



GMC TRACKING SURVEY 2016

FINAL REPORT

DECEMBER 2016

ABOUT COMRES

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EXECUTIVE SUMMARY



PERCEPTIONS OF THE MEDICAL PROFESSION



All audiences have **high levels of confidence in the medical profession**, and this has remained largely consistent since 2014. As in 2014, the **most important duties of a doctor** across audiences are perceived to be giving clinically appropriate treatment and advice, and keeping knowledge and skills up to date. In comparison, contributing to quality improvement activities and having a broad knowledge of medicine outside of their speciality are seen as least important across most audiences.

In terms of the **challenges facing doctors**, across all audiences, high workload, increasing demand caused by demographic pressures, and lack of time to complete tasks and/or a high burnout rate are some of the top responses.

PERCEPTIONS OF THE GMC



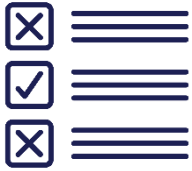
The public, employers, MPs and stakeholders have similar levels of **confidence in the GMC's regulation** as in 2014, however there have been significant drops in confidence in regulation among doctors, medical students and educators. While the majority of each audience still express confidence, it is nonetheless worth examining the reasons given for low confidence in more detail in this context. The **reasons given for low confidence** among doctors and medical students include a perception that the GMC looks out for patients' interests, not the doctor's (although as the statutory regulator, the GMC's overarching objective is to protect the public). Additional reasons given for low confidence include negative reports from others and a lack of clarity over the processes used by the GMC.

A Key Drivers Analysis was also conducted on the doctors data to identify in more detail what is driving confidence in the regulation of doctors by the GMC. This analysis shows that, for doctors, the key drivers of this confidence are agreement that the GMC meets each of its organisational values, perceptions of Fitness to Practise, and perceptions of GMC communications via the website, during revalidation and overall.

In line with this trend, doctors and medical students are least positive with regards to **the GMC being focused on the right issues** – although more still agree than disagree that this is the case. Educators, MPs and stakeholders and employers are much more positive, with more than seven in ten in each case agreeing it is focused on the right issues.



In terms of **the GMC's organisational values**, the GMC is most strongly considered to exhibit excellence – the GMC is committed to excellence in everything that it does, and is least associated with collaboration – the GMC is a listening and learning organisation. Employers and MPs and stakeholders are most positive towards the GMC exhibiting all of its organisational values, however doctors hold more negative views than other audiences and have become more negative since 2014.



Generally, **awareness of the GMC's roles and responsibilities is good**, with audiences exhibiting the highest awareness of the GMC investigating and acting on concerns about doctors, providing ethical and professional guidance for the medical profession, determining who can practice medicine in the UK and setting the standards for medical practice in the UK.

REGISTRATION



Despite less favourable views across some key metrics, the vast majority of doctors feel that each **registration process** (general, specialist and GP) was fair to them personally. In addition, among doctors, employers and stakeholders who feel able to make a judgement, there is a view that the registration process is fair to at least a majority, if not everyone.

EDUCATION AND TRAINING



With regards to education and training, the majority of all audiences are confident that **new graduate doctors are prepared for practice**. However, confidence among educators has dropped significantly since 2014, which bears consideration despite the low base size for this audience.



Among the minority who are concerned about new graduate doctors, this appears to be driven by **low levels of confidence in their preparedness for the emotional and physical demands of the job** – which has dropped since 2014 – rather than by lack of confidence in their clinical knowledge, reasoning and skills. It could therefore be argued that the data does not indicate concern about the quality of education and training as a whole, but rather broader workplace pressures on junior doctors. Despite this concern, however, the vast majority of doctors who received their primary medical qualification (PMQ) in or after 2011 think their undergraduate training prepared them for their first foundation post.



Looking specifically at the **assessment processes**, a large majority of doctors with experience of the assessment processes for each of undergraduate and specialist training say that the assessment process was fair to them personally, as well as to at least a majority of others. However, lower numbers felt the assessment process for their, or others', foundation programme was fair.

Educators generally agree that the **quality assurance processes** for both undergraduates and postgraduates are robust, proportionate and fair.

REVALIDATION



Overall, two thirds of doctors report having been revalidated and less than one in twenty say that they have neither been revalidated nor had annual appraisals. Familiarity with revalidation is also high among educators, employers and MPs and stakeholders, although this is unsurprisingly lower among the public and patients. Doctors' perceptions of the process are generally positive, with larger proportions agreeing than disagreeing that they have been treated fairly, that they have received sufficient information, and that any concerns have been addressed.



Looking at the impact of revalidation, the proportion of the public and patients who have been asked to provide feedback on doctors' treatment, practice or consultation has increased since 2014, which may be linked to the roll-out of revalidation. Additionally, among doctors, educators, employers and stakeholders, the impact of revalidation is perceived to be greatest on the amount of information collected. However, while majorities of doctors, educators, employers and stakeholders say that collecting this information is helpful in improving the quality of doctors' professional practice, significant minorities of doctors and educators say that it is not helpful.



In comparison, revalidation and annual appraisals are perceived to have had less of an impact on the amount of time doctors spend reflecting on their practice, doctors' awareness of how to apply the principles of good medical practice to their work, and the extent to which doctors feel part of a governed structure which supports their professional development. Given that changes like this will inevitably take time to come into effect, it will be important to track any changes to these figures in future.

RAISING CONCERNS



One in seven members of the public report having ever sought **advice about the standards of care or behaviour** they or a family member could expect from a doctor. This is likely to be a positive reflection of overall public confidence in the profession, particularly given that only 5% have thought about **formally raising concerns** about a doctor in the past 12 months.



However, there is some indication that **concern about doctors' practice may be increasing**, with one in five employers reporting increased levels of concerns over the past 12 months. Additionally, there has been a twofold increase from 2014 in the proportion of educators who say that over the past 12 months a situation has arisen in which they believed that patient safety or care was being compromised by a doctor's practice, although the base size is small for this audience.

Positively, among those who have been in a situation which they believed that patient safety or care was being compromised by a doctor's practice, a significant majority of doctors, students, educators and employers have **raised those concerns**. However, there is some evidence that **lack of confidence** may be preventing students from raising their concerns.

FITNESS TO PRACTISE AND MPTS



All audiences except doctors are more likely to be confident than not confident in the **fairness of Fitness to Practise investigations**, and in addition, doctors' confidence has dropped significantly since 2014. This loss of confidence appears to be driven by concerns about doctors' wellbeing during the process, including stress levels, the amount of time that such investigations can take, and recent data on suicide rates among doctors under investigation.

ETHICAL AND PROFESSIONAL GUIDANCE



The GMC ranks relatively highly as a front-of-mind point of contact for support on **ethical and professional guidance**, with doctors ranking it below only defence organisations, the BMA and colleagues as the most important source. Usage of GMC guidance is relatively widespread; however, the vast majority of doctors say that they have not had much contact with the GMC on guidance issues in any other ways in this time period. Encouragingly, the majority of those who have used the GMC's guidance say that it is **helpful**. When asked about the preferred format for guidance, preferences are consistent across audiences – a telephone helpline, case studies, FAQs and flow charts to aid decision-making are all popular with students, educators and doctors.

COMMUNICATIONS



On the whole, the vast majority of all audiences tested are currently **happy with their level of contact with the GMC**. At the same time, there is a desire among a notable minority of medical students for greater contact with the GMC, linked to the perception that this may clarify confusion around the GMC's role and also improve medical students' impressions of the GMC from the outset of their careers.



Across all audiences, those who have been in contact with the GMC in the last twelve months tend to have **positive impressions of the organisation's communications**. Similarly, educators, employers and stakeholders tend to be positive about the GMC's requests for information, advice or input. Reactions to the GMC website are also generally positive among those who have visited it in the last twelve months.

BACKGROUND, OBJECTIVES AND METHODOLOGY



BACKGROUND AND OBJECTIVES

In 2014, the GMC commissioned quantitative research among its key stakeholder audiences to benchmark their perceptions of the organisation, determine how specific areas of the GMC's work are regarded by key groups, and support its communication and engagement with them. The research was entitled 'GMC Perceptions Study'¹ and was repeated in 2016 to understand how any perceptions had changed over time and to evaluate its communication among the following seven audiences:

- Doctors;
- Medical students;
- Educators;
- General public and patients;
- Stakeholders;
- Parliamentarians; and
- Employers.

The findings from the 2016 survey will be used to help to inform the development of the GMC's next corporate strategy in 2017.

METHODOLOGY

QUESTIONNAIRE

The questionnaire from 2014 was reviewed for clarity and updated where necessary. In addition, new statements or questions were added to reflect developments in the wider sector. Throughout the report, any changes to question format or wording between 2014 and 2016 are highlighted.

FIELDWORK

Two different types of methodology were used for this survey, and were consistent by audience with those used in the 2014 survey.

- CATI interviews (Computer Assisted Telephone Interviews) were conducted by interviewers with the public and patients, employers, stakeholders and MPs;
- Online surveys were circulated to doctors, medical students and educators.

Doctors and medical students went through an 'opt out' process, whereby they were approached for participation by the GMC in advance of the survey and offered the opportunity to refuse. Those that opted out were not included in the sampling process or sent the email inviting them to participate in the survey.

FIELDWORK TIMING

Fieldwork was carried out between 14th March and 13th July 2016, with different audiences in field at different times to avoid clashes with other research conducted by the GMC (such as the National Training Survey), and to maximise the opportunities for respondents to complete the research by avoiding peak times, including exam season for medical students, and purdah around the EU referendum and devolved elections. It should be noted that views in the research could also have been affected by wider factors and media coverage during this period including:

¹ Details can be found here: <http://www.gmc-uk.org/about/research/26472.asp>

- The ongoing contract dispute between doctors in training and the Government;
- Concerns about the legal protection for doctors in training who raise concerns;
- The introduction of new fees by the GMC.

SAMPLING

AUDIENCE	SAMPLE SOURCE	QUOTAS AND WEIGHTING	METHODOLOGY	TOTAL NUMBER OF RESPONSES
Doctors	GMC database	Stratified sample of records from the file (c. 20,000). In England, Scotland and Wales, selected in a way that reflects the wider population of doctors (in terms of age, gender, ethnicity, registration status, and where the doctors' primary medical qualification (PMQ) was achieved). Weighted where quotas were not met.	Online	2306
Medical students	GMC database	All records, reflecting the wider population of final year medical students (in terms of age, gender and ethnicity). Weighted where quotas were not met.	Online	580
Educators	GMC database	None	Online	46
General public and patients	Free found using random digit dialling	Nationally representative based on quotas for age, region, gender and socioeconomic grade. Weighted where quotas were not met.	Telephone	1502
Stakeholders – including other regulators, ALBs	GMC database	None	Telephone	40

and Government departments				
Employers	Sample purchased from a supplier	Aiming for a roughly equal split between NHS Trusts and equivalents, Private Hospitals, CCGs/commissioners and GP Federations.	Telephone	400
Parliamentarians – including MPs, MSPs, MLAs and AMs	GMC database	None	Telephone	10

It should be noted that there were changes to the composition of the sample of employers compared to the 2014 research in order to ensure that the sample covered, and allowed for comparison between, a wide range of healthcare organisations and level of seniority between these. The sample was therefore doubled from 200 to 400, and quotas were set to ensure a minimum number of responses across different sectors, types of organisation, types of role and types of care. This means that results from 2014 and 2016 are not directly comparable, and throughout the report, any comparisons should be seen as indicative rather than definitive.

Due to the small number of interviews conducted among Parliamentarians, data for this audience is grouped with that of Stakeholders to provide a larger base size on which to draw conclusions.

REPORTING

Throughout this report, differences between types of respondent that are reported are always statistically significant (i.e. we can be 95% confident that these are ‘real’ differences in views between different types of respondent, rather than these apparent differences simply being due to margins of error in the data). Differences which are not statistically significant (including by nation) have not been reported.

Further details of the methodology can be found in the Technical Appendix.

PERCEPTIONS OF THE MEDICAL PROFESSION



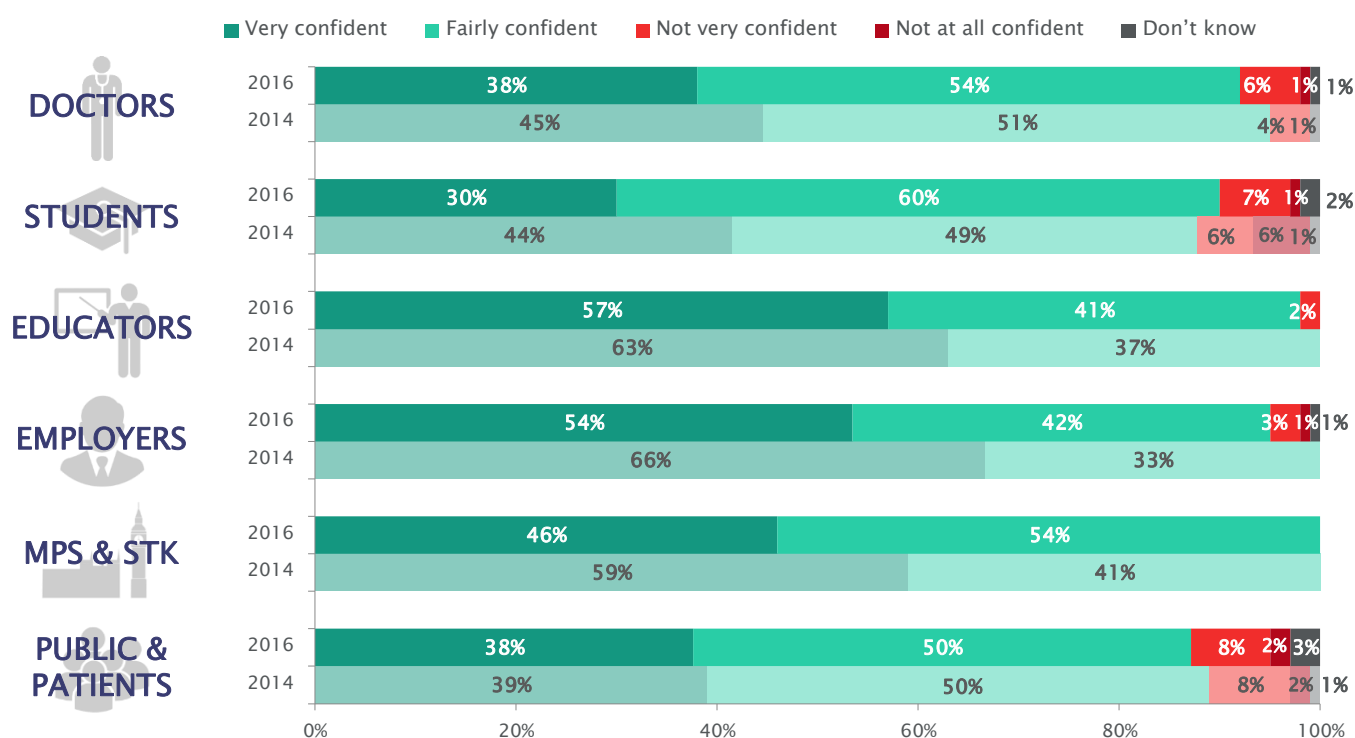
As in 2014, all audiences have **high levels of confidence in the medical profession**. Members of the general public and patients have the lowest levels overall but they are still high at nearly 90%.

Perceptions of the most and least important duties of a doctor are broadly consistent across audiences, and similar to 2014. **Giving clinically appropriate treatment and advice and keeping knowledge and skills up to date are considered to be the most important duties of a doctor**. This year, the majority place raising and acting on concerns about patients' safety or quality of care above keeping patient confidentiality, which differs from 2014. Contributing to quality improvement activities and having a broad knowledge of medicine outside of their speciality are seen as least important across most audiences, although the latter is considered relatively important by the public and patients.

CONFIDENCE IN THE MEDICAL PROFESSION

All audiences have high levels of confidence in the medical profession, with around 90% of each audience confident in the profession. A small proportion of some groups report not being confident in the medical profession; notably 10% of public and patients, 8% of medical students and 7% of doctors.²

Figure 1: Overall confidence in the medical profession in the UK



2016: Q. Overall, how confident, if at all, are you personally in the medical profession in the UK? Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50); all general public & patients (n=1502) || 2014: Q. How much confidence do you personally have in the medical

² Please note that the scale and question wording used in 2016 was slightly different from in 2014. In 2016, the question read 'Overall, how confident, if at all, are you personally in the medical profession in the UK?' with answer options of very confident, fairly confident, not very confident and not at all confident. In comparison, in 2014 the question was 'How much confidence do you personally have in the medical profession in the UK?' with answer options of a great deal of confidence, a fair amount of confidence, not much confidence and no confidence at all. Comparisons have been presented throughout this section as the change is slight, however the analysis should be read in this context.

profession in the UK? Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers (n=226) all MPs & stakeholders (n=54); all general public & patients (n=1500)

Despite the overall figures holding up since 2014, there have been some declines in the proportions who choose the top option here – saying they are very confident in 2016, or have a great deal of confidence in 2014. The greatest change is among medical students, where 30% of this group in 2016 are very confident compared with 44% in 2014. In addition, 54% of employers are very confident in 2016, down from 66% in 2014, and 38% of doctors are confident in 2016 compared with 45% in 2014. There have also been drops among educators and MPs and stakeholders, but due to the small base size of these groups, these changes are not considered significant.

MOST IMPORTANT DUTIES OF A DOCTOR

Across the majority of audiences, the most important duties of a doctor are perceived to be that they give clinically appropriate treatment and advice, that they keep their knowledge and skills up to date, and that they raise and act on concerns about patient safety or quality of care. Least important are that they contribute to quality improvement activities and have a broad knowledge of medicine outside of their speciality.

Figure 2: The most important duties of a doctor (1 / 2)

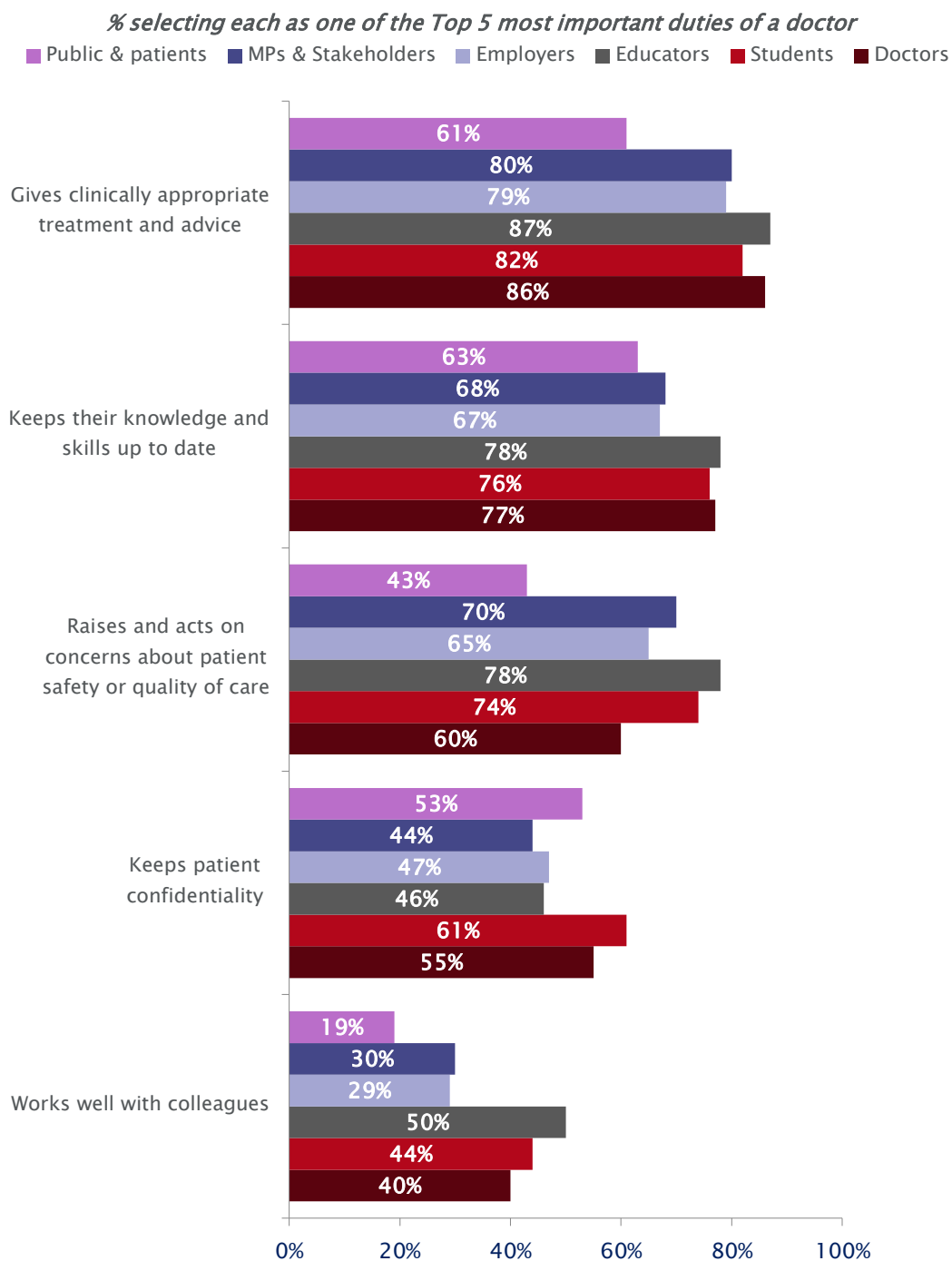
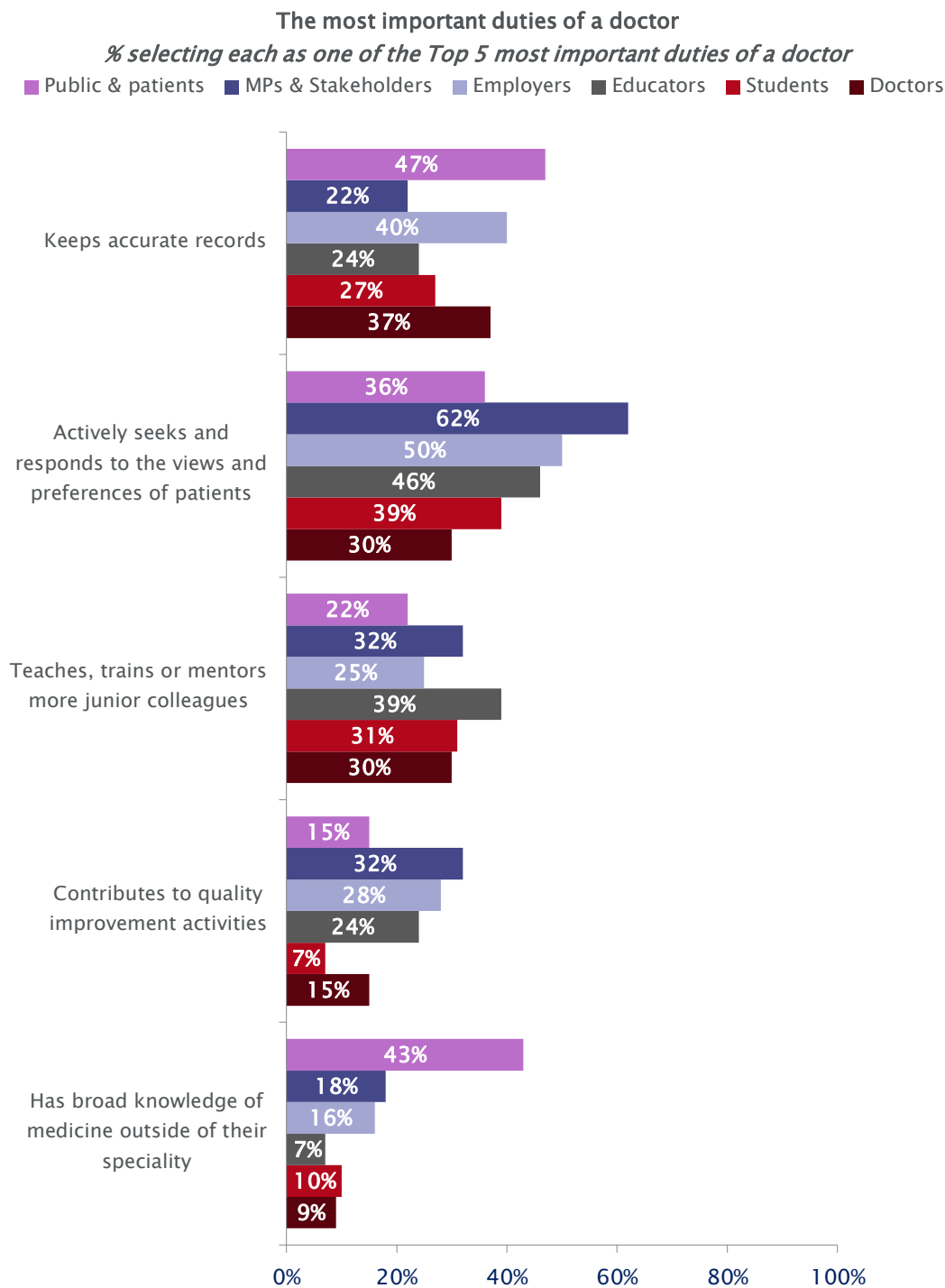


Figure 3: The most important duties of a doctor (2/2)



2016. Q. I'd like to read you a list of duties that it is important for doctors to have and for you to say which ones are, in your opinion, the most important duties of a doctor? You can select up to 5 duties. Base: all employers (n=400); all MPs & stakeholders (n=50); all general public & patients (n=1502) || Q. Whilst the following duties of a doctor are all important, in your opinion which of these are the most important? Base: all doctors (n=2306); all final year medical students (n=580); all educators (n=46)

There are a few differences by audience, with public and patients rating keeping patient confidentiality above raising or acting on concerns about patient safety or quality of care. In addition, this audience are the only one to rate giving clinically appropriate treatment and advice as second (at 61%); keeping knowledge and skills up to date is seen as a more important duty of a doctor among the public and

patients (at 63%). The public and patients are also more likely than others to rate having a broad knowledge of medicine outside of their speciality as important (43% vs., for example, 9% of doctors).

MPs and stakeholders are more likely than other audiences to say that actively seeking and responding to the views and preferences of patients is an important duty of a doctor (62% vs., for example, 30% of doctors). This is potentially related to the way this group may interact with patients and doctors through, for example, dealing with concerns from constituents or the wider public.

In 2014, doctors, medical students and educators were asked the most important duties of a doctor from a prompted list, whereas employers, patients and public and stakeholders were asked unprompted. Therefore the responses in 2016 are not directly comparable across the board. However, the top four duties among doctors and students – gives clinically appropriate treatment and advice, keeps their knowledge and skills up to date, raises and acts on concerns about patient safety or quality of care and keeps patient confidentiality – are the same top four as in 2014. There is some variation among educators, as in 2014, educators were more likely to rate teaching, training or mentoring junior colleagues (63%) as one of the top five most important duty of a doctor than in 2016 (39%). There is a significant difference in these figures despite the small base size for this audience (n=46).

CHALLENGES CURRENTLY FACED BY DOCTORS

Several different open questions were asked of different audiences to provide both an overarching picture of challenges currently faced by doctors, and to identify nuances by audience. Across all audiences, when the unprompted answers were collated, high workload and increasing demand caused by demographic pressures, and the resultant lack of time to complete tasks, including high burnout rate, is mentioned as one of the top responses. This is a complex issue, with different audiences focusing on different aspects, causes and impacts, but it is worth noting that many of the GMC's key audiences perceive wider pressures on the system to be having an impact on doctors' practice.

Looking at the results by audience in more detail, stakeholders and employers were asked to provide their thoughts on the challenges faced by doctors within their professional practice currently. Many (43% of stakeholders and 45% of employers) mention high workload and increasing demand caused by demographic pressures, and the resultant lack of time to complete tasks, including high burnout rate. This is the same top response as in 2014, indicating that these are ongoing concerns.

Among stakeholders, the second perceived challenge is pressure from patients and patients' expectations (38% among stakeholders), whereas employers place lack of staff (25%) as the second greatest challenge and pressure from patients as third (22%). Around a third of stakeholders (35%) also mention professional development issues and time needed for CPD, although this is less important for employers (14%). Around a quarter of stakeholders mention bureaucracy (28%, whereas only 9% of employers do so) and a similar proportion (23%) mention lack of staff.

Parliamentarians were asked a slightly different question, and were requested to provide their top three challenges facing doctors. The responses mirror the above with eight out of ten mentioning high workload caused by demographic pressures as one of the top three challenges facing doctors, followed by four in ten who mention professional development and CPD.

Doctors, medical students and educators were asked a more focused question, specifically about the ethical challenges they currently face in their practice. Many (43%) of doctors and majority of medical students (76%) and educators (52%) say that they don't know in response to this question, and the top comments are all mentioned by less than 10% of these audiences. This pattern, with high levels responding 'don't know', are similar to that seen in the 2014 survey, when doctors and medical students were asked the slightly broader question above, not focused on ethical challenges. The top

response in 2016, mentioned by 9% of doctors, is being ethical in providing care/ working in best interest and capacity. This is followed by 7% who mention high workload and increasing demand caused by population pressures.

PERCEPTIONS OF THE GMC



Despite the public, employers, MPs and stakeholders having similar levels of confidence in the GMC's regulation as in 2014, there have been **significant drops among medical students, educators and doctors**. The most significant shifts have been among medical professionals, with just under three in five doctors stating that they are confident in the GMC's regulation of doctors, down from three quarters in 2014; and three quarters of medical students having confidence in the GMC as a regulator, down from 93% in 2014.

The top reason for this is that it is perceived that the **GMC looks out for patients' interests, not the doctor's** (although as the statutory regulator, the GMC's overarching objective is to protect the public). In addition, there is an element of hearsay involved, with a significant minority of these audiences citing word of mouth, or what someone else told them as their reason for lack of confidence. This is particularly pulled out in verbatim comments in response to other questions, where high profile whistleblowing and Fitness to Practise (FTP) cases may be contributing to negative views. The other top reason mentioned is a lack of clarity over the processes used by the GMC across a broad range of areas, including registration, FTP and revalidation.

One possible driver of lower confidence in the GMC's regulation than other audiences is that **doctors and medical students are least positive with regards to the GMC focusing on the right issues**. Around half of doctors, and just over half of medical students who have had direct contact with the GMC in the past 12 months think the GMC focuses on the right issues. In addition, there are substantial minorities in each case who disagree this is the case – a quarter of doctors and just over one in ten (11%) medical students. Verbatim comments include both criticism of the GMC with respect to not commenting on the junior doctors' contract, as well as perceptions of the GMC's stance on industrial action and perceptions of the GMC's management of FTP cases. Educators, MPs and stakeholders and employers are much more positive about the GMC's focus. Among each of these audiences, more than seven in ten of those who have come into contact with the GMC in the past 12 months agree that it is focused on the right issues.

Lower levels of confidence in the GMC among some audiences may also be explained by **views of the GMC's organisational values**. Across these, doctors hold more negative views than other audiences and across the board doctors' views have become more negative since 2014. In particular, fewer doctors think the GMC exhibits values of **collaboration, fairness and transparency** than in 2014.

Generally, **awareness of the GMC's roles and responsibilities is good**. The GMC is most well-known for the tasks it is genuinely responsible for and least well-known for the activities it does not actually conduct. Audiences are most aware of the GMC investigating and acting on concerns about doctors, providing ethical and professional guidance for the medical profession, determining who can practice medicine in the UK and setting the standards for medical practice in the UK. Understandably, the public are least aware of the role and responsibilities of the GMC, followed by employers, many of whom think the GMC serves as an independent membership body for doctors.

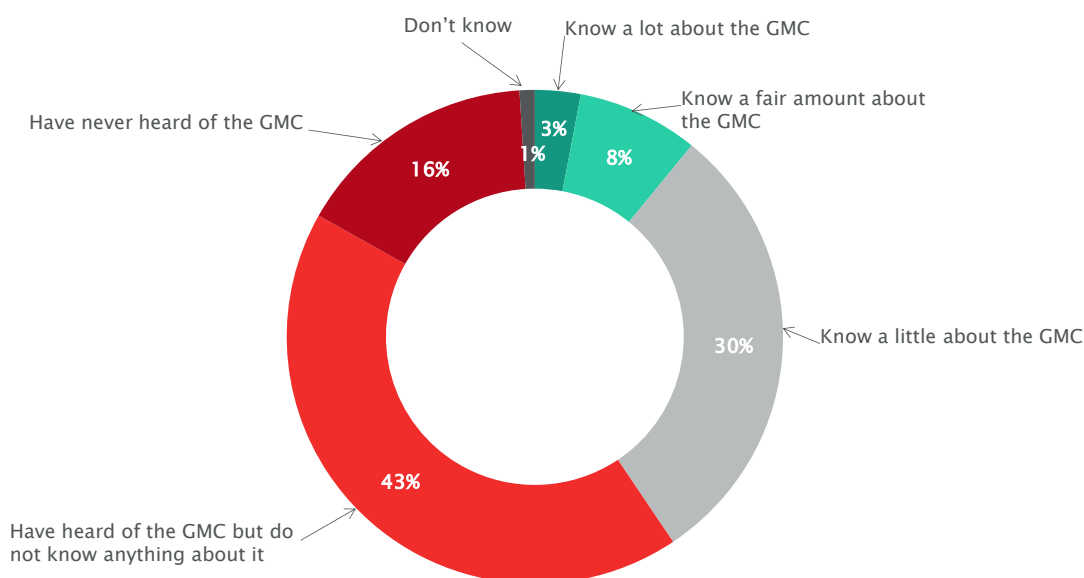
FAMILIARITY WITH THE GMC

Despite the fact that nearly all (98%) of the public and patients say that they have not had direct contact with the GMC in the last 12 months, a large majority have heard of it (83%). Reported awareness of the GMC has increased since 2014, with a rise in the proportion of public and patients saying that they have heard of the GMC (83%, up from 76% in 2014) and a corresponding decline in the proportion who say they have never heard of the GMC (16% in 2016, down from 23% in 2014). In part, this may result from increased media coverage of the GMC during the dispute about the junior doctors' contract in England,

although it may also reflect a wider shift in awareness. Tracking this metric over time will therefore be important in order to provide additional insight on the drivers of increased reported familiarity.

Despite this high level of familiarity with the GMC name, the majority do not know about the role of the GMC. Three in five of the public and patients (59%) say that they either have heard of the GMC but do not know anything about it, or have never heard of it, suggesting there is a base level of awareness with little holistic knowledge of the organisation's role in relation to the public and patients.

Figure 4: Knowledge of the GMC among patients and the public



2016: Q. How familiar or unfamiliar are you with the General Medical Council (GMC)? Base: general public and patients (n=1,502)

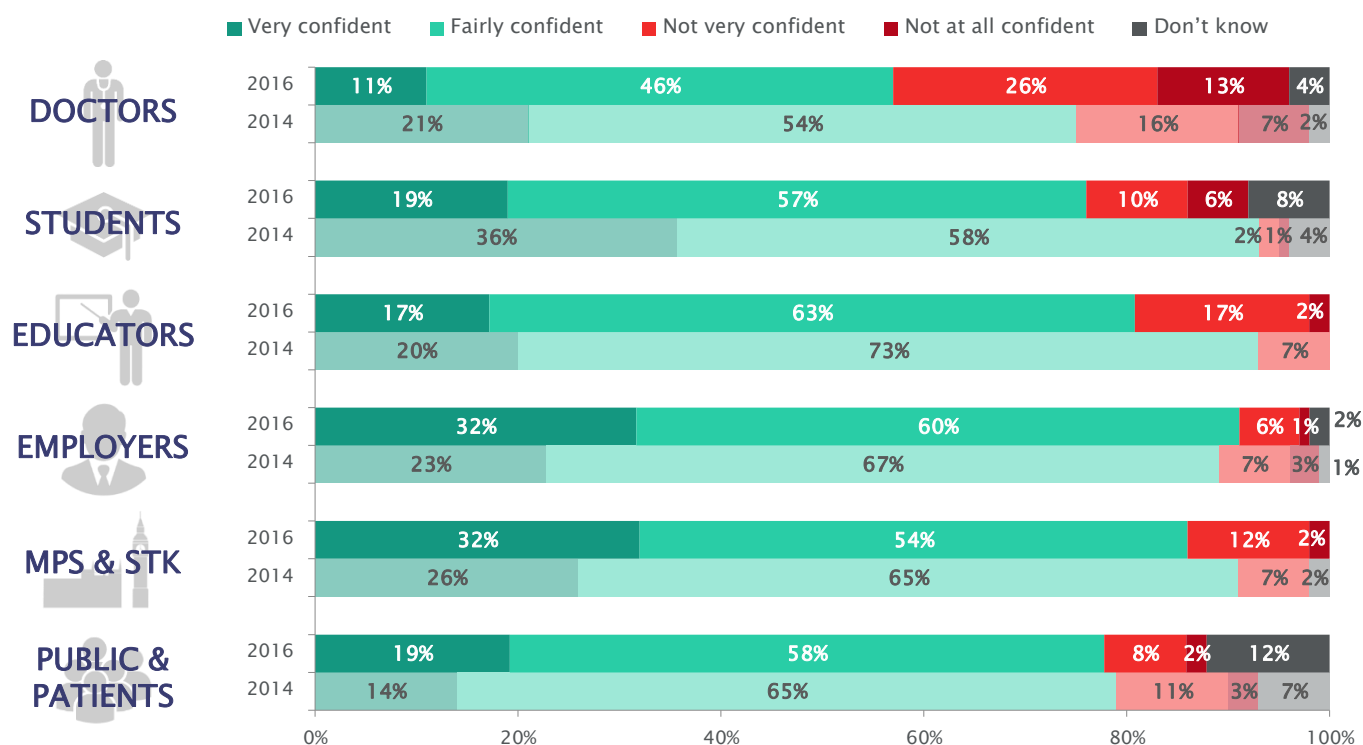
CONFIDENCE IN THE REGULATION OF DOCTORS

A majority across all audiences have confidence in the regulation of doctors by the GMC. Confidence among public and patients, employers and MPs and stakeholders is generally at the same level as in 2014. Employers are most confident, with nine in ten confident in the regulation of doctors in the UK by the GMC in both 2016 and 2014 (92% and 90% respectively). 86% of MPs and stakeholders are confident, similar to the 91% in 2014 (considered similar due to the small base sizes). More than three quarters (78%) of public and patients who have heard of the GMC have confidence in the regulation of doctors by it, similar to 79% in 2014. There is a small group of this audience (12%) with whom the GMC's work is not resonating, as although they have heard of the GMC, they do not know whether or not they are confident in its regulation of doctors.

However, there have been significant drops in confidence among medical students, educators and doctors. More than nine in ten educators were confident in the regulation of doctors by the GMC in 2014 (93%), but this has dropped to four in five (80%) in 2016. Among medical students, confidence has dropped to three quarters (76%) this year from a similar level to educators in 2014 (93%). Doctors were the least confident audience in 2014, as only three quarters stated confidence in the GMC (75%). However, this has now dropped to fewer than three in five in 2016 (57%).

Moreover, there has been a corresponding increase in the proportion of doctors, medical students and educators who say that they are not very or not at all confident in the GMC's regulation of doctors, rather than a shift to 'don't know' responses.

Figure 5: Overall confidence in the regulation of doctors in the UK



2016: Q. How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50); all general public & patients who have heard of the GMC (n=1253) || 2014: Q. How confident are you in the way that doctors are regulated by the GMC? Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers who know something about GMC (n=226) all MPs & stakeholders (n=54); all general public & patients who know something about the GMC (n=539)

There are two sources that might provide insight into this decrease in confidence – demographic analysis identifying who these groups are more likely to be, and the verbatim comments.

Firstly, the sub groups. It is worth noting that as the educator base is low overall, there are few pointers from the audience breakdown here. Among doctors and medical students, it is seen throughout the findings that men are more likely than women to hold more negative views of the regulation of doctors. This is true here, as men are more likely than women to not be confident in the way that doctors are regulated by the GMC – among doctors, 43% of men vs. 33% of women, and among students 21% of men vs. 11% of women are either not very or not at all confident.






Doctors and medical students who have raised a concern about patient safety and care with any person or organisation in the last 12 months are also more likely to say that they are not confident in the regulation of doctors by the GMC. Among doctors, 47% of those who have raised a concern are not confident compared with 37% who have not had any concerns; and among students, 30% of those who raised a concern are not confident compared with 14% who have not had any concerns. The relationship between this action and lack of confidence in the GMC will be worth examining in greater detail.

In addition to the above sub groups, there are several findings that are specific to one audience only. As found elsewhere, Black, African Caribbean or Black British doctors are more positive towards the GMC than other ethnicities, and in this case White doctors are more likely than those of this ethnic group to lack confidence in the GMC (41% of White doctors vs. 24% of Black, African Caribbean or Black British doctors). Finally, GPs are more likely than doctors in any other role to be not very or not at all confident in the regulation of doctors by the GMC (49% vs. for example 33% of doctors at foundation stage).

REASONS FOR LACK OF CONFIDENCE IN REGULATION

With regards to the verbatim comments, the reasons why people may not be confident in the regulation of doctors by the GMC differ by audience. Overall, the reasons given are similar to those given in 2014, although it is worth noting that general lack of trust in regulators or authorities appears as the top reason among doctors and medical students, whereas in 2016 the responses appear more focused on the GMC. However, this should be treated as indicative due to changes in question type.

Figure 6: Reasons for not being confident in the way doctors are regulated by the GMC

Audience		Top reason	Second reason	Third reason
Doctors		The GMC looks out for patients' interests, not the doctor's (58%)	It's not clear what processes the GMC uses (45%)	Word-of-mouth/what someone else told me (28%)
Students		The GMC looks out for patients' interests, not the doctor's (63%)	Word-of-mouth/what someone else told me (47%)	It's not clear what processes the GMC uses (43%)
Educators		From professional experience (44%*)	It's not clear what processes the GMC uses (33%*)	From personal/family experience (22%*)
Employers		Revalidation system is very tick box based/ Revalidation system not fit for purpose (36%*)	GMC approaches doctors as possible offenders/ Punitive approach (29%*)	Take too long to investigate/ Process too long (18%*)
Public & Patients		Bad experiences/ People misdiagnosed/ Don't have faith in them (16%)	GPs providing poor service/ Doctors do not care about patients (15%)	Don't know enough/ Haven't heard much/ Little contact with GMC (15%)

2016: Q. Why do you say that you are not confident in the way that doctors are regulated by the GMC? Base: all who are not confident in the way that doctors are regulated by the GMC; all doctors who are not confident (n=850); all final year medical students who are not confident in the way doctors are regulated by the GMC (n=92); all educators who are not confident in the way doctors are regulated by the GMC (n=9*) || Q. Why do you say that? Base: all employers who are not confident in the way doctors are regulated by the GMC (n=28*); all general public & patients who are not confident in the way doctors are regulated by the GMC (n=127)

Among public and patients, the main reasons for lack of confidence in the way the GMC regulates doctors are due to personal experience with doctors. 16% cite bad experiences, misdiagnosis, or a general lack of faith in doctors as the reason they are not confident, followed by 15% who think their GP provides a poor service or that doctors do not care about patients. The same proportion (15%) say that their lack of confidence is a result of low knowledge or little contact with the GMC.

There is a different perspective on lack of confidence in the GMC from doctors and medical students, with personal experience coming much further down the list. Despite this being the primary role of the GMC as the statutory regulator, doctors and medical students who are not confident are critical that the

GMC looks after patients' interests, not the doctor's (58% of doctors, 63% of medical students), as well as saying that it is not clear what processes the GMC uses across a variety of topics such as registration, FTP and revalidation (45% of doctors, 43% of medical students). However, it is worth noting that a sizeable minority do admit that their lack of confidence comes from word of mouth or what someone else told them (28% of doctors and even more so for medical students, at 43%). In addition, 26% of medical students and 20% of doctors cite what they have read in the newspapers as a reason for their lack of confidence in the GMC's regulation of doctors. Finally, a quarter of doctors (27%) and a fifth of medical students (21%) state their views come from their own professional experience.

The numbers of educators and employers who are not confident in the way that doctors are regulated by the GMC are very low, and therefore qualitative analysis of this data is most appropriate. The comments provided by educators are listed below and include those around procedures and processes.

Procedural complexity and delay and stress caused.

Educator

Overly bureaucratic and resource-heavy way of managing doctors' fitness to practise.

Educator

The statutory framework and the dual role of GMC.

Educator

Evidence of improvement from literature is lacking.

Educator

Among employers, there are several mentions of revalidation as a reason for lack of confidence in regulation, with the criticism that revalidation is not actually leading to higher quality in the profession, as it is meant to.

I don't think that revalidation is truly fit for purpose, and secondly I find that the GMC's decision making sometimes leaves a lot to be desired.

Employer

I think the revalidation processes at the moment are very tick-box based and I think there isn't a good development and support program for primary care doctors as there is plenty of regulation at the moment but not very much development.

Employer

As with other audiences, processes and bureaucracy also feature, mainly related to specific incidents and how these were dealt with. Incidents are perceived to take too long to resolve, and the GMC is also criticised for its attitude during investigations.

I kind of think that the process is too long and not swift enough, there's not an effective screening process.

Employer

The length of time they take to investigate.

Employer

They suspend doctors too regularly without considering the devastation.

Employer

Because it seems that the GMC has a very adversarial way of investigating things.

Employer

DRIVERS OF CONFIDENCE IN REGULATION AMONG DOCTORS

In order to understand the drivers of confidence in the regulation of doctors by the GMC in more detail, ComRes also conducted a Key Drivers Analysis (KDA) on the doctors' data only³. The Key Drivers Analysis⁴ shows that agreement that the GMC meets its organisational values is a major driver, explaining nearly half (44%) of the overall model. The perceived fairness of Fitness to Practise investigations and tribunals is also a key driver (12%), followed by three factors relating to the GMC's communications – information provided online (11%), communication as part of the revalidation process (9%), and the quality of the GMC's overall communications (8%).

In order to determine potential areas for focus going forward it is important to look at each of these factors in turn, in the context of the GMC's current performance against the relevant question. Looking at the overall performance column below, key areas where there is scope for improvement are values, Fitness to Practise, and overall GMC communications. In comparison, the quality of information provided on the website and communications around revalidation are currently perceived positively and as such should be monitored over time to ensure that these remain so. These patterns are explored in more detail below for all drivers which explain more than 5% of the model.

