely reflected those from the systematic review, in that stakeholders engage with the reports, but awareness of the distinctions between them remains limited. Both internal and external stakeholders described the reports as a valuable, credible source of evidence that informs decision-making. However, the findings also highlighted several ways in which the impact could be enhanced, particularly by improving clarity of purpose and “so what” messages as well as making the reports easier to digest.

Some differences emerged between stakeholder groups in how they prefer to engage with SoMEP. While some valued concise overviews, others sought greater access to raw data or more detailed segmentation, such as national and regional comparisons. Despite these differences, there was little variation in perspectives based on role or professional interest.

Overall, these insights highlight key considerations for the future development of SoMEP. In particular, clarifying its core purpose, being bolder in the “so what” and the implications of the data, refining the format and frequency of publication, and striking the right balance between interpretation and accessibility could help ensure that SoMEP continues to meet GMC objectives while remaining impactful and relevant for a broad range of stakeholders - supporting workforce planning, healthcare policy, and patient care.

Inputs	Outputs	Outcomes	Unintended consequences
<i>What resources, activities and data are used to produce the reports?</i>	<i>What is generated as a result?</i>	<i>What changes, uses or effects result from the reports?</i>	<i>Were there any unintended consequences?</i>
<ul style="list-style-type: none"> • GMC research and survey data (e.g. Barometer survey). • Production of supplementary resources to support interpretation and engagement (e.g. data tables, summaries, infographics, communications materials). • Collaborative working and iterative feedback from colleagues across GMC directorates (e.g. DRIH, OCCE, Strategy, Policy). • Structured stakeholder engagement processes, including targeted briefings, limited pre-briefings and dissemination of embargoed copies. • Strategic communication and outreach through GMC channels (e.g. social media, national media coverage, GMC News, blogs and website content). • Pre- and post-publication briefings, presentations and engagement with system stakeholders and research audiences. 	<ul style="list-style-type: none"> • High-quality, credible evidence reports on the state of medical education and practice in the UK. • Clear and accessible summary materials that communicate key findings to diverse audiences. • Comprehensive datasets enabling benchmarking and regional or national comparisons. • A trusted data source used to triangulate findings with other sector and research evidence. • Internal use of SOME P insights to inform GMC outreach, stakeholder briefings and strategic messaging. • Widespread referencing and citation of SOME P findings in academic publications, policy reviews, response papers, media coverage, blogs and speeches. 	<p>These outcomes represent contributions rather than direct attributions. Stakeholders consistently reported that SoMEP is used alongside other data sources, sector intelligence and professional insight. The reports primarily support, reinforce and contextualise existing understanding, helping to guide priorities, validate decisions and prompt discussion rather than independently drive change or impact.</p> <ul style="list-style-type: none"> • SoMEP supported strategic discussions and planning around workforce supply, postgraduate education and wellbeing. • Findings on postgraduate training pressures contributed to the development of a five-year GMC programme to address supervision and training capacity. • Evidence on reliance on international recruitment and workforce sustainability informed and reinforced NHS England's <i>Long Term workforce Plan (2023)</i> and related policy discourse. • SoMEP data are regularly used by government departments, arm's-length bodies and GMC teams to support evidence-based discussions with ministers, boards and the media, helping to shape workforce and education strategies. • Data on the experiences of ethnic minority and IMG doctors have raised awareness of inequalities, prompting reflection and dialogue within medical schools and professional bodies about widening participation and fairness in progression. <p>These outcomes represent contributions rather than direct attributions. Stakeholders consistently reported that SoMEP is used alongside other data sources, sector intelligence and professional insight. The reports primarily support, reinforce and contextualise existing understanding, helping to guide priorities, validate decisions and prompt discussion rather than independently drive change or impact.</p> <ul style="list-style-type: none"> • The findings have also supported improvements to induction, supervision and integration practices within local systems. • The SoMEP reports have supported regulators, workforce planners and education bodies to work more collaboratively, using shared evidence to develop a clearer and more consistent picture of workforce trends and pressures. • The ongoing process of producing and discussing SoMEP has encouraged the GMC and its partners to reflect on emerging data and lessons, supporting continuous improvement in how workforce issues are understood and addressed. • Citations and use of SoMEP findings across research, media and policy have expanded visibility and enhanced the GMC's reputation as a trusted evidence source. 	<ul style="list-style-type: none"> • Stakeholders often find it difficult to differentiate between the <i>workforce</i> and <i>Workplace experiences</i> reports, which can make it harder to identify where specific insights or influence originate. • Some stakeholders are uncertain about which data underpin SoMEP, occasionally confusing it to be the National Training Survey results. This can lead to misattributed questions about the validity of the data. • Sensationalised or selective media coverage has, at times, misrepresented findings, leading some audiences to question the purpose of the reports and, in turn, the GMC's motivations. • A degree of "fatigue" has been reported with recurring findings and the overall volume of outputs, which can reduce longer-term engagement and attention. • As SoMEP's thematic range has expanded over time, its distinct identity and purpose have become less clear to some audiences.

11 References

1. The state of medical education and practice in the UK Workforce report 2024.
2. The state of medical education and practice in the UK. Workplace experiences 2024.
3. 10 Year Health Plan for England: fit for the future. GOV.UK
<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future> (2025).
3. [ICE GMC systematic review chapter V3](#)

12 Appendix

12.1 Further details on sample

Table 1: Distribution of internal interviews (n=29) by area of work in GMC

Team	Number
FtP policy and business transformation	1
Education / Education policy	2
Education and standards directorate	2
Registration and revalidation directorate	2
Strategy and policy directorate	5
Comms directorate	4
Strategic engagement	3
Outreach	1
National office	3
Senior leadership team	4
Policy and external affairs manager	1

Table 2: Distribution of external interviews (n=31) by organisation type and professional interest

Organisation type	Number	Professional interest (s)
NHS provider	1	Patient safety and quality of care
Professional and Membership Body	10	Medical education and training Healthcare policy General practice, medical politics (healthcare policy) Workforce planning and development Patient safety and quality of care Medical education
Regulator	4	Healthcare policy Medical education and training Patient safety and quality of care
Government or arm's length body	14	Patient safety and quality of care Workforce planning and development System change and improvement Healthcare policy Medical education & training
Workforce body	2	Medical education and training

Table 3: Distribution of survey demographics by organisation type (n=44)

Organisation type	Number
Professional body	17
Investigation body	8
Regulator	6
Academic and educational institutions	6
National Health Policy Body	4
Patient Representative Groups	3

Table 4: Distribution of survey demographics by professional interest (n=44)

Professional Interest	Number
Medical education and training	33
Patient safety and quality of care	20
Healthcare policy	19
System change and improvement	14
Research and evidence-based practice	12
Media and publication communication	12
Other	7

Note: Participants could select more than one answer, thus had more than one professional interest which is reflected in the table

12.2 Barriers and Enablers

Table 5: Table of key barriers and enablers of stakeholders engaging with the SoMEP reports

Key Barriers	Key Enablers
Lack of clarity in the branding of SoMEP being separate from other GMC reports	Clear communication about the intention and purpose behind each report
Low knowledge about the purpose of the reports	
Reduced familiarity with reports as time elapses from report publication	Maintaining communication and discussions about the report's key findings outside of their launch
Length of the reports can make them indigestible, diluting the impact of findings	Accurate and informative headlines, exec summaries and easy to navigate reports
Press releases and media stories can create an overly negative perception of the reports	Ensuring press releases are accurate and true reflections of the report's findings
Declining trust in the Barometer data due to declining response rates of the NTS	Increasing communication about Barometer response rates and distinguishing between different GMC reports
Lack of willingness to accept data at face value	Make stakeholders more aware of data tables and other supplementary evidence
Feelings the reports are not contributing to anything new but repeating what is already known	

Note: Not all barriers and enablers map directly onto each other.