Figure 7: Driver of confidence in regulation among doctors

FACTORS	IMPORTANCE	PERFORMANCE
Values: Agreement that the GMC meets each of its organisational values	44%	MIXED
Fitness to Practise: Perceived fairness of FTP investigations and tribunals	12%	MIXED
Website: Quality of information on the GMC website	11%	GOOD
Revalidation – communications: Interaction with the GMC as part of revalidation	9%	GOOD
Communications: Quality of GMC communications	8%	MIXED
Confidence in the profession: Confidence in the medical profession overall	5%	GOOD
Annual appraisals – impact: Perceived impact of annual appraisals on doctors' practice	4%	MIXED
Registration: Perceived fairness of the registration process	4%	GOOD

³ For full details of the methodological process used, please see the Technical Appendix.

⁴ This model has an R² value of 0.537, meaning that it explains around 53.7% of the variance in confidence in the regulation of the medical profession by the GMC.

VALUES

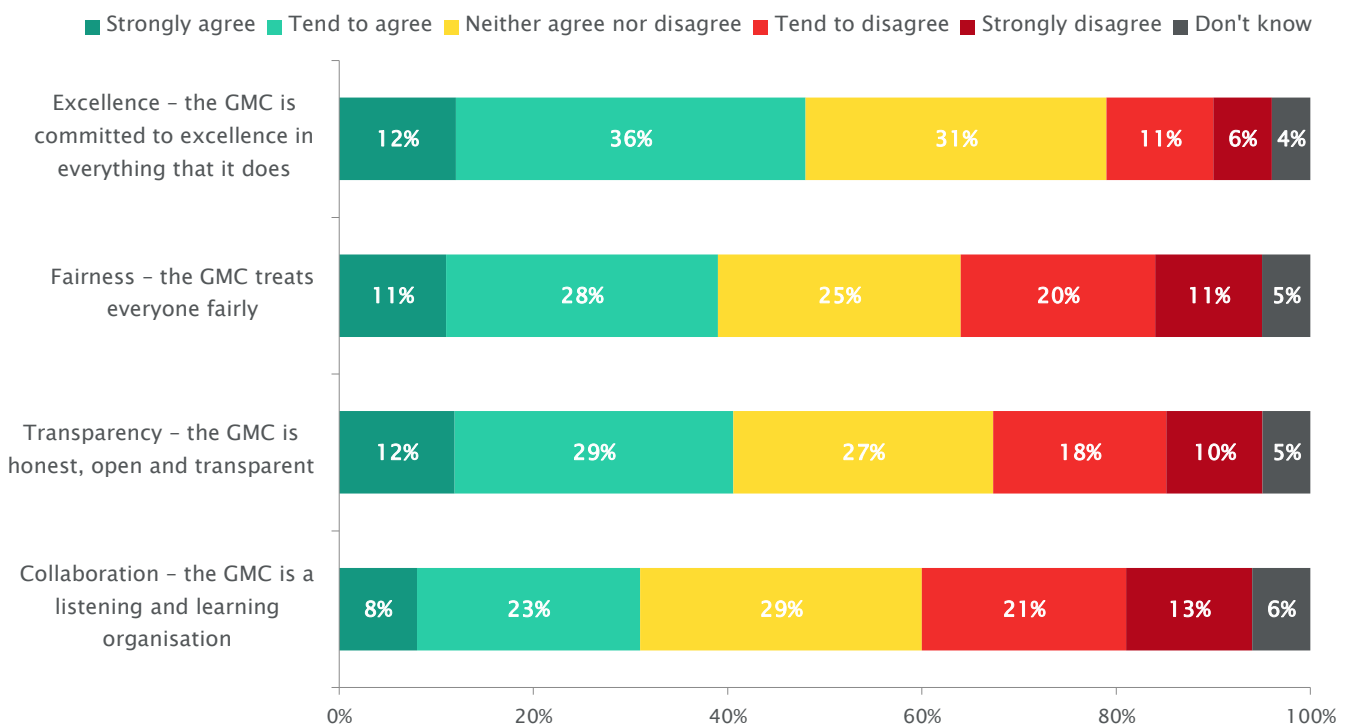
Agreement that the GMC meets each of its organisational values



44% IMPORTANCE

Perceptions of whether the GMC meets each of its organisational values are the most important factor in explaining variation in confidence in regulation of doctors by the GMC, explaining 44% of the model. Performance on this metric is mixed, as shown in the chart below – in particular, a third of doctors disagree that the GMC meets the values of collaboration (34%) and fairness (32%). In terms of demographic differences, the main consideration is that doctors of white ethnicity are more likely to disagree that the GMC meets each of the values tested than doctors from any other ethnic group. Additionally, male doctors are more likely to disagree that the GMC meets each of these values compared to their female counterparts. Improving perceptions of the GMC’s commitment to each of these values would help to boost confidence in regulation of doctors by the GMC.

Figure 8: Agreement as to whether the GMC meets its organisational values



Q. Based on your experiences, how strongly do you agree or disagree that the GMC meets each of these values? Base: all doctors (n=2306)

FITNESS TO PRACTISE

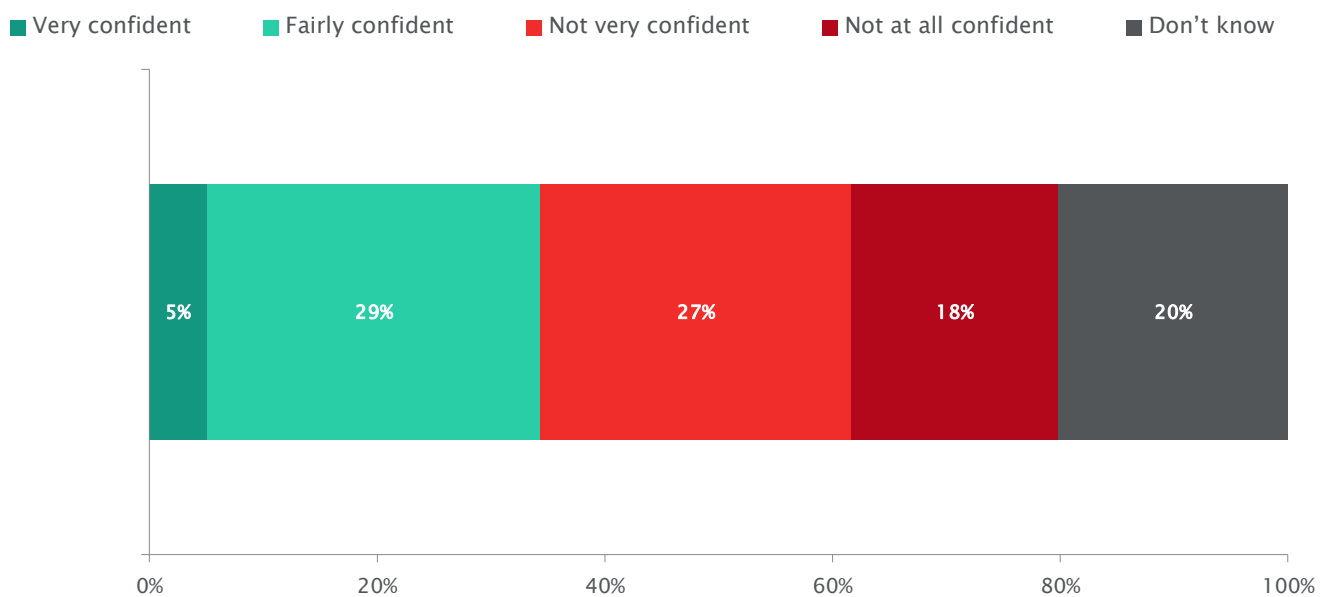
Perceived fairness of FTP investigations and tribunals



12% IMPORTANCE

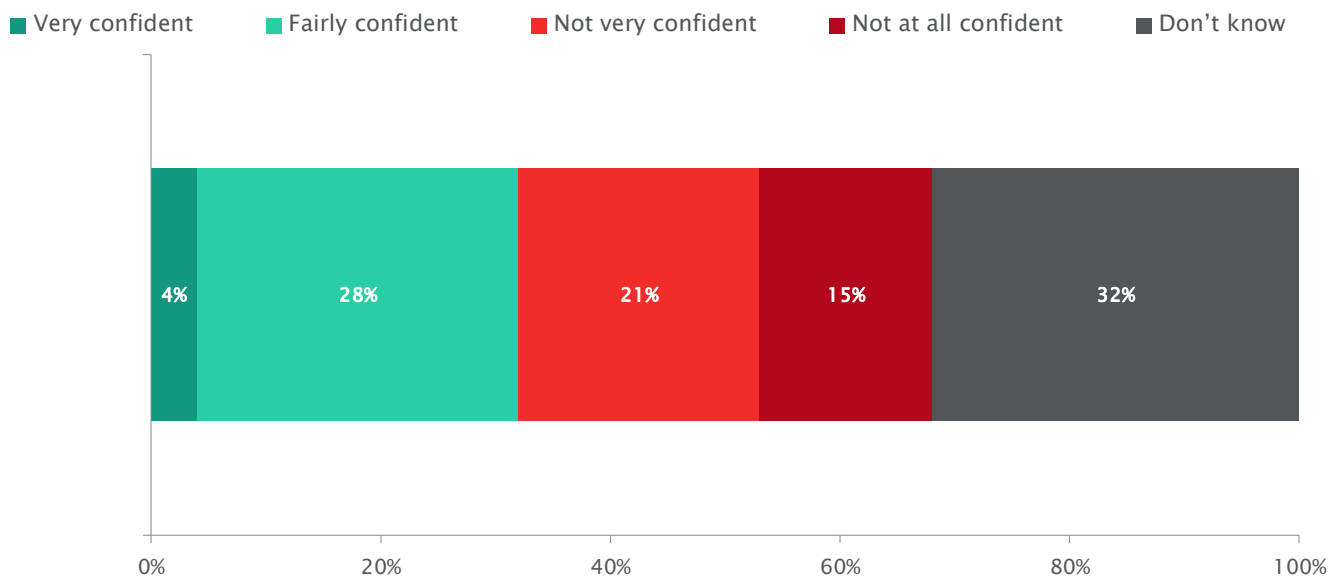
Confidence in the fairness of Fitness to Practise (FTP) investigations and tribunal hearings is the second most important driver of confidence in regulation overall, explaining 12% of the model. Once again, this is an area where views are mixed – there is a roughly equal split between those doctors who say that they are and are not confident in each of FTP investigations (34% and 46% respectively), and FTP tribunal hearings run by the Medical Practitioners Tribunal Service (MPTS) (32% and 36%). As explored in more detail later in this report, verbatim comments suggest that negative views may be driven by recent news such as statistics about suicide rates among doctors who are under investigation, as well as concerns about the length of time investigations can take and the pressures on doctors during this process. Continuing to communicate on the actions the GMC is taking to improve processes on this front will therefore be important in improving overall confidence in the regulation of doctors by the GMC.

Figure 9: Confidence in the fairness of the GMC’s Fitness to Practise Investigations



Q. How confident, if at all, are you that the GMC’s Fitness to Practise investigations produce fair outcomes for all groups of doctors? Base: all doctors (n=2306)

Figure 10: Confidence in the fairness of the Fitness to Practise tribunal hearings



Q. How confident, if at all, are you that the Fitness to Practise tribunal hearings run by the Medical Practitioners Tribunal Service (MPTS) produce fair outcomes? Base: all doctors (n=2306)

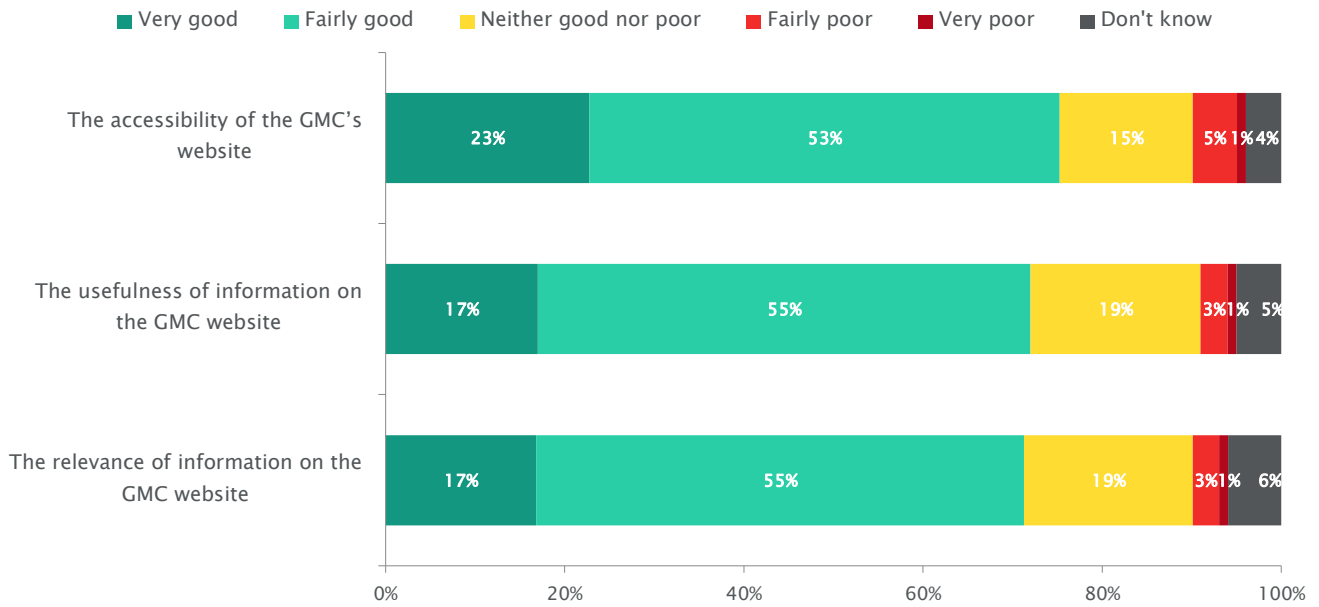


WEBSITE
Quality of information on the GMC website

11% IMPORTANCE

Interestingly, perceptions of the quality of the information provided on the GMC website – including its accessibility, usefulness and relevance – emerges as a significant driver of overall confidence in regulation, explaining 11% of the model. This is an area where the GMC is already performing strongly, with more than seven in ten doctors rating the GMC very or fairly good on each of these metrics. In order to maintain confidence in the regulation of doctors by the GMC it will be important to continue to monitor this going forward, to ensure that these standards are maintained over time. Moreover, anything which can be done to help boost perceptions among those who say that this is neutral or poor may also have a knock-on impact on perceptions of the regulation of doctors by the GMC more widely.

Figure 11: Rating of the GMC’s website



Q. And in general how would you rate the GMC’s website in terms of... Base: all doctors who have used the GMC website in the last year (n=1 807)

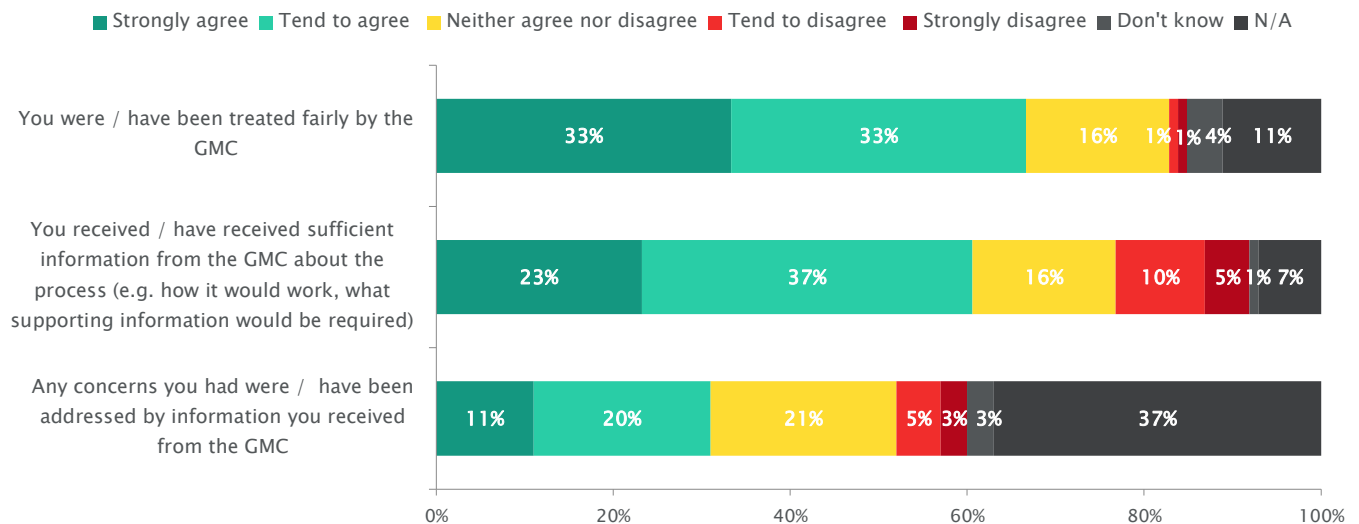


REVALIDATION – COMMUNICATIONS
Interaction with the GMC as part of revalidation

9% IMPORTANCE

Explaining 9% of the model, communications from the GMC as part of revalidation are also a driver of broader confidence in the regulation of doctors by the GMC. The GMC performs relatively well on this metric, with majorities of doctors who express an opinion (i.e. don’t select ‘don’t know’ or ‘not applicable’) agreeing that they have been treated fairly, have received sufficient information, and have had their concerns addressed by information provided by the GMC. However, this is broadly split across ‘strongly agree’ and ‘tend to agree’; and significant proportions also select ‘neither agree nor disagree’, suggesting that there may be room to further boost confidence in regulation by focussing on this driver. Despite good overall performance, it should also be noted that 14% of doctors disagree that they have received sufficient information from the GMC about the process, which may bear further consideration.

Figure 12: Doctor's interaction with the GMC as part of revalidation



Q. And drawing on your interaction with the GMC, as part of revalidation, how much would you agree or disagree that...
 Base: all doctors who revealed whether or not they have been revalidated (n=2265)

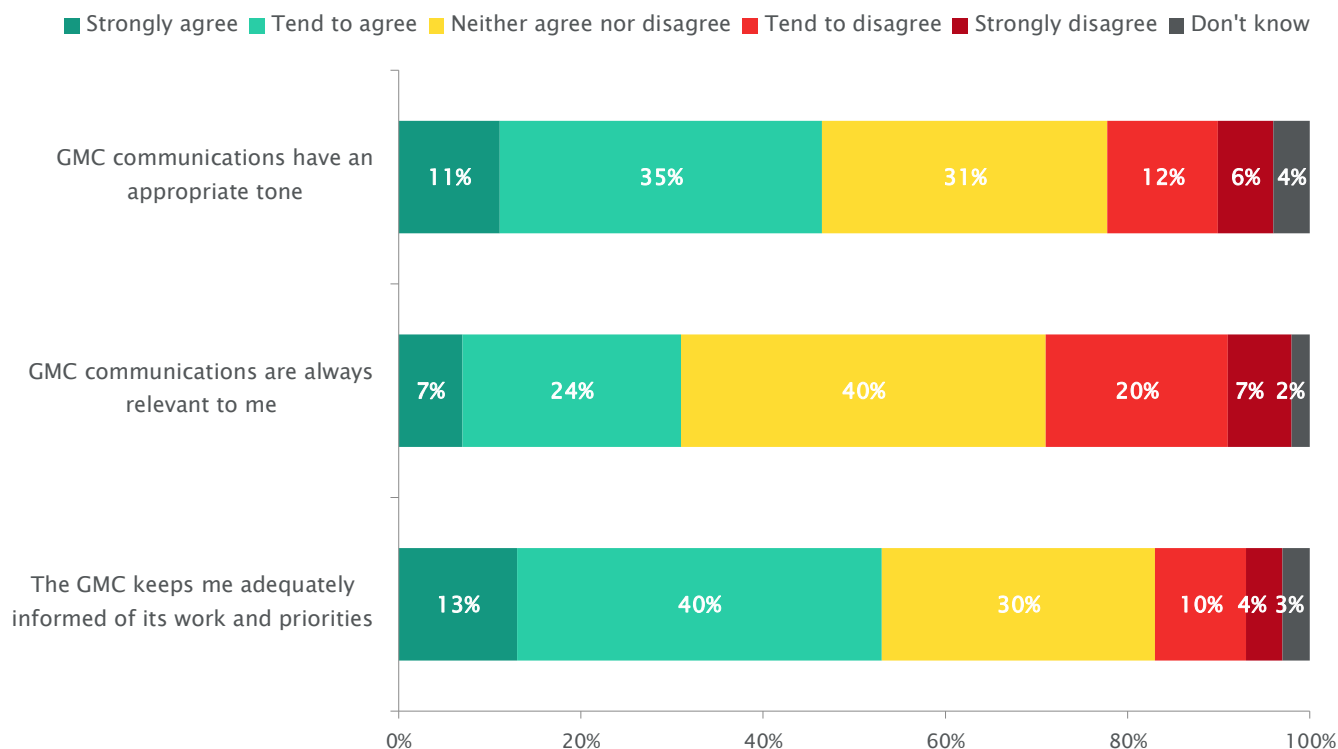


COMMUNICATIONS
Quality of GMC communications

8% IMPORTANCE

The GMC's broader communications with doctors also emerge as a significant driver of opinion, explaining 8% of the model. This is an area where views are mixed – although more doctors agree than disagree that GMC communications have an appropriate tone, that GMC communications are always relevant to them, and that the GMC keeps them adequately informed of its work and priorities, significant minorities disagree with each of these statements. This is particularly marked with regards to “GMC communications are always relevant to me”, where 28% of doctors disagree that this is the case. The GMC may therefore wish to consider how these scores could be improved in order to boost overall confidence in its regulation of the profession.

Figure 13: The GMC's communication

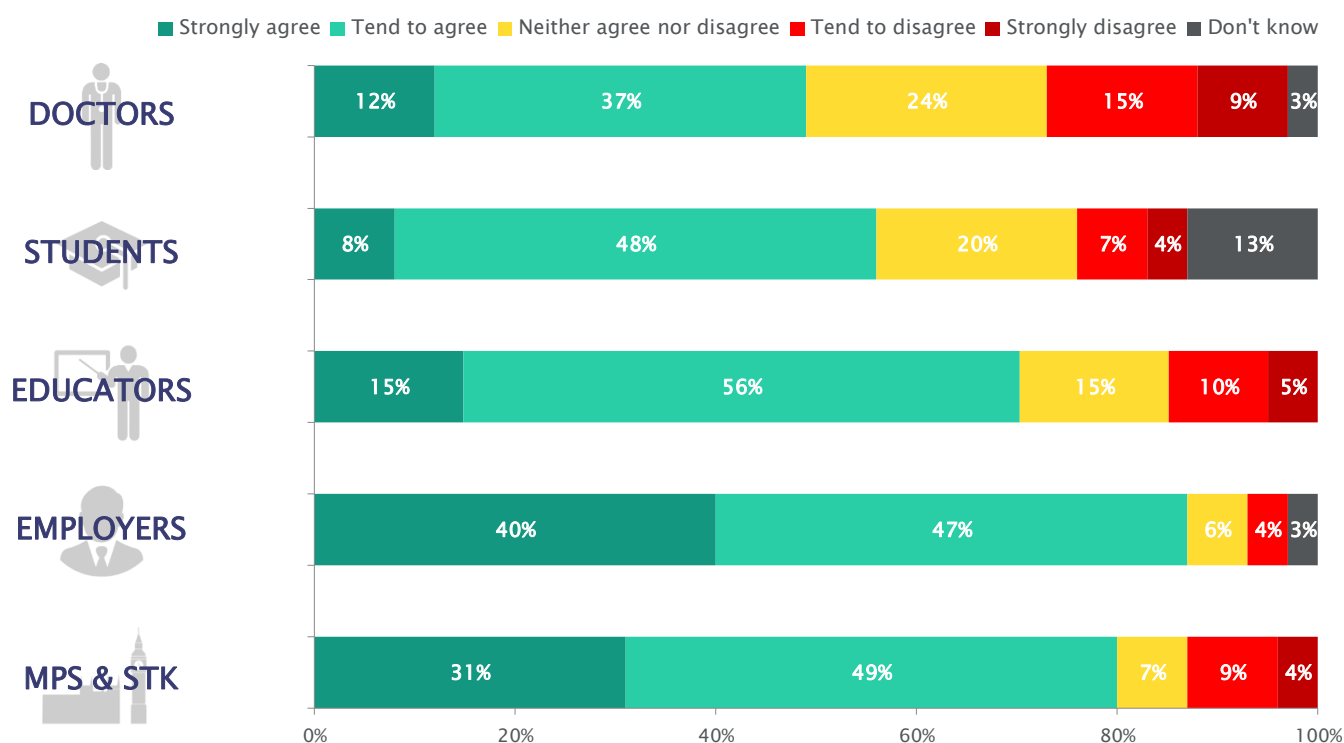


Q. How much do you agree or disagree with the following statements regarding the GMC's communication with you? Base: all doctors (n=2306)

THE GMC'S CURRENT AND FUTURE FOCUS

Among those who report having had direct contact with the GMC in the past 12 months, most think that the GMC is focusing on the right issues as a regulator, with the exception of doctors. Among employers and MPs and stakeholders, a significant proportion strongly agree that this is the case. However, there are minorities across all audiences that do not think it is focusing on the right issues, which should be looked at in further detail.

Figure 14: Whether the GMC is focusing on the right issues as a regulator



2016. Q. Taking into account the GMC's engagement with you over the past 12 months, how much do you agree or disagree that it is focusing on the right issues as a regulator? Base: all doctors who have had direct contact with the GMC in the last 12 months (n=401); all final year medical students who have had direct contact with the GMC in the last 12 months (n=192); all educators who had contact with the GMC over the last 12 months (n=41); all employers who have had direct contact with the GMC in the last 12 months (n=156); all Parliamentarians and stakeholders who have had direct contact with the GMC in the last 12 months (n=45)

Looking at doctors specifically, as well as lack of confidence in the GMC as a regulator, there is further criticism of the GMC among doctors who have had contact with the organisation in the last 12 months; only half (49%) agree it is focusing on the right issues as a regulator, and a quarter (24%) disagree. These two metrics appear linked as two fifths (37%) of doctors who are not at all confident in the GMC's regulation of doctors strongly disagree the organisation is focused on the right things as a regulator. This compares with no doctors who have had contact with the GMC in the last 12 months and are very confident in the organisation as a regulator.

There is also a relatively large minority of medical students who are not convinced that the GMC is focusing on the right issues (only 56% agree), although this is more to do with not holding an opinion (20%) or not knowing (13%) rather than disagreeing (11%).

Breaking this down, older students are more likely than younger students to say they don't know whether or not the GMC is focusing on the right issues - 23% of those aged 26+ state this compared with 10% of those aged 24-25 and 9% of those aged 21-23. Mature students are also the age group that are more likely to get none of the GMC's roles or responsibilities correct (5% vs. 1% of each of those aged 21-23 and 24-25), although it must be noted that the base is not exactly the same as this is all medical students compared with those who have had contact with the GMC in the last 12 months, However, this nonetheless indicates a general lack of knowledge about the GMC among this audience.

Employers and MPs and stakeholders who have had contact with the GMC in the past 12 months are most positive about the GMC's current focus; 87% of employers agree that it is focusing on the right issues and 80% of MPs and stakeholders say the same. Seven in ten (71%) educators who have had contact with the GMC in the last 12 months agree that it is focusing on the right issues, although again there is a pocket of disagreement at 15%.

To note, this question was asked in 2014 but to all audiences rather than just those who had contact with the organisation within the last 12 months and comparisons are therefore indicative rather than definitive. That said, levels of agreement that the GMC is focused on the right issues as a regulator are broadly similar between 2014 and 2016 – for example, 49% of doctors who have had contact with the GMC in the last 12 months in 2016, and 51% of all doctors in 2014. However, there do appear to be differences in the levels of disagreement that the GMC is focused on the right issues – for example 15% of doctors disagreed in 2014 whereas 24% of doctors who had contact with the GMC in the last 12 months in 2016 disagreed. However, it could be argued that this group are more engaged as they have had recent contact with the GMC, and therefore may hold stronger views. As such, this question should be tracked over time to determine whether this represents a trend.

Those who disagreed that the GMC is focusing on the right issues as a regulator were then asked an open question regarding where it should be focusing more or less of its attention. The responses among doctors were then grouped into themes, as the base size of 95 was large enough for this to provide robust data. In this context, doctors want the GMC to prioritise support for doctors, rather than just giving guidance (16% of doctors who have had direct contact with the GMC in the last 12 months and disagree that the GMC is focusing on the right issues as a regulator), and for the organisation to look out for doctors' welfare and health (14% of doctors in the same situation). They would like the GMC to focus less on criticising doctors (12%) and being political (11%).

Among the few students who answered this question, similar themes are raised to those highlighted by doctors, including protection at work, such as whistleblowing and wellbeing.

Ensuring that the working hours and conditions of doctors is [sic] safe and fair, given this directly impacts on the quality of their work and therefore patient safety.

Medical student

Doctors' welfare, especially mental health including issues arising around surrounding FTP cases.

Medical student

Whistleblowing protection for doctors under employment law (Chris Day) and protecting reflective accounts for being used in criminal law to allow for continued good reflective practice.

Medical student

Base sizes for other audiences are very low, but this question prompted long and detailed responses, covering a diverse range of topics. As such, there is no clear theme, but some verbatim comments have been reproduced below to provide additional insight into the views of these audiences.

Independent oversight of its whole process whilst protecting patients and actually looking at doctor's [sic] fitness to practice and doctor's [sic] ability to relate to cultural needs of patients to effectively communicate with service users. They should be focusing on reducing the number of locum doctors and the doctors working in

agencies which is [a] national scandal that is draining the NHS budget and large amount of docs [sic] have a poor work ethic and no probity to individuals.

Employer

Supporting doctors in practice in a less paternalistic way. Having a much more interactive website which is interactive and easy to use. Strongly supporting delivery of high quality education and training.

Educator

Addressing the fundamental societal needs for medical provision in the UK. Affecting fundamental change as to how the UK can provide the kind of medical resource it requires, from the undergraduate curricula to the ongoing regulation of professionals. Working with government bodies and the NHS to ensure key issues of workforce shortage, lack of generalists etc. is addressed.

Educator

Could be defining their core business more. They could be doing more to speed up review of doctors' suicide. What are they actually doing to mitigate that circumstance? The speed of the process is a problem, but also how do they interact with people during this process without interfering with regulation. You get a letter through the door with the GMC header on it, and this is not something that you meet with immediate joy. I think they probably need to think about how they communicate in an empathetic way. The type of communication needs to be more human, and the process needs to recognise that there is a human at the end of this.

MP/Stakeholder

Ensuring that standards of medical practitioners are of a sufficiently high standard [sic] – the bar is not high enough yet. The PLAB test (language test) does not look at regional accents. Involve patients much more.

MP/Stakeholder

UNDERSTANDING OF THE GMC'S ROLE

Understanding of the GMC's role was tested by asking about a list of both correct and incorrect roles and responsibilities and asking audiences if they associated them with the GMC. Generally, understanding of the roles and responsibilities the GMC does undertake is good, with even members of the public and patients least likely to select those that are incorrect.

The GMC is most well-known for investigating and acting on concerns about doctors, providing ethical and professional guidance for the medical profession, determining who can practice medicine in the UK and setting the standards for medical practise in the UK. It is least well known, correctly, for roles and responsibilities that it does not carry out, namely campaigning on issues that are important to doctors and patients, and serving as an independent membership body for doctors. Helping doctors to raise concerns about patient safety is one area that stands out as a role that the GMC does carry out, but is not strongly associated with the organisation. Apart from these overall trends, there is variation across audiences as to levels of awareness and understanding. This can most easily be interpreted by the proportion in each audience who select at least one incorrect role.

Encouragingly, doctors and medical students have a good understanding of the GMC's roles and responsibilities, although two in five (41%) doctors and almost half (47%) of medical students select at least one incorrect response. Looking at the demographic differences, younger doctors (49 and under) are more likely than older doctors (aged 50+) to select at least one incorrect role of the GMC; for example, 49% of those aged 29 and under selected at least one incorrect role compared with 31% of those aged 60–69. Other demographic groups who are less likely to select an incorrect role of the GMC are doctors of White ethnicity (34% select at least one incorrect role vs. 61% of Black, African Caribbean or Black British ethnicity), GPs (35% vs. 44% of those at foundation stage) and those who completed their PMQ in the UK rather than EEA or IMG (31% vs. 56% and 62% respectively).

Only one in three (34% of students and 32% of doctors) correctly associate the GMC with helping doctors to raise concerns about patient safety. This may indicate that the GMC is not an immediately apparent route for raising such concerns, with the potential result that these are not being effectively raised or acted on; this is explored in more detail in the chapter on raising concerns.

Educators have generally good knowledge of the GMC's roles and responsibilities as less than one in five (17%) select at least one incorrect role. Almost all (98%) MPs and stakeholders correctly associate the GMC with investigating and acting on concerns about doctors. This audience generally has good understanding, as over half (54%) select no incorrect roles. Although this is similar to doctors and medical students, it could be argued that MPs and stakeholders are not expected to have as detailed knowledge of the GMC as those it regulates, and therefore this finding should be seen as positive.

Four in five employers (81%) select at least one incorrect role or responsibility of the GMC, including three in five (61%) who think it serves as an independent membership body for doctors and more than two in five who think it campaigns on issues that are important to patients (47%) and doctors (46%). It may therefore be worth considering how awareness could be raised among this audience.

Unsurprisingly, the public and patients have low levels of understanding of the GMC's role; 79% select at least one incorrect role for the GMC and more than 50% incorrectly associate it being a membership or campaigning body.

Figure 15: Correct Roles and Responsibilities of the GMC (1 / 2)

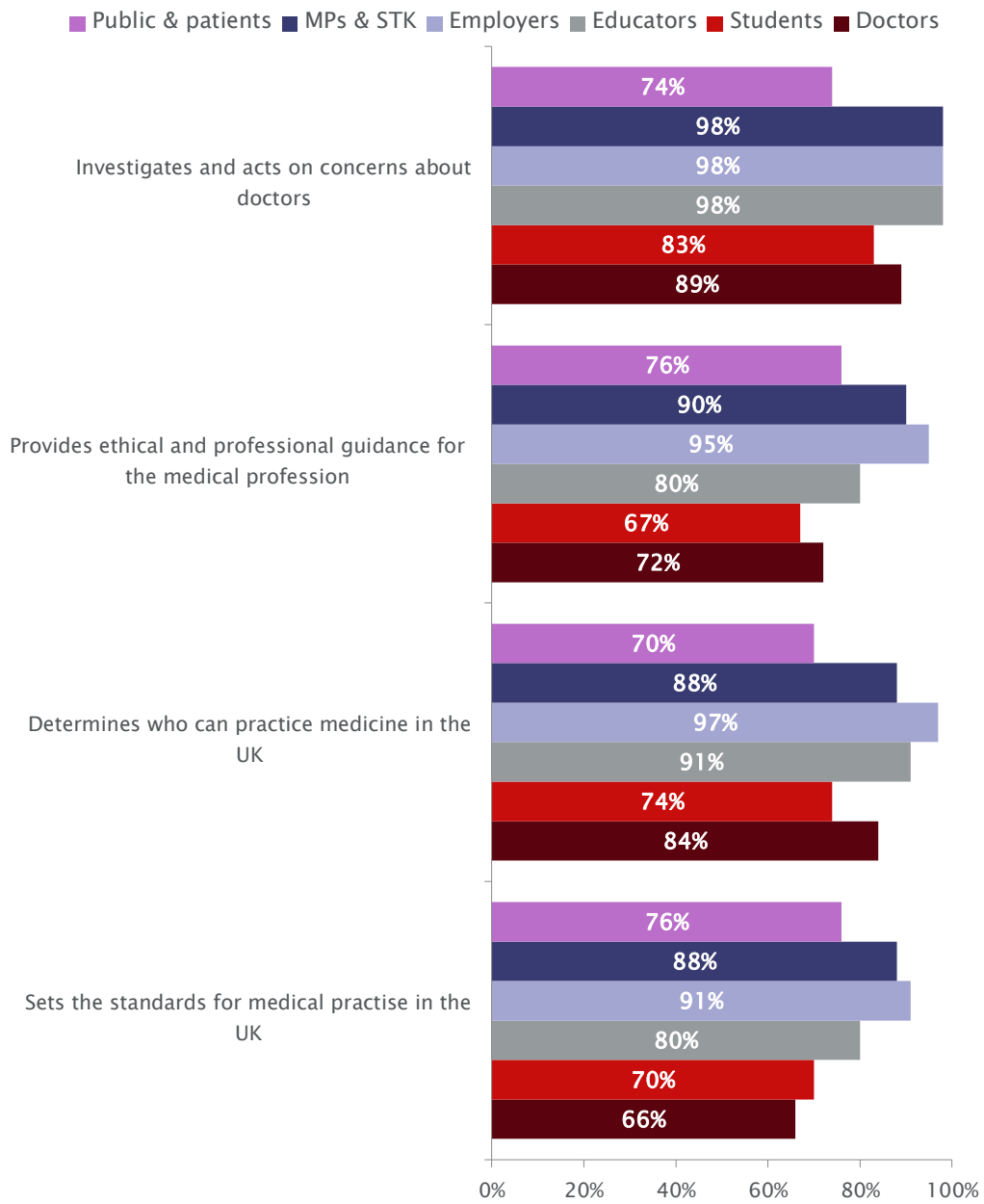
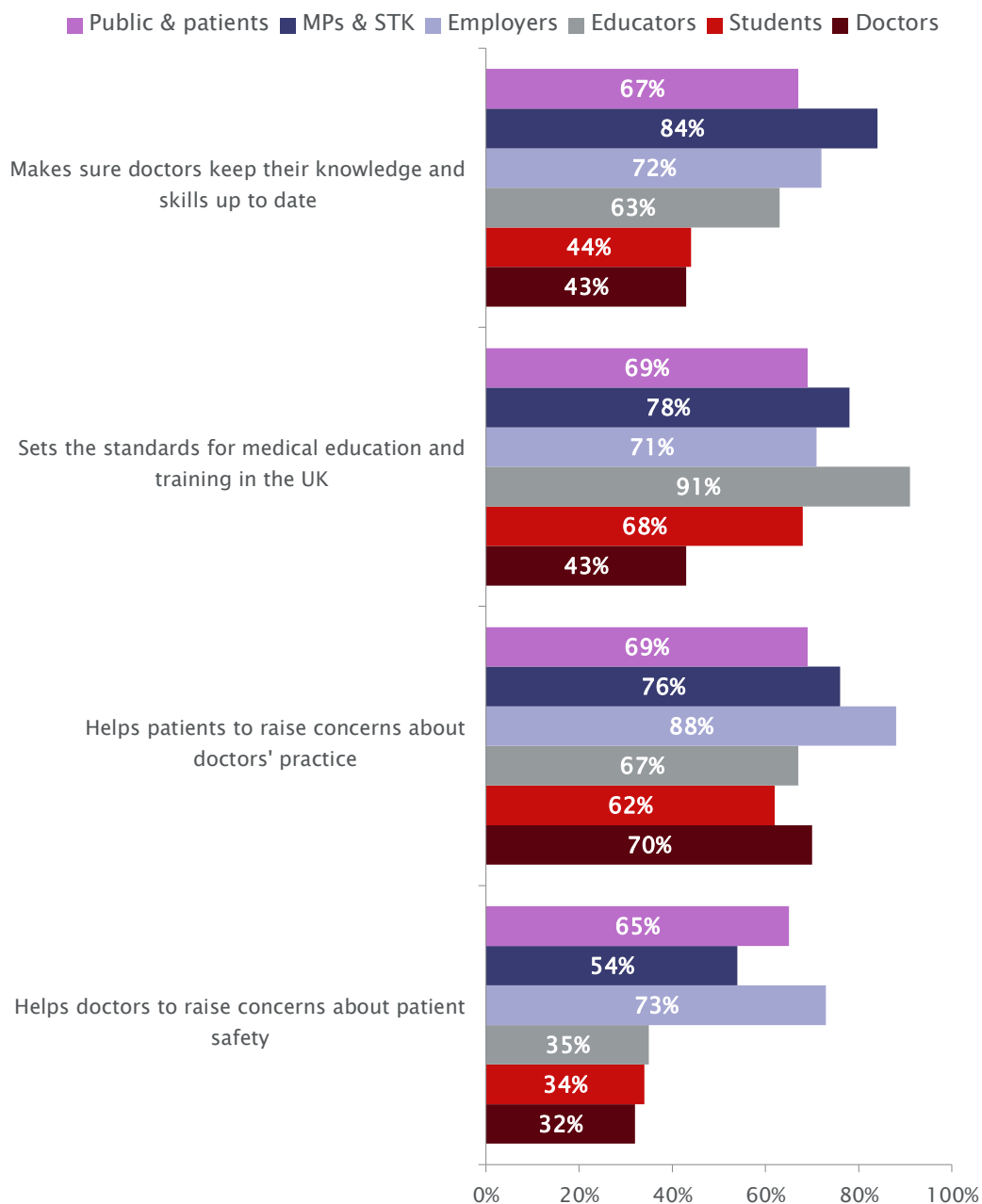
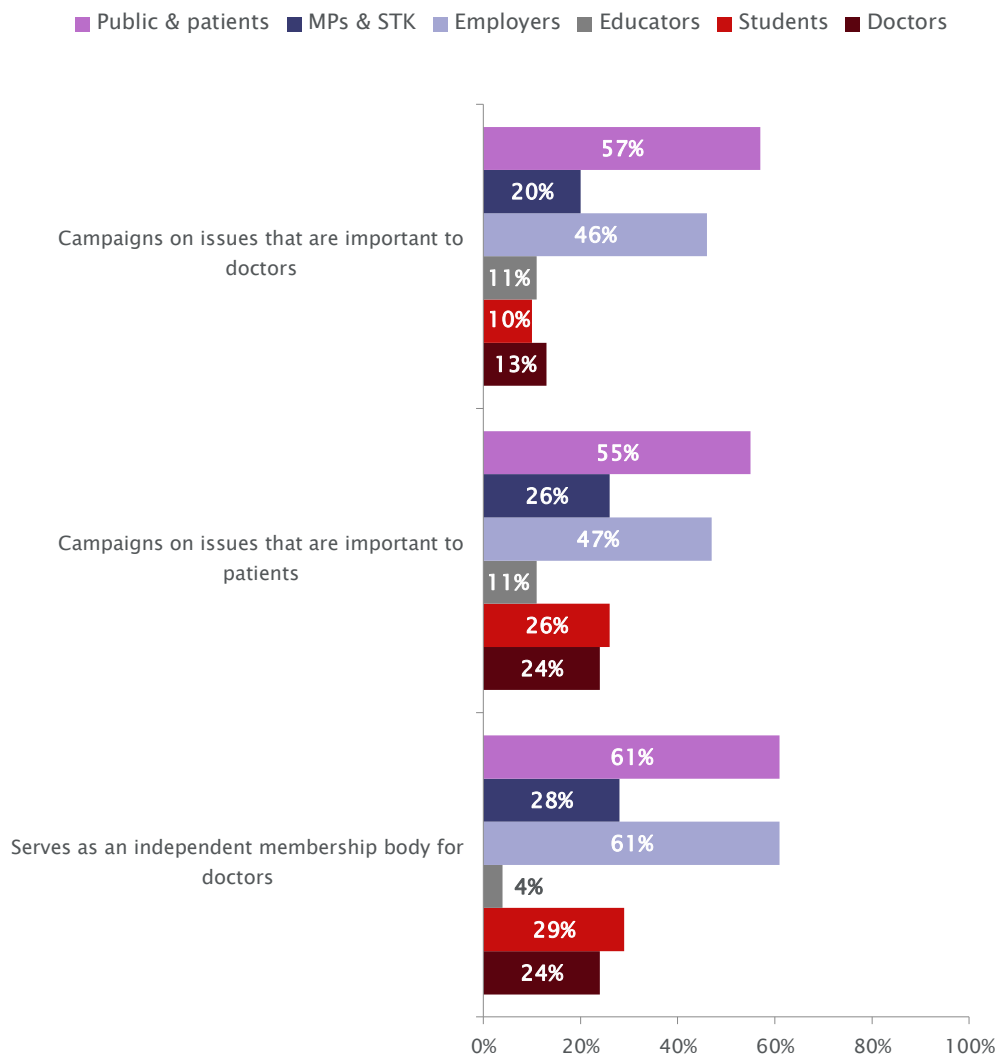


Figure 16: Correct Roles and Responsibilities of the GMC (2/2)



2016. Q. Which of the following roles and responsibilities do you associate with the GMC? Base: all doctors (n=2306); all final year medical students (who saw correct version of B1) (n=502); all educators (n=46) || Q. For each of the following roles and responsibilities I read out, please tell me whether or not you associate them with the GMC. Base: all employers (n=400); all MPs & stakeholders (n=50); all general public & patients (n=1502)

Figure 17: Incorrect Roles and Responsibilities of the GMC

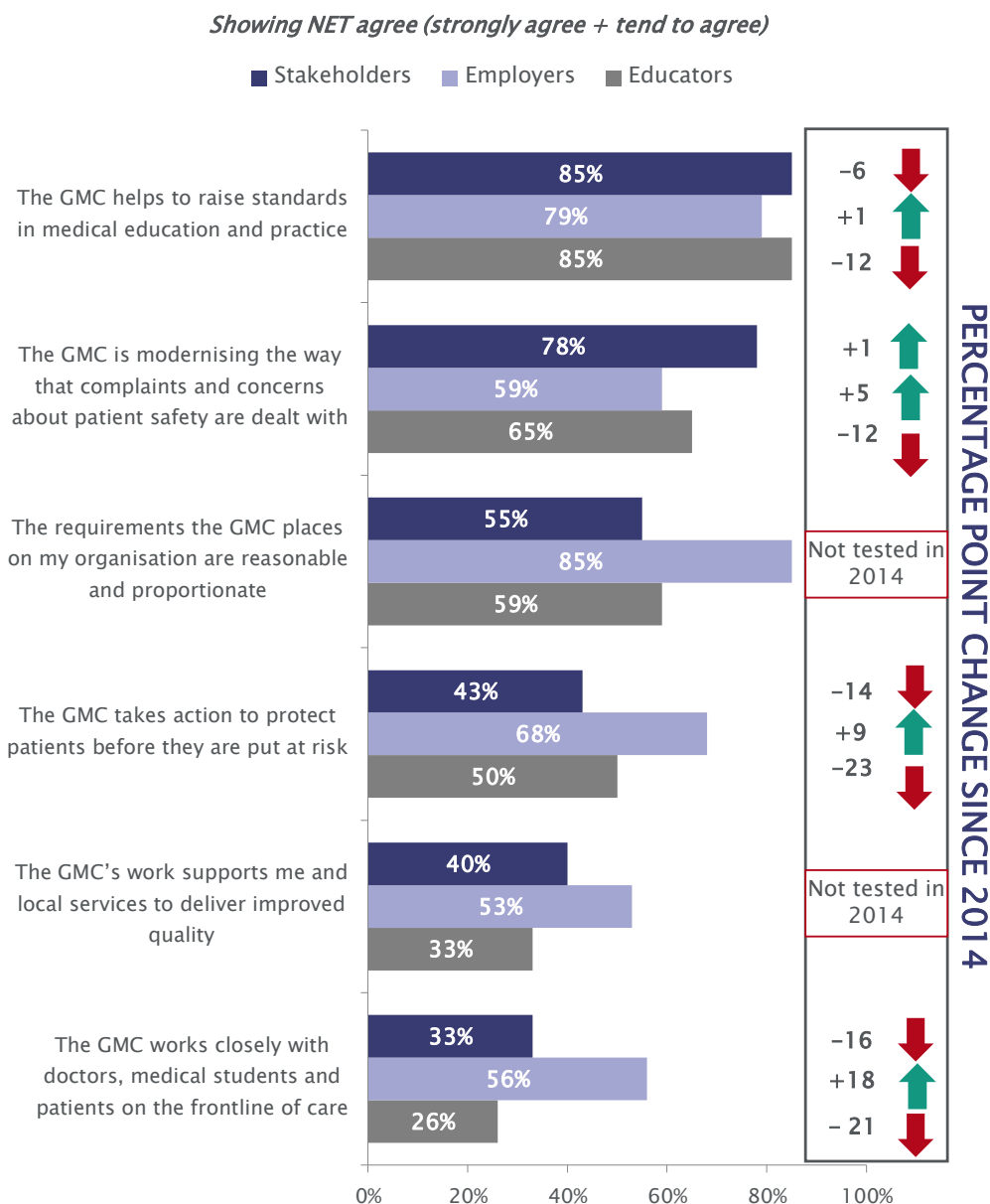


2016. Q. Which of the following roles and responsibilities do you associate with the GMC? Base: all doctors (n=2306); all final year medical students (who saw correct version of B1) (n=502); all educators (n=46) || Q. For each of the following roles and responsibilities I read out, please tell me whether or not you associate them with the GMC. Base: all employers (n=400); all MPs & stakeholders (n=50); all general public & patients (n=1502)

SUCCESS IN SPECIFIC ROLES AND RESPONSIBILITIES

The success of the GMC at its specific roles and responsibilities was tested among stakeholders, employers and educators. These audiences are broadly in agreement that the GMC helps to raise standards in medical education and practice, that it is modernising the way that complaints and concerns about patient safety are dealt with and that the requirements the GMC places on their organisation are reasonable and proportionate. However, they are less likely to think that the GMC’s work supports them and local services to deliver improved quality, or that the GMC works closely with doctors, medical students and patients on the frontline of care.

Figure 18: Work of the GMC



2016 Q. How strongly do you agree or disagree with each of the following statements [relating to the GMC]? Base 2016: all stakeholders (n=40); all employers (n=400); all educators (n=46) || 2014 Q. How strongly do you agree or disagree with the following statement...? Base 2014: all stakeholders (n=35); all employers (n=226); all educators (n=30)

Employers tend to be most positive across metrics as compared to stakeholders and educators, particularly with respect to ‘the requirements the GMC places on my organisation are reasonable and proportionate’, and ‘the GMC works closely with doctors, medical students and patients on the frontline of care’. Indeed, employers are the only audience where scores have improved since 2014, in the aforementioned ‘GMC works closely...’ statement (up to 56% in 2016 from 38% in 2014) and ‘the GMC takes action to protect patients before they are put at risk’ (up to 68% in 2016 from 59% in 2014).

However, with the exception of these two points, sentiment has declined across the key statements for all audiences since 2014. Some examples are drawn out below.

- Stakeholders and educators are less likely than in 2014 to think that the GMC helps to raise standards in medical education and practice; with 85% of each of these audiences agreeing with this statement compared with 91% and 97% in 2014, respectively.
- Views on modernisation have also declined among employers and educators. 59% of employers and 65% of educators agree that ‘the GMC is modernising the way that complaints and concerns about patient safety are dealt with’, down from 64% and 77% respectively in 2014.
- Stakeholders and educators are also less positive about the GMC taking action to protect patients and the GMC working closely with doctors, medical students and patients. 43% of stakeholders and 50% of educators agree that ‘the GMC takes action to protect patients before they are put at risk’, down from 57% and 73% respectively in 2014.

Only a third of stakeholders (33%) and a quarter of educators (26%) agree that ‘the GMC works closely with doctors, medical students and patients on the frontline of care’, down from 49% and 47% respectively in 2014. Indeed, 41% of educators disagree with this statement.

A follow up question was asked of those who disagreed with the statement ‘the requirements the GMC places on my organisation are reasonable and proportionate’. It is worth noting here that these numbers are very low; 10 educators, 3 stakeholders, and 21 employers. Among the comments, although there is some recognition that the GMC is aiming to do the right thing, a few people feel the GMC need to better recognise the resource constraints that other organisations are under. In addition, there is criticism that the GMC is not consistent or streamlined in the way it asks for information which makes it difficult for other organisations to respond to its requests. Finally, a few employers mention revalidation and appraisals as criticisms. A selection of these verbatim comments are below.

Constantly raising the bar (which may be a good thing) but does so with what seems like complete disregard for resource availability, and the impact of resource reallocation away from areas not under GMCs purview.

Educator

Some GMC requirements in recent years, whilst understandable, are beginning to place significant burdens on [organisational] resources.

Educator

Although the GMC regulates, it does not give support in ensuring that recommendations are carried out. So guidance is such that the organisation cannot carry out recommendations.

Stakeholder

Asks for info in a disjointed way. Asks for inappropriate/impossible to collect data. Moves goalposts.

Educator

What they have a tendency to do is to just take such a long time processing issues, that by the time it comes to dealing with them, they expect us to release people at short notice and give evidence on things from years ago, so the system they're

operating is unreasonable and puts pressures on the organisation, and just the way they deal [with] things are [sic] seriously lacking.

Employer

I think that this whole process of revalidation has become extremely bureaucratic and it's a complete tick boxing [sic] exercise, and the amount of time and effort that is required to meet this is disproportionate; I just feel it is wasted time and effort with no real productive outcome.

Employer

THE GMC'S ORGANISATIONAL VALUES

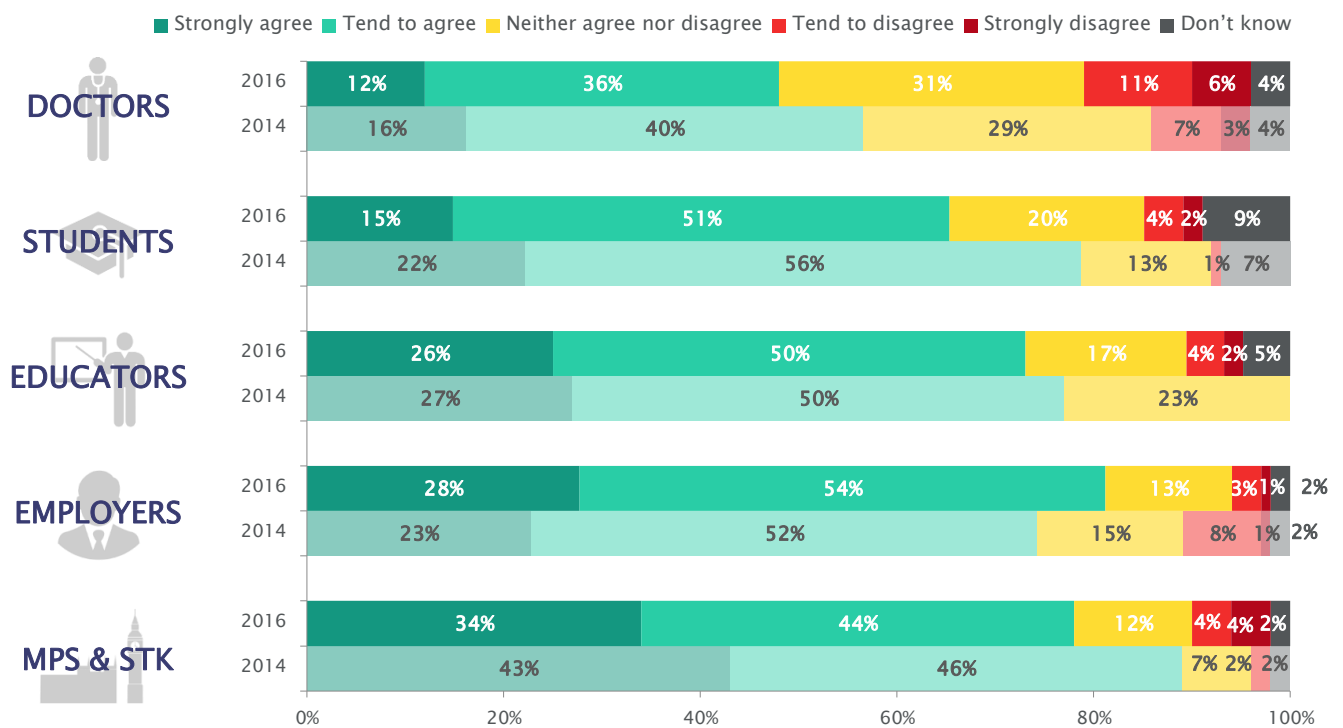
All audiences except the public and patients were asked to consider whether or not they thought the GMC met its organisational values of excellence, transparency, collaboration, and fairness. On the whole, the GMC is most strongly considered to exhibit excellence – the GMC is committed to excellence in everything that it does, and least associated with collaboration – the GMC is a listening and learning organisation.

There are trends by audience across the values. Employers and MPs and stakeholders are most positive towards the GMC exhibiting its organisational values, with at least 70% of employers agreeing that the GMC meets each of its organisational values, except for collaboration (65%), and at least 64% of MPs and stakeholders agree the GMC meets each value. These audiences are followed by medical students and educators, with over half agreeing that the GMC meets each value with the exception of collaboration (46% in both instances). Doctors are the least positive – around a third *disagree* the GMC is collaborative (34%) or fair (32%).

In addition to differences between audiences, there have also been changes since the 2014 survey by audience. Across all values, doctors and students are less likely to agree that the GMC meets each one than in 2014, and there has been a corresponding increase in disagreement (rather than a shift to neutral or lower levels of knowledge).

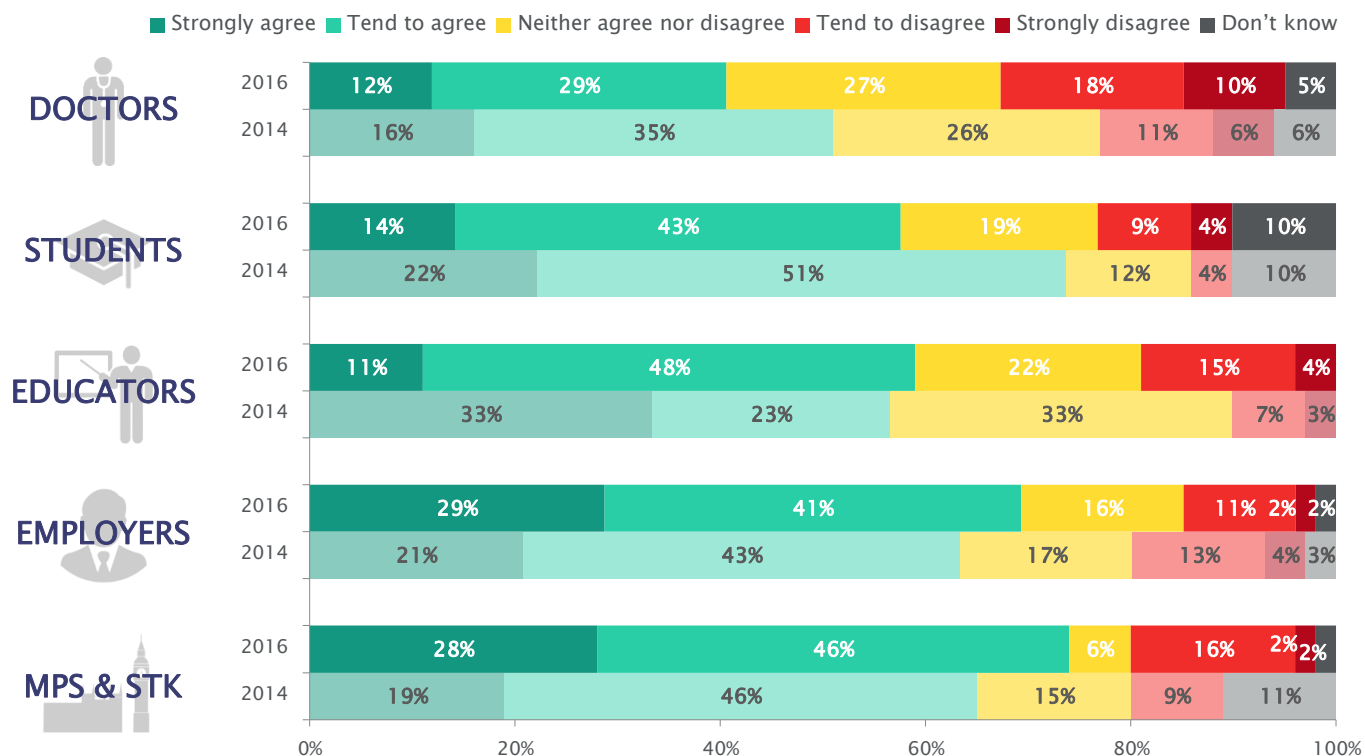
Potentially related to changes in the composition of the sample, employers exhibit a more positive response to the GMC meeting its values than in 2014. In particular, more than four in five (82%) employers think the GMC meets its excellence value, up from three quarters (74%) in 2014. This could be due to the inclusion of more employers from private hospitals, as nearly two in five (37%) of this group strongly agree that the GMC meets the organisational value of excellence, as compared with just a quarter (24%) of those in CCGs and a fifth (22%) of those in GP Federations.

Figure 19: Excellence – the GMC is committed to excellence in everything that it does



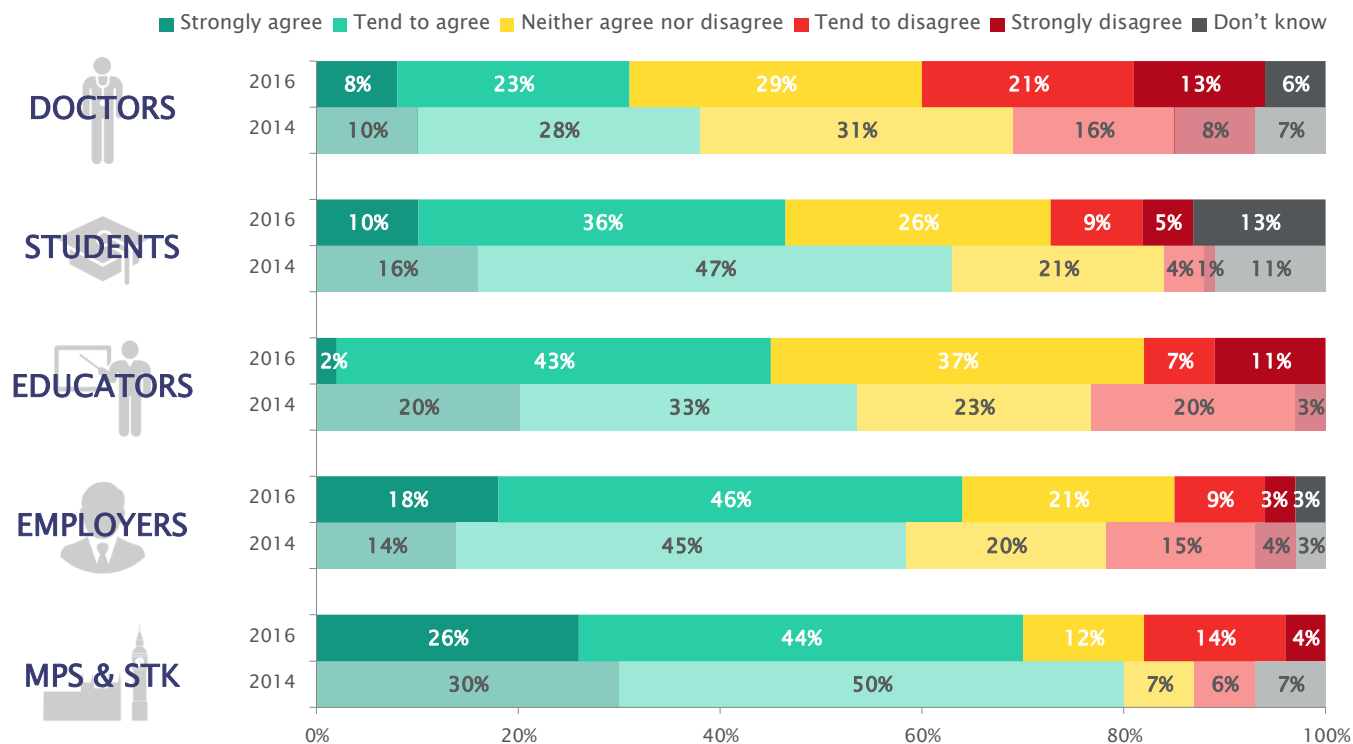
2016, 2014: Q. I am going to read out the four organisational values which underpin the work of the GMC/Listed in the table below are the four organisational values which underpin the work of the GMC. Based on your experiences, please tell me how strongly you agree or disagree that the GMC meets each value: Excellence – the GMC is committed to excellence in everything that it does. Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50) || Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers (n=226) all MPs & stakeholders (n=54)

Figure 20: Transparency – the GMC is honest, open and transparent



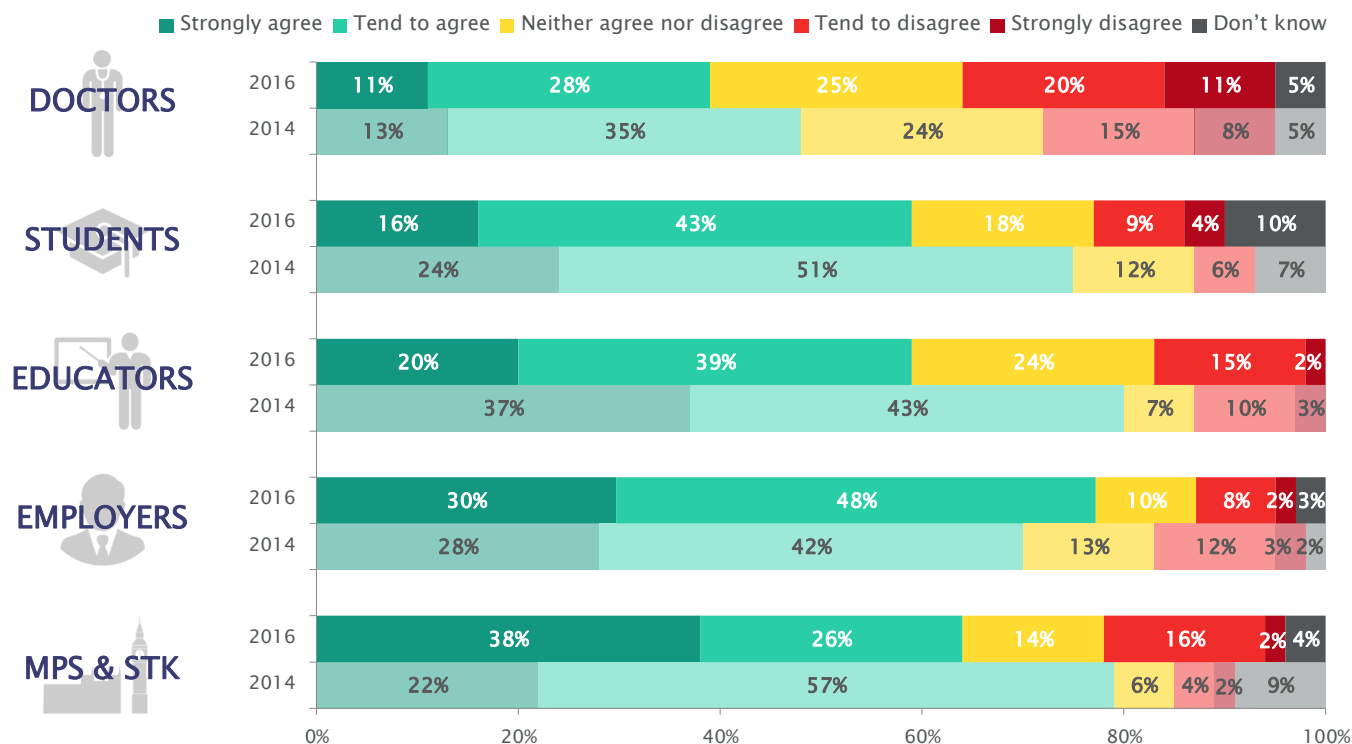
2016, 2014: Q. I am going to read out the four organisational values which underpin the work of the GMC/Listed in the table below are the four organisational values which underpin the work of the GMC. Based on your experiences, please tell me how strongly you agree or disagree that the GMC meets each value: Transparency – the GMC is honest, open and transparent. Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50) || Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers (n=226) all MPs & stakeholders (n=54)

Figure 21: Collaboration – the GMC is a listening and learning organisation



2016, 2014: Q. I am going to read out the four organisational values which underpin the work of the GMC/ Listed in the table below are the four organisational values which underpin the work of the GMC. Based on your experiences, please tell me how strongly you agree or disagree that the GMC meets each value: Collaboration – the GMC is a listening and learning organisation. Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50) || Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers (n=226) all MPs & stakeholders (n=54)

Figure 22: Fairness – the GMC treats everyone fairly



2016, 2014: Q. I am going to read out the four organisational values which underpin the work of the GMC/Listed in the table below are the four organisational values which underpin the work of the GMC. Based on your experiences, please tell me how strongly you agree or disagree that the GMC meets each value: Fairness – the GMC treats everyone fairly. Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50) || Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers (n=226) all MPs & stakeholders (n=54)

FAIRNESS OF THE REGISTRATION PROCESS



Despite holding less favourable views of some aspects of the GMC's work, the vast majority of doctors feel that the registration process was fair to them personally. This is the case across the different registers: general, Specialist and GP.

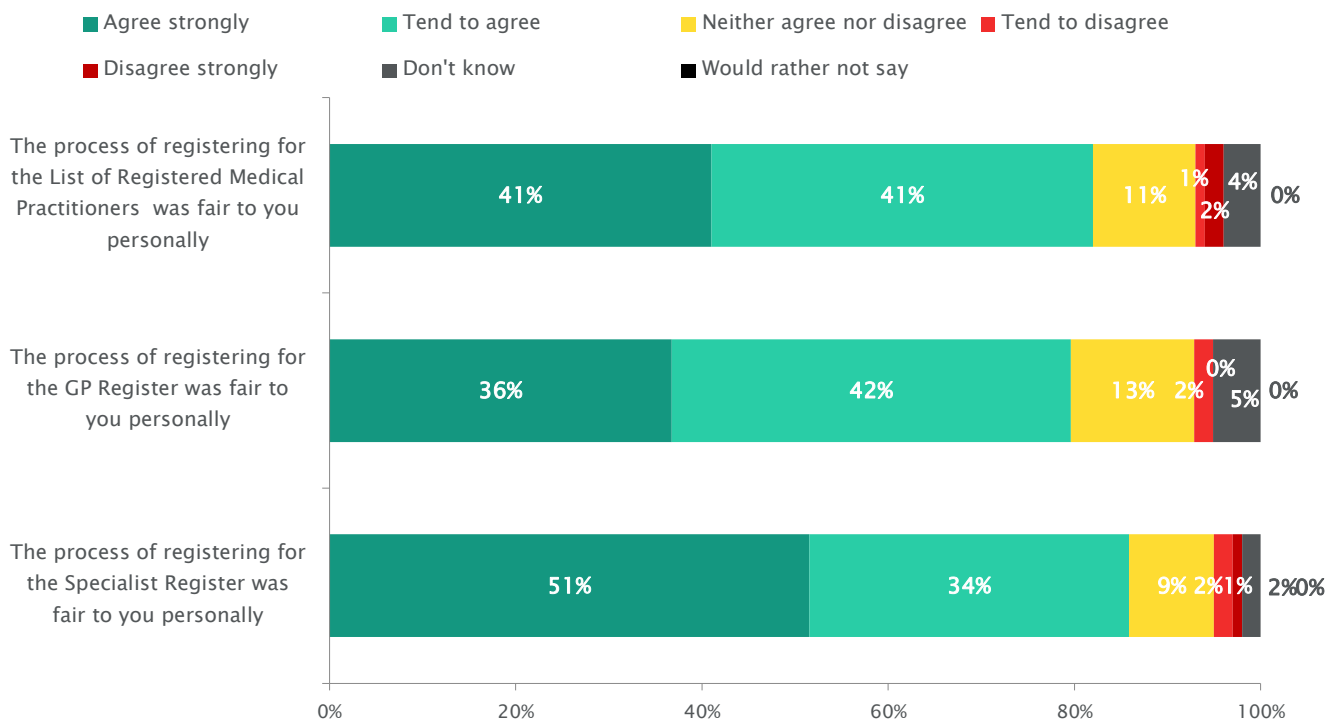
In addition, among most doctors, employers and stakeholders who feel able to make a judgement, there is a view that the registration process is fair to at least a majority, if not everyone.

DOCTORS' EXPERIENCE OF THE REGISTRATION PROCESS

On the whole, doctors consider the process of registering for the different registers to be fair. The vast majority of doctors (82%) agree that the process of registering for the List of Registered Medical Practitioners was fair to them personally, with two in five (41%) agreeing strongly. An even higher proportion (86%) of those who registered for the Specialist Register felt the process was fair to them personally, with half (51%) stating they strongly agreed that it was fair.

Perceived fairness of registering for the GP Register among those who have done so rates slightly lower, at 78%, and this has also declined since 2014, when 89% of those who had registered thought that the process was fair. However, the decline has been caused by an increase in the proportion who neither agree nor disagree that the process was fair, or who didn't know, rather than an increase in those who did not think it was fair.

Figure 23: Perceived fairness of registrations to doctors personally



Q. Thinking about the process of registering [for either the List of Registered Medical Practitioners or the GP Register or the Specialist Register] how far would you agree or disagree that... Base: all doctors (n= 2306); all doctors on GP Register (n=521); all doctors on Specialist register (n=815)

GENERAL VIEWS ON THE REGISTRATION PROCESS

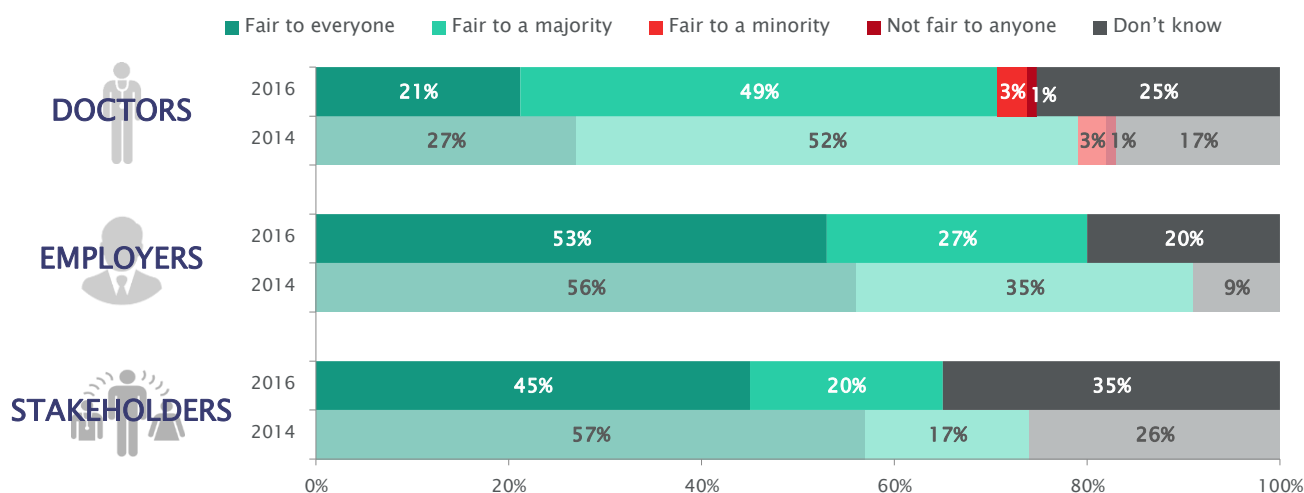
As in 2014, the registration processes for doctors are considered to be fair to at least a majority across all three registers (general, GP and Specialist).

GENERAL REGISTRATION

A fifth of doctors (21%) think that the process for general registration is fair to everyone, and roughly half of employers (52%) and stakeholders (45%) think the same. Across the audiences asked, there appears to have been an increase in those who don't know whether or not the registration for the List of Registered Medical Practitioners is fair, with a quarter (25%) of doctors, a fifth (20%) of employers and around a third (35%) of stakeholders not able to provide a judgement in 2016.

The key metric that stands out is that those who are not very or not at all confident in the regulation of doctors by the GMC are more likely than those who are confident to state they don't know about the fairness of general registration (32% of those who are not at all confident, and 28% of those who are not very confident, compared to 18% of those who are very confident). This indicates there may be link between these two questions, and although causality cannot be proven, the fact that doctors state they *don't know* rather than providing a negative response at the fairness questions may indicate that lack of knowledge is driving lack of confidence in the GMC, rather than actively negative perceptions of the registration process.

Figure 24: Fairness of process of registration for the List of Registered Medical Practitioners (general registration)



2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are?
 Base 2016: all doctors (n=2306) || How fair would you say that the following processes are to those going through them?
 Base 2016; all employers (n=400); all stakeholders (n=40) || 2014: Q. More generally, is the process of registering for the List of Registered Medical Practitioners...?
 Base 2014: all doctors (n=2722) || 2014: Q. How fair would you say that the process of general registration is to those going through it? Base: all employers (n=226) all stakeholders (n=35)

GP REGISTER

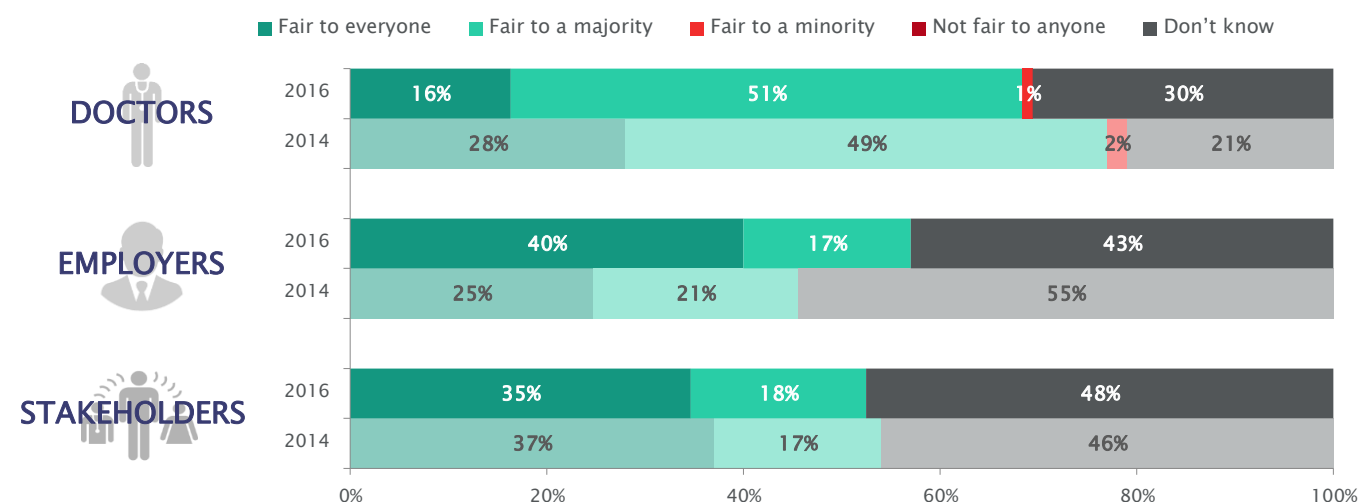
Overall, the majority of each audience – stakeholders, employers and doctors who are on the GP register – think that the registration process is fair to at least a majority. Significant minorities of employers (40%) and stakeholders (35%) think the process is fair to everyone, whereas doctors are less convinced (16%).

There are differences in views of fairness of the process of registration for the GP register by audience over time. Employers are more likely to think that the process of registration is fair to everyone in 2016 than 2014. Two fifths (40%) of this group now think that this is the case, compared with a quarter (25%) in 2014. This is due to a corresponding drop in the proportion of this group who do not know whether or not the process of registration for the GP register is fair (55% in 2014 down to 43% in 2016), indicating an increasing level of awareness of the GP registration process among employers.

Conversely, doctors are more likely not to know whether or not the process of registration for the GP register is fair in 2016 than they were in 2014; up to three in ten (30%) in 2016 from a fifth (21%) in 2014. They are less likely to think that the process is fair to everyone in 2016 than 2014 (28% down to 16%). As with the views on the fairness of general registration, lack of knowledge of the fairness of registration for the GP register corresponds with lack of confidence in the GMC. Half (47%) of doctors who are not at all confident in the regulation of doctors by the GMC state they *do not know* whether or not the process of registering for the GP register is fair to everyone, a majority, a minority or no-one, compared with 21% of those who are very confident in the regulation of doctors by the GMC.

The views of stakeholders on the fairness of the process of registering for the GP register are roughly the same as in 2014; around half (48%) do not know whether it is fair or not, and around a third (35%) think it is fair to a majority.

Figure 25: Fairness of process of registration for the GP register



2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are? Base 2016: all doctors on the GP register (n=521) || How fair would you say that the following processes are to those going through them? Base 2016; all employers (n=400); all stakeholders (n=40) || 2014: Q. More generally, is the process of registering for the GP Register...? Base 2014: all doctors on the GP Register (n=430) || 2014: Q. How fair would you say that the process of applying for a GP register is to those going through it? Base: all employers (n=226) all stakeholders (n=35)

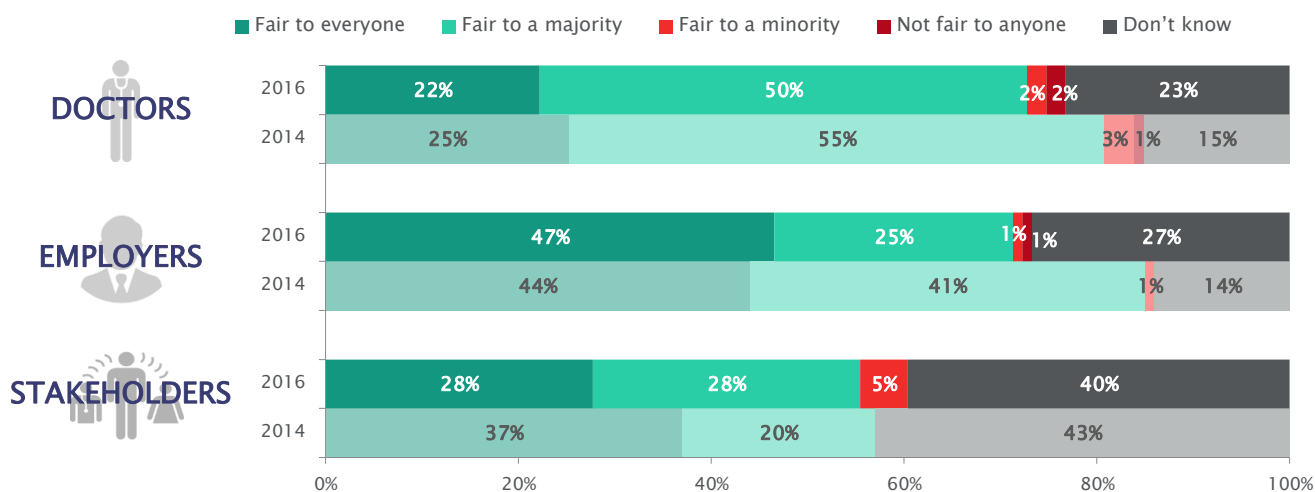
SPECIALIST REGISTER

As with the views of the fairness of the process of general registration, the majority think the process of registering on the Specialist Register is fair to at least a majority, with employers (47%) and stakeholders (28%) more likely than doctors who are on the Specialist Register (22%) to think that it is fair to everyone.

There have been increases since 2014 in the proportions of doctors on the Specialist Register and employers who do not know whether or not the process of registration for the Specialist Register is fair. In 2016, more than a fifth (23%) of doctors on the register do not know whether the process is fair, an increase from 15% in 2014; and more than a quarter (27%) of employers do not know whether the process is fair, up from 14% in 2014. Among doctors, the pattern is similar to that relating to other registers, although subtly different in that the highest proportion of don't know responses is among those who are not very confident, rather than not at all confident, in GMC regulation. Three in 10 (29%) of those who are not very confident in the regulation of doctors by the GMC state they do not know about the fairness of registration for the Specialist Register, as do 25% of those who are not at all confident, compared to only 16% of those who are very confident in the GMC.

It may appear that there has been a decrease in the proportion of stakeholders who think the process of registration for the Specialist Register is fair to everyone (28% in 2016, down from 37% in 2014), and a new addition of those who think it is fair to a minority (5%). However, the proportion of stakeholders who say it is fair to a majority has increased (from 20% in 2014 to 28% in 2016). It should also be borne in mind that the base size for this group is very small and therefore 5% represents just two stakeholders.

Figure 26: Fairness of process of registration for the special register



2016: Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are?
 Base 2016: all doctors on the specialist register (n=815) || How fair would you say that the following processes are to those going through them? Base 2016; all employers (n=400); all stakeholders (n=40) || 2014: Q. More generally, is the process of registering for the Specialist Register...? Base 2014: all doctors on the specialist register (n=696) || 2014: Q. How fair would you say that the process of applying for a specialist register is to those going through it? Base: all employers (n=226) all stakeholders (n=35)

EDUCATION AND TRAINING



Across audiences, the vast majority are confident that **new graduate doctors are prepared for practice**. However, there are pockets of low confidence, particularly among doctors (over a quarter), educators (a quarter) and stakeholders (a fifth). Although only a small number of educators were interviewed, it is concerning that confidence in this area has dropped significantly since 2014, with only three quarters now confident that new graduate doctors are prepared for practice compared with 90% previously.

There are few concerns about graduate doctors' **clinical knowledge, reasoning and skills** – rather, concerns about new graduate doctors appear to be driven by **low levels of confidence in their preparedness for the emotional and physical demands of the job**. Across all audiences, levels of confidence in new graduate doctors being prepared for practice in relation to the physical demands e.g. hours worked and impact on their own health have dropped since 2014. As there are only two areas where there has been a significant decline, it can be argued the data does not indicate concern about the quality of education and training as a whole, but rather broader pressures, potentially related to the proposed junior doctors' contract and the pressure the NHS is perceived to be under from external factors.

As in 2014, the vast majority of doctors who received their primary medical qualification in or after 2011 think their **undergraduate training prepared them for their first foundation post**. In terms of fairness, the majority of the same group felt the **assessment process for a primary medical qualification was fair to them personally**, as well as to at least a majority of others, but lower numbers felt the assessment process for their, or others' **foundation programme** was fair.

Again, as in 2014, the vast majority of doctors who registered on the **Specialist Register** in the last 5 years and undertook some or all of their speciality training in the UK think the **assessment process was fair to them personally**, with slightly lower numbers thinking it was fair to others.

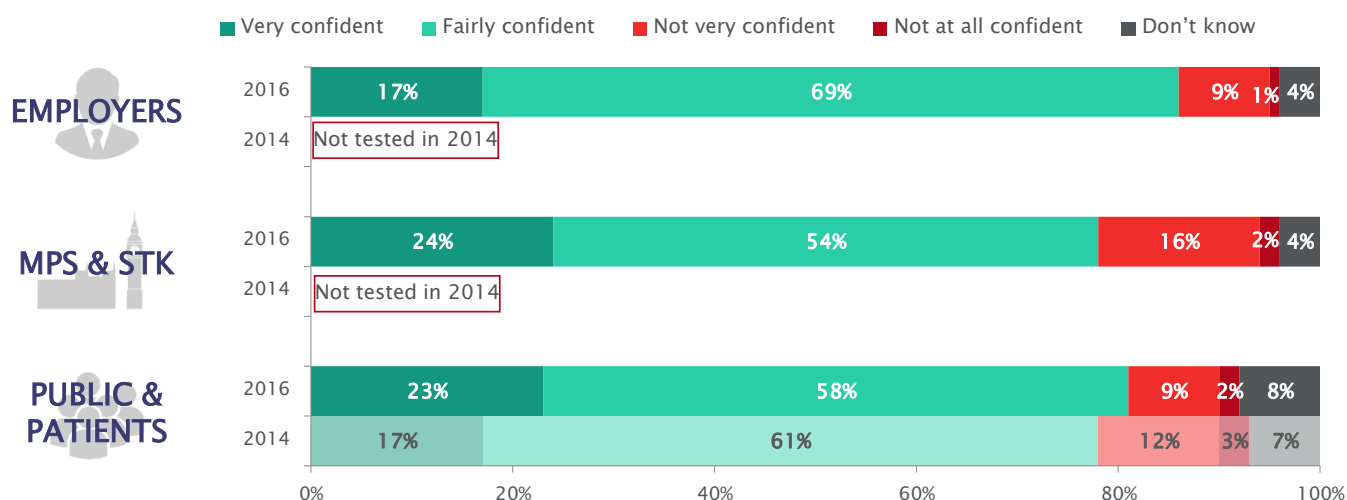
Educators are generally confident that the **quality assurance processes** for both undergraduates and postgraduates are robust, proportionate and fair. They are slightly more likely not to offer an opinion for undergraduate than postgraduate quality assurance processes.

CONFIDENCE IN NEW GRADUATE DOCTORS

In 2014, patients and the public were asked about their confidence in new graduates being properly trained and prepared for practice. In 2016, this question was additionally asked to employers and MPs and stakeholders.

Across all audiences, there is confidence that new graduates are properly trained and prepared for practice. Almost nine in ten (87%) employers are confident in this respect, as are four in five (81%) patients and public, and more than three quarters (78%) of MPs and stakeholders. Since 2014, patients and the public have become more confident, with nearly a quarter (23%) of this audience very confident that new graduate doctors are properly trained and prepared for practice, up from 17% in 2014.

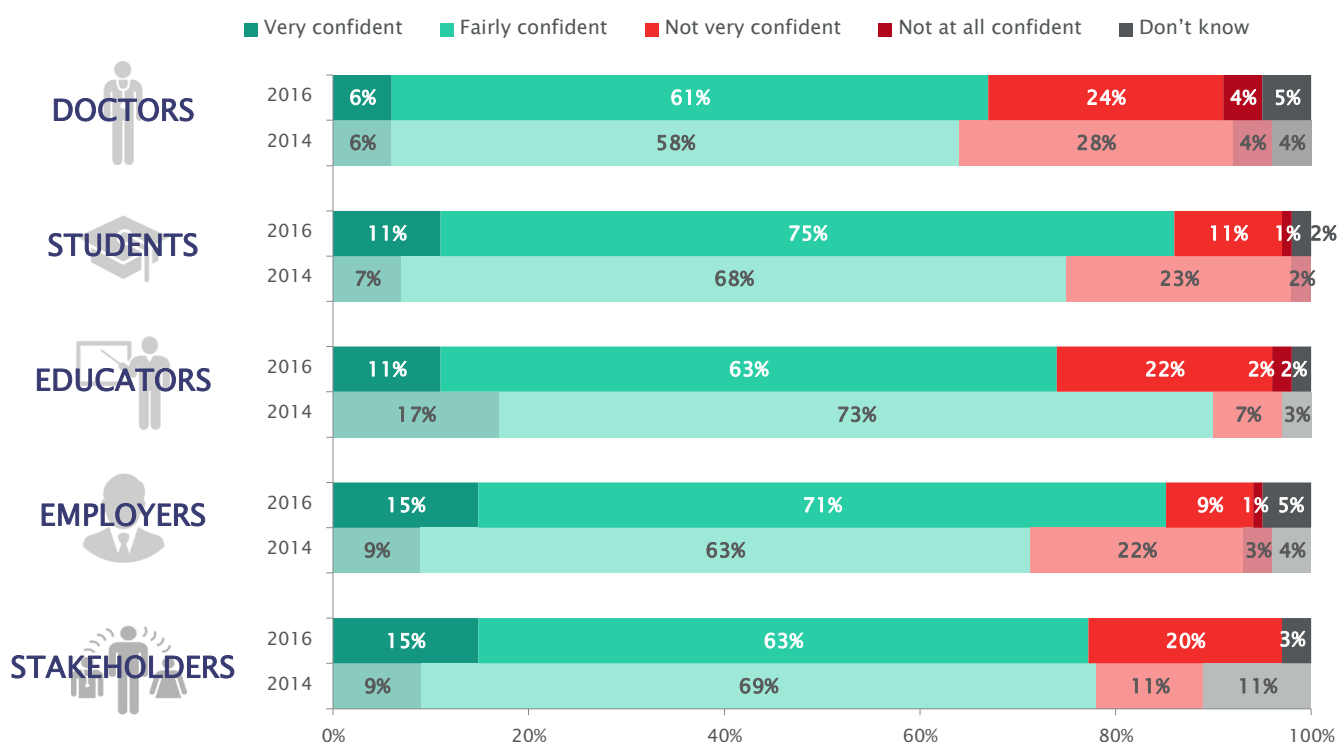
Figure 27: Confidence that new graduate doctors are properly trained and prepared for practice



2016, 2014: Q. Overall, how confident, if at all, are you that new graduate doctors are properly trained and prepared for practice? Would you say... Base 2016: all employers (n=400); all MPs & stakeholders (n=50); all general public & patients (n=1502) || Base 2014: all general public & patients (n=1500)

A comfortable majority of audiences are confident that new graduate doctors are prepared for practice overall. The key point to note with this is that across all audiences, the majority are fairly confident, with low numbers claiming to be very confident. However, it is worth noting that a significant minority of doctors (28%) and educators (24%) are not confident that new graduate doctors are prepared for practice overall.

Figure 28: Confidence that new graduate doctors are prepared for practice overall



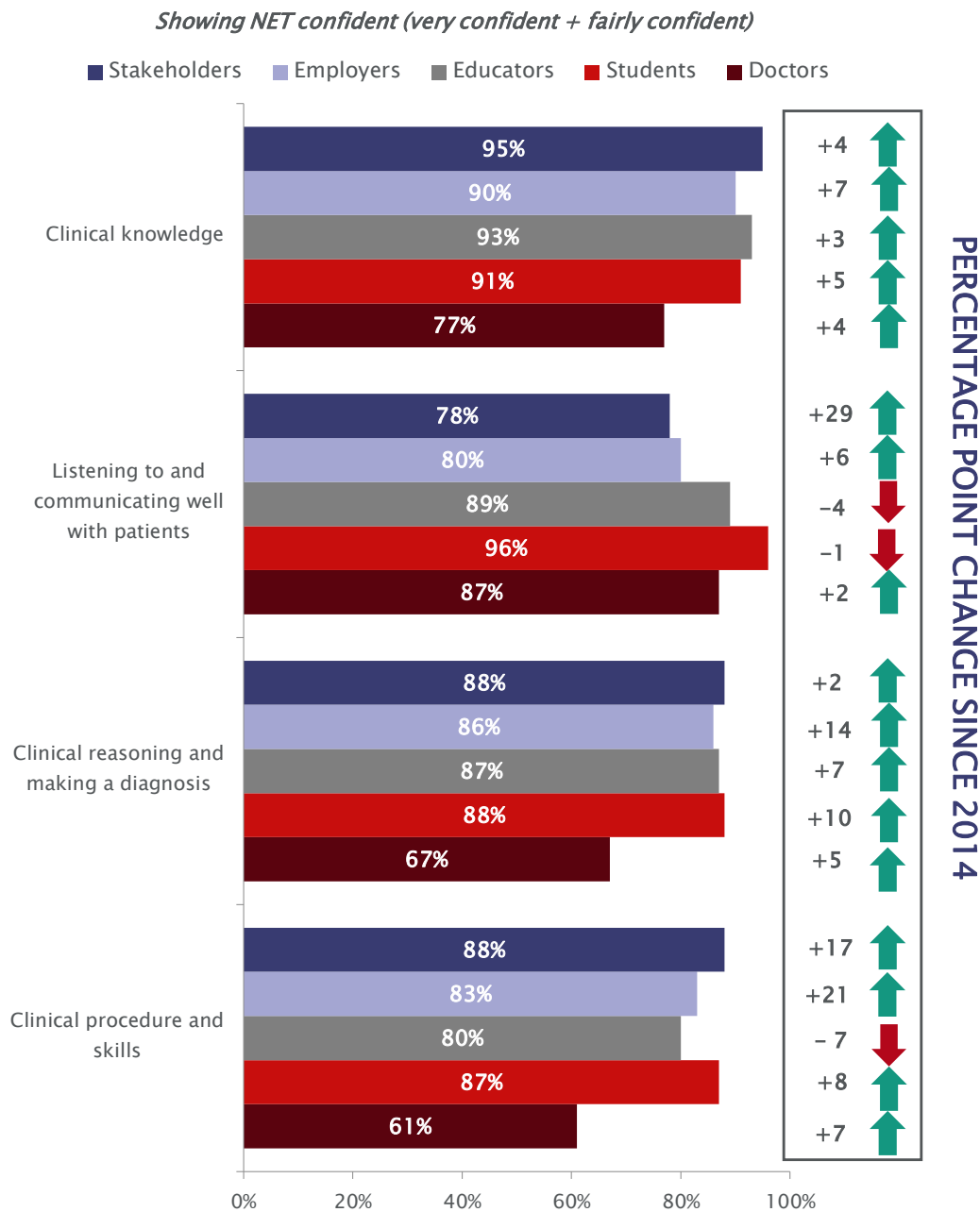
2016, 2014. Q. How confident, if at all, are you that new graduate doctors are prepared for practice in relation to each of the following areas...? Being prepared for practice overall. Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all stakeholders (n=40) || Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers (n=226); all stakeholders (n=35)

There is a mixed picture when comparing results over time, with greater levels of confidence among medical students and employers, and levels among doctors and stakeholders remaining consistent.

- In 2014, doctors were the least confident audience with two thirds confident (64%). This has remained constant with 67% confident overall in 2016.
- Around three quarters of stakeholders are confident (78%), as in 2014 (77%).
- Educators were the most confident in 2014, with 90% saying that they were confident that new graduate doctors are prepared for practice overall. This has dropped to 74% in 2016, although it is worth noting the small base size here.

It is encouraging to note that there are few concerns about new graduate doctors' clinical knowledge, communication, reasoning and skills, and indeed in most cases confidence in these has increased since 2014. Overall, around four in five or more of each audience are confident that new graduate doctors are being prepared for practice in relation to clinical knowledge, listening to and communicating well with patients, clinical reasoning and making a diagnosis and clinical procedure and skills. The exception to this is among doctors where confidence on the clinical aspects of preparation for practice is lower, but there have been increases in all of these metrics since 2014 among this audience.

Figure 29: Confidence in new graduate doctors being prepared for practice in relation to... (1 / 2)

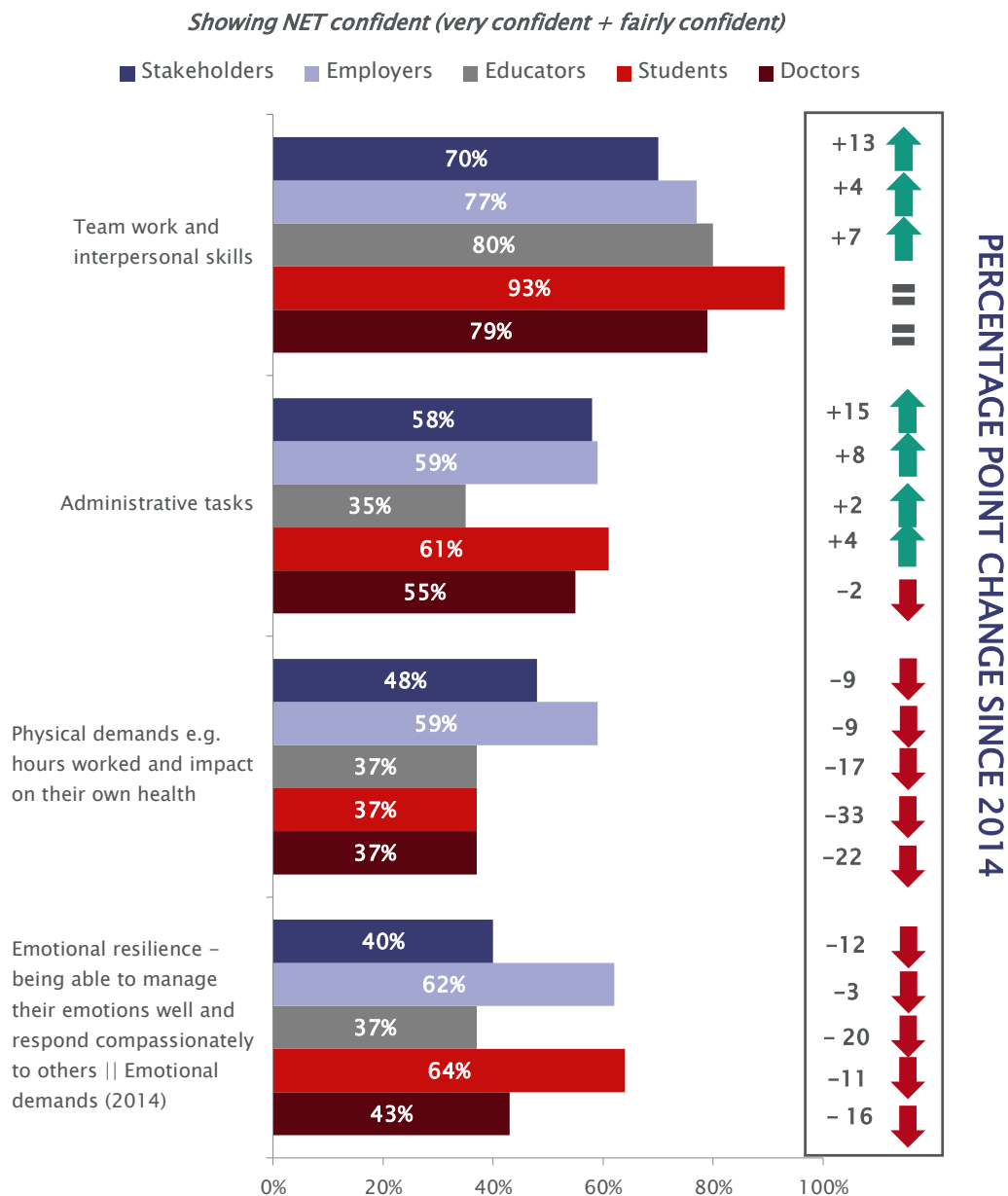


2016: Q. How confident, if at all, are you that new graduate doctors are prepared for practice in relation to each of the following areas...? Being prepared for practice overall. Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all stakeholders (n=40) || 2014: Q. How confident are you that new graduate doctors are prepared for practise in relation to the following areas... Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers (n=226) all stakeholders (n=35)

As in 2014, the areas for focus are emotional and physical demands of the job, and in addition there have been drops in confidence in these areas across audiences. It is particularly concerning that less than two in five (37%) medical students are confident that new graduate doctors are being prepared for practice in relation to physical demands e.g. hours worked and the impact on their own health, and that this is down from seven in ten (70%) in 2014. Drawing on verbatim comments and data from other parts

of this study, it can be inferred that there is a perception of high workload that is putting pressure on doctors. This could have led to a corresponding concern that graduate doctors are not being prepared for these challenges.

Figure 30: Confidence in new graduate doctors being prepared for practice in relation to... (2/2)



2016: Q. How confident, if at all, are you that new graduate doctors are prepared for practice in relation to each of the following areas...? Being prepared for practice overall. Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all stakeholders (n=40) || 2014: Q. How confident are you that new graduate doctors are prepared for practise in relation to the following areas... Base 2014: all doctors (n=2722); all final year medical students (n=267); all educators (n=30); all employers (n=226) all stakeholders (n=35)

There are some differences by age in terms of the groups of doctors most confident about new graduate doctors being prepared for practice in relation to physical demands and emotional resilience. Those who have most recently graduated – aged 29 or under – are more likely than those who have just passed through those initial years to not be confident about new graduate doctors being prepared for practice in relation to physical demands. Two thirds (64%) of those aged 29 and under are not confident

compared to just over half (53%) of those aged 30–39 and those aged 40–49. The next group of doctors by age become less confident again, with three fifths (60%) of those aged 50–59 and those aged 60–69 stating they are not confident that new graduate doctors are being prepared for practice in relation to physical demands.

In contrast, younger doctors are more likely to be confident than older doctors about new graduate doctors being prepared for practice in relation to emotional resilience. Half of current doctors aged 29 and under (51%) and 30–39 (47%) are confident that new graduate doctors are prepared in this area, compared with two fifths aged 50–59 (37%) and a third aged 60–69 (32%).

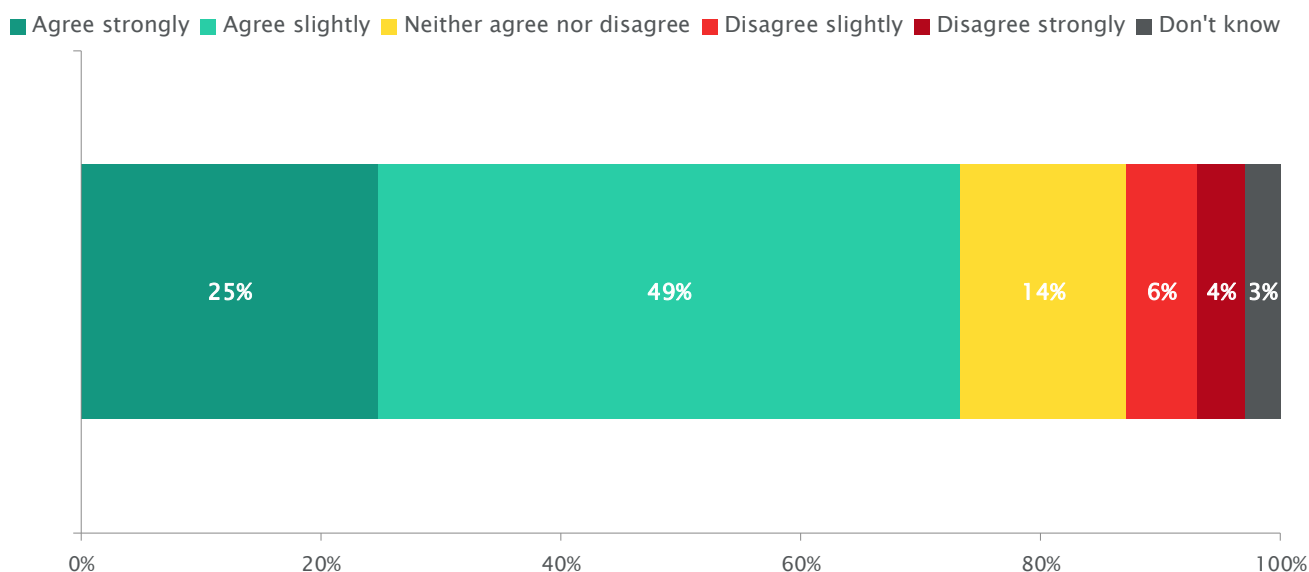
The findings at these two questions suggest complex views, related to both perceptions of others and recent first hand experiences. It appears that older current doctors have concerns about the physical demands on and emotional resilience of new graduate doctors, potentially driven by their perceptions of the current workplace and the new graduates with whom they engage. Those who have most recently graduated themselves hold up the view that the physical demands of the job are a challenge, indicating this by their concern for new graduate doctors. However, this appears to settle down among those who have been in the job for a few years, as indicated by the confidence with which doctors aged 30–39 think new graduates are prepared for the physical demands of the job. Concerns about emotional resilience among older doctors are not upheld by younger current doctors, who are more confident about new graduate doctors being prepared for practice in relation to this area.

DOCTORS' EXPERIENCE OF TRAINING

There is broad agreement among doctors who received their primary medical qualification (PMQ) in or after 2011 that their undergraduate training prepared them for their first foundation post, and that the assessment process for their PMQ was fair to both them and a majority. Doctors are slightly less positive about their assessment of their foundation post although three fifths still think it is fair to a majority.

Three quarters (74%) of doctors who received their PMQ in or after 2011 felt that their undergraduate training adequately prepared them for their first foundation post. This is a similar proportion as in 2014 (72%), and is consistent across PMQ region, ethnic group and disability. However, women are slightly more likely than men to think their training *did* prepare them for their first post (80% vs. 69%), as are those working in primary care in the NHS (85% vs. 70% of those working in secondary care in the NHS).

Figure 31: Effectiveness of undergraduate training



Q. How far do you agree or disagree that your undergraduate training adequately prepared you for your first foundation post? Base: all doctors who received their PMQ in or after 2011 (n=278)

Among those who disagreed that their undergraduate training adequately prepared them for their first foundation post, comments related to there being a significant gap between training and FY1, and in terms of the practicalities of the job including who to speak with and how to manage administrative tasks.

I was just not prepared for the demands of my first f1 job, both emotionally, and knowledge wise.

Doctor

Little knowledge of other health care professionals [sic] roles. Little knowledge of who to contact and how, in practical daily terms.

Doctor

I think there is not enough information on how to do your job effectively. There is also not enough counselling on what to expect on your first day particularly dealing with difficult patients, dealing with difficult colleagues and dealing with patients [sic] deaths.

Doctor

Clinical knowledge has sizeable gaps in it, and is in no way useful for preparing you for the day to day reality of working on the wards.

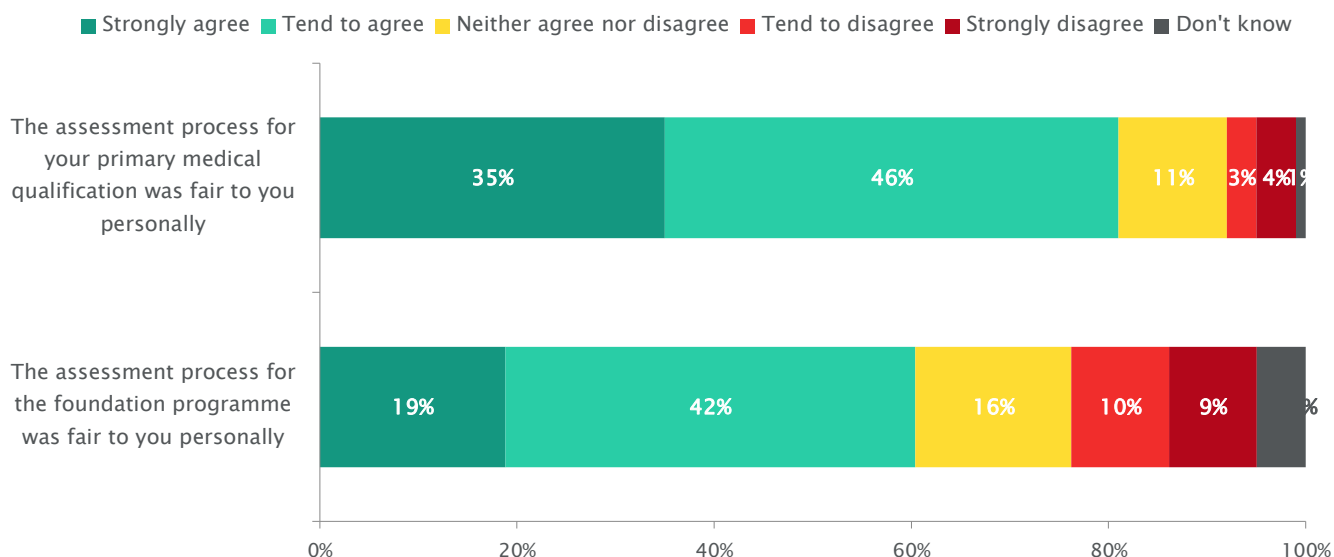
Doctor

ASSESSMENT PROCESS FOR PMQ

Doctors who received their PMQ in or after 2011 consider that the assessment process for this was fair to them personally, and think that it is also fair to a majority of doctors. Four in five (81%) agree that it was fair to them personally, and nearly nine in ten (87%) think it is fair to at least a majority.

These figures are comparable with those in 2014, where 85% agreed the process was fair to them personally and the same proportion felt it was fair to most doctors (85%).

Figure 32: Fairness of assessment processes personally



Q. Thinking about your medical education and training, how far would you agree or disagree with each of the following statements? Base: all doctors who received their PMQ in or after 2011 (n=278)

By demographic groups, those aged 30–39 are more likely than those aged 29 and under to disagree that the assessment process for primary medical qualification was fair to them personally (15% vs. 5% of those aged 29 and under), as well as those of White ethnicity (10% vs. 2% of those who are Asian or Asian British). There are no further differences by PMQ region, role, sexuality or religion.

ASSESSMENT PROCESS FOR FOUNDATION PROGRAMME

Although a majority of doctors who received their PMQ in or after 2011 agree that the assessment process for the foundation programme was fair to them personally (61%), views are less positive than those of the PMQ, and there have been declines since 2014. In 2014, nearly three in ten (29%) strongly agreed that the process was fair to them personally, but this has dropped ten percentage points to 19% in 2016. With a corresponding increase in disagreement that the process was fair, now a sizeable minority (18%) disagree, which is greater than the 8% in 2014. This may indicate some negative personal experiences of the process.

Despite this, views of the fairness of the process for other people have not changed significantly. Three quarters of doctors who received their PMQ in or after 2011 consider that the assessment process for a foundation programme is fair to at least a majority, the same as in 2014 (75% and 72% respectively).

ASSESSMENT PROCESS FOR SPECIALIST TRAINING

Seven in ten (71%) doctors who registered on the Specialist Register in the last 5 years undertook some or all of their speciality training in the UK. Of this group, four in five agree that the assessment process was fair for them personally (79%) and three in five (61%) think it was fair to all those who go through the process. These responses are very similar to those in 2014 – 77% felt it was fair to them personally and 62% fair to all of those who go through the process.

There are no significant differences in perceptions of the fairness of this process by demographic group.

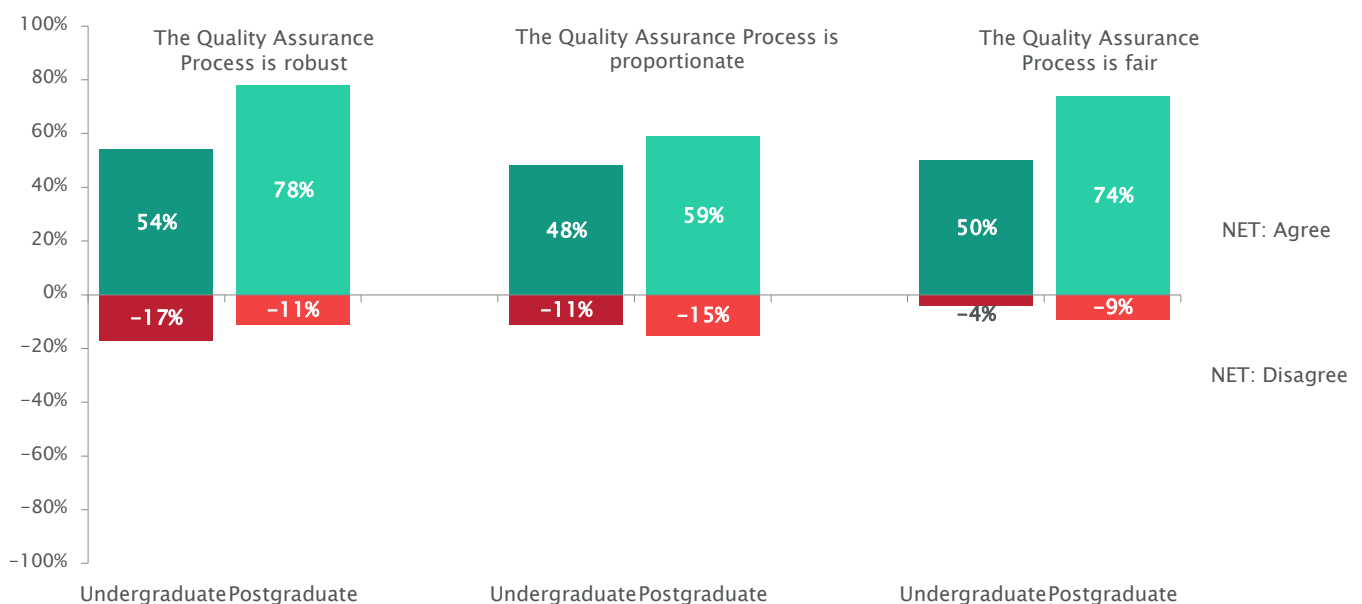
EDUCATORS’ VIEW ON THE QUALITY ASSURANCE PROCESS

Educators are generally positive about the quality assurance processes at both undergraduate and postgraduate level. Majorities agree that the quality assurance process is robust (54% for undergraduate, 78% for postgraduate) and fair (50% for undergraduate, 74% for postgraduate). The area with the lowest level of confidence in quality assurance is whether or not it is proportionate – only 48% of educators say this about the undergraduate process and 59% say the same of the postgraduate process. In addition, 17% of educators *disagree* that the quality assurance process for undergraduates is robust, or eight out of the total of 46 educators – however, this is also the statement on which they are most likely to agree, suggesting that educators may simply be more likely to express a view on this point.

It is worth noting that educators appear more confident about quality assurance processes at postgraduate than undergraduate level, and are more likely to neither agree nor disagree that the quality assurance processes are robust, fair and proportions than actively disagree.

The overall pattern – that educators are more confident with regards to robustness and fairness, and less so about proportionality; and that they offer less strong views for undergraduate than postgraduate processes – is similar to that in 2014. As the base size is relatively small for this audience, any change over time is indicative, however it is worth noting that in 2014, 87% thought that quality assurance processes at postgraduate level were robust compared with 78% in 2016, and 83% thought they were fair, compared with 74% in 2016. Coupled with the fact that there has been a ten percentage point increase in the proportion of doctors who disagree that the assessment process for the foundation programme was fair to them personally, this is potentially an area for focus.

Figure 33: Confidence in the Quality Assurance Process at undergraduate and postgraduate level



Q. Drawing on your experience, to what extent do you agree or disagree with following statements in relation to the Quality Assurance Process for undergraduate and postgraduate level? Base: all educators (n=46)

REVALIDATION



Overall, this research suggests that the introduction of revalidation is progressing well among the sample surveyed – two thirds (67%) of doctors report having been revalidated, up 38 percentage points from 2014; and only 4% say that they have neither been revalidated nor had annual appraisals. Among other audiences, familiarity with revalidation is high, with more than 9 in 10 educators and over 8 in 10 employers and MPs and stakeholders saying that they are familiar with revalidation. Among the public, familiarity is unsurprisingly lower, with one in five saying that they have heard of revalidation.

Doctors' perceptions of the process are generally positive, with larger proportions of doctors who reveal whether they have been revalidated agreeing than disagreeing that they have been treated fairly by the GMC, that they have received sufficient information from the GMC about the process, and that any concerns have been addressed by information received from the GMC.

In terms of the impact of revalidation, 16% of the public and patients have been asked to provide feedback on their treatment, practice or consultation, up four percentage points from 2014. Moreover, among doctors, educators, employers and stakeholders, the impact of revalidation is perceived to be greatest on the amount of information collected – between 52% and 87% say it has had some or a significant impact, rating 4 or 5 on a 5-point scale.

However, while majorities of doctors, educators, employers and stakeholders say that collecting more information is helpful in improving the quality of doctors' professional practice, significant minorities of doctors and educators in particular say that this is not helpful (40% and 33% respectively).

In comparison to the amount of information collected, revalidation and annual appraisals are perceived to have had less of an impact on the other three factors tested – the amount of time doctors spend reflecting on their practice; doctors' awareness of how to apply the principles of good medical practice to their work; and the extent to which doctors feel part of a governed structure which supports their professional development. Given that changes like this will inevitably take time to come into effect, it will be important to track any changes to these figures in future.

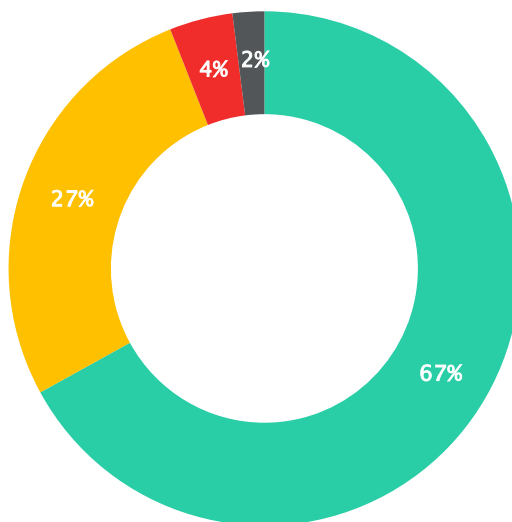
FAMILIARITY WITH REVALIDATION

Two thirds (67%) of doctors say that they have been revalidated, and 27% say that they have not been revalidated but have had annual appraisals. Only 4% report that they have neither been revalidated nor had annual appraisals. Although the question wording was slightly different in 2014, the proportion of doctors who say that they have been revalidated is up by 38 percentage points from 29%, suggesting that the implementation of revalidation is proceeding well.

There are significant differences by role on this metric – trainees and foundation stage doctors are the least likely to say that they have been revalidated (51% and 35% respectively, compared to 80% of consultants and 81% of GPs), which is unsurprising given that foundation doctors and trainees are revalidated via the Annual Review of Competence Progression (ARCP) and may therefore be less aware of this than other doctors. Interestingly, those in secondary (63%) or tertiary care (62%) in the NHS are less likely than those in primary care in the NHS (74%) or the private/independent sector (77%) to say that they have been revalidated, which may suggest a systemic difference.

Figure 34: Doctors and revalidation

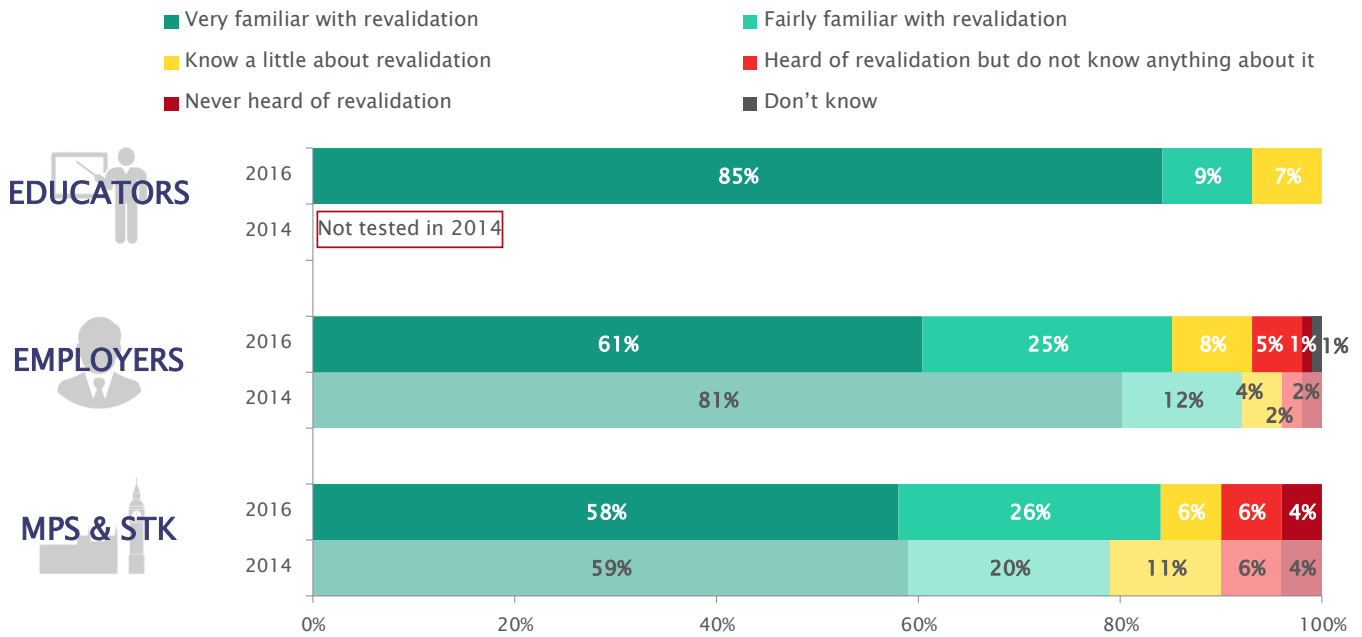
- I have been revalidated
- I have not been revalidated but have had annual appraisals
- I have neither been revalidated nor had annual appraisals
- Would prefer not to say



Q. Revalidation is the process by which licensed doctors are required to demonstrate that they are up to date and fit to practise, by participating in annual appraisals and collecting and reflecting on supporting information. Which of the following applies to you? Base: all doctors (n=2306)

In terms of the other audience groups, educators are the most familiar with revalidation of the audiences tested – 85% say that they are very familiar with revalidation, compared to 61% of employers and 58% of MPs and stakeholders. However, the majority of the remainder say that they are fairly familiar with revalidation, with very small proportions saying that they know a little about revalidation, or do not know anything about it. Compared with 2014, awareness of revalidation is consistent among MPs and stakeholders, with no significant change over time. While awareness of revalidation appears to have fallen among employers, this is likely due to the change in sample definition rather than a genuine shift in awareness.

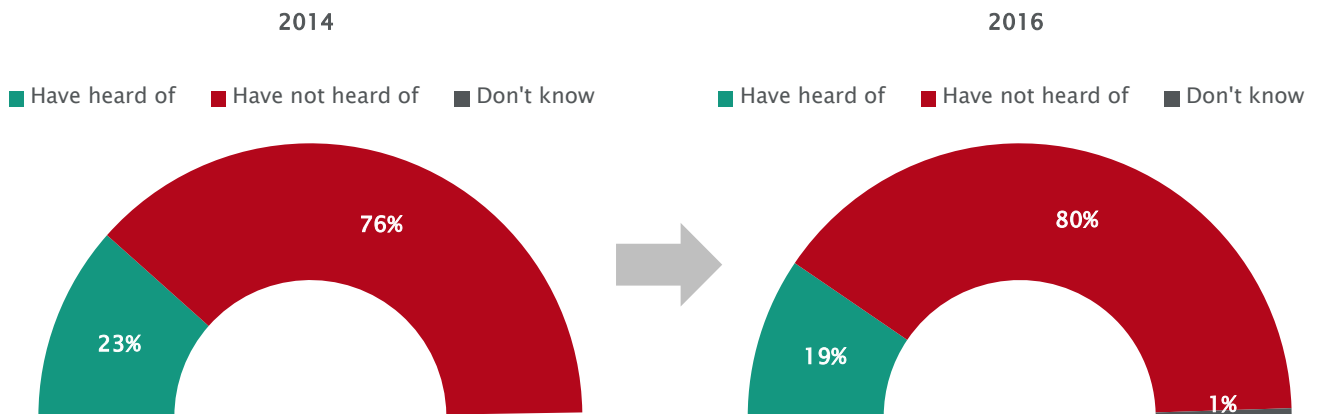
Figure 35: Knowledge of revalidation



2016. Q. Revalidation is the process by which licensed doctors are required to demonstrate that they are up to date and fit to practise, by participating in annual appraisal and collecting and reflecting on supporting information. How would you describe your awareness of revalidation? Would you say...Base 2016: all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50) || 2014. Q. How would you describe your awareness of revalidation? Base 2014: all employers (n=226); all MPs & stakeholders (n=54)

As might be expected, public awareness of revalidation is lower when compared to the highly informed audiences discussed above. One in five members of the public and patients say that they have heard of revalidation (19%) when prompted with a description.

Figure 36: Public knowledge of revalidation



Q. Revalidation is the process by which licensed doctors are required to demonstrate that they are up to date and fit to practise. Have you heard of revalidation? Base: patients and public in 2016 (n=1,502); patients and public in 2014 (n=1,500).

Public awareness of revalidation has fallen slightly since 2014, by a total of 4 percentage points (from 23% to 19%). This is generally to be expected, given that revalidation was in the process of being

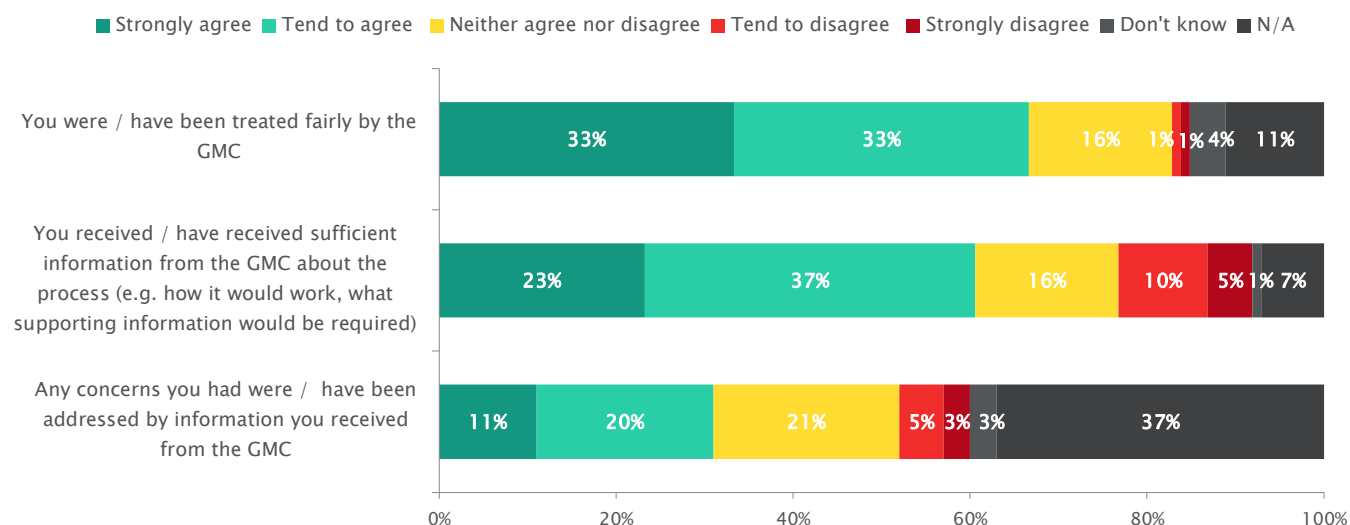
introduced two years ago, and therefore gaining a large amount of media coverage; now, two years on, there is less discussion of this in the press. We would therefore expect public awareness to begin falling as a result.

VIEWS ON THE PROCESS OF REVALIDATION

Overall, views on the process of revalidation are positive among doctors who reveal whether or not they have been revalidated. Two thirds (66%) say that they were or have been treated fairly by the GMC during the process, rising to 71% of those who have been revalidated (rather than only being partway through the process). Likewise, a majority (60%) say that they have received sufficient information from the GMC about the process, and more doctors agree (31%) than disagree (8%) that their concerns have been addressed.

In all cases, it should be noted that the proportion who agree with each of these statements is higher than those who say they neither agree nor disagree, or that they disagree – as such, fluctuation in the agree figures is driven largely by the proportion saying that this is not applicable. Most notably, nearly four in ten (37%) say this about having their concerns addressed, which could imply that a significant proportion of doctors did not have any concerns about the process. That said, it should be noted that 15% of doctors *disagree* that they have received sufficient information from the GMC about the process, which may be worth further investigation.

Figure 37: Doctors’ interaction with the GMC as part of revalidation



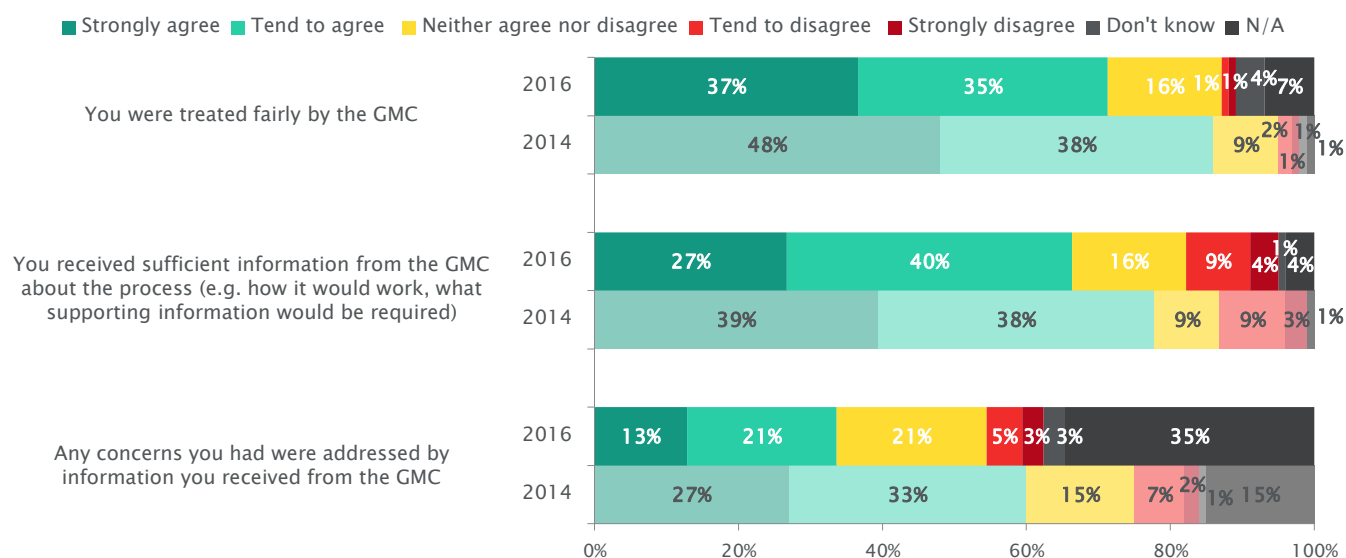
Q. And drawing on your interaction with the GMC, as part of revalidation, how much would you agree or disagree that...
Base: all doctors who revealed whether or not they have been revalidated (n=2265)

The level of agreement with each of these statements has fallen since 2014 when we look only at those doctors who have been revalidated⁵ – however, this shift has been driven largely by a change in the proportion saying ‘not applicable’, ‘don’t know’ or ‘neither agree nor disagree’, rather than an increase in active disagreement among doctors:

⁵ Please note that in 2014 this question was only asked to doctors who had been revalidated, and as such this is the figure for comparison, as shown in the bottom chart. We do not hold data from 2014 for the wider population of doctors.

- Agreement that they were treated fairly by the GMC during the process has fallen from 86% in 2014 to 71% in 2016;
- Agreement that they received sufficient information from the GMC is down from 78% in 2014 to 67% in 2016;
- Agreement that their concerns were addressed by information received from the GMC is down from 60% in 2014 to 33% in 2016.

Figure 38: Doctors’ interactions with the GMC as part of revalidation.
Showing only doctors who have been revalidated



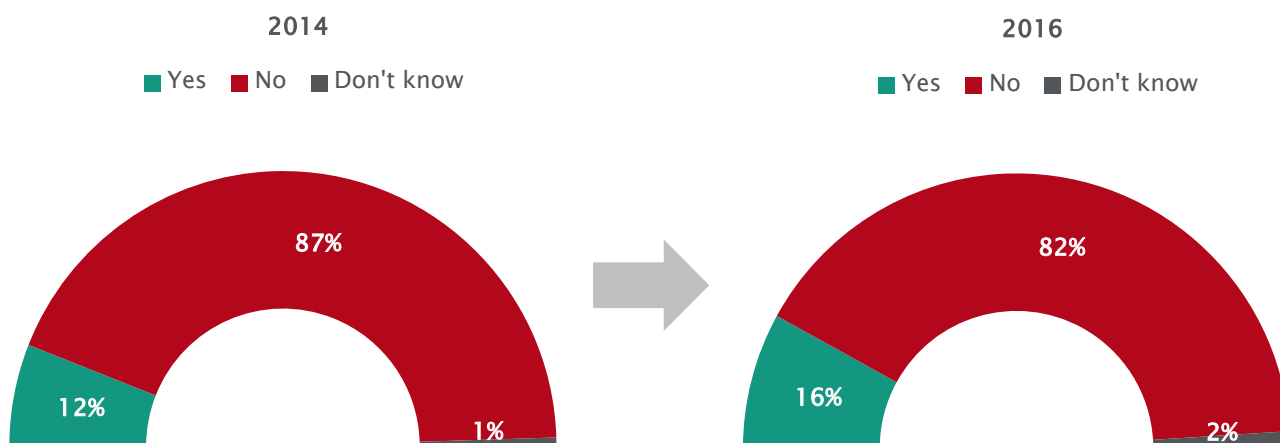
2016 Q. And drawing on your interaction with the GMC, as part of revalidation, how much would you agree or disagree that... Base: all doctors who have been revalidated in 2016 (n=1581) || Q. As part of revalidation, how much would you agree or disagree that... Base: all doctors who have been revalidated in 2014 (n=807)

THE IMPACT OF REVALIDATION

PUBLIC AND PATIENTS

Three in 20 members of the public (16%) have been asked to provide feedback on their doctor’s treatment, practice or consultation in the last 12 months, rising to 19% of patients (those who have received advice or treatment from a doctor in the past 12 months).

Figure 39: Prompted by doctor to provide feedback on their treatment, practice or consultation



Q. Over the last 12 months have you been asked by your doctor to provide feedback on his or her treatment, practice or consultation? Base: patients and public in 2016 (n=1,502); patients and public in 2014 (n=1,500).

When we compare this to 2014, the proportion of people reporting that they have been asked to provide feedback has risen slightly, up four percentage points among all members of the public (from 12%) and five percentage points among patients (14%). As gathering and reflecting on patient feedback is a key part of the process of revalidation, this may suggest that revalidation is driving change within the system – however, while still statistically significant, the shift is relatively small, and it will be important to monitor this to determine whether this change will be sustained over time.

DOCTORS, EDUCATORS, EMPLOYERS AND STAKEHOLDERS

Doctors, educators, employers and stakeholders were asked a more detailed series of questions in order to determine the impact which revalidation and annual appraisals are having on:

- The amount of information doctors collect about their practice;
- How much time doctors spend reflecting on their practice;
- Doctors' awareness of how to apply the principles of good medical practice to their work;
- The extent to which doctors feel part of a governed structure that supports their professional development.

These questions first explored unprompted perceptions of any change in each of these over the past 12 months, with no reference to revalidation or annual appraisals specifically. Following this, respondents were asked about the perceived impact which each of revalidation and annual appraisals have had on these metrics. There is no comparison with 2014 for this latter series of questions as the scale was changed in 2016.

Throughout this section, the data for all four audiences, for 2014 and 2016, and for annual appraisals and revalidation have been presented on the same axis to allow for ease of comparison. However, comparisons between annual appraisals and revalidation, and between audiences, should be seen as indicative, due to the routing for each question, and the variation in the question text for each audience. In particular:

- Only doctors who report having been revalidated were asked about the impact of revalidation; and similarly only doctors who report having had annual appraisals were asked whether that had impacted on each metric. All educators, stakeholders and doctors were asked about the impact of annual appraisals, and only those who had heard of revalidation were asked about its impact. As such, the base sizes and definitions at each question vary slightly.
- In each case doctors were asked about their own practice, whereas educators, employers and stakeholders were asked about the impact on doctors' practice as a whole. As such, comparisons between doctors and other audiences should be seen as indicative rather than definitive.
- In 2014 the question text differed from the question text in 2016. In addition, for the doctors' data, in 2014 questions about change over the last 12 months were only asked to those doctors who have been revalidated, whereas in 2016 they were asked to all doctors who revealed whether or not they had been revalidated. As such, changes over time should be seen as indicative only.

Overall, there is a large amount of consistency across audiences in terms of where revalidation and annual appraisals are perceived to have had the most significant impact. Specifically, all four audience groups are most likely to say that revalidation and annual appraisals have impacted on the amount of information doctors collect about their practice, but less likely to say that they have had an impact on the other three metrics. However, within this there are some interesting differences by audience which are highlighted below.

Figure 40: Detailed comments from Doctors, Educators, Employers and Stakeholders



DOCTORS

Overall, doctors are less likely than most other audience groups to say that revalidation has had an impact on each of the metrics tested. However, they are also the least likely to say that collecting more information about their practice is helpful in improving quality, and the most likely to say that they were already collecting enough information about their practice.

This may suggest that more needs to be done to explain the value of revalidation to this audience, who may not necessarily believe that their own practice needs improving through this method. Indeed, verbatim comments from some of the broader questions elsewhere in the questionnaire suggest that revalidation is regarded by some as overly bureaucratic.



EDUCATORS

Educators are the most likely of all the audiences to say that revalidation has had an impact on the amount of information doctors are collecting on their practice. However, their views of the impact of revalidation on the other three metrics are generally not significantly different from other audiences.

Additionally, a significant minority of educators who think doctors are collecting more information about their practice than 12 months ago say that this is not helpful in improving the quality of doctors' practice, making them similar to doctors themselves in this regard. From this perspective, then, it may be that educators require more information on the impact of revalidation on doctors' practice to be convinced.



Overall, employers are the most likely of all audiences tested to report an increase in each of the metrics over the last 12 months. However, they are no more likely than any other audience to say that revalidation or annual appraisals have had an impact on these factors, with the exception of whether doctors feel part of a governed structure that supports their professional development.

From this we might conclude that employers perceive there to be other drivers of this change, which may be worth further investigation.



Stakeholders are just as likely as the other audiences to report a change in each of the metrics tested over the past 12 months. However, they are the least likely to think that either revalidation or annual appraisals have impacted on these (with the exception of the amount of information doctors are collecting about their practice). There is nonetheless a suggestion that some stakeholders think doctors are not reflecting enough on their practice, with half of stakeholders who report that this had not changed over the past 12 months saying that doctors were not reflecting sufficiently prior to then.

Within those audiences where the base size is sufficiently large – doctors and employers – subgroup analysis has also been conducted to explore what may be driving overall audience perceptions. Across the dataset, there are four key areas for consideration:

1. Doctors who say that they have neither been revalidated nor had annual appraisals are more likely to say that each of the metrics tested have declined over the past 12 months, compared to those who have been revalidated who are more likely to say that they have stayed the same. This suggests that revalidation is having an impact on ensuring that each element does not decline over time.
2. Doctors from older age groups, and those who are consultants or GPs, are the most likely to say that each of the four metrics have stayed the same over the past 12 months. It could therefore be inferred that this senior group are (or perceive that they are) already using best practice, and therefore do not need to make a change to their practice. It is worth noting that these patterns are less apparent when prompted specifically on the impact of revalidation and annual appraisals than when asked about a change over time overall.
3. Doctors who are confident in GMC regulation, FTP hearings and MPTS tribunals are more likely than those who are not confident to report a change in their behaviour over the past 12 months. As with role and age, this trend is less apparent with regards to the prompted questions about the impact of revalidation and annual appraisals than when asked about a change over time overall.
4. International Medical Graduates (IMG) and those who are in another role, including SAS doctors (i.e. not a trainee, foundation stage doctor, consultant or GP) are the most likely to say that revalidation and annual appraisals specifically have impacted on each of the metrics tested. The latter point in relation to SAS doctors is positive as it suggests that the process of revalidation may be increasing consistency among those medical practitioners who are not involved in more typical GP or consultant career pathways. However, it should be noted that older, IMG and EEA qualified doctors – who are the subject of higher levels of complaints according to broader analysis on FTP conducted by the GMC⁶ – are not significantly different from the broader population on these metrics.

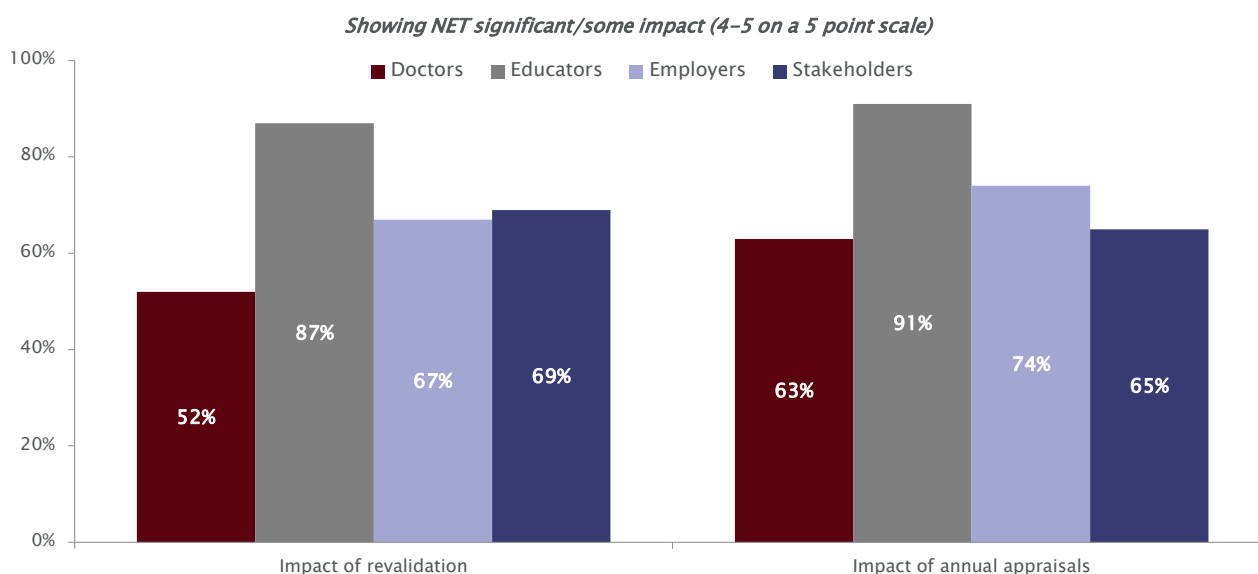
⁶ For example, <http://www.gmc-uk.org/publications/somep2015.asp>

Data for employers is largely consistent with broader trends throughout the dataset – employers from the public sector, in medical and clinical roles and who are familiar with the ELS are all more likely to be familiar with revalidation and to say that each of the four metrics have increased over the past 12 months. However, the pattern is weaker when directly prompted about the impact of revalidation and annual appraisals, suggesting that other factors may be at play among these subgroups.

INFORMATION COLLECTED

The largest impact is seen to have been on the amount of information doctors collect about their practice, with a majority of all audiences saying that each of revalidation and annual appraisals have had some or a significant impact on this (rating 4–5 on a 5 point scale). Interestingly, educators are more likely to say this than all other audiences, while doctors are the least likely to say the same.

Figure 41: Impact of process of revalidation and annual appraisals on how much information doctors are collecting about their practice



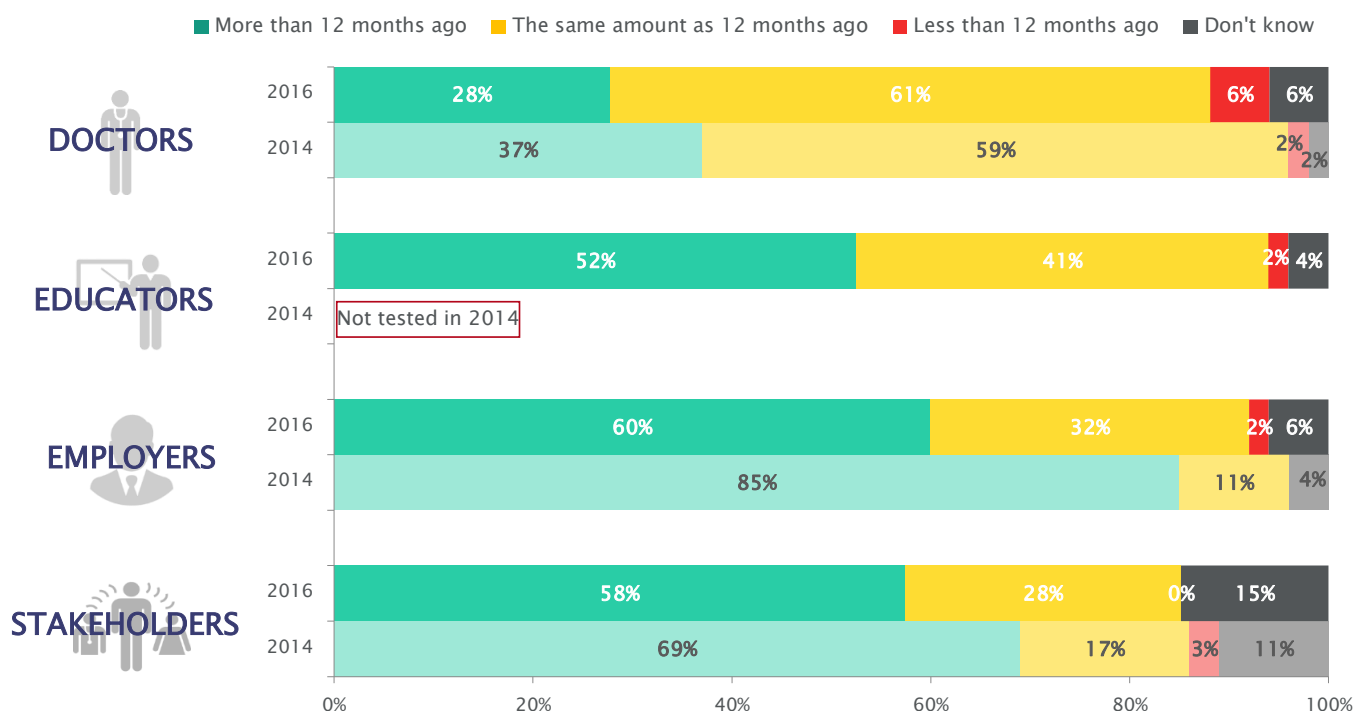
Q. To what extent, if at all, would you say that the process of revalidation has had an impact on each of the following? Base: all doctors who have been revalidated (n=1543); all educators who have heard of revalidation (n=46); all employers who have heard of revalidation (n=393); all stakeholders who have heard of revalidation (n=39) Q. And to what extent, if at all, would you say that the annual appraisals have had an impact on each of the following? Base: all doctors who have annual appraisals (n=2172); all educators (n=46); all employers (n=400); all stakeholders (n=40).

From the subsequent question, it could be concluded that this impact is that doctors are collecting more information about their practice, with more than half of educators, employers and stakeholders saying that doctors are collecting more information than they were twelve months ago. Interestingly, however, only three in ten (28%) of doctors say the same, suggesting that this impact is not necessarily perceived in the same way by doctors. This may result in part from the fact that fewer doctors say that revalidation and annual appraisals have had an impact on the amount of information doctors collect about their practice in the first place.

However, the difference between doctors and the other audiences is more marked when they are asked about change over the past 12 months with no reference to revalidation or appraisals (below), than when asked specifically about the impact of revalidation and annual appraisals on the amount of information collected (above). One hypothesis could be that doctors perceive this change to have taken place more than 12 months ago, whereas the other audiences perceive it to be more recent.

Looking specifically at the last 12 months, just under three in ten (28%) doctors say that they are collecting more information about their practice than they were 12 months ago, compared to between five and six in ten educators (52%), employers (60%) and stakeholders (58%). Moreover, 6% of doctors say that they are actually collecting less information about their practice than 12 months ago.

Figure 42: Change over time; “Doctors are collecting information about their practice”



2016 Q. I'm going to read you a list of statements about doctors' practice. For each, please tell me whether you would say that it is happening more, about the same, or less than it was 12 months ago. Base: all educators (n=46); all employers (n=400); all stakeholders (n=40) || Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. Base: all doctors who revealed whether or not they have been revalidated (n=2265) || 2014 Q. Compared with 12 months ago would you say that: Doctors are collecting more information about their practice. Base: all employers (n=226); all stakeholders (n=35) || Compared with 12 months ago would you say that you are now collecting more information about your practice? Base: all doctors who have been revalidated (n=807)

Although the base size here is relatively small, those doctors who report collecting less information about their practice are more likely to be non-white (e.g. 12% of those from mixed or multiple ethnic groups vs. 5% of white doctors), working in a locum role (9% vs. 6% of those in a full-time role) and working as a consultant or 'other' doctor (including SAS doctors) (8% and 9% respectively, vs. for example 3% of GPs). They are also more likely to say that they have neither been revalidated nor had annual appraisals (15% compared to 6% of those who have been revalidated, or have not been revalidated but have had annual appraisals), suggesting that this could be a contributing factor. However, interestingly, there is not a clear trend in terms of confidence in GMC regulation.

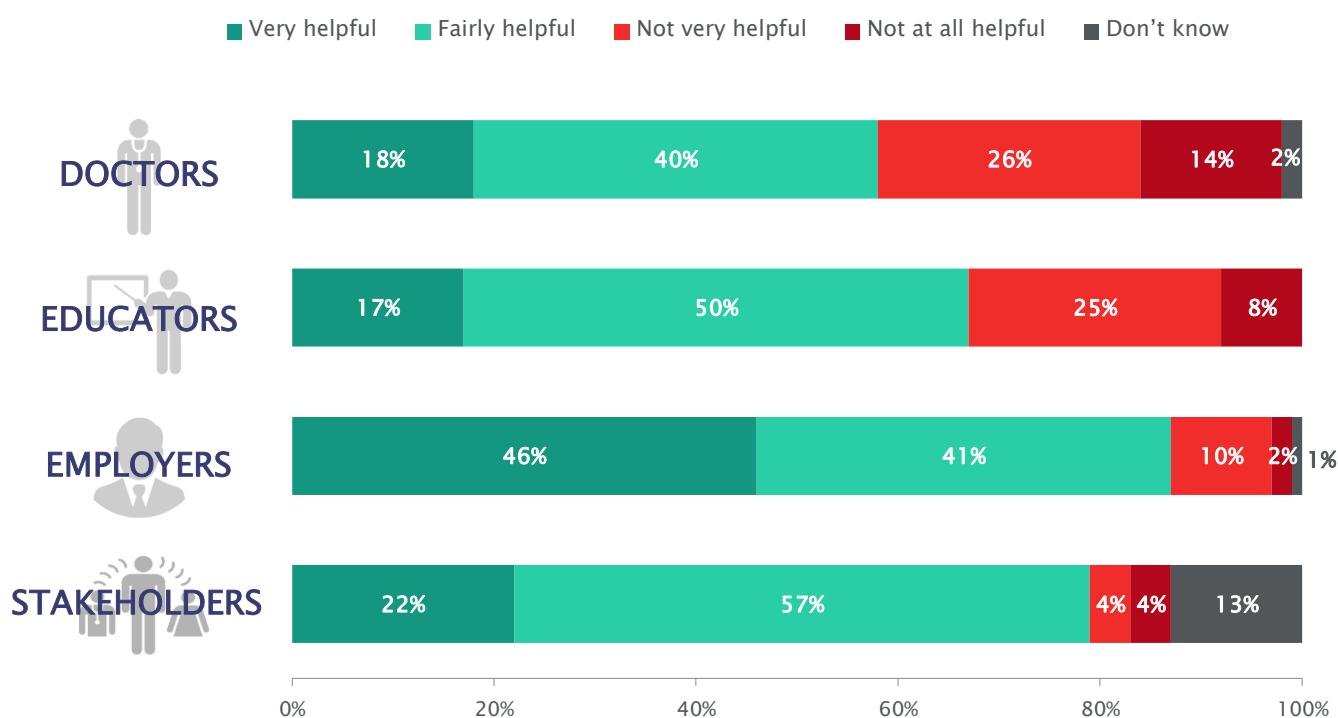
When compared with the 2014 data, there has been a slight decrease in the proportion of each audience who say that doctors are collecting more information about their practice, and a corresponding increase in the proportion who say that they are collecting the same amount of information. The exception is among doctors, where the move appears to be from 'more' to 'less' and 'don't know'. There is a question here, however, about how far we can expect any of these metrics to continue increasing over time, as there must be a point at which the amount of information collected is sufficient. As such, the

key question is whether the collection of more information is helpful to the quality of their professional practice.

In this context, those who said that doctors are now collecting more information about their practice than 12 months ago were then asked whether that is having a positive impact on the quality of their professional practice. Overall, a majority of each audience say that this is helpful (either very or fairly); although among all audiences except employers, a larger proportion say that this is 'fairly' helpful rather than 'very' helpful.

However, there are some clear audience differences here – doctors and educators are markedly less likely to say that this is helpful than employers and stakeholders. There may therefore be a risk here that, for a significant minority of doctors and educators, the collection of information is not seen to be having the desired effect on the quality of doctors' professional practice. As such, the GMC may wish to consider communicating more about the impact of revalidation on quality when this is assessed.

Figure 43: Helpfulness of collecting more information about practice in improving quality



2016. Q. You said that doctors are now collecting more information about their practice than they were 12 months ago. How helpful, if at all, would you say that this is in improving the quality of doctors' professional practice? Base: all educators who say that doctors are now collecting more information about their practice than they were 12 months ago (n=24); all employers who think doctors are collecting more information about their practice than 12 months ago (n=241); all stakeholders who think doctors are collecting more information about their practice than 12 months ago (n=23) || Q. You said that you are now collecting information about your practice more than you were 12 months ago. How helpful, if at all, would you say that this is in improving the quality of your professional practice? Base: all doctors who say that they are now collecting more information about their practice than 12 months ago (n=623).

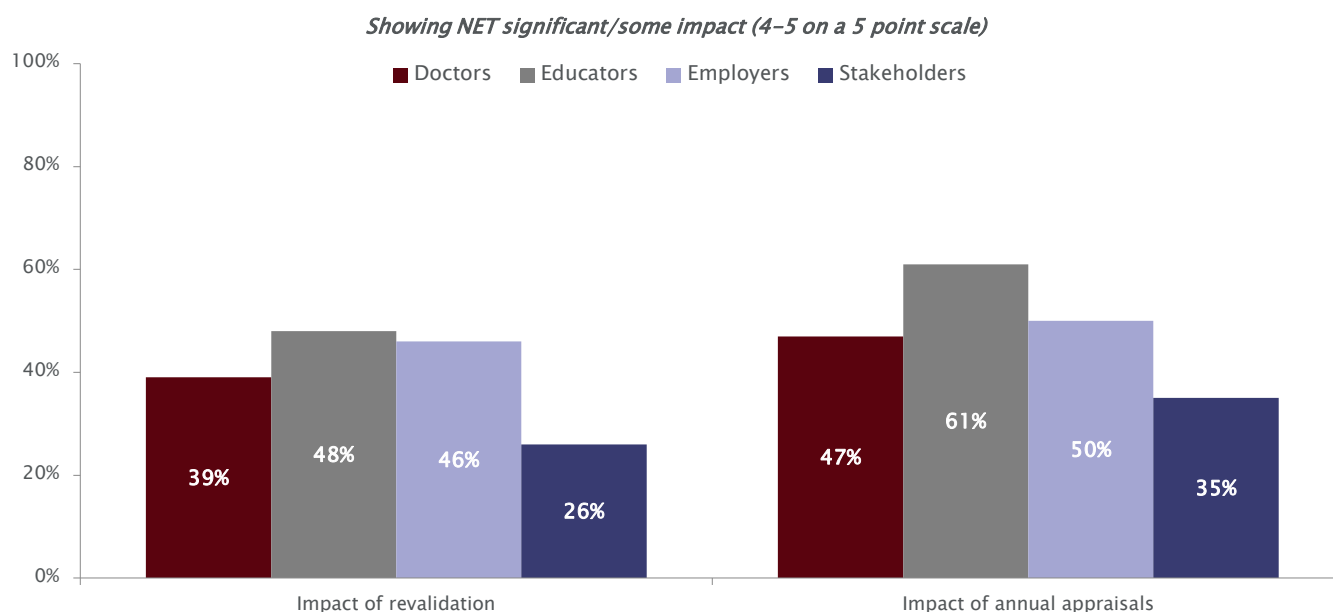
Those doctors who say that they are now collecting more information than they were 12 months ago, but that this is not very or not at all helpful to them, represent a relatively small number of the total sample (n=249), and as such, demographic trends should be seen as indicative rather than definitive. However, they are more likely to be white than Asian or Asian British (45% vs. 25%), and more likely to have qualified in the UK (48%) than the EEA (33%) or internationally (26%). Those who are not confident

in GMC regulation, FTP investigations and MPTS tribunal hearings are also more likely to say that this is not helpful to them than those who are confident, suggesting that this may be a reflection of broader disaffection with the system.

TIME SPENT REFLECTING ON PRACTICE

Across all audiences, annual appraisals are perceived to have had more of an impact than revalidation on how much time doctors spend reflecting on their practice. Between a quarter and a half say that revalidation has had a significant or some impact on this (rating 4–5 on a 5 point scale), while between a third and two thirds say the same for annual appraisals. Educators and employers are most likely to say that revalidation and annual appraisals have impacted on this, and stakeholders are the least likely to say the same.

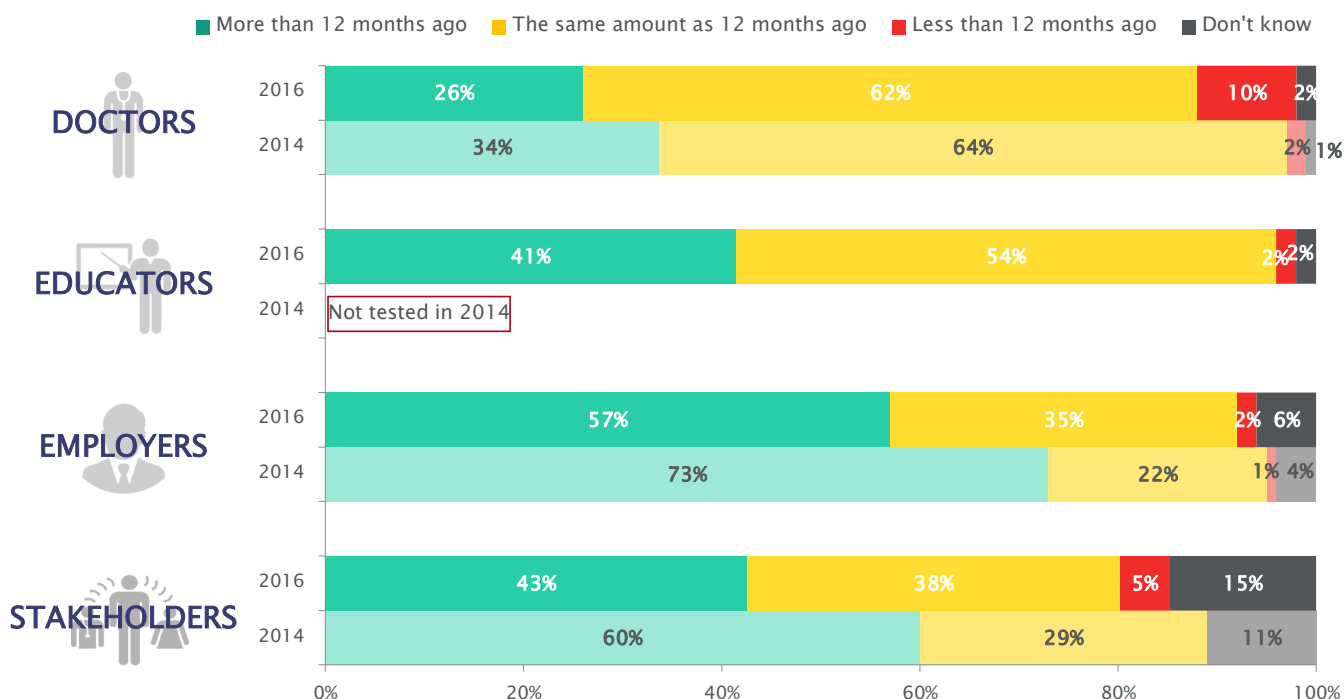
Figure 44: Impact of process of revalidation and annual appraisals on how much time doctors spend reflecting on their practice



Q. And to what extent, if at all, would you say that the process of revalidation has had an impact on each of the following? Base: all doctors who have been revalidated (n=1543); all educators who have heard of revalidation (n=46); all employers who have heard of revalidation (n=393); all stakeholders who have heard of revalidation (n=39) Q. And to what extent, if at all, would you say that the annual appraisals have had an impact on each of the following? Base: all doctors who have annual appraisals (n=2172); all educators (n=46); all employers (n=400); all stakeholders (n=40).

As with the amount of information doctors collect about their practice, this impact is likely to largely result from doctors spending more time reflecting on their practice – between a quarter and six in ten of each audience say that doctors are reflecting on their practice more than they were 12 months ago. Employers are the most likely to say that this is the case (57%), and doctors are the least likely to say the same (26%) – indeed, one in ten (10%) doctors say that they are now reflecting less on their practice than they were 12 months ago.

Figure 45: Change over time; “Doctors are reflecting on their practice”



2016. Q. I'm going to read you a list of statements about doctors' practice. For each, please tell me whether you would say that it is happening more, about the same, or less than it was 12 months ago. Base: all educators (n=46); all employers (n=400); all stakeholders (n=40) || Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. Base: all doctors who revealed whether or not they have been revalidated (n=2265) || 2014 Q. Compared with 12 months ago would you say that: Doctors are reflecting more on their practice. Base: all employers (n=226); all stakeholders (n=35) || Q. Compared with 12 months ago would you say that you are now reflecting more on your practice? Base: all doctors who have been revalidated (n=807)

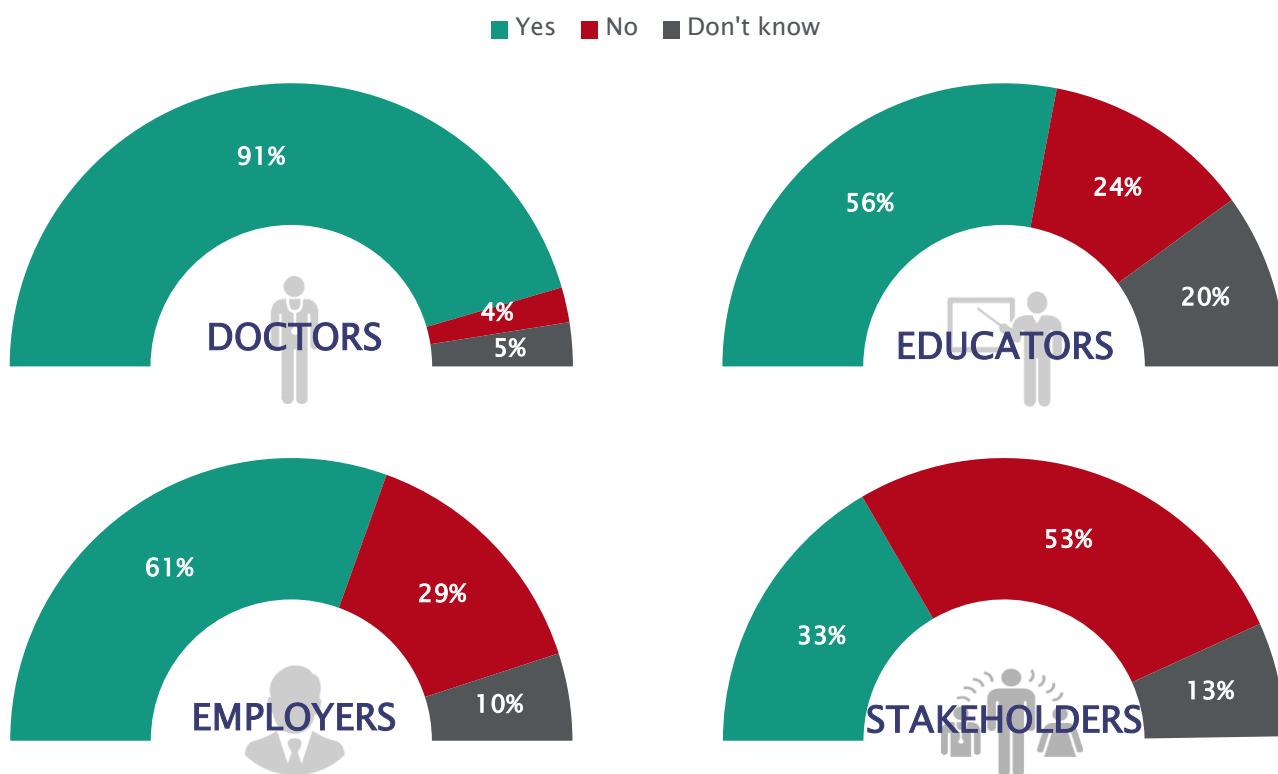
As with the amount of information doctors are collecting about their practice, the number of doctors who say that they are reflecting on their practice less than they were 12 months ago is relatively small. Demographically they are relatively similar to those doctors who say that they are collecting less information about their practice, but those demographic trends are less stark. This group is:

- More likely to say that they are not at all confident in the GMC's regulation of the profession (16% compared to 9% of those who are very confident);
- More likely to be working in 'another' role (including SAS doctors) than as a consultant or GP (14% vs. 9% for both);
- More likely to say that they have neither been revalidated nor had annual appraisals, or that they have not been revalidated but have had annual appraisals (18% and 13% respectively, compared to 9% who have been revalidated).

As with how much information doctors are collecting on their practice, in 2016 the proportion of all audiences who say that doctors are reflecting more on their practice than they were 12 months ago has fallen, and the proportion of audiences who say that they are doing so the same amount has increased. The exception here is again with regards to doctors, where there appears to have been a shift from 'more' to 'less'. Once again, it is worth considering whether this is a negative thing, or conversely, suggests that a larger proportion of the clinical workforce are reflecting sufficiently on their practice.

In this context, doctors who said that they personally are reflecting on their practice the same amount as 12 months ago, and educators, employers and stakeholders who say the same about doctors overall, were then asked to comment on whether doctors were already reflecting enough on their practice 12 months ago. Essentially, we can conclude that those who respond ‘yes’ at this question think that there was no need for a change 12 months ago. This is overwhelmingly the case for doctors, of whom nine in ten (91%) said ‘yes’ at this question. However, this drops sharply among the other audiences. Half (53%) of stakeholders who think doctors are reflecting on their practice the same amount as 12 months ago, alongside around a quarter of educators and employers (24% and 29% respectively) who think the same, say that doctors were not reflecting enough on their practice 12 months ago. This may suggest that these audiences perceive there to be room for improvement in terms of encouraging doctors to reflect more on their practice.

Figure 46: Were doctors already reflecting enough on their practice?



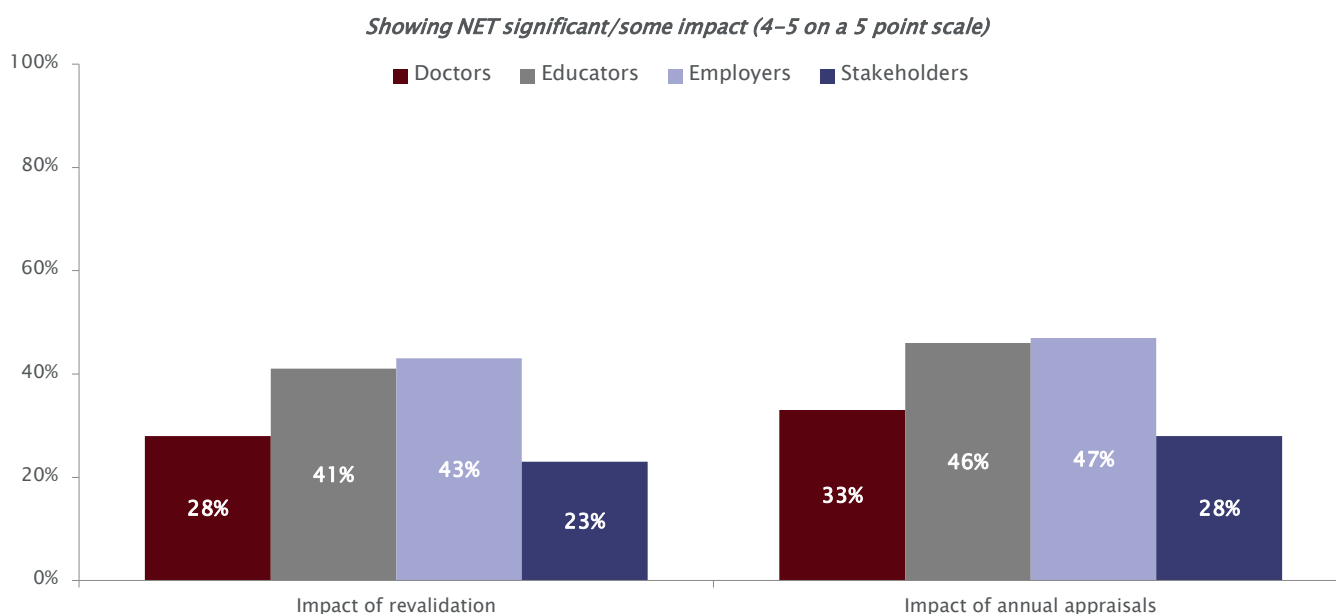
2016. Q. Do you think doctors were already reflecting enough on their practice 12 months ago? Base: all educators who say doctors are reflecting on their practice the same amount as 12 months ago (n=25); all employers who think doctors are reflecting on their practice the same amount as 12 months ago (n=140); all stakeholders who think doctors are reflecting on their practice the same amount as 12 months ago (n=15) || Q. You said that you are now collecting information about your practice more than you were 12 months ago. How helpful, if at all, would you say that this is in improving the quality of your professional practice? Base: all doctors who say that they are reflecting on their practice the same amount as 12 months ago (n=1412)

Given the very small base sizes for those doctors who say that they were not reflecting enough on their practice 12 months ago, or that they don't know, there are very few statistically significant demographic differences. However once again, those who have neither been revalidated nor had annual appraisals are more likely to say that they were not reflecting enough on their practice 12 months ago (17% vs. 3% of those who have been revalidated and 5% of those who have not been revalidated but have had annual appraisals).

AWARENESS OF HOW TO APPLY THE PRINCIPLES OF GOOD MEDICAL PRACTICE

A significant minority of all audiences say that revalidation and annual appraisals have had some or a significant impact on doctors' awareness of how to apply the principles of good medical practice in their work (rating 4–5 on a 5 point scale), although compared to some of the other potential impacts tested, the proportion who say this is the case is relatively low. Across all audiences, annual appraisals are seen to have marginally more impact on this than revalidation, although the difference is not large. Educators and employers are the most likely to say that revalidation and annual appraisals have impacted on this, while stakeholders are the least likely to say this.

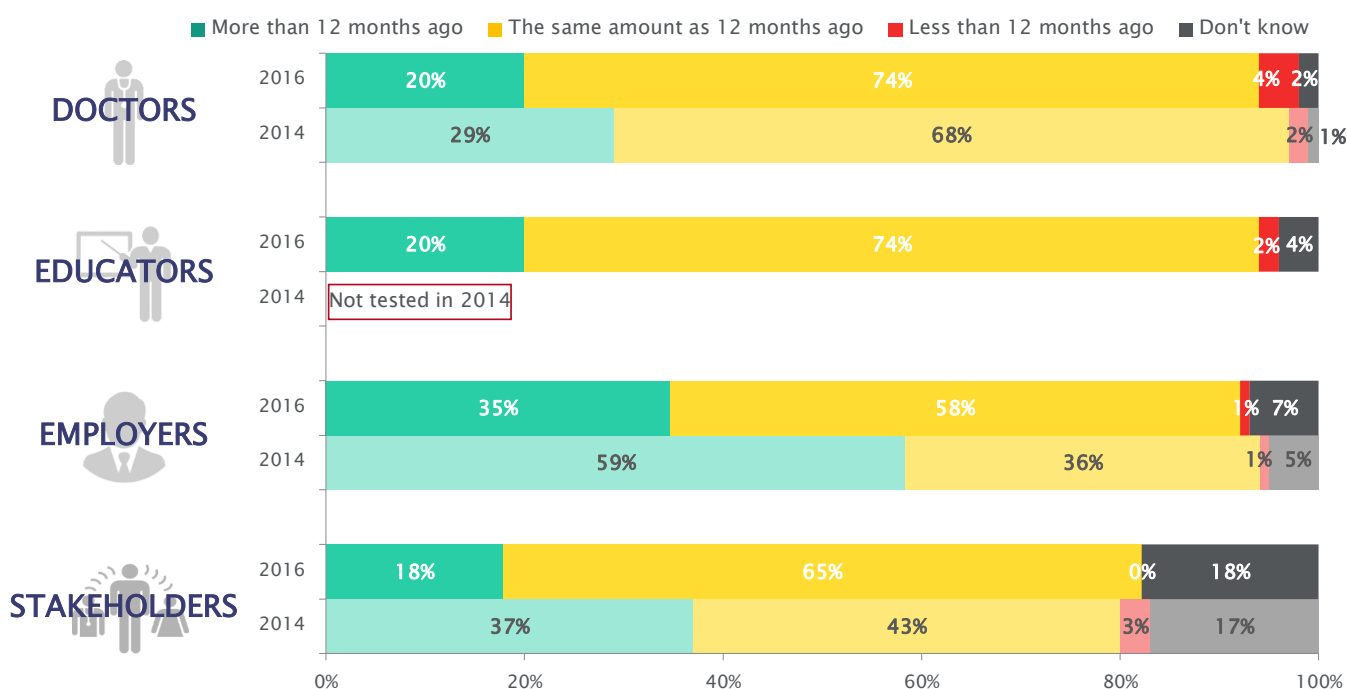
Figure 47: Impact of process of revalidation and annual appraisals on doctors' awareness of how to apply the principles of good medical practice to their work



Q. And to what extent, if at all, would you say that the process of revalidation has had an impact on each of the following? Base: all doctors who have been revalidated (n=1543); all educators who have heard of revalidation (n=46); all employers who have heard of revalidation (n=393); all stakeholders who have heard of revalidation (n=39) Q. And to what extent, if at all, would you say that the annual appraisals have had an impact on each of the following? Base: all doctors who have annual appraisals (n=2172); all educators (n=46); all employers (n=400); all stakeholders (n=40).

Around a third of employers (35%) say that doctors are more aware of how to apply the principles of good medical practice to their work than they were 12 months ago; and one in five doctors (20%), educators (20%) and stakeholders (18%) say the same. From this we could conclude that awareness is rising slowly as a result of the revalidation process and annual appraisals, however there may well be more room for improvement here. Alternatively, it may be that a larger proportion of doctors were sufficiently aware of how to apply the principles of good medical practice to their work 12 months ago, and as such, there is no need for this to change. Very few respondents in any audience say that this has decreased over the last 12 months, which could support the latter conclusion.

Figure 48: Change over time; “Doctors are aware how to apply the principles of good medical practice to their work”



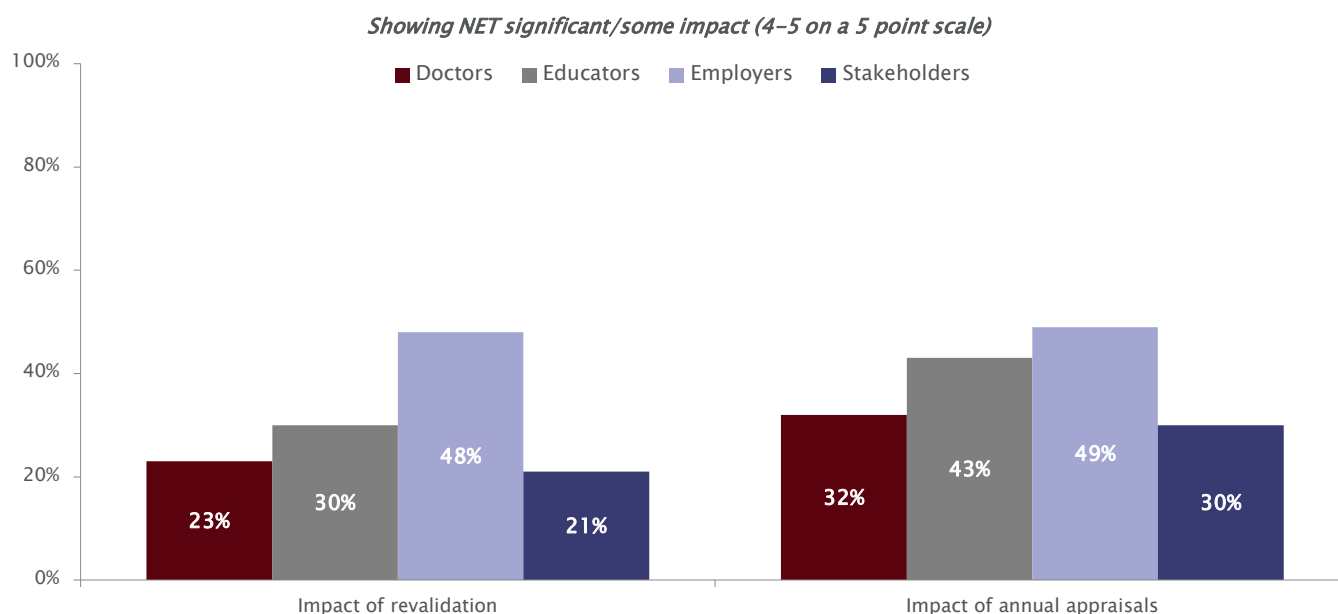
2016. Q. I'm going to read you a list of statements about doctors' practice. For each, please tell me whether you would say that it is happening more, about the same, or less than it was 12 months ago. Base: all educators (n=46); all employers (n=400); all stakeholders (n=40) || Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. Base: all doctors who revealed whether or not they have been revalidated (n=2265) || 2014 Q. Compared with 12 months ago would you say that: Doctors are more aware how to apply the principles of good medical practise to their work. Base: all employers (n=226); all stakeholders (n=35) || Q. Compared with 12 months ago would you say that you are now more aware how to apply the principles of good medical practice to your work? Base: all doctors who have been revalidated (n=807)

Comparison of the 2014 and 2016 data reveals the same pattern as for the other statements – the proportion of each audience saying that this has increased over the past 12 months has fallen, and the proportion saying that it has stayed the same has increased. This could suggest that doctors already had sufficient awareness of how to apply the principles of good medical practice to their work, or alternatively, that there is still room for further improvement here.

FEELING PART OF A GOVERNED STRUCTURE THAT SUPPORTS PROFESSIONAL DEVELOPMENT

Compared to the other options tested, doctors, educators and stakeholders are the least likely to say that revalidation and annual appraisals have had a significant/some impact on the extent to which doctors feel a part of a governed structure that supports their professional development. However, a quarter of doctors who have been revalidated do say that they feel this way about their own experience of the process, and a third who have had annual appraisals say the same. Employers stand out on this metric as being the most likely to say that both revalidation and annual appraisals have had a significant or some impact on the extent to which doctors feel a part of a governed structure that supports their professional development (48% and 49% respectively). This suggests that there may be some discrepancy between how effectively employers feel that this process is working, and the experience of their employees.

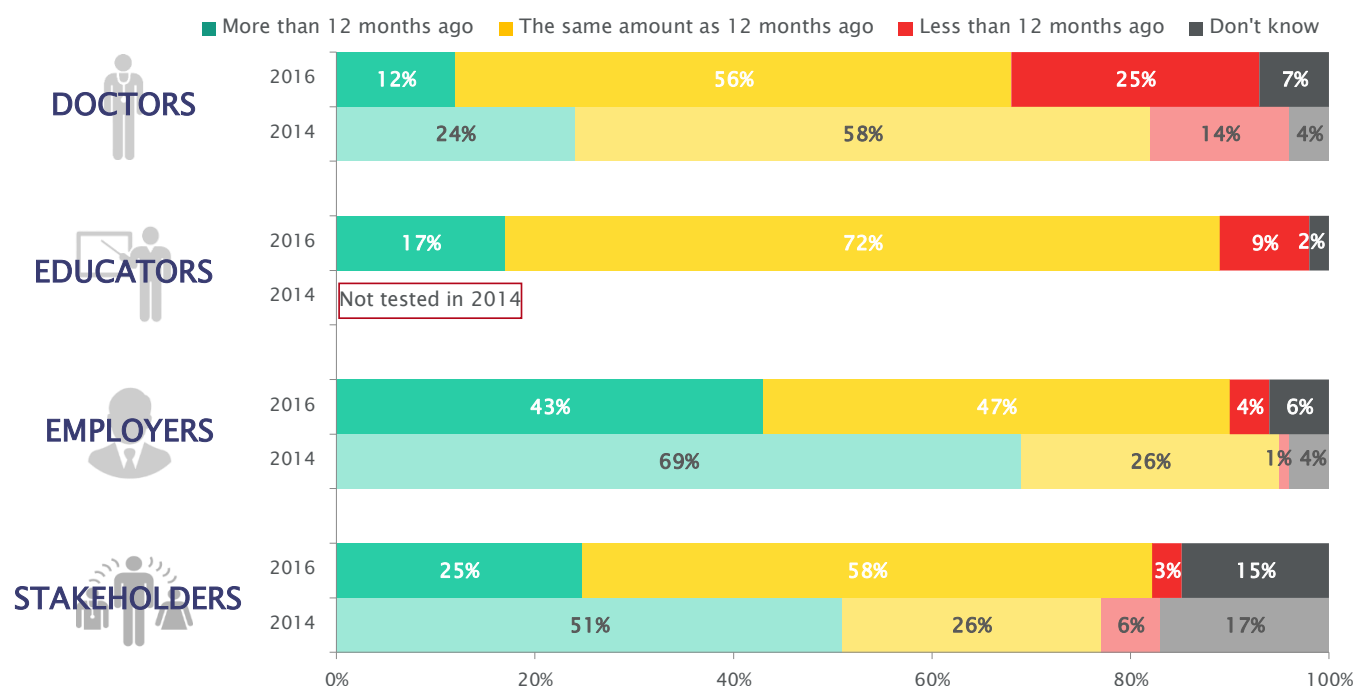
Figure 49: Impact of process of revalidation and annual appraisals on the extent to which doctors feel a part of a governed structure that supports their professional development



Q. And to what extent, if at all, would you say that the process of revalidation has had an impact on each of the following? Base: all doctors who have been revalidated (n=1543); all educators who have heard of revalidation (n=46); all employers who have heard of revalidation (n=393); all stakeholders who have heard of revalidation (n=39) Q. And to what extent, if at all, would you say that the annual appraisals have had an impact on each of the following? Base: all doctors who have annual appraisals (n=2172); all educators (n=46); all employers (n=400); all stakeholders (n=40).

We see a similar pattern when we look at the perceived change in how far doctors are part of a governed structure that supports their professional development. Two in five employers (43%) say that this has increased over the past 12 months, compared to only one in eight doctors (12%), once again suggesting some disparity between employers and employees. Stakeholders and educators sit somewhere in the middle of the two audiences. It is also notable that a quarter of doctors (25%) say that they feel this less than they did 12 months ago. It is most likely that this is a reflection of the wider trend throughout the data of a drop in positivity about the way in which the profession is governed and regulated.

Figure 50: Change over time; “Doctors are a part of a governed structure that supports their professional development”



2016. Q. I'm going to read you a list of statements about doctors' practice. For each, please tell me whether you would say that it is happening more, about the same, or less than it was 12 months ago. Base: all educators (n=46); all employers (n=400); all stakeholders (n=40) || Q. Below is a list of statements about your practice. For each, please indicate whether you would say that it is happening more, about the same, or less than it was 12 months ago. You feel a part of a governed structure that supports your professional development. Base: all doctors who revealed whether or not they have been revalidated (n=2265) || 2014 Q. Compared with 12 months ago would you say that: Doctors are more a part of a governed structure that supports their professional development. Base: all employers (n=226); all stakeholders (n=35) || Compared with 12 months ago would you say that you now feel more a part of a governed structure that supports your professional development? Base: all doctors who have been revalidated (n=807)

In 2016, a quarter (25%) of doctors say that they feel part of a governed structure that supports their professional development less than they did 12 months ago. These doctors are more likely to be male (27% compared to 23% of women), white (27% vs. 21% of Asian and Asian British doctors and only 12% of Black, African Caribbean or Black British doctors), and to have received their PMQ in the UK (28% compared to 22% of EEA-qualified doctors and 18% of international graduates). It is concerning that they are also more likely to have a disability (36% vs. 25% of those without a disability), although it should be noted that the base size for doctors with a disability is small (n=86).

In terms of change over time, we are once again seeing a decrease in the proportion of each audience who say that doctors are part of a governed structure that supports their professional development more than they were 12 months ago. Among stakeholders and employers this follows the broader trend of being a movement from thinking that this has increased over the past 12 months, to thinking that this has stayed the same. However, it is notable that among doctors the proportion of people who say that this has stayed the same is consistent between 2014 and 2016 – instead, the movement has been from 'more' to 'less'. This suggests a negative trend within this audience and although, as highlighted above, this may be due to wider systemic issues alongside any specific concerns about medical regulation, it does bear further consideration.

RAISING CONCERNS



Just three in 20 (14%) members of the public and patients report having ever sought advice about what standards of care or behaviour they or a family member could expect from a doctor; this is likely to be a positive reflection of overall public confidence in the profession. This theme is further supported by the fact that only 5% of the public have thought about formally raising concerns about a doctor in the past 12 months, and of this small minority, less than half (44%) actually did so. Among the public and patients there is no clear trend in terms of change over time since 2014, with levels remaining low.

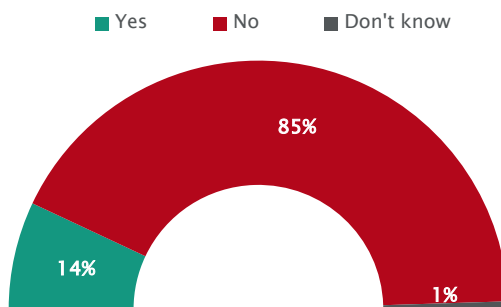
However, there is some indication that concern about doctors' practice may be increasing. One in five employers (19%) report that the levels of concerns raised with them have increased in the past 12 months. Moreover, a third of educators (33%) say that over the past 12 months a situation has arisen in which they believed that patient safety or care was being compromised by a doctor's practice, up from only one in five in 2014 (17%). Although the base size is small here, and there is no significant change from 2014 among doctors or students, this theme may merit further reflection and monitoring.

Positively, among those who have been in a situation which they believed that patient safety or care was being compromised by a doctor's practice, a significant majority of doctors, students, educators and employers have raised those concerns. However, there is some evidence that lack of confidence may be preventing students from raising their concerns – 28% of those who have been in that situation say that they did not do so; with the main reasons for this being that they were not sure of their suspicions or that the incident or issue was too minor. Increasing confidence that they will not be penalised for speaking out, and that their concerns will be listened to, may therefore be an important consideration for the sector going forward, particularly in the context of recent concerns about the legal protections which are in place for doctors who raise concern.

SEEKING ADVICE ON STANDARDS OF CARE

Three in 20 (14%) members of the public and patients have ever sought advice about what standards of care or behaviour they or a family member could expect from a doctor. This may suggest that the public are uninformed on this topic, however it could also be interpreted as a positive indication that doctors on the whole behave appropriately with patients, and as such, they have never needed to seek advice on what is or is not appropriate. This second interpretation is supported by the fact that the vast majority of the public express confidence in the medical profession; and that a very low number of people report considering raising a concern about a doctor in the past 12 months.

Figure 51: Whether patients have sought advice about what standards of care or behaviour to expect from a doctor

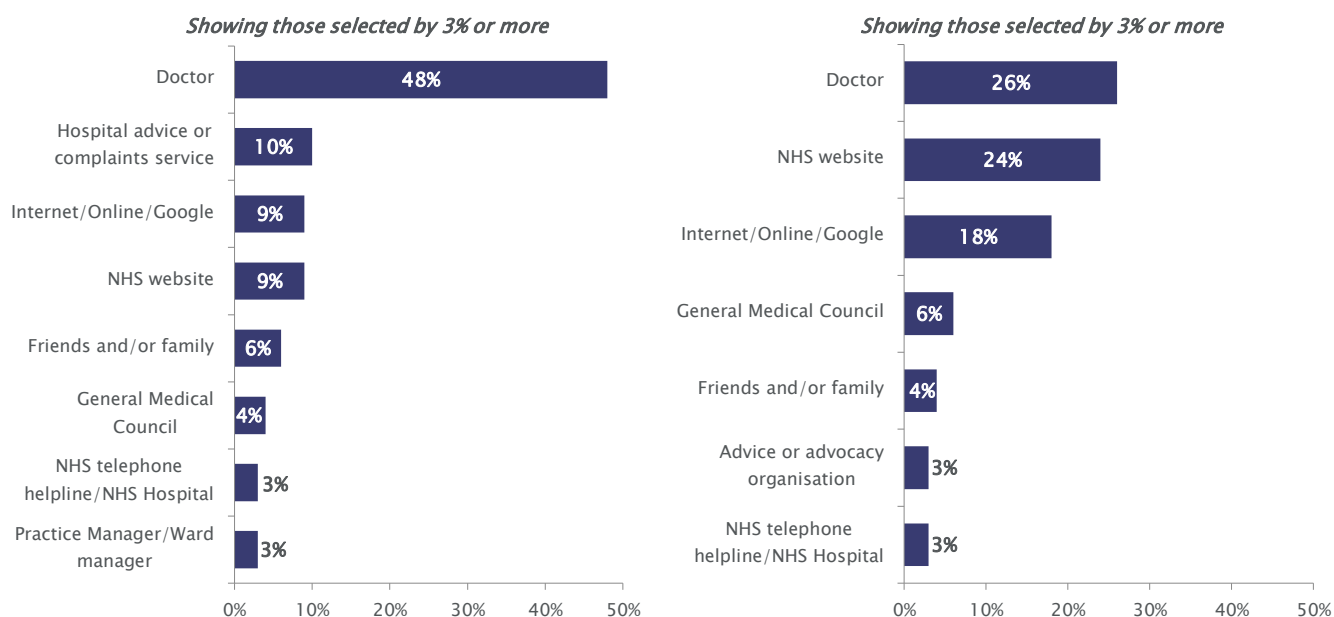


Q. Have you ever sought advice about what standards of care or behaviour you or a family member could expect from a doctor? Base: patients and public (n=1,502)

There has been a five percentage point change in the proportion of public and patients reporting having sought this type of advice – from 9% in 2014 to 14% in 2016. This is a significant difference, and it will be important to monitor this to see if it represents a trend. It would be interesting to investigate the drivers of this further – as outlined above, it could represent a slight rise in the number of people who are concerned about their doctor’s behaviour or care, or a societal shift towards people wanting to be more informed about their doctor’s roles and responsibilities.

Those who had sought advice were then asked where they had gone for this advice; and those who had not were asked where they would seek advice in a hypothetical situation when they needed it. The question was unprompted, so a list of responses was not read out to respondents. For both groups, the main source of advice is a doctor (48% and 29% respectively). However, it appears that those who have sought advice have made use of services provided by local hospitals in larger numbers than those who have not done so predict they would do. This suggests that these services are overall reaching the audiences who they need to reach. Both groups are relatively unlikely to name the GMC unprompted (4% of those who have sought advice, and 6% of those who have not).

Figure 52: Where those who have sought advice went / Where those who have not sought advice would go



Q. Where did you go for this advice about what standards of care or behaviour you or a family member could expect from a doctor? Base: all members of the public who have sought advice (n=204) || Q. If you needed advice about what standards of care or behaviour you or a family member could expect from a doctor tomorrow, where would you consider looking? Base: all members of the public who have not sought advice or don't know (n=1,298)

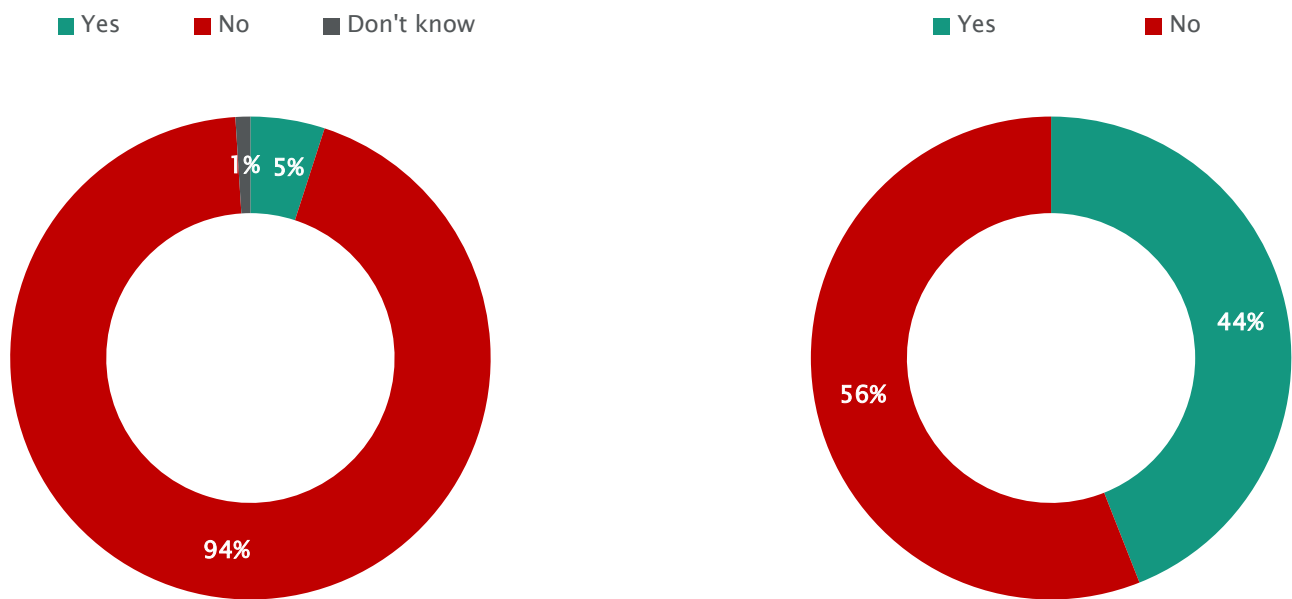
While in 2014 the top source of this advice was Google or the internet among those who had not previously sought advice (25%), it is likely that the change in the top source of advice is due in part to a movement between the generic 'internet' code and the 'NHS website code' (18% and 24% in 2016, compared to 25% and 12% in 2014). That said, only 18% of those who had not sought advice in 2014 said that they would speak to their doctor, compared to 26% in 2016, suggesting that there may be a shift in how doctors are regarded as a provider of this information. The same shift is apparent among those who have sought advice (from 33% in 2014 to 48% in 2016).

EXPERIENCE OF RAISING CONCERNS

PUBLIC AND PATIENTS

The great majority of the public and patients (94%) say that they have not thought about formally raising concerns about a doctor over the past 12 months – 5% say that they have thought about this. However, it seems that thinking about making a complaint does not always translate into practice, with under half (44%) of the minority who had thought about raising concerns actually doing so.

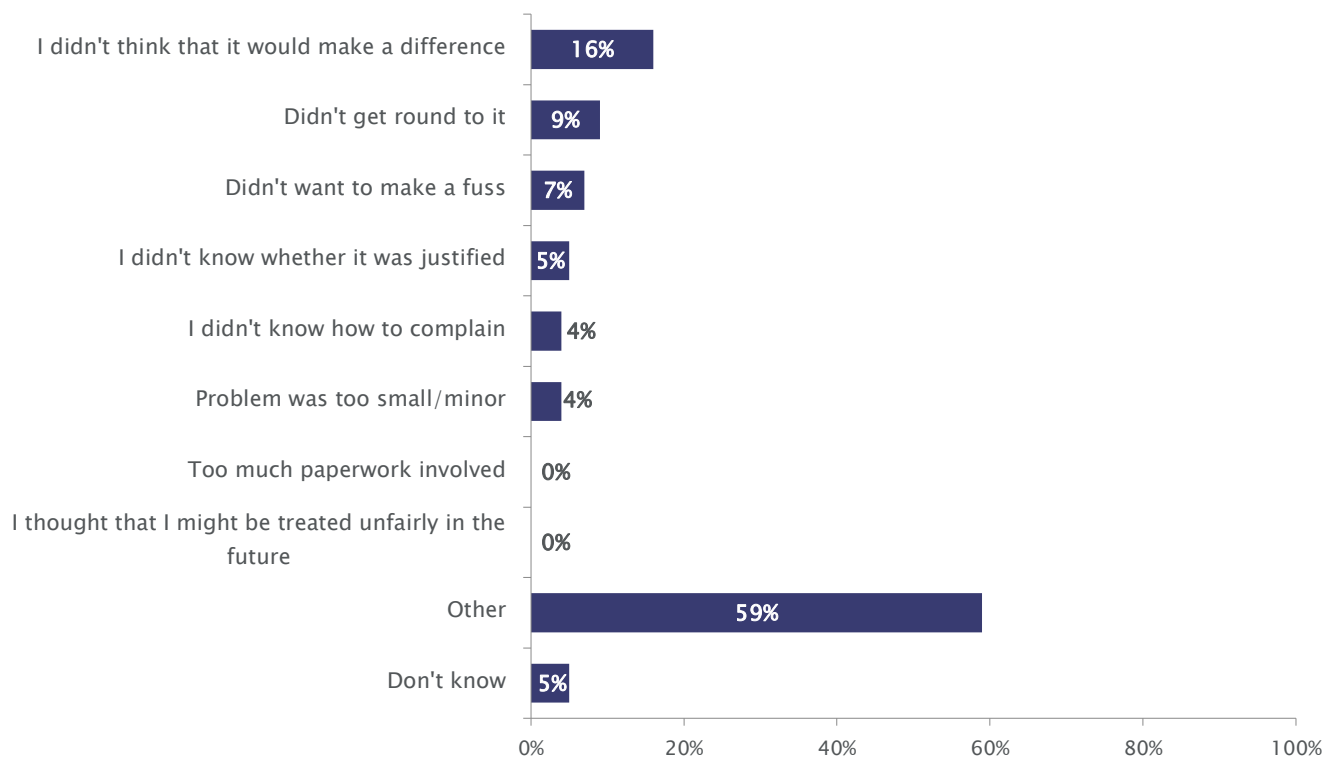
Figure 53: Thought about raising concerns about a doctor / Formally raised concerns



Q. Have you thought about formally raising concerns about a doctor with any organisations over the past 12 months? Base: all patients and public (n=1,502) || Q. And did you formally raise these concerns? Base: those who have thought about formally raising concerns about a doctor (n=84)

The reasons for not raising concerns are varied – as in 2014, the top reason of those tested is that they didn't think it would make a difference (16% of those who did not formally raise a concern in 2016, and 26% in 2014), suggesting that not all members of the public are confident that their complaints will be listened to. A further 9% said that they just hadn't got round to it. However, over half (59%) of those who had thought about raising a concern but did not do so said that this was for another reason than the ones tested.

Figure 54: Reasons for not formally raising concerns with any organisations



Q. Why did you not formally raise concerns with any organisations? Base: patients and public who have thought about formally raising concerns about a doctor but did not do so (n=46)

These 'other' reasons range from the practical (such as being too busy, or simply deciding to move to another doctor) to more emotional drivers (such as saving themselves or people they love from the stress). Although the sample size here is very small, and should be treated with caution, some examples of this are given below.

Figure 55: Reasons for not formally raising concerns

- “They said I would have to pay to get proof of my medical records.”
- “My partner died and I was in turmoil.”
- “I just went to another doctor.”
- “To save stress for my mum.”
- “I have not had time yet.”
- “Didn't want to bother with it at all.”
- “The cost and you never win because it is too big.”
- “It's too much trouble”
- “We haven't yet proved it wasn't done properly.”

Q. Why did you not formally raise concerns with any organisations? 'Other' verbatim comments. Base: patients and public who have thought about formally raising concerns about a doctor but did not do so (n=46)

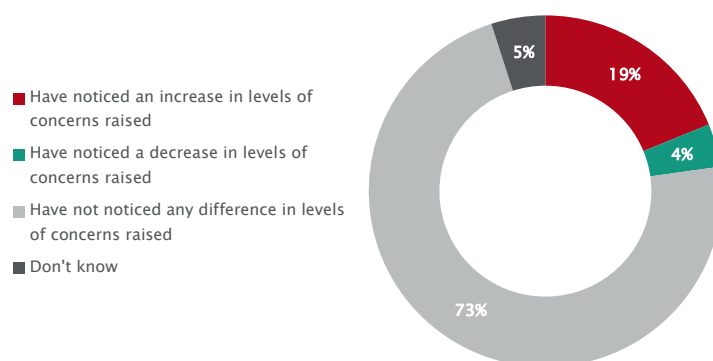
The proportion of the public and patients who had thought about raising concerns has fallen slightly by three percentage points since 2014 (from 8% to 5%). It is notable, however, that of this group, the proportion who then went on to raise concerns is up by 10 percentage points from 34% in 2014, suggesting that of the minority who had considered raising concerns, a larger proportion of the public are now following through with this. Although the base is small on both questions, there is value in tracking this data over time to see whether this is indicative of a broader trend.

This should be considered in the context of a mixed picture of engagement and concern with regards to medical practice among the public and patients across the rest of the findings. For example, in the previous section we saw a small but significant *increase* since 2014 in the number of public and patients who report having sought advice on the standards of behaviour or care they could expect from their doctor; while the proportion of people who have considered complaining has *decreased* since the previous wave. It is therefore difficult to say whether these changes over time represent a trend in public views and experiences; we recommend that the research is tracked over time to confirm whether or not this is the case.

DOCTORS, STUDENTS, EDUCATORS AND EMPLOYERS

One in five (19%) employers report that they have noticed an increase in the levels of concerns raised with them about doctors' practice over the last 12 months, which may merit further exploration. While the majority (73%) say that they have not noticed any difference, and a further 4% say that they have noticed a decrease, this is nonetheless a substantial minority, and could potentially indicate a perceived decrease in the quality of care provided by doctors – although it could also be driven by other factors such as changing public attitudes towards the profession, or indeed increased public awareness of the standards of care they can expect from doctors.

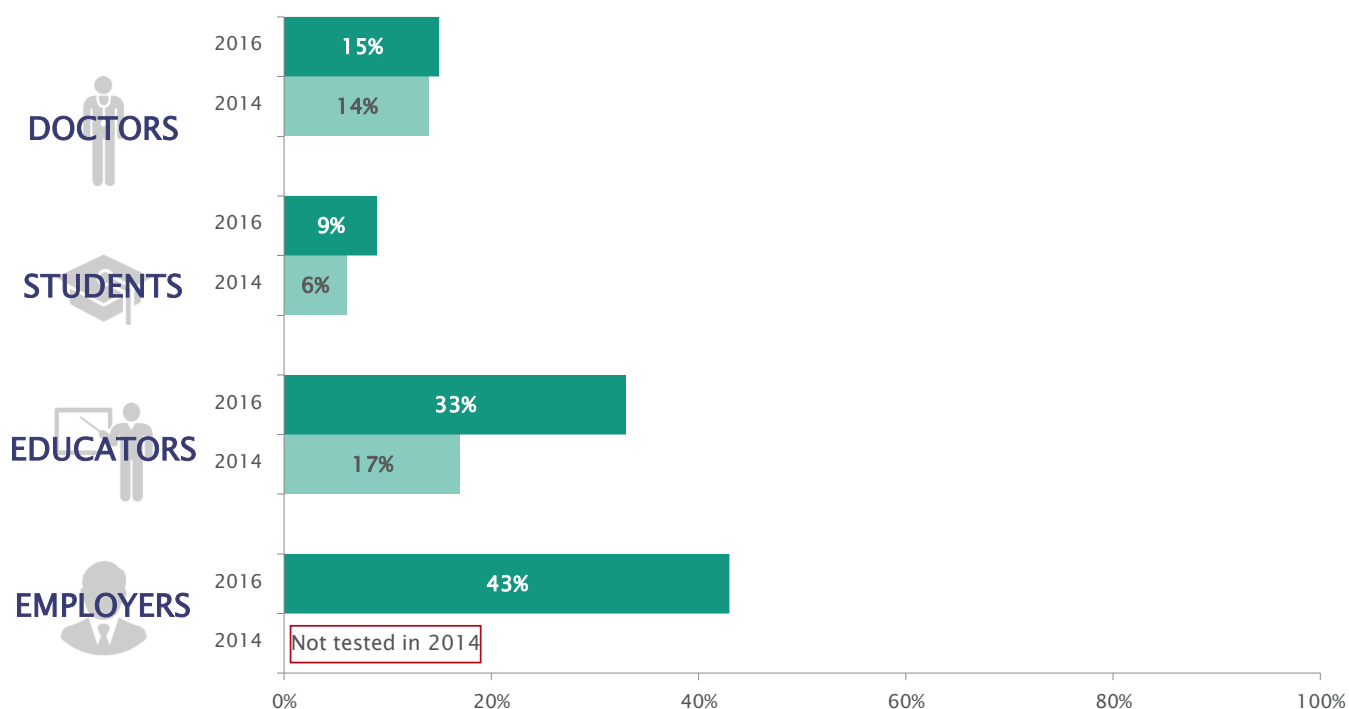
Figure 56: Reported change in the levels of concerns raised about doctors' practice



Q. Over the past 12 months, have you noticed an increase, decrease or no change in the level of concerns that have been raised with you about doctors' practice? Base: all employers (n=400)

Moreover, there has been an increase in the proportion of educators reporting that in the last 12 months, a situation has arisen in which they believed that patient safety or care was being compromised by a doctor's practice. A third say this in 2016, compared to less than one in six in 2014. While there has been no significant change in the proportion of doctors or students who say the same – with both remaining relatively low – once again this may well bear further investigation.

Figure 57: Situation arisen whereby patient safety or care was being compromised by a doctor's practice

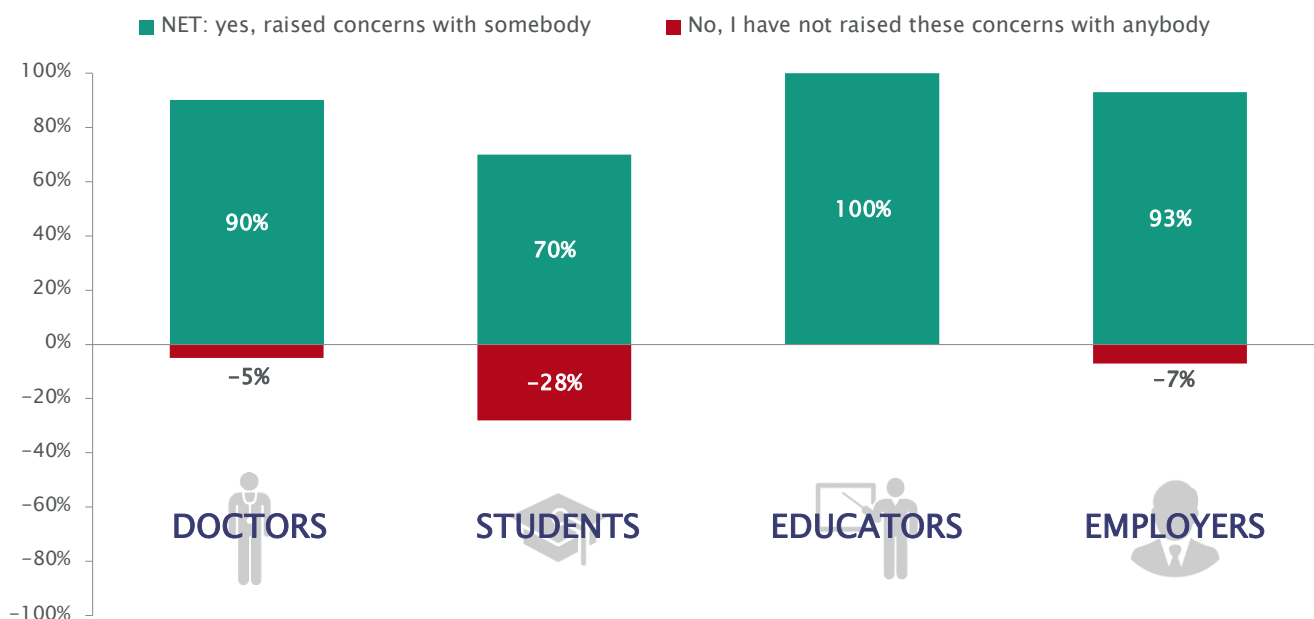


2016. Q. In the last 12 months has a situation arisen in which you believed that patient safety or care was being compromised by a doctor's practice? This could be about the doctor's clinical skills, behaviours or health issues. Base 2016: all doctors (n=2306); all final-year medical students (n=580) all educators (n=46); all employers (n=400) || 2014. Q. In the last 12 months has a situation arisen in which you believed that patient safety or care was being compromised by the practice of a colleague? Base 2014: all doctors (n=2722); all final-year medical students (n=267); all educators (n=30)

Looking more closely at this data, doctors from the private/independent sector (21%) and NHS secondary care (17%) are more likely to say that a situation has arisen in which they believed that patient safety or care was being compromised by a doctor's practice, when compared to NHS primary care (12%) and NHS tertiary care (15%). In comparison, when we look at the employers figures a different pattern emerges, with only 27% of employers from private hospitals saying the same compared to over half of employers from CCGs (55%) and Trusts (53%). This could well indicate that further investigation is needed in NHS secondary care – where both doctors and employers report higher than average levels of concern – however the picture in the private/independent sector is more complex. Here, doctors report a higher than average level of concern over the last 12 months, but for employers this is lower than average. This may result from a number of factors, and more research would be needed to fully identify the drivers of these differences.

Positively, the clear majority of all audiences who have experienced a situation in which they believed that patient safety or care was being compromised raised those concerns with someone else. For employers, doctors and educators the proportion of respondents who did so was nine in ten or higher, and all educators in this situation said that they raised those concerns. However, it should be noted that nearly three in ten students say that they did not raise those concerns with anybody.

Figure 58: Raising concerns



Q. And in the last 12 months, have you raised any of your concerns about patient safety or care being compromised with any of the following? Base: all doctors who have been concerned in the last 12 months (n=356); all students who have been concerned in the last 12 months (n=54); all educators who have been concerned in the last 12 months (n=15*); all employers who have been concerned in the last 12 months (n=171).

Those who reported that they had not raised their concerns with anybody were then asked why that was. The very small base sizes at this question mean that the data is not suitable for quantitative analysis. That said, it is worth looking in a bit more detail at the reasons for not raising concerns:

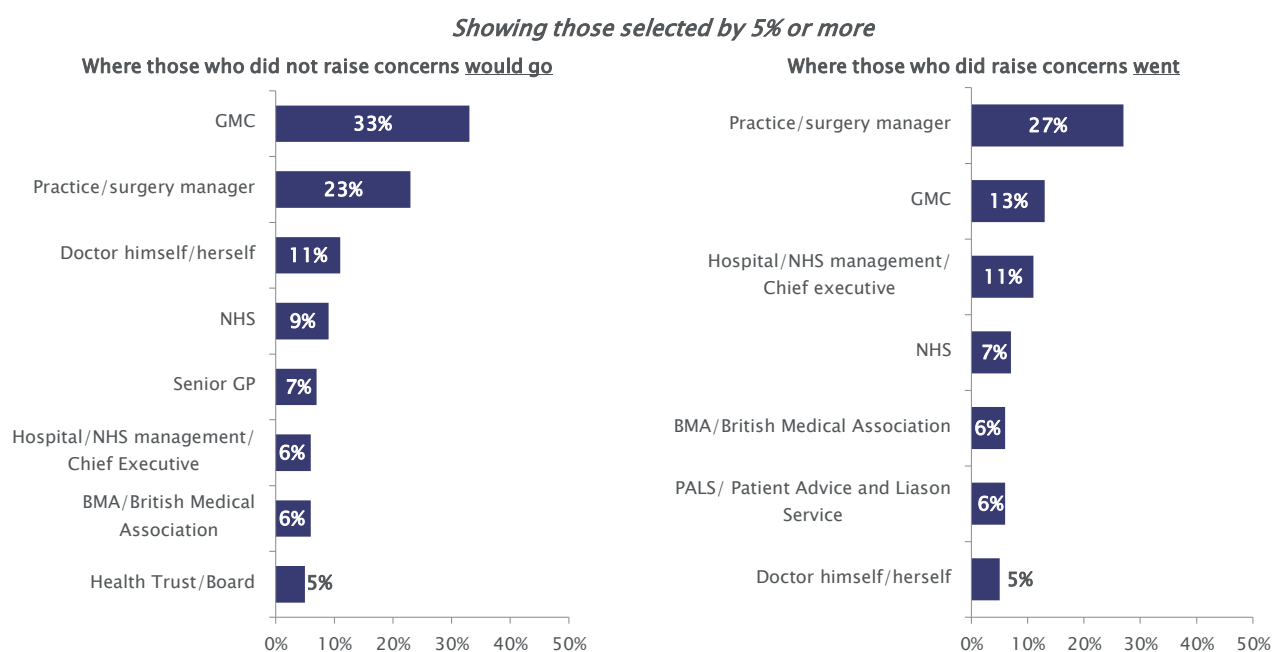
- Among the 15 students who fall into this category, the dominant points highlighted are that they did not know how to raise their concerns or who to report them to; that they were not sure of their suspicions; and that they thought that the incident or issue was too minor. It may therefore be worth considering how students can be better supported to navigate this process if appropriate to do so.
- Among doctors (n=16), the picture is slightly different. The most common reason given for not raising concerns is that the incident or issue was too minor, however this is coupled with concerns about the reporting process. Around half of respondents say that they did not raise their concerns because reporting channels are too punitive/not supportive, or that they were afraid of the impact on them, their career and/or their working relationships with peers. This may suggest that concerns raised about whistleblowing in response to open questions elsewhere in the survey are impacting on a small minority of doctors when they encounter a situation where they are concerned about patient safety or care being compromised.
- Among employers (n=11), the main reasons given in the verbatim comments are that it was raised by someone else, or that they dealt with the concern internally.

While it should be borne in mind that these are very small proportions of the overall sample, these are nonetheless findings which the GMC may wish to bear in mind going forward.

METHOD OF RAISING CONCERNS

The top organisations or people who the public say that they would approach with concerns are the GMC (33%) and the practice or surgery manager (23%). This is consistent with the data from those who have raised concerns, who name both sources, but in the opposite order – the public are most likely to have raised concerns with the practice/surgery manager (27%) followed by the GMC (13%) – although it should be noted that the base size at this question is low. This may suggest that those who have not been in this situation might have been influenced by the fact that they know the survey is for the GMC, making them more likely to name it when prompted with a hypothetical scenario. Nonetheless, it is positive that the GMC is also reportedly being used by those who have had a concern. Interestingly, those who have been in this situation are more likely to say that they would go to senior management within the organisation than those who have not – 11% say that they have raised concerns with the hospital/NHS management/chief executive, compared to only 6% of those who were speaking hypothetically.

Figure 59: Where those who did not raise concerns would go / Where those who did raise concerns went

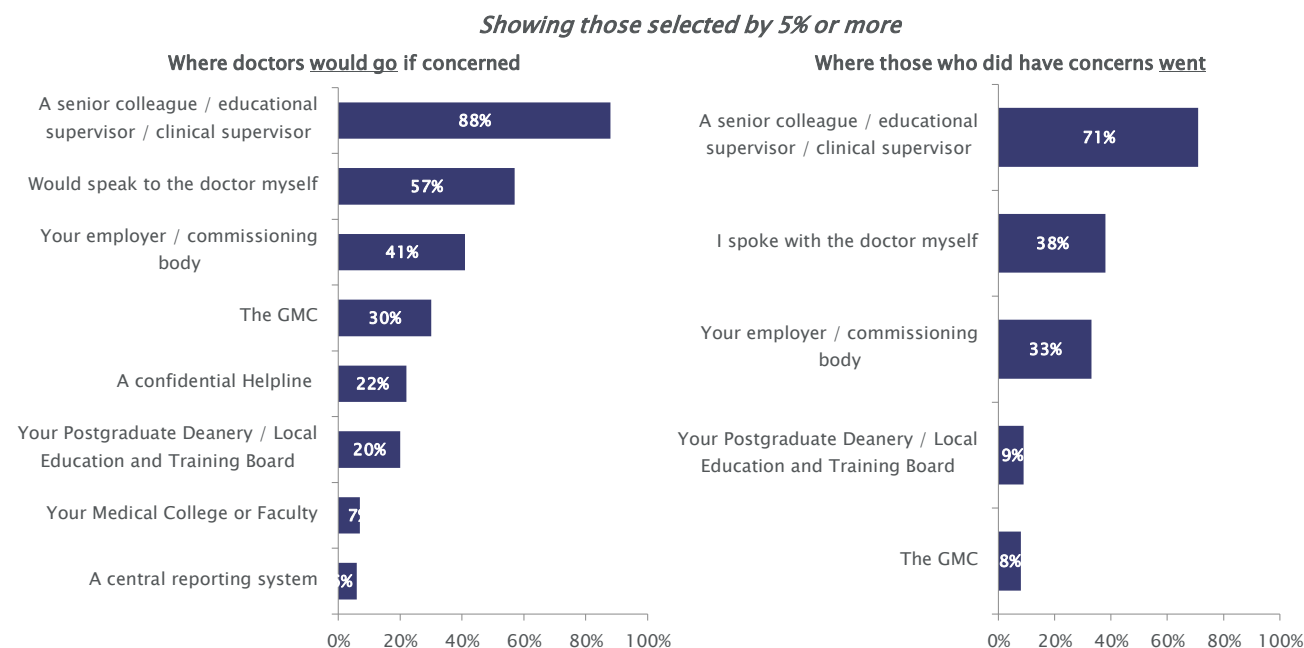


Q. If you were going to make a complaint about a doctor, who would you think about complaining to? Base: all members of the public who have not raised concerns in the last 12 months (n=1,464). Q. To which organisation(s) did you formally raise your concerns? Base: all members of the public who formally raised concerns in the last 12 months (n=38)

Looking at those within the system, across doctors, students and educators the largest proportion say that they would report concerns to a senior colleague, educational supervisor or clinical supervisor (89%, 96% and 72% respectively). This also holds true for those doctors and students who have been in this situation (71% and 56%), however falls dramatically among educators, where only 33% say the same – the largest proportion report having taken their concerns to the GMC (60%).

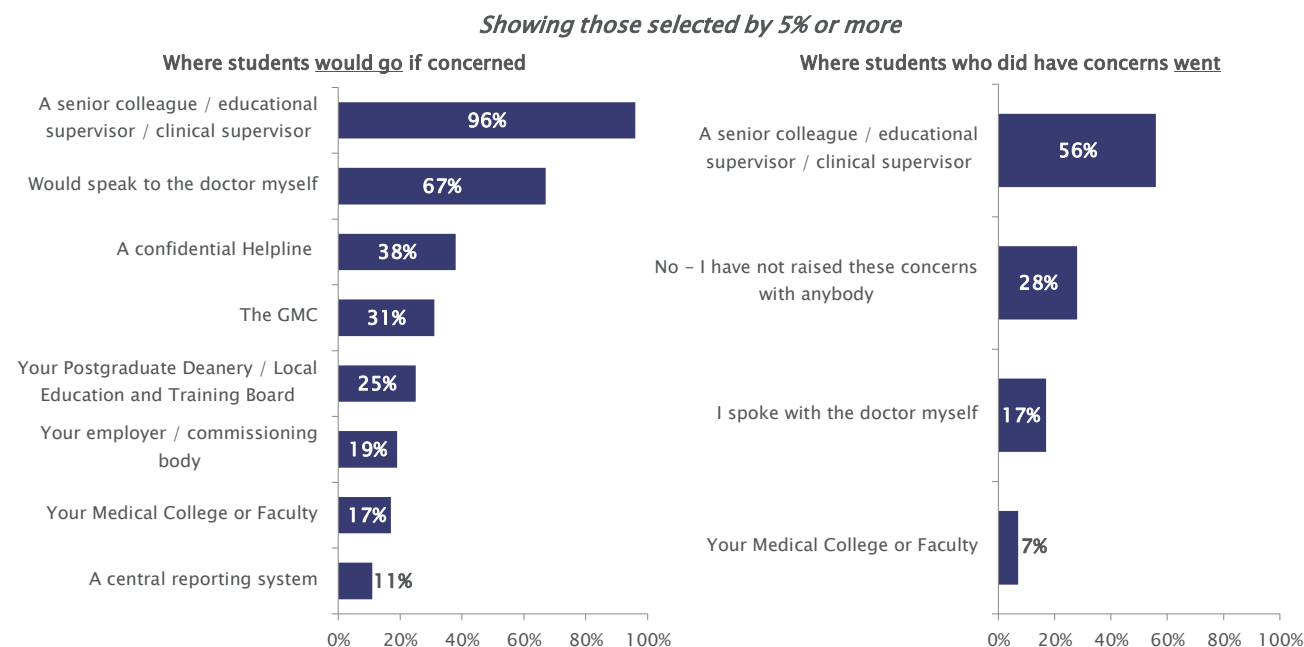
In terms of the GMC as a specific channel for reporting, 30% of doctors, 31% of students and 65% of educators report that they would approach the GMC with their concerns if they believed that patient safety or care was being compromised – making it the second most likely reporting channel for educators, and the fourth most likely for doctors and students. While this remains mostly consistent among doctors (8%, or fifth most likely) and educators (60%, or most likely) who have been in that situation, this falls off dramatically among students, where no student who had been in that situation said that they had reported their concerns to the GMC. This further supports the hypothesis outlined above that students may need more support when it comes to raising concerns.

Figure 60: Where doctors would go if concerned / Where doctors who did have concerns went



Q. If a situation arose in which you believed that patient safety or care was being compromised by the practice of a colleague, which of the following would you go to / tell, if any? Base: all doctors (n=2306); Q. And in the last 12 months, have you raised any of your concerns about patient safety or care being compromised with any of the following? Base: all those who have been concerned about patient safety or care being compromised in the last 12 months (n=356)

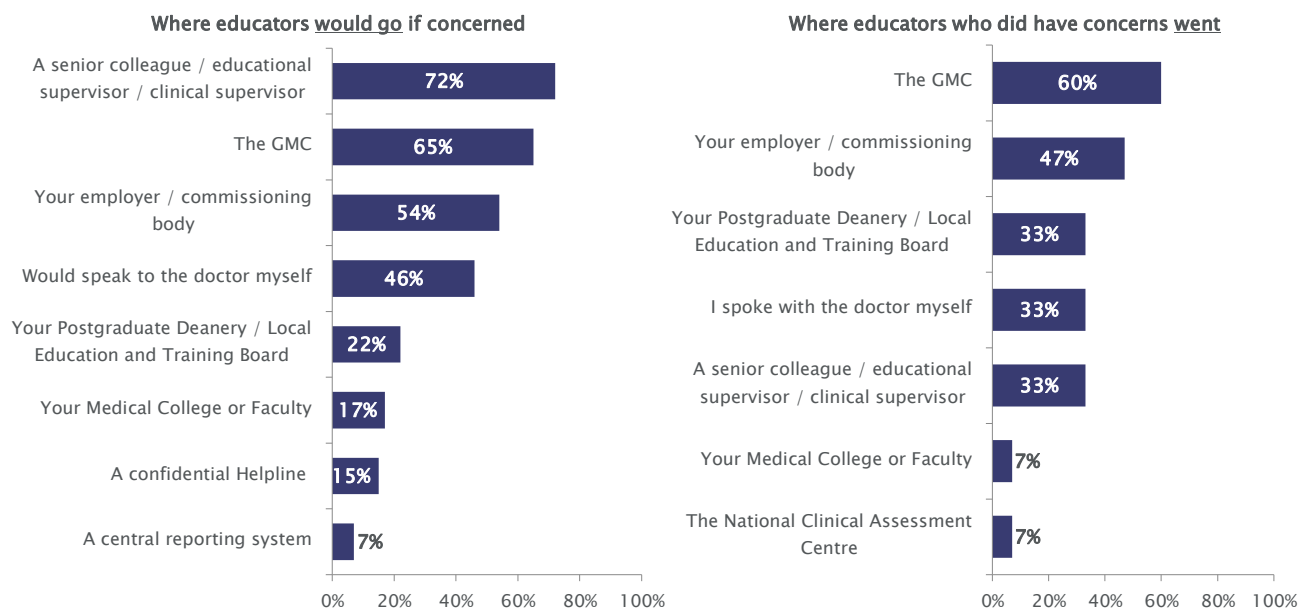
Figure 61: Where students would go if concerned / Where students who did have concerns went



Q. If a situation arose in which you believed that patient safety or care was being compromised by the practice of a colleague, which of the following would you go to/tell, if any? Base: all final year medical students (n=580); Q. And in the last 12 months, have you raised any of your concerns about patient safety or care being compromised with any of the following? Base: All final year medical students who have been concerned about patient safety or care being compromised in the last 12 months (n=54)

Figure 62: Where educators would go if concerned / Where educators who did have concerns went

Showing those selected by 5% or more



Q. If a situation arose in which you believed that patient safety or care was being compromised by the practice of a colleague, which of the following would you go to / tell, if any? Base: all educators (n=46); Q. And in the last 12 months, have you raised any of your concerns about patient safety or care being compromised with any of the following? Base: all educators who have been concerned in the last 12 months (n=15)

FITNESS TO PRACTISE



All audiences tested (with the notable exception of doctors) are more likely to be confident than not confident in the fairness of Fitness to Practise investigations. Doctors' confidence in the fairness of Fitness to Practise investigations and tribunals has dropped relative to the previous research, conducted in 2014. Strikingly, approximately one in five doctors now say that they are "not at all confident" in the fairness of Fitness to Practise investigations (18% say this, compared to 8% in 2014), and a similar proportion say this for tribunal hearings (15%, vs. 7% in 2014).

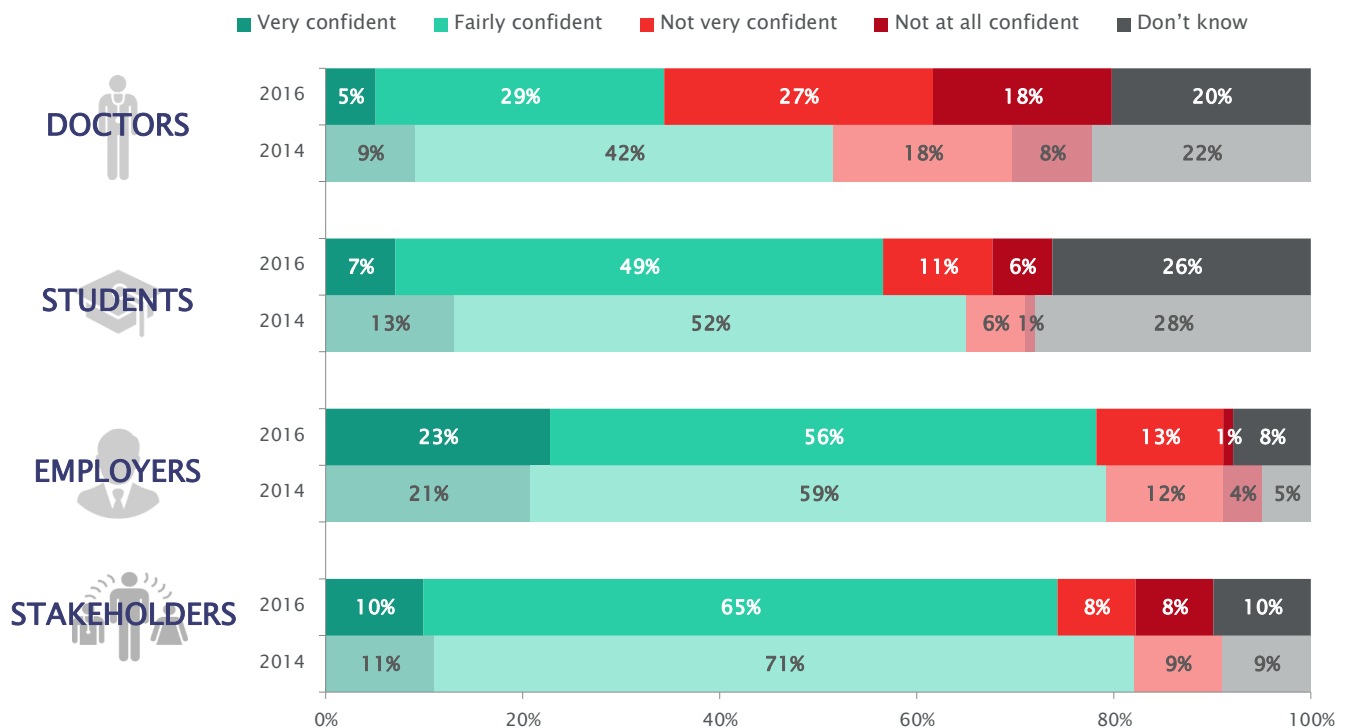
There has also been a drop in medical students' confidence in the fairness of Fitness to Practise investigations – one in six (17%) say that they are either "not at all confident" or "not very confident" now, relative to just 7% in 2014.

Analysing verbatim responses to open-ended questions asked as part of this research, concerns around doctors' physical and emotional welfare appear to be driving this loss of confidence, which may also link to broader findings around the preparedness of new graduate doctors for practice in this area described in the section on education and training. Many doctors and medical students cite the stress that they perceive that a Fitness to Practise investigation can cause, and also refer negatively to the extended length of time that such investigations are thought to take. These opinions are strongly shaped by personal experience – knowing friends or colleagues who have faced a Fitness to Practise investigation – but also by the much publicised data about suicides by doctors under investigation.

THE GMC'S FITNESS TO PRACTISE INVESTIGATIONS

Confidence in the fairness of the GMC's Fitness to Practise Investigations is divided across audiences.

Figure 63: Confidence in the fairness of the GMC's Fitness to Practise Investigations



2016, 2014 Q. This question is about the GMC's Fitness to Practise investigations. By this we mean the Fitness to Practise investigation that the GMC conducts into complaints made about doctors. How confident, if at all, are you that the GMC's

Fitness to Practise investigations produce fair outcomes for all groups of doctors? Would you say you are... Base 2016: all doctors (n=2306); all final-year medical students (n=580) all employers (n=400); all stakeholders (n=40) || Base 2014: all doctors (n=2722); all final-year medical students (n=267); all employers (n=226); all stakeholders (n=35)

Confidence is high among employers and stakeholders, with strong proportions of these audiences either “fairly confident” or “very confident” (79% say this for employers, as do 75% of stakeholders). However, medical students are markedly less confident than employers and stakeholders, with just over half saying that they are confident (57%).

Doctors are much less confident than any of the other audiences who were asked about Fitness to Practise. Just a third (34%) of doctors say that they are either very or fairly confident in the fairness of these investigations, compared to 45% who say that they are either “not very confident” or “not at all confident”. Strikingly, one in five doctors (18%) say that they are “not at all confident” in the fairness of the GMC’s Fitness to Practise Investigations.

Worryingly, there have been significant drops in both doctors’ and medical students’ confidence relative to 2014. This trend is most striking among doctors – while in 2014 approximately half (51%) were confident in the fairness of Fitness to Practise investigations, only a third (34%) are confident now. There has been a comparable increase in negativity among doctors – 46% are not confident now, compared to 27% in 2014.

Concerns about Fitness to Practise appear closely related to confidence in the overall regulation of the medical profession by the GMC – doctors who say that they are “not very confident” or “not at all confident” in the GMC’s regulation are far more likely than their counterparts to say that they are also not confident in the fairness of Fitness to Practise investigations. Coupled with the fact that there have been clear downward trends on levels of confidence in both of these areas, this is an area which may require additional consideration.

THE MEDICAL PRACTITIONERS TRIBUNAL SERVICE (MPTS)

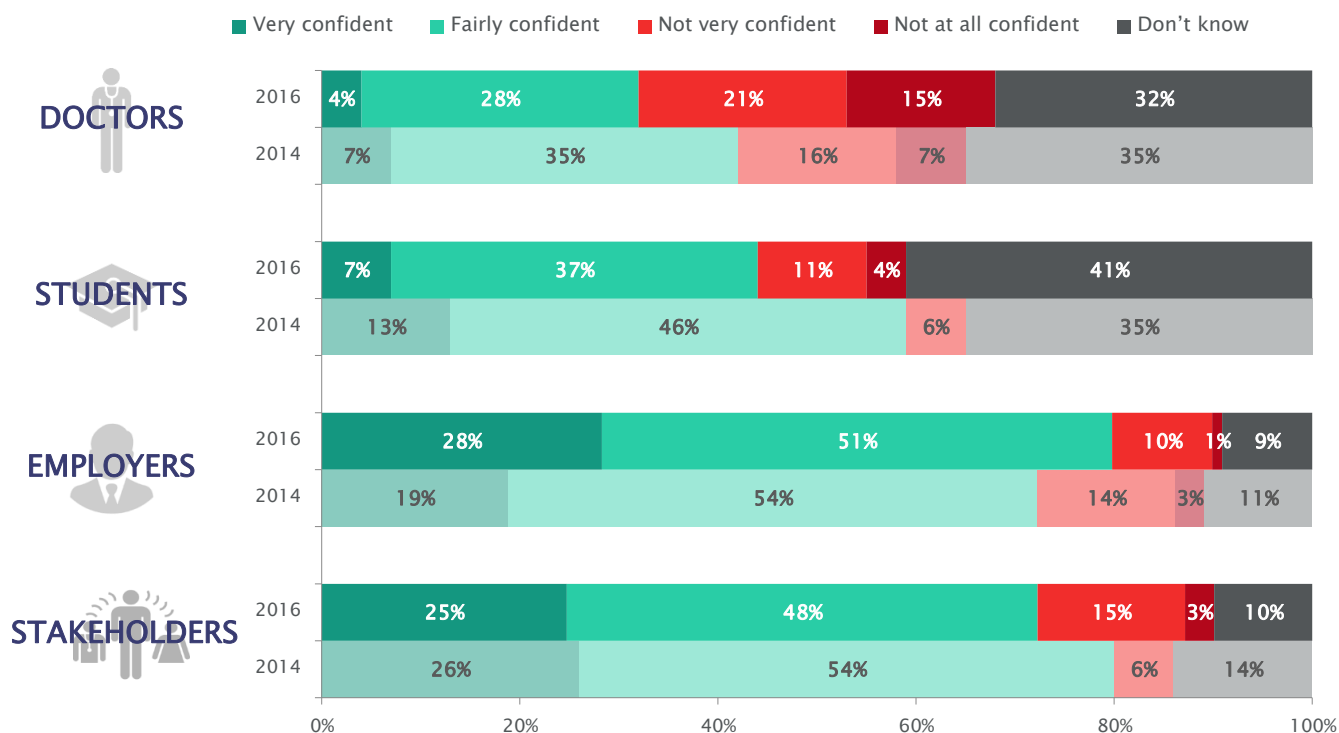
A similar trend is evident in terms of Fitness to Practise tribunal hearings, with doctors and medical students far less likely than employers and stakeholders to say that they are confident in the fairness of these.

Among doctors, it is striking that roughly one in seven doctors (15%) say that they are “not at all confident” in the fairness of these hearings. More broadly, doctors are approximately as likely to be either “very” or “fairly” confident (33%) as “not very” or “not at all” confident (36%) in the fairness of these hearings. Again, confidence has dropped significantly since 2014. For medical students, confidence has also dropped noticeably since 2014 – 44% of students are now either very or fairly confident, relative to 59% in the previous survey.

Confidence is higher elsewhere, with majorities of employers (79%) and stakeholders (73%) saying that they are confident in the fairness of tribunal hearings.

It is also striking that relatively high proportions of both doctors and medical students say that they “don’t know” regarding the fairness of Fitness to Practise tribunal hearings – a third of doctors (32%) and two in five medical students (41%) say this. While many may feel that they are not in a position to comment due to a lack of knowledge (perhaps because they do not know any friends or colleagues who have gone through this process), it is notable that they are not inclined to give the benefit of the doubt to MPTS hearings despite this low awareness.

Figure 64: Confidence in the fairness of the Fitness to Practise tribunal hearings



2016, 2014. Q. If the GMC concludes that a hearing is necessary it then refers the case to the Medical Practitioners Tribunal Service (MPTS) for a Fitness to Practise tribunal hearing to be conducted. How confident, if at all, are you that the Fitness to Practise tribunal hearings run by the Medical Practitioners Tribunal Service (MPTS) produce fair outcomes? Would you say you are...Base 2016: all doctors (n=2306); all final-year medical students (n=580) all employers (n=400); all stakeholders (n=40) || Base 2014: all doctors (n=2722); all final-year medical students (n=267); all employers (n=226); all stakeholders (n=35)

DRIVERS OF LOW CONFIDENCE

Although this research did not ask individuals voicing concerns about the fairness of Fitness to Practise investigations or tribunals to explain the reasons for these concerns, other data from the research provides some strong indicators as to what these may be.

In particular, recently published data⁷ regarding suicides of doctors under Fitness to Practise investigations appear to have had a strong impact on doctors' perceptions – many doctors and medical students cite this in response to a question asking them about their lack of confidence in the regulation of the medical profession by the GMC⁸:

The GMC seems to cause so much stress to doctors especially if they are "under investigation" to the point that their mental and physical health suffers and even [leads to] suicides.

Medical Student

⁷ http://www.gmc-uk.org/Internal_review_into_suicide_in_FTP_processes.pdf_59088696.pdf

⁸ Q. Why do you say that you are not confident in the way that doctors are regulated by the GMC?

[The] high level of doctor suicide whilst being investigated by GMC is shocking and appalling.

Doctor

It is clear that this data has had a major, negative impact on perceptions of the Fitness to Practise process among doctors and students.

Related to this, the length of Fitness to Practise investigations repeatedly emerges as a key concern – doctors talk about the damaging consequences that being under investigation for a long period of time can have on individuals’ professional lives (particularly in financial terms) and on their personal lives (particularly in terms of physical and mental wellbeing):

The time it takes to reach decisions [in FTP investigations] leaving doctors living with uncertainty for years in some cases.

Doctor

In addition, many doctors speak about a “presumption of guilt” which they perceive to exist in the Fitness to Practise process:

The GMC often regards the doctor as presumed guilty and [he/she] is left to prove otherwise.

Doctor

[The GMC is] largely unfair and overbearing in its dealings with doctors. There seems to be an assumption of doctor guilt from the outset of any complaints.

Doctor

This perception (which appears very strongly held by a notable proportion of doctors) feeds in to the broader belief that the GMC does not adequately take account of doctors’ needs and wellbeing:

[The GMC has a] heavy handed approach to investigating minor complaints and especially self-referred Fitness to Practise issues. [A] distinct impression [is] given of lack of compassion towards doctors in trouble.

Doctor

This is a theme that emerges repeatedly from this year’s research and may explain the sharp drop in doctors’ (and to a lesser extent medical students’) positivity on a number of key metrics regarding the GMC’s performance.

In terms of the sources informing perceptions of Fitness to Practise, the basis for these viewpoints is frequently said to be the experience of friends, colleagues and former acquaintances who have been through the Fitness to Practise process:

I have seen colleagues go through horrendous and desperately unfair experiences at the hands of the GMC.

Doctor

In addition, a small minority also report reading through MPTS transcripts and judgements on the GMC website and have a negative impression of these:

I read the published judgements and they often seem biased to me.

Doctor

ETHICAL AND PROFESSIONAL GUIDANCE



The GMC ranks relatively highly as a front-of-mind point of contact for support on ethical and professional guidance, with doctors ranking it below only defence organisations and colleagues as the most important source of guidance on such issues.

Usage of GMC guidance is relatively widespread, with a majority among all audiences saying that they have referred to GMC guidance in the last twelve months. However, the vast majority of doctors say that they have not had contact with the GMC on guidance issues in any other ways in this time period.

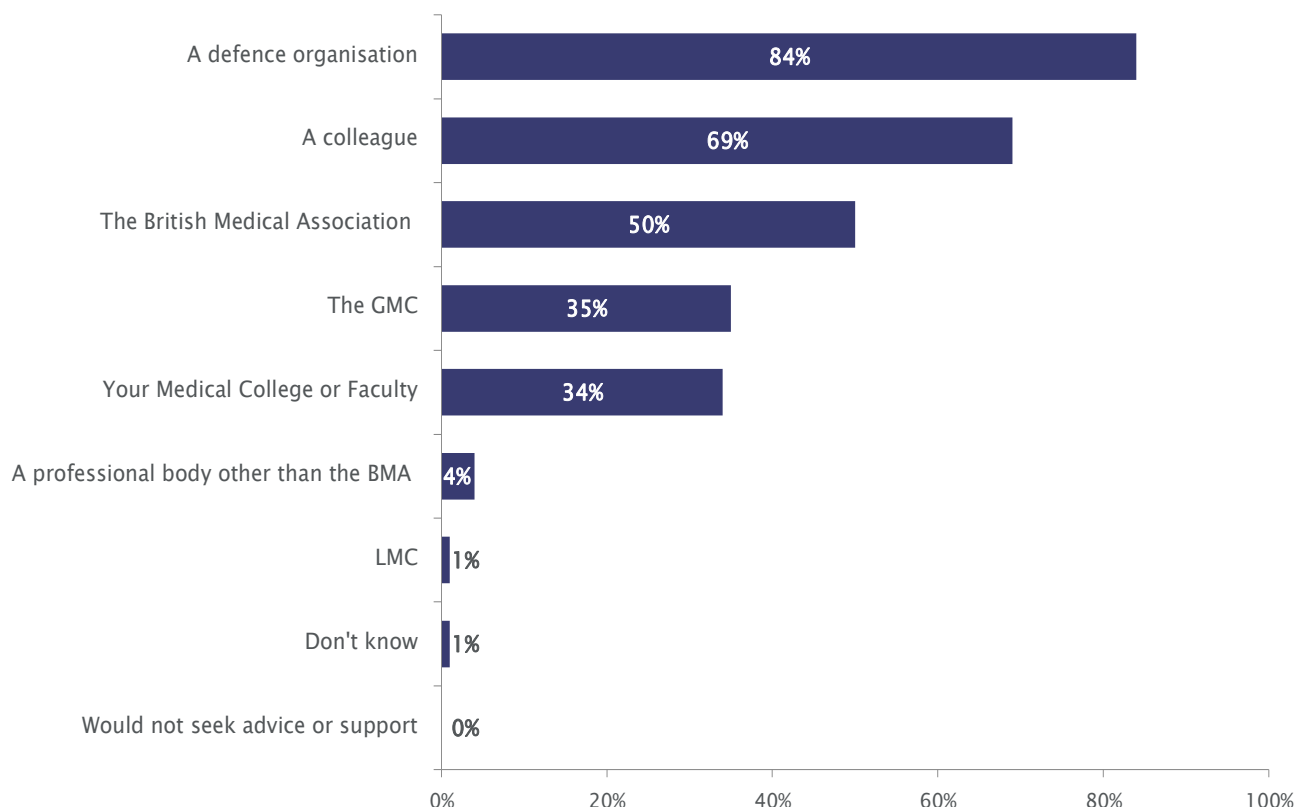
Encouragingly, the majority of those who have used the GMC's guidance say that it is helpful.

When asked about the preferred format for future communications, preferences are consistent across audiences – a telephone helpline, case studies, FAQs and flow charts to aid decision-making are all popular among a large proportion of students, educators and doctors.

SEEKING SUPPORT AND GUIDANCE

Doctors are most likely to say they would go to a defence organisation (84%), a colleague (69%) or the British Medical Association (50%) for advice or support on ethical and professional guidance relating to their practice. Around a third (35%) of doctors say the same of the GMC.

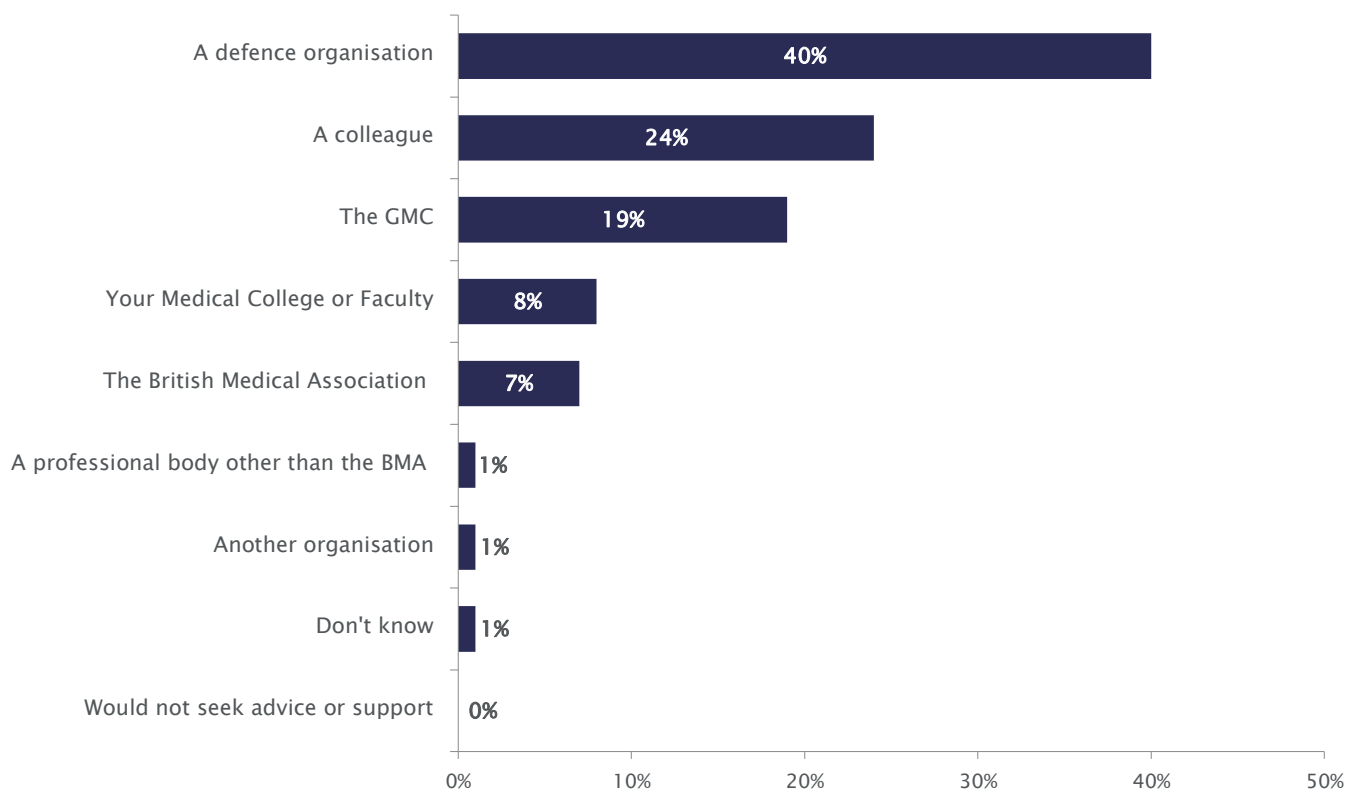
Figure 65: Point of contact for support on ethical and professional guidance



Q. Where would you go for advice or support on ethical and professional guidance relating to your practice? Base: all doctors (n=2306)

When asked about the relative importance of each of these potential sources of ethical and professional guidance, doctors are most likely to say that that defence organisations (40%) and colleagues (24%) are the most important source of support. As highlighted by the graph below, the GMC ranks third on this metric, with one in five (19%) doctors saying that it is the most important source of support on ethical and professional guidance.

Figure 66: Most important source of support on ethical and professional guidance



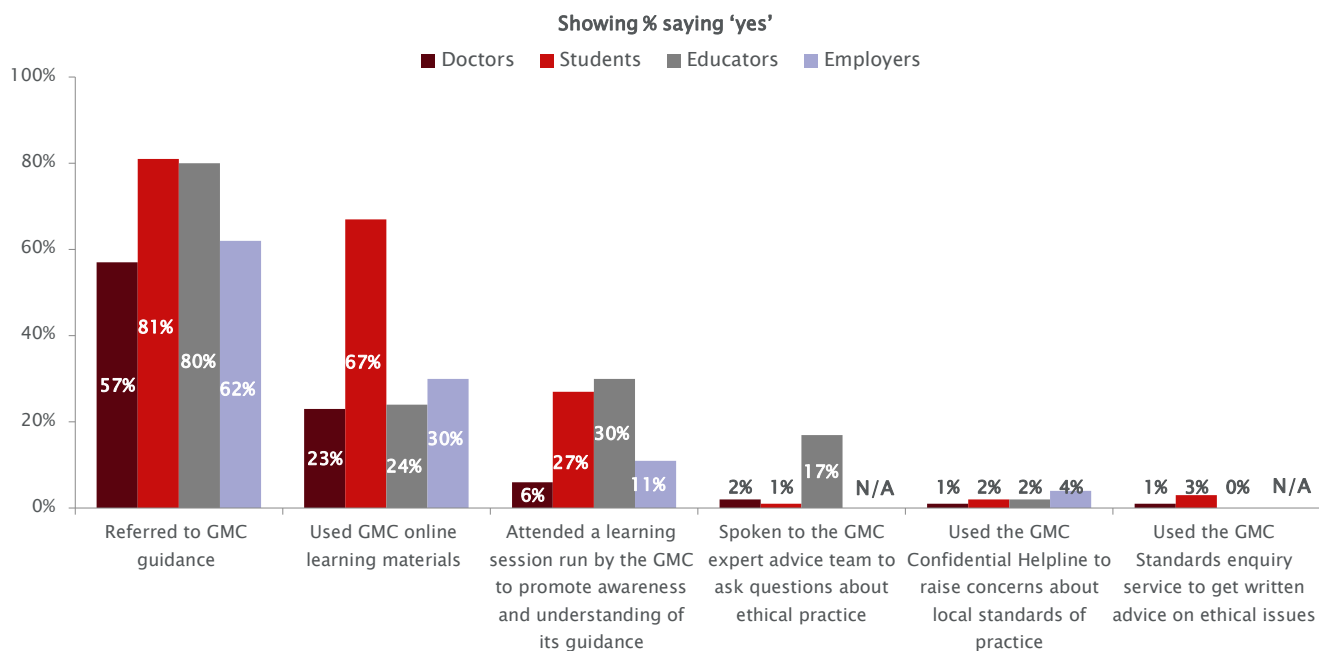
Q. Please rank the following in terms of which you see as being the most important source of advice or support on ethical and professional guidance relating to your practice. Base: all doctors (n=2306)

USAGE AND IMPRESSIONS OF GMC GUIDANCE

In the past twelve months, usage of GMC guidance has been relatively widespread across the audiences tested. Perhaps unsurprisingly, usage has been highest among students (81%) and educators (80%), although it is also high among employers (62%) and doctors (57%), with majorities of all audiences saying that they have made use of GMC guidance in the last twelve months.

Usage of specific guidance varies in line with audience profiles and priorities, as the graph below indicates. For example, in a striking reflection of generational trends, two thirds of students (67%) report having used the GMC's online learning materials in the past twelve months – this is far higher than for any of the other audiences tested, where only a minority report having made use of the GMC's online resources. Perhaps unsurprisingly, students (27%) and educators (30%) are much more likely than doctors (6%) and employers (11%) to say that they have attended a learning session run by the GMC to promote awareness and understanding of its guidance.

Figure 67: Contact with the GMC on professional support



2016. Q. Over the past 12 months have you... Base: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400)

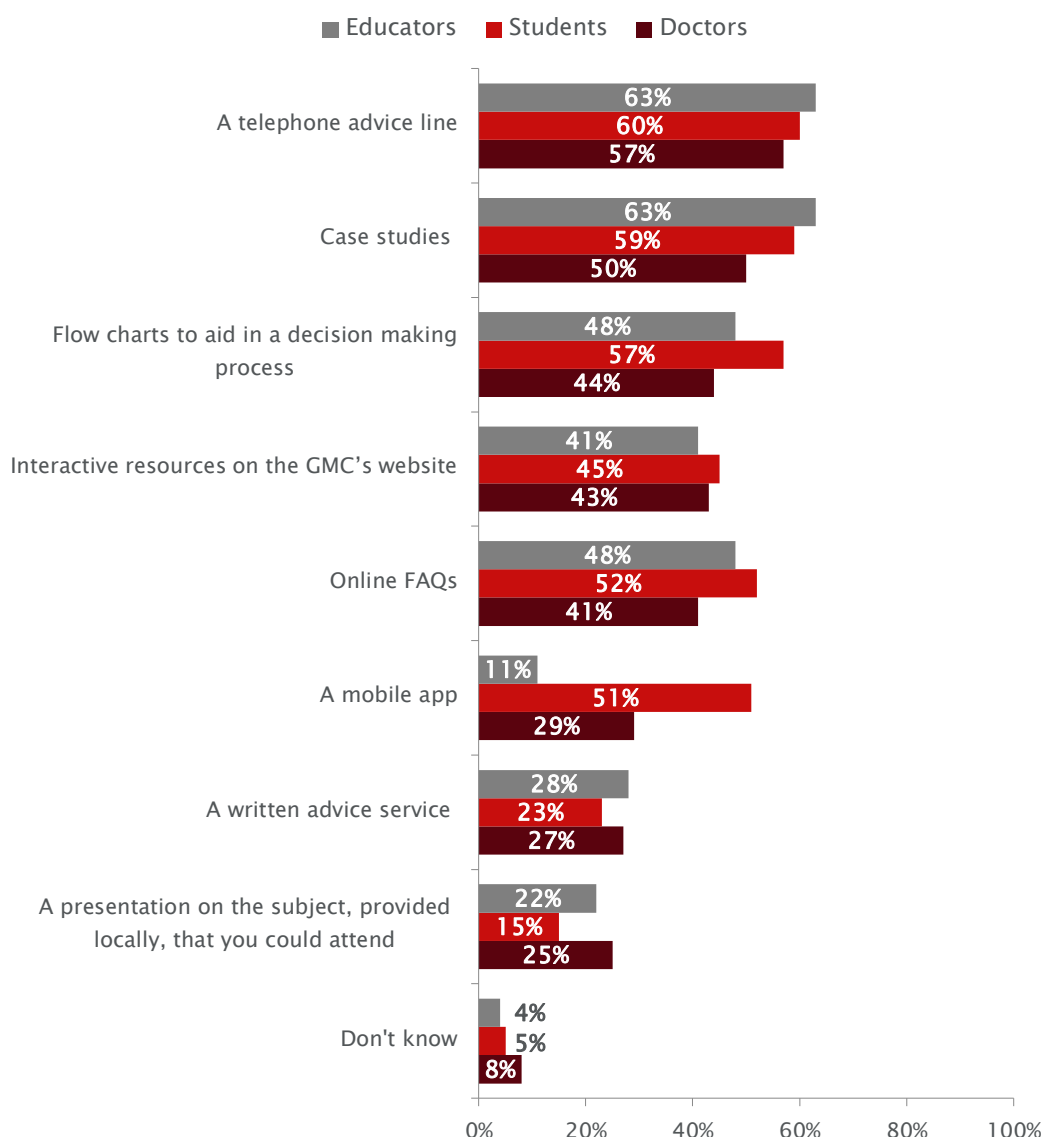
Positively for the GMC, impressions of GMC guidance are very positive. For example, more than four in five (84%) doctors who have referred to GMC guidance in the last twelve months say that it was helpful. The same is true of doctors who have used online learning materials (88%) and learning sessions (83%). This trend is even stronger among final year medical students, where nine in ten who have accessed guidance and online materials say they found these useful (both 90%).

With the exception of referring to GMC guidance, doctors are far more likely to say that they have not used all forms of GMC professional support in the last twelve months than say that they have used them. For example, nearly all doctors say they have not spoken to the GMC expert advice team to ask questions about ethical practice (98%), used the GMC standards enquiry service to get written advice on ethical issues (98%) or used the GMC Confidential Helpline to raise concerns about local standards of practice (99%).

FUTURE GUIDANCE FROM THE GMC

Priorities in terms of the format of any future guidance from the GMC are relatively consistent across the audiences tested – as the graph below shows, a telephone helpline, case studies, FAQs and flow charts to aid decision-making are all popular among a large proportion of students, educators and doctors.

Figure 68: What types of support respondents would like the GMC to provide



2016. Q. Which of the following types of support on ethical questions and dilemmas that arise in your work would you like the GMC to provide? Base: all educators (n=46); all doctors (n=2306); all final year medical students (n=580)

When asked to rank types of support on ethical questions according to which they would most like to receive, a third of doctors (34%) and students (33%) rank telephone advice lines as their number one type of support. Three in ten (28%) educators say the same.

There is also evidence of generational differences in preferences for guidance, however, in that half of medical students (51%) say that a mobile app would be a preferred platform for future guidance, with 18% saying that this is the type of support they would most like to receive from the GMC.

Figure 69: What types of support respondent would like the GMC to provide

Showing those who select each as the most important type of support

Audience	Most likely to be ranked #1	Second most likely to be ranked #1	Third most likely to be ranked #1
Doctors	A telephone advice line (34%)	Flow charts to aid in a decision making process (11%)	Interactive resources on the GMC's website (9%)
Students	A telephone advice line (33%)	A mobile app (18%)	Flow charts to aid in a decision making process (14%)
Educators	A telephone advice line (28%)	Interactive resources on the GMC's website (17%)	Case studies (17%)

2016. Q. Please rank the list of types of support on ethical questions and dilemmas that arise in your work that you would like the GMC to provide with 1 being the most important for the GMC to provide to the least important for the GMC to provide. Base: all doctors (n=2306); all final year medical students (n=580); all educators (n=46)

COMMUNICATIONS



On the whole, the vast majority of all audiences tested are currently happy with their level of contact with the GMC. At the same time, there is a desire among a notable minority of medical students for greater contact with the GMC, linked to the perception that this may clarify confusion around the GMC's role and also improve medical students' impressions of the GMC from the outset of their careers.

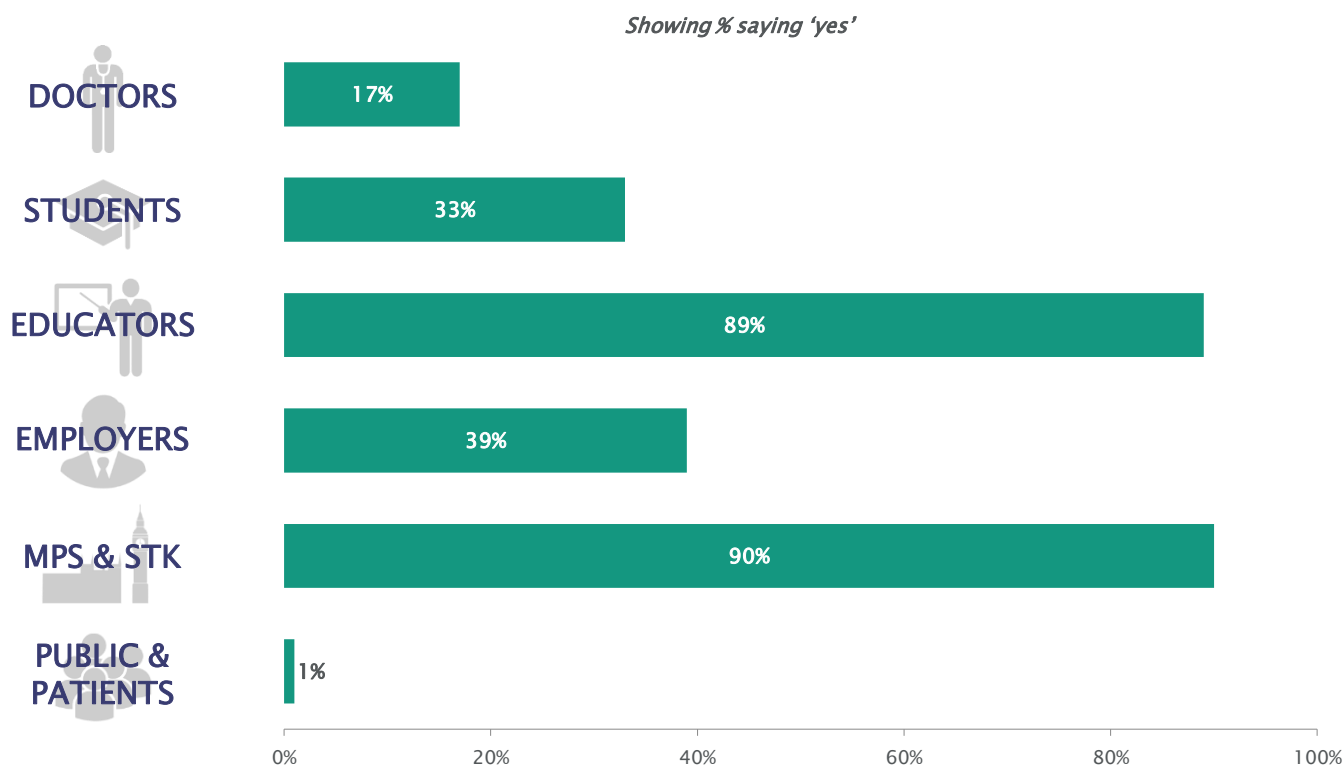
Across all audiences, those who have been in contact with the GMC in the last twelve months tend to have positive impressions of the organisation's communications – with high proportions saying that these are effective at providing relevant information and addressing needs/answering queries. Similarly, educators, employers and stakeholders tend to be positive about the GMC's requests for information, advice or input, with the majority saying that they have been easy to respond to, coordinated and proportionate to the nature of the issue concerned – this is consistent with the findings for the proportions of educators, stakeholders and employers who agree that the requirements the GMC places on their organisation are reasonable and proportionate (see Perceptions of the GMC). Reactions to the GMC website are also generally positive among those who have visited it in the last twelve months.

Despite overall satisfaction with the GMC's communications, some areas for improvement emerge. In particular, there is evidence to suggest that not all doctors perceive the GMC's newsletters to be relevant to them. More broadly, there is some concern among both doctors and medical students about the tone of the GMC's communications – this appears to be strengthening the viewpoint (identified elsewhere in this report) that the GMC is not sufficiently on the side of doctors, particularly in terms of Fitness to Practise investigations and MPTS tribunal hearings. On a separate note, employers would like greater access to specialist knowledge in their communications with the GMC.

CONTACT WITH THE GMC

Contact with the GMC in the last twelve months has been highest among educators and MPs and stakeholders – approximately nine in ten of each audience report having had direct contact with the GMC. Two in five employers (39%) and a third of students (33%) report having had contact, compared to just one in six doctors (17%). It is possible that 'direct contact' at this initial question on communications may be understood by many doctors to mean individual-level contact through formal procedures and processes (such as Fitness to Practise investigations) rather than through general materials such as newsletters and regular mailings – this would explain why such a low proportion of doctors report having had contact with the GMC in the last 12 months, despite the GMC's ongoing communications strategy.

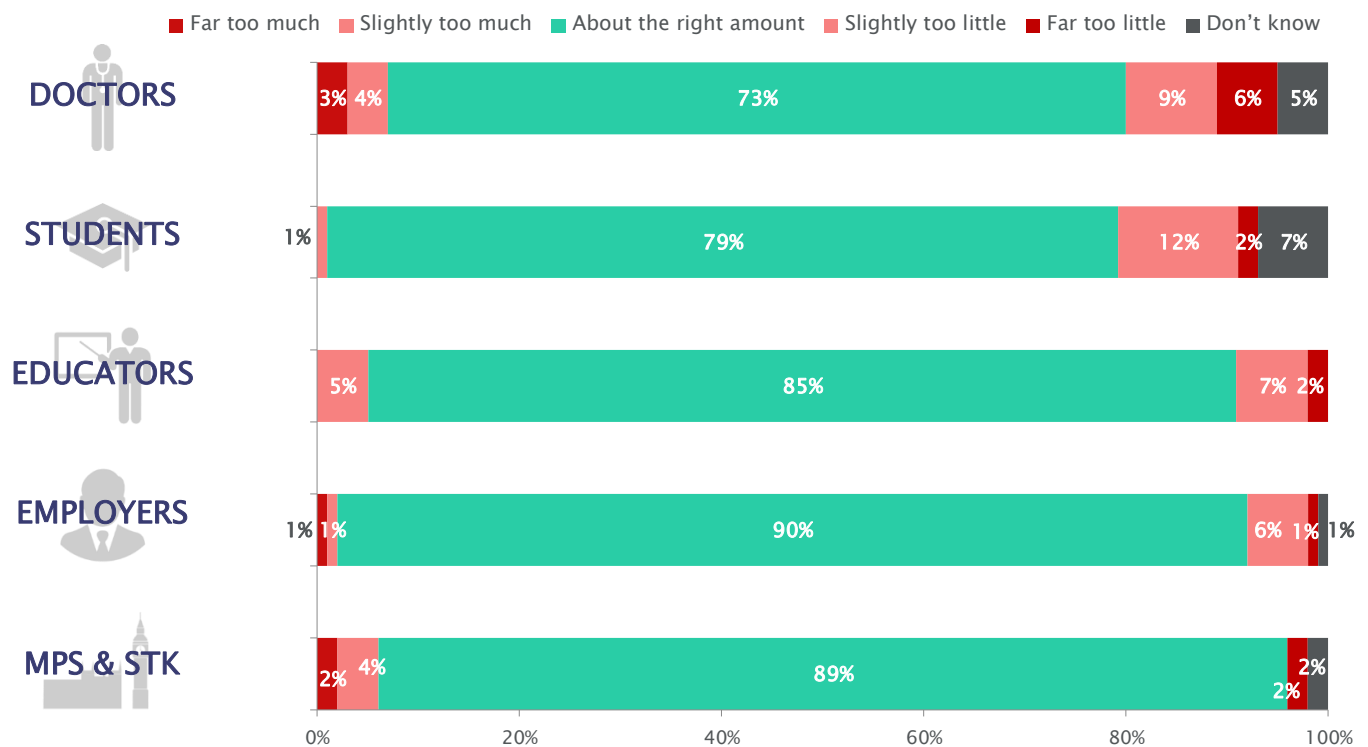
Figure 70: Contact with the GMC over the last 12 months



2016. Q. Over the past 12 months have you had direct contact with the GMC? Base: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50); all general public & patients (n=1502)

Given the broader context of some negative trends relative to 2014 in perceptions of the GMC, it is encouraging that the vast majority of all audiences report having had 'about the right level' of contact over the last twelve months, as the chart below shows.

Figure 71: Level of communication with the GMC over the last 12 months



2016. Q. Thinking about the level of communication that you have had with the GMC over the last 12 months, would you say that you have received too much, too little or about the right amount of communication from the GMC? Base: all doctors who have had direct contact with the GMC in the last 12 months (n=401); all final year medical students who have had direct contact with the GMC in the last 12 months (n=192); all educators who had contact with the GMC over the last 12 months (n=41); all employers who have had direct contact with the GMC in the last 12 months (n=156); all Parliamentarians and stakeholders who have had direct contact with the GMC in the last 12 months (n=45)

Very few members of any audience report having had too much contact with the GMC – a finding that is supported by verbatim responses to the open-ended question ‘Overall, what one thing could the GMC do to improve its communication / contact with you?’:

Happy with the level of contact and certainly don't feel I need more – we get enough stuff as it is.

Student

I think it's contact with me is fine the way it is.

Student

I am happy with current model of communication.

Doctor

Overall, this suggests that levels of communication are broadly appropriate across the GMC’s key audiences. However, there is some evidence to suggest that some medical students and doctors would value greater levels of contact with the GMC – for example, one in eight final year medical students (13%) say they have received too little communication from the GMC.

In verbatim comments elsewhere in the survey, a notable minority of medical students indicate that they would like to hear more from and learn more about the GMC during the course of their studies. This

subgroup highlight two effects of the perceived low levels of contact at the moment – firstly, that there is a certain degree of confusion among their peers regarding the role and function of the GMC, and secondly that the GMC can start off ‘on the wrong foot’ with training doctors, potentially alienating them before they have begun their career as fully trained medical professionals.

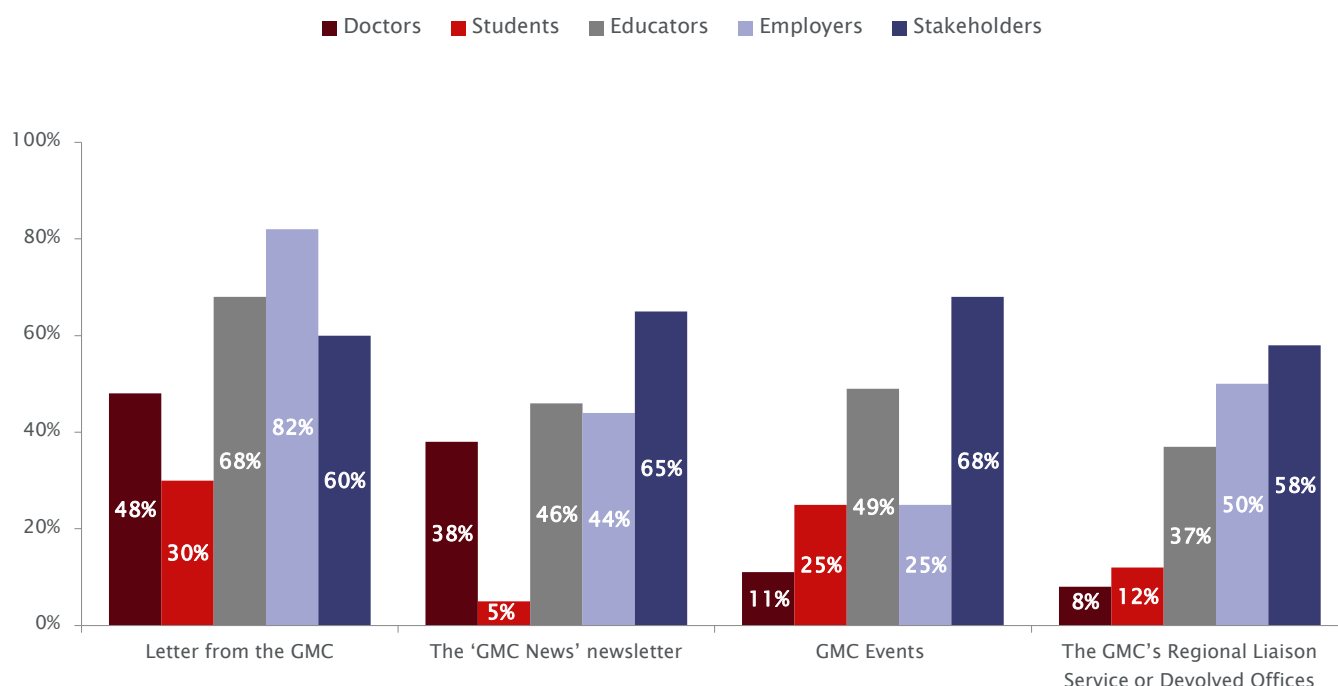
I think they could talk to the medical students at an earlier stage – we had no contact until fifth year and I think we are all a bit confused about what the GMC do. There's a lot of confusion regarding who all these organisations are – GMC, BMA, MPS, MDU etc.

Student

Given the negative findings elsewhere in this research regarding perceptions of the GMC as not sufficiently on the side of doctors, reviewing current communications with medical students may provide one means of addressing this challenge.

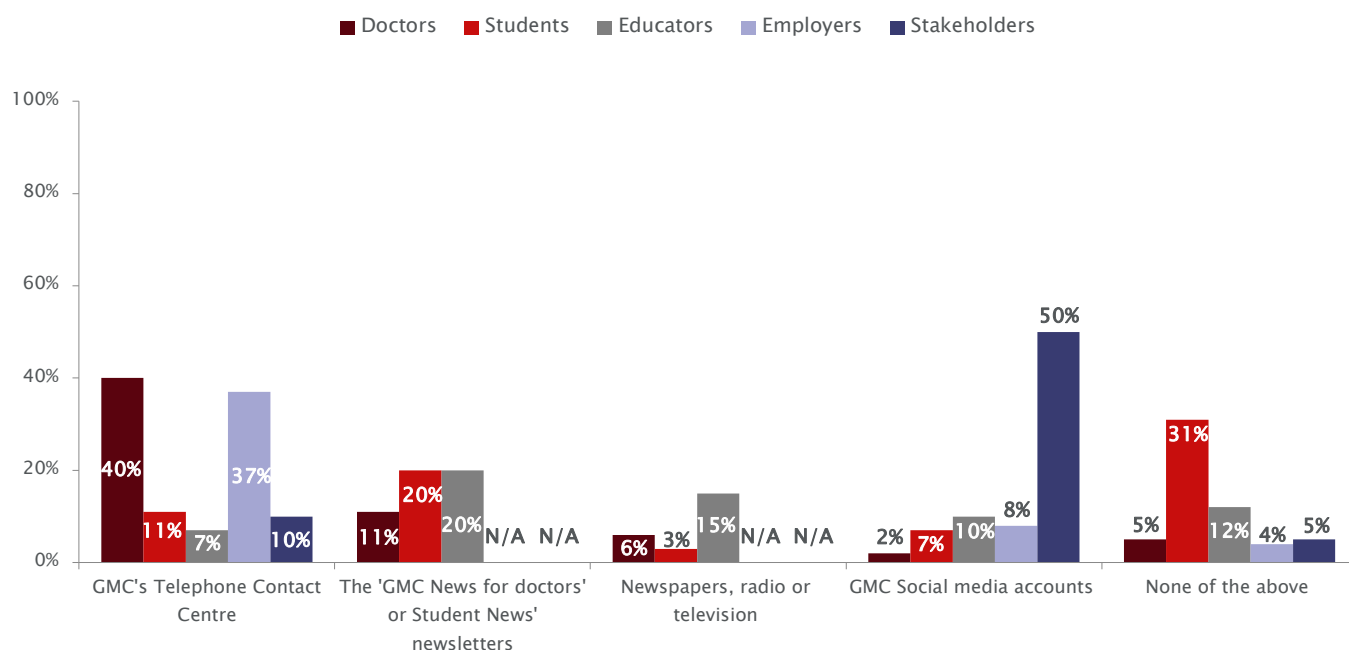
The most widely reported forms of contact with the GMC in the last twelve months are letters from the GMC, the ‘GMC News’ newsletter, events run by the GMC and contact through the GMC’s Regional Liaison Service or Devolved Offices. Among doctors and employers, the GMC’s Telephone Contact Centre is also a frequently reported form of contact. The GMC’s social media accounts appear to have had relatively limited cut-through, with the notable exception of stakeholders.

Figure 72: Main forms of contact with the GMC over the last 12 months (1/2)



2016. Q. Through which, if any, of the following channels have you come into contact with the GMC over the past 12 months? Base: all doctors who have had direct contact with the GMC in the last 12 months (n=401); all final year medical students who have had direct contact with the GMC in the last 12 months (n=192); all educators who had contact with the GMC over the last 12 months (n=41); all employers who have had direct contact with the GMC in the last 12 months (n=156); all stakeholders who have had direct contact with the GMC in the last 12 months (n=40)

Figure 73: Main forms of contact with the GMC over the last 12 months (2/2)



2016. Q. Through which, if any, of the following channels have you come into contact with the GMC over the past 12 months? Base 2016: all doctors who have had direct contact with the GMC in the last 12 months (n=401); all final year medical students who have had direct contact with the GMC in the last 12 months (n=192); all educators who had contact with the GMC over the last 12 months (n=41); all employers who have had direct contact with the GMC in the last 12 months (n=156); all stakeholders who have had direct contact with the GMC in the last 12 months (n=40)

In terms of a breakdown by audience:

- **Doctors** are most likely to report having had contact with the GMC through a letter (48% of those who have had contact in the last 12 months report contact in this form), followed by through the GMC's telephone contact centre (40%) and 'GMC News' newsletter (38%). One in nine of those who have had contact in the last 12 months report attending a GMC event (11%) or receiving the GMC's 'News for Doctors' (11%).
- **Medical students** who have had contact with the GMC in the last 12 months are the most likely audience to report that they have not had contact through any of the prompted mechanisms (31% say this) – potentially suggesting that registration processes related to their professional training and development may be a key means of coming into contact with the GMC for this audience. Three in ten of those who have had contact (30%) report receiving letters from the GMC, and a quarter say that they have attended GMC events (25%).
- **Educators** are highly likely to say that their contact was through letters (68% say this), events (49%), the GMC News (46%) and the Regional Liaison Service or Devolved Offices (37%).
- **Employers** are similar to educators in terms of their patterns of reporting receiving contact from the GMC, although are much more likely to report using the GMC's telephone contact centre (37% of those who have had contact say this) and less likely to report attending events (25%).
- **Stakeholders** – who report very high levels of contact with the GMC relative to other audiences – are notable in terms of their use of social media for contact with the GMC. Half of stakeholders (50%) say that they have had contact with the GMC's social media accounts in the last 12 months, which is far

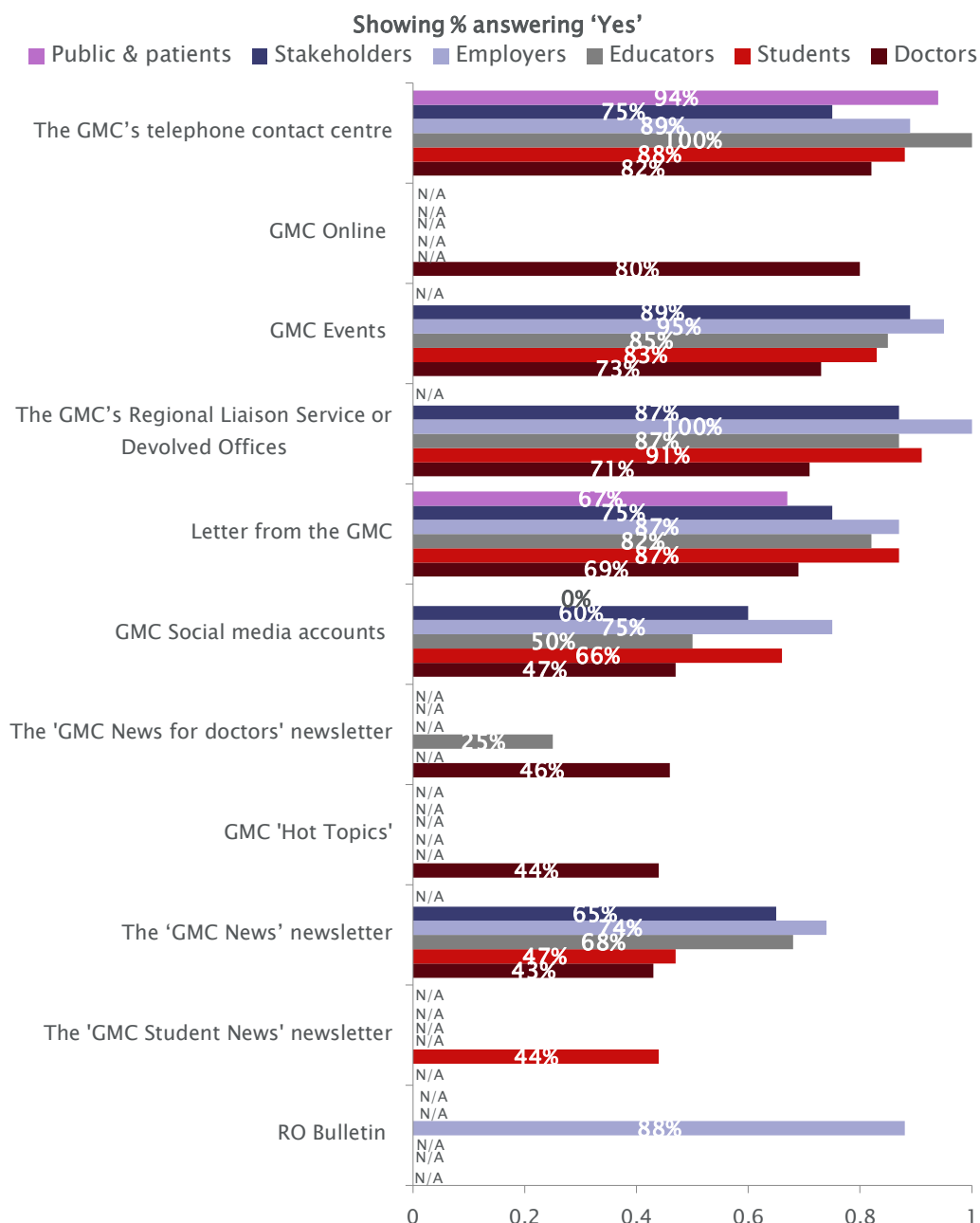
higher than for any of the other audiences tested. They are also more likely than any other audience to report contact through GMC News, events and the Regional Liaison Service or Devolved Offices.

PERCEPTIONS OF THE GMC'S COMMUNICATIONS

It is encouraging that, in general, high proportions of those who report contact through each communication channel rank these as effective at providing relevant information and addressing needs/answering queries. For example, strong majorities of the public, stakeholders, employers, educators, students and doctors who have used each of the resources say that the GMC's telephone contact centre, events, Regional Liaison Service or Devolved Offices, letters and newsletters are effective at providing relevant information.

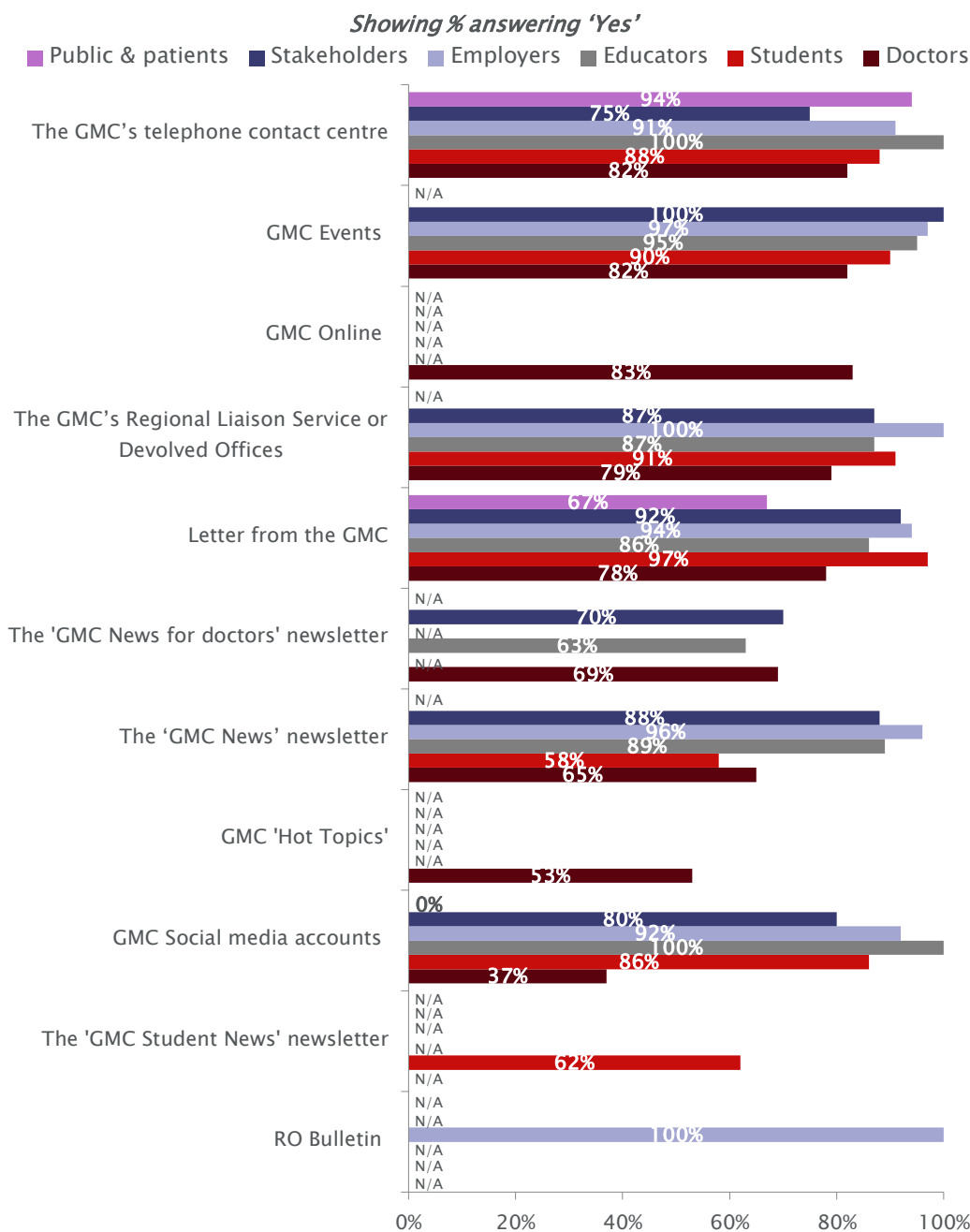
One key exception is that, while GMC News for Doctors scores highly for effectiveness at providing relevant information among educators (63%) and doctors (69%), only a minority of educators (25%) and doctors (46%) say that it addresses needs/answers queries. This may also explain why a relatively low proportion of doctors report having had contact with the GMC or having used GMC News for doctors – it may be the case that many simply ignore this having previously decided that it was not useful for their needs.

Figure 74: Effectiveness at addressing needs / answering queries



2016. Q. And thinking about each of the GMC information sources you have accessed in the last 12 months in turn, did it address your need / answer your query? Base: all doctors who came into contact with: GMC online (n=121); GMC telephone contact centre (n=161); letter from the GMC (n=194); 'GMC News' newsletter (n=151); 'GMC News for doctors' Newsletter (n=42*); GMC 'Hot Topics' (n=16*); GMC Social media accounts (n=10*); GMC Events (n=49*); GMC's Regional Liaison Service (n=35*). All final year medical students who came into contact with: GMC telephone contact centre (n=21); letter from the GMC (n=58); 'GMC News' newsletter (n=10*); GMC 'Student News' newsletter (n=39); GMC Social media accounts (n=14*); GMC Events (n=48); GMC's Regional Liaison Service (n=25). All educators who came into contact with: GMC telephone contact centre (n=3*); letter from the GMC (n=28); 'GMC News' newsletter (n=19); 'GMC News for doctors' (n=8); GMC Social media account (n=4*); GMC events (n=20); GMC's Regional Liaison Service (n=15). All employers who came into contact with: GMC's telephone contact centre (n=57); letter from the GMC (n=128); 'GMC News' newsletter (n=69); RO Bulletin (n=51); GMC Social media accounts (n=12); GMC's Regional Liaison Service (n=78); GMC Events (n=39). All stakeholders who came into contact with: GMC's telephone contact centre (n=4*); letter from the GMC (n=24); 'GMC News' newsletter (n=26); GMC Social media accounts (n=20); GMC events (n=27); GMC's Regional Liaison Service (n=23). All general public and patients who came into contact with: GMC's telephone contact centre (n=7*); letter from the GMC (n=7*); GMC Social media accounts (n=0)

Figure 75: Effectiveness at providing relevant information

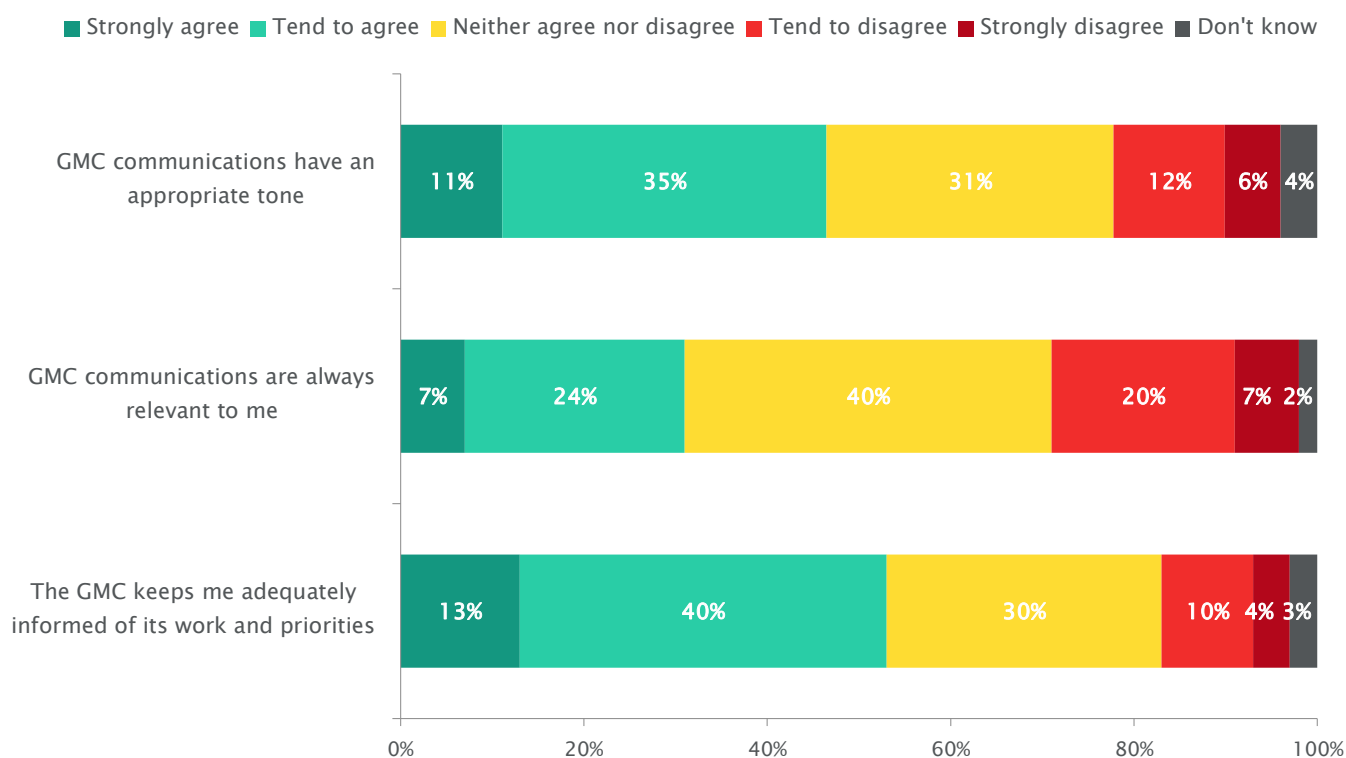


2016. Q. And thinking about each of the GMC information sources you have accessed in the last 12 months in turn, did it provide relevant information? Base: all doctors who came into contact with: GMC online (n=121); GMC telephone contact centre (n=161); letter from the GMC (n=194); 'GMC News' newsletter (n=151); 'GMC News for doctors' Newsletter (n=42*); GMC 'Hot Topics' (n=16*); GMC Social media accounts (n=10*); GMC Events (n=49*); GMC's Regional Liaison Service (n=35*). All final year medical students who came into contact with: GMC telephone contact centre (n=21); letter from the GMC (n=58); 'GMC News' newsletter (n=10*); GMC 'Student News' newsletter (n=39); GMC Social media accounts (n=14*); GMC Events (n=48); GMC's Regional Liaison Service (n=25). All educators who came into contact with: GMC telephone contact centre (n=3*); letter from the GMC (n=28); 'GMC News' newsletter (n=19); 'GMC News for doctors' (n=8); GMC Social media account (n=4*); GMC events (n=20); GMC's Regional Liaison Service (n=15). All employers who came into contact with: GMC's telephone contact centre (n=57); letter from the GMC (n=128); 'GMC News' newsletter (n=69); RO Bulletin (n=51); GMC Social media accounts (n=12); GMC's Regional Liaison Service (n=78); GMC Events (n=39). All stakeholders who came into contact with: GMC's telephone contact centre (n=4*); letter from the GMC (n=24); 'GMC News' newsletter (n=26); GMC Social media accounts (n=20); GMC events (n=27); GMC's Regional Liaison Service (n=23). All

general public and patients who came into contact with: GMC's telephone contact centre (n=7*); letter from the GMC (n=7*); GMC Social media accounts (n=0)

This is supported by data regarding broader perceptions of the GMC's communications overall. As the chart below indicates, approximately half of doctors agree that the GMC keeps them adequately informed of its work and priorities (53%) and that the GMC's communications have an appropriate tone (46%). Encouragingly, low proportions of doctors disagree with these statements (14% and 18% respectively). However, only three in ten doctors agree that the GMC's communications are always relevant to them (31%), reflecting the broader trend among doctors that has already been highlighted in this chapter. More than a quarter of doctors disagree that the GMC's communications are always relevant to them (28%). Additional research into communications content and message testing may therefore be of use in future.

Figure 76: The GMC's communication



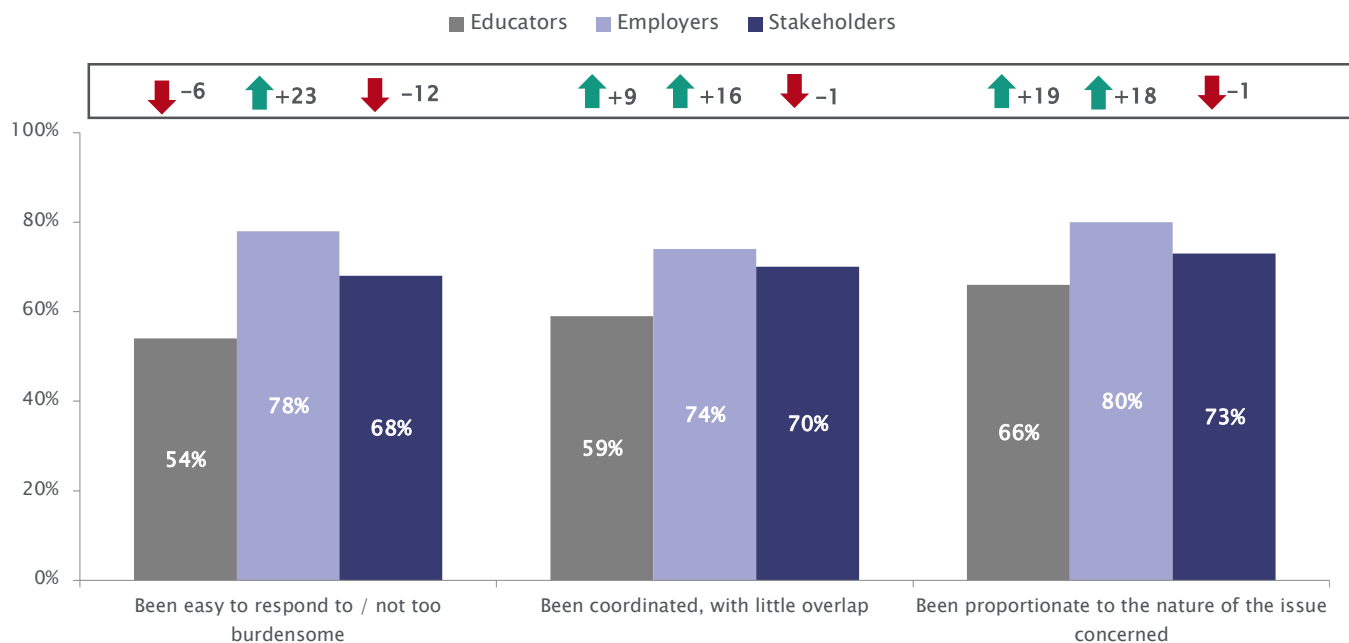
Q. How much do you agree or disagree with the following statements regarding the GMC's communication with you? Base: all doctors (n=2306)

In addition to the GMC's general communications, the research also explored attitudes towards the GMC's requests for information, advice or input among educators, employers and stakeholders. Encouragingly, reactions are broadly positive, with a majority of educators, employers and stakeholders who have had contact with the GMC in the last 12 months saying that requests have been easy to respond to, coordinated and proportionate to the nature of the issue concerned.

Encouragingly given the recent emphasis placed on this by the GMC, the overall trend in terms of perceptions of these requests for information is positive – with all but one of the figures displayed in the chart below having improved significantly since the 2014 wave of research.

Figure 77: The GMC's requests for information, advice or input

Showing NET agree (strongly agree + tend to agree)



2016. Q. To effectively deliver its regulatory functions, the GMC may periodically engage with you to request information, advice, or other forms of input on a particular issue. Thinking about the past 12 months, how much do you agree or disagree that the GMC's requests have... Base 2016: all educators who had contact with the GMC over the last 12 months (n=41); all employers who have had direct contact with the GMC in the last 12 months (n=156); all stakeholders who have had direct contact with the GMC in the last 12 months (n=40). || 2014. Q. How much do you agree or disagree that in the past 12 months, the GMC's requests for information have been...? Base 2014: all educators (n=30); all employers (n=226); all stakeholders (n=35)

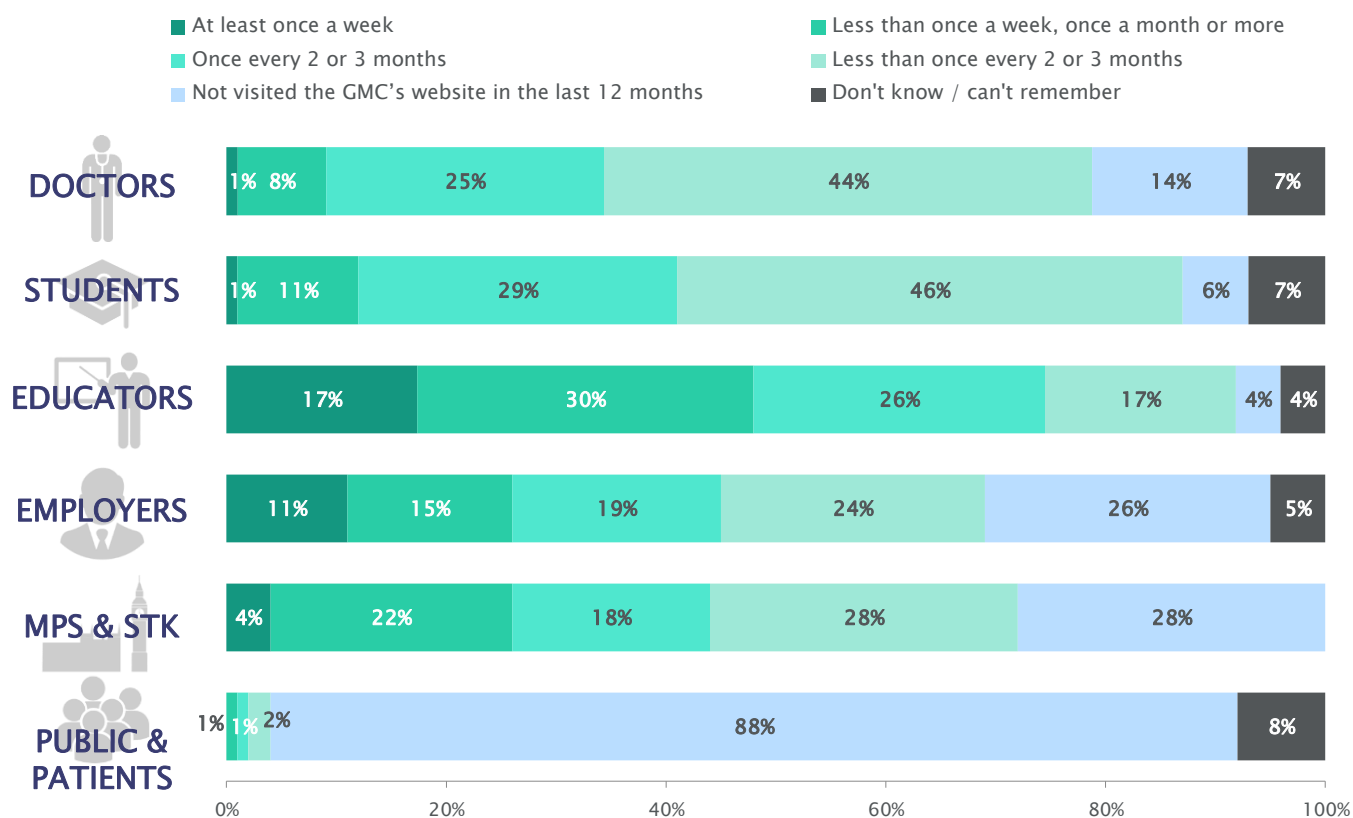
THE GMC WEBSITE

Reported usage of the GMC's website is relatively high across the board, with the exception of public and patients, 88% of whom say that they have not visited the GMC's website in the past 12 months.

Across the other five audiences, usage is highest among educators and students – nine in ten of each say that they have visited the GMC website in the past 12 months (91% and 87% respectively). Eight in ten (78%) doctors say the same, as do seven in ten MPs and stakeholders (72%) and employers (70%).

Beyond this, however, it should be noted that while students almost invariably have accessed the GMC website in the last 12 months, they are not the most frequent users – rather, a high frequency of usage is most apparent among educators, employers and MPs and stakeholders, where a significant minority say that they have used the GMC website once a month or more in the last 12 months.

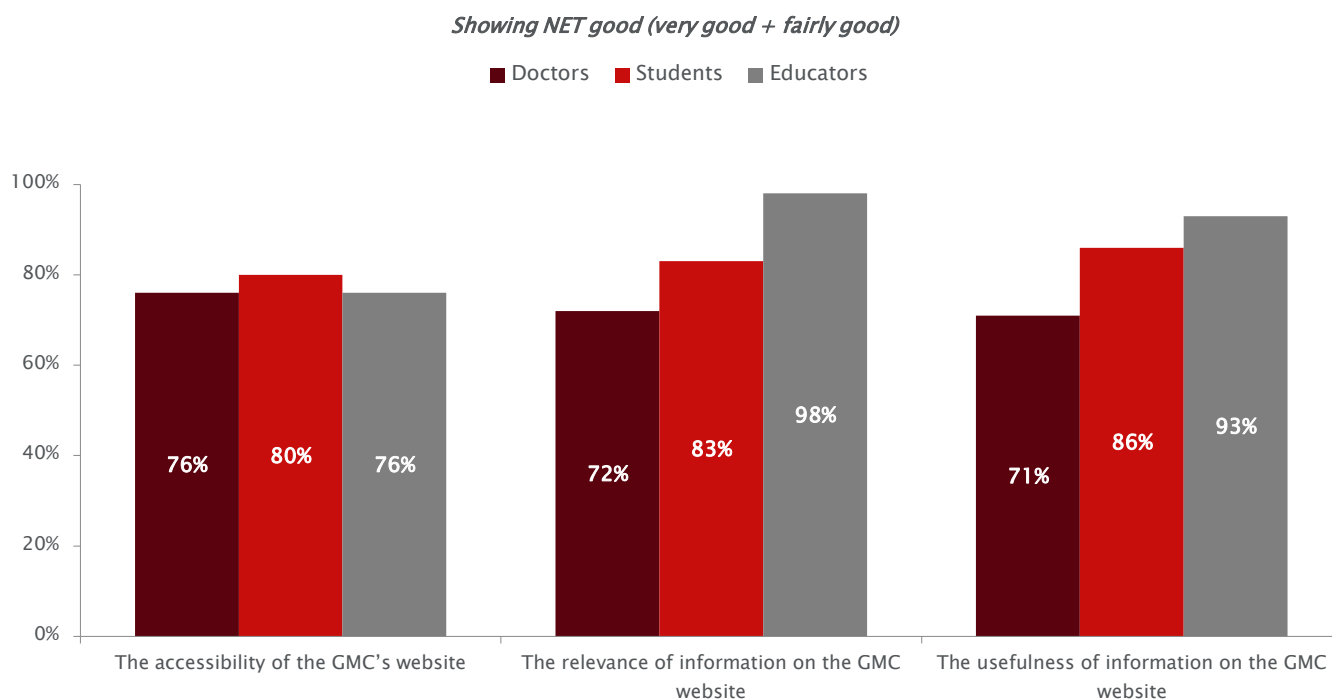
Figure 78: Visits to the GMC website



2016: Q. If you have visited the GMC's website in the last 12 months, how frequently have you visited it? Would you say...
 Base 2016: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50); all general public & patients (n=1502)

On the whole, perceptions of the GMC's website are positive among those who have visited it in the last 12 months, with at least four in five students who have visited the website in this period saying that the website is either 'fairly' or 'very good' in terms of accessibility (80%), relevance (83%) and usefulness (86%). More than seven in ten doctors and educators say the same. Encouragingly, educators are particularly positive about the relevance and usefulness of information on the GMC website (98% and 93% respectively). Despite positive overall findings, however, there is still room to make the GMC's website more accessible, relevant and useful for all audiences.

Figure 79: The GMC's website



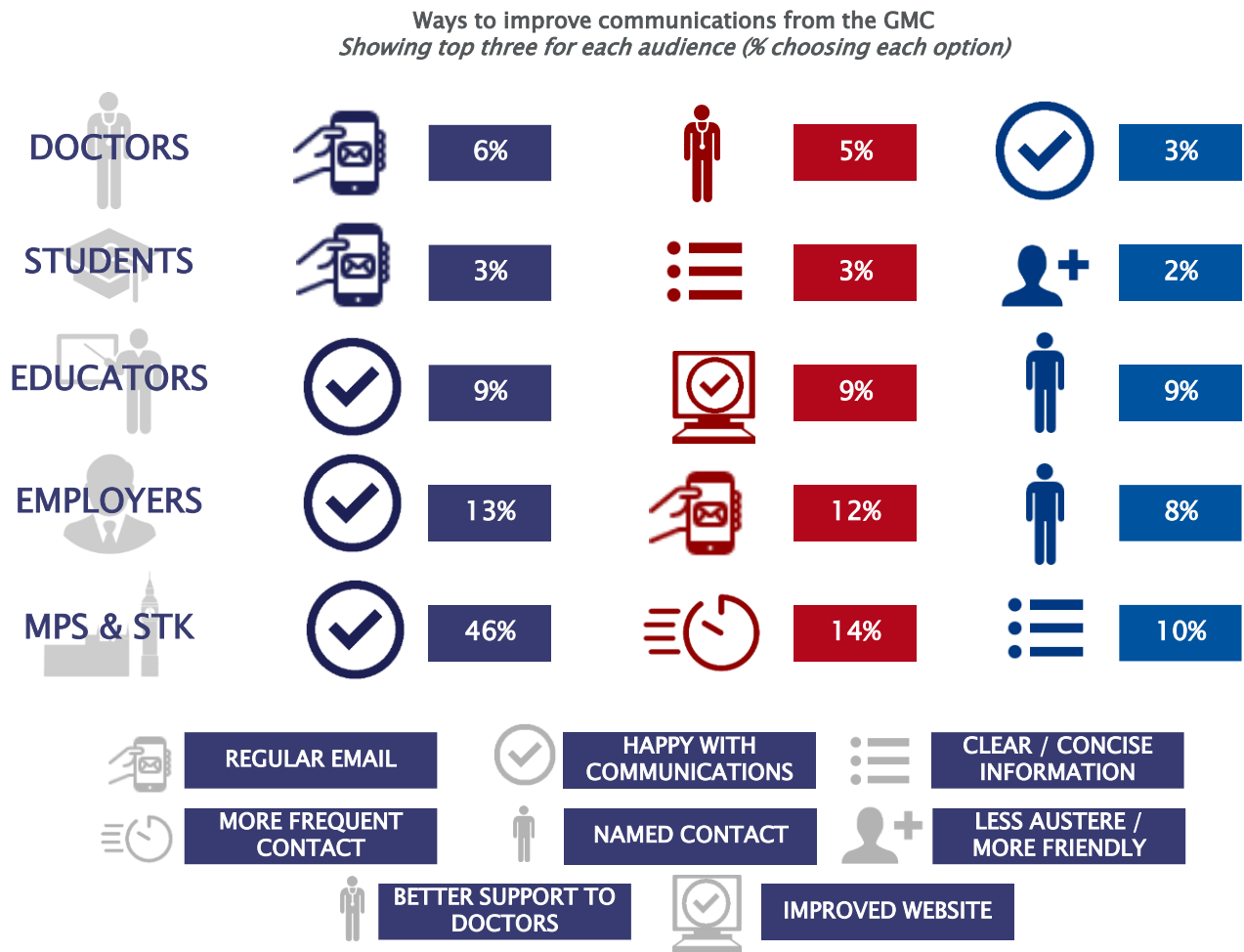
2016. Q. And in general how would you rate the GMC's website in terms of... Base 2016: all doctors who have used the GMC website in the last year (n=1810); all final year medical students who have used the GMC website in the last year (n=503); all educators who have used the GMC website in the last year (n=42)

POTENTIAL IMPROVEMENTS TO GMC COMMUNICATIONS

When asked what one thing the GMC could do to improve its communications, it is encouraging that reactions are often positive – a notable proportion of all audiences say that the GMC's communications cannot be improved at all, indicating that communications are hitting the mark.

Among those who do suggest improvements, these are often diverse, specific and frequently relate to the remit of each audience at a personal and local level. This diversity – demonstrated in the chart below – highlights the communication challenge facing the GMC, where appropriate communication may vary substantially between each audience, NHS Trust, department, and so on. However, there are a number of trends across each audience – these are summarised below.

Figure 80: Ways to improve communications from the GMC



2016. Q. Overall, what one thing could the GMC do to improve its communication/ contact with you? Base: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50)

Consistent with their overall levels of satisfaction, many employers report having seen an improvement in the GMC’s communications:

I find the quality of communication is much better than it used to be years ago, the whole organisation is better than it used to be. Much slicker processes which reflects well on the organisation.

Employer

Where they see a need for improvement, employers tend to cite continuity of communications as a challenge, arguing that having a named point of contact at the GMC would help them to more effectively communicate – the latter is often associated with a tension between generalist and specialist knowledge among GMC liaison personnel. Evidently, this may be challenging for the GMC to resolve, given the breadth of specialist knowledge required to cover all aspects of medical practice.

When you phone up, you don't get expert advice, you get a generalist. They're trying to answer your question but I know more than them. It's such a struggle to get through to the right department, and when you do get through you get it, but it's such a challenge.

Employer

For final year medical students, a key concern is the tone of communications. Consistent with concerns elsewhere about the nature of doctors' relationship with the GMC, some students say that the GMC's communications often have a 'suspicious' or 'legal' tone. A key consequence of this appears to be prompting negative perceptions of the GMC from the outset of students' medical careers, and links to their negative views of Fitness to Practise investigations and MPTS hearings.

The GMC from medical school has seemed to frame itself as instantly being suspicious of us. From the strangely threatening tone in emails to first register, to the communications and tone of regulations. All seems to view and address the doctor as suspicious without evidence, I understand the necessity for the role and the reason for doctors being monitored, but I disagree with the approach and tone taken.

Student

As a result, some final year medical students also say that they would prefer to learn about the roles of the GMC and other key organisations roles earlier in their training.

I would like to see outreach events at medical schools, to have face-to-face communication to explain the role of the GMC from day one for medical students. This would also allow more open communication, a better tone of communication and the opportunity to set up a better relationship between the GMC and doctors.

Student

Doctors are generally positive about the GMC's overall communications. Among doctors who suggest improvements, the most frequently cited concerns are consistent with views highlighted elsewhere in this report and relate to revalidation, Fitness to Practise investigations and MPTS hearings. As indicated elsewhere, many doctors are concerned about the rates of suicide among doctors who are being investigated, and say that the tone of the GMC's communications can exacerbate this problem.

I have found the communications regarding revalidation to be hostile in tone and personally distressing.

Doctor

The GMC is viewed as a scary organisation which most doctors I think would prefer not to engage with, breaking down this perception would be a good idea.

Doctor

As a result, many doctors say that the GMC's communications could do more to suggest that they are 'on the same side' as doctors.

I would like the GMC to increase my confidence that it is supportive of doctors as well and is here to help them.

Doctor

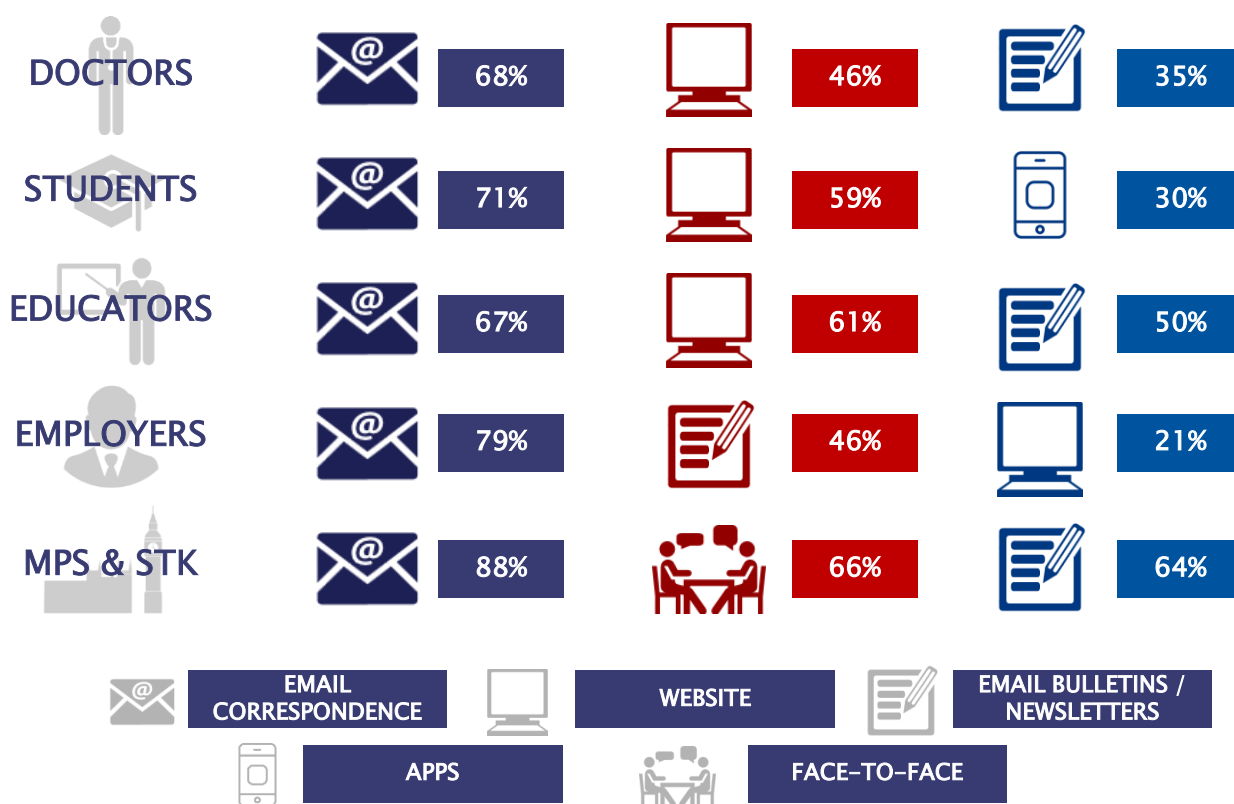
Despite these concerns, it is worth re-stating that notable proportions of doctors appear generally happy with the GMC's communications.

Among MPs and stakeholders, the most frequently cited method for improving communications is to implement more frequent contact or more one-to-one meetings and relationship building opportunities (14%). This is consistent with broader ComRes research among political stakeholder audiences, who tend to express a preference for face-to-face contact where diary pressures allow – this is highlighted by findings relating to preferred channels for receiving information from the GMC, with two thirds of MPs and stakeholders (66%) saying that they would like to receive information face-to-face (see chart below).

Email correspondence is by far the communication channel preferred by the greatest proportion across all audiences. Among educators, students and doctors, the GMC’s website is frequently selected as a preferred form of communication; similarly, email bulletins and newsletters are preferred by MPs and stakeholders, employers and educators.

Figure 81: Preferred channels for receiving information from the GMC

Showing top three for each audience (% selecting each option)



2016. Q. Ideally, through what channels would you prefer to receive information from the GMC in future? Base: all doctors (n=2306); all final year medical students (n=580); all educators (n=46); all employers (n=400); all MPs & stakeholders (n=50)

DEMOGRAPHIC TRENDS



This section explores the demographic differences within audiences, identifying drivers of opinion for each audience and notable differences in opinion.

For both doctors and medical students, gender is a key driver of opinion, with women having higher levels of confidence in the GMC. For doctors specifically, there is a significant generational divide. Older doctors, most likely to be GPs and consultants, have more accurate knowledge of the GMC. GPs and consultants in particular are also more sceptical of the Fitness to Practise Investigations than doctors at a more junior level.

In addition, Muslim doctors, Hindu Doctors, tend to have more confidence in the GMC and are more likely to agree the organisation meets its core values than doctors of a Christian faith and no religion.

Place of qualification is also important – international medical graduates tend to have more confidence in the GMC than those who qualified in the UK.

For employers, whether an employer is a responsible officer or not, and the seniority of their role, is a major driver of opinion. Senior employers, such a chief executives, and those who are not responsible officers, appear less engaged with the GMC and have less awareness of staff concerns regarding patient safety than employers in medical roles.

Finally, in terms of the general public, age, social grade and ethnicity are drivers of opinion, particularly in terms of likelihood to seek advice from a doctor regarding standard of care, though the differences are less stark than in other audiences.

DOCTORS

Key demographic splits for doctors emerge in terms of age, gender, PMQ region and ethnic / religious background. Older doctors, most likely to be consultants and GPs, are more likely to have accurate knowledge of the GMC's activities than younger doctors in training or their foundation year. These more experienced doctors are also more likely than younger, less experienced counterparts to seek support from the GMC on ethical or professional guidance. Confidence in Fitness to Practise investigations is highest among foundation level doctors, with GPs and consultants more sceptical.

In general, female doctors are more confident than male doctors regarding the GMC's regulation of the medical profession and the GMC's performance against its core values.

In terms of religion, Muslim doctors and Hindu doctors are more confident in the GMC's regulation of the medical profession than those of Christian faith or no religion, and this trend is also seen in agreement on whether the GMC meets its core values.

International medical graduates are significantly more likely to say they are confident in the GMC's regulation, that the GMC meets its core values, and that revalidation has had a significant impact, than those who qualified in the UK.

AGE

There are significant generational differences in terms of the importance that doctors place on certain duties. Patient safety and quality of care, working well with colleagues and training junior colleagues are of a higher priority to younger doctors compared to their older colleagues, while older doctors emphasise keeping accurate records and keeping patient confidentiality more than their younger colleagues do.

Older doctors appear to have more knowledge of the GMC than their younger colleagues, and are more likely to engage with the organisation in terms of concerns and guidance:

- Seven in ten 60 – 69 year olds (69%) and two thirds of 50 – 59 year olds (66%) do not associate any incorrect role tested with the GMC, compared to only half of doctors aged 29 and under (51%).
- Older doctors are more likely than their younger colleagues to go to the GMC if a situation arose where they believed patient safety / care was being compromised by a colleague. Around a third of doctors aged 50–59 (35%) and three in ten aged 60–69 (30%) say they would go to the GMC, compared to only 22% of doctors aged 29 and under.
- Similarly, in terms of seeking support on ethical and professional guidance relating to their practice, two in five of those aged 60–69 (39%) say they would seek advice from the GMC, compared to 31% of those aged 29 and under.

This trend is reflected in terms of reported levels of contact with the GMC – one in four (26%) of those aged 60–69 report having had direct contact with the GMC in the last 12 months, alongside 20% of those aged 50–59. This is compared to only 12% of doctors aged 29 and under. The one exception to this rule is engagement with the GMC website, which perhaps unsurprisingly younger doctors are more likely to have visited in the last year than their older counterparts.

The perceived impact of annual appraisals also seems to differ slightly across the age of doctors. Two thirds of 60–69 year olds (67%) and of 50–59 year olds (70%) report that having annual appraisals has had either some or a significant impact on the amount of information collected, compared to just 58% of those aged 30 – 39. This difference is, however, not reflected in perceived impact of annual appraisals on other aspects of work, which are consistent across ages.

Older doctors are also slightly more likely than their younger counterparts to say that they are not confident in the fairness of Fitness to Practise investigations – 51% of 60–69 year-old doctors to say this, compared to 41% of those aged 29 and under.

ROLE

Given that older doctors are the most likely to be GPs or consultants, there is some correlation between the findings by this variable and those by age – however this is not universal. For instance, doctors in GP and consultant roles are the least likely to incorrectly associate roles and responsibilities with the GMC. While 65% of GPs and 61% of consultants do not incorrectly associate any roles and responsibilities with the GMC, this is the case for 57% of doctors at trainee stage and 56% at foundation stage.

In line with older doctors being more likely to go to the GMC for advice and support on ethical and professional