12.3 Impact of SoMEP

Table 6: Examples of how SoMEP have shaped stakeholders' thinking and understanding and the impact that has had

Area of Impact	Further Detail	Illustrative Quote	Demographics of Quote
Future Education	Insights on workforce crisis informed the launch of a 5-year programme to address postgraduate training pressures.	"We know from the insights of SoMEP over the last few years that postgraduate training in particular is at a crisis point... all of the data and insights...led us to...take some action...we're almost one year into a five-year programme of work".	NHS, Patient Safety, Detail Role
Postgraduate trainers	Data on trainer burnout enabled stakeholders to raise concerns and have difficult conversations about capacity and workload.	"The thing that comes out again and again is the issue around the pressure of trainers...SoMEP provided more evidence to have challenging conversations".	Professional Body, Medical Education and Training, Detail Role
Workforce sustainability (IMG reliance)	SoMEP highlighted reliance on international recruitment, shaping NHS England's Long Term Workforce Plan (2023).	"The data...help to spell out how much we are reliant on that as a source of supply...in the long-term workforce plan...we said that we didn't think this was a sustainable model".	NHS, Workforce Planning and Development, Detail Role

Area of Impact	Further Detail	Illustrative Quote	Demographics of Quote
Neurodiversity in the medical workforce	Rising diagnoses among candidates prompted changes to exam delivery and adjustments for candidates.	"It illustrates the real significant shifts...We don't bring everyone to London for the exam anymore...The GMC has been incredibly helpful in enabling us to make that change".	Professional Body, Medical Education and Training, Overview Role
Ethnic minority & IMG doctors' experiences	Findings raised awareness of challenges and drove changes to induction, integration, and support practices.	"It made us step back and say, well, what can we do and how can we support these doctors? Did we change how we integrate these doctors – absolutely".	NHS, Patient Safety, Detail Role
Ethical recruitment practices	SoMEP data flagged recruitment from "red list" countries, raising compliance concerns.	"There is a red list... but then you see the number of Nigerian doctors...It makes us think if we need to put in place an intervention to make sure organisations are complying".	Government, System Change and Improvement, Overview Role

12.4 Conceptual framework

Table 7: Distribution of the main themes across internal and external stakeholders

	Internal Stakeholders						External Stakeholders				
Themes	Policy and Regulation	Standards and Ethics	Registration and Revalidation	Communications	Strategy	Senior Leadership Team	NHS Provider	Professional and Membership Body	Regulator	Government or arms length body	Workforce Body
How familiar with the reports are stakeholders?											
Strong familiarity	x			x	x	x	x	x	x	x	x
The 'GMC' is more recognisable than 'SoMEP'							x	x	x	x	x
Length and branding of the reports can present a barrier	x	x	x					x			
How are stakeholders made aware of the reports?											
Directly from the GMC								x	x	x	x
Through citations in other publications e.g. media or academic sources							x				
Senior stakeholders are more likely to receive summaries										x	
How do stakeholders engage with the reports?											
Stakeholders are mostly interested in high level data relevant to their role	x			x	x	x		x	x	x	x
Stakeholders revisit the reports over time							x	x			x
More operational or detail								x			

stakeholders are likely to read the full report											
Have stakeholders found aspects of the report useful in their work?											
SoMEP provides high quality, credible data	x			x	x	x		x		x	x
Data is important for benchmarking								x		x	x
SoMEP provides an evidence base for decision making and future research	x				x	x		x	x	x	x
Reports are triangulated with other data sources and existing knowledge								x	x	x	x
The SoMEP data is helpful to inform briefings and outreach	x			x	x	x		x	x	x	
How do stakeholders feel about how the findings of the report are communicated?											
Presentation is excellent and easily accessible								x		x	x
Reports' neutral tone reinforced objectivity	x				x	x		x			
Marketing of the reports can sensationalise findings						x	x	x		x	x
What are the core objectives of the report?											
Reports support credibility and authority of the GMC	x			x	x	x		x			
Reports share data and experiences of the workforce	x			x	x	x		x	x	x	
Reports encourage change and proactivity	x				x	x		x	x	x	

Report objectives are not clear	x	x			x		x	x		x	
What are the barriers to engaging with the reports?											
Fatigue of findings	x				x	x					
Layout and separation of reports								x	x	x	
The length of the reports can drive arms-length engagement	x		x		x	x	x	x	x	x	
Organisation specific findings								x		x	
How do stakeholders believe the reports can be improved?											
Make the reports more digestible	x	x			x			x	x		
Furthering the interpretation of the data							x	x	x	x	x
Clearer communication and marketing of the reports	x						x	x	x	x	
Support identification of trends	x							x		x	
Further reporting					x		x	x	x	x	

make better happen

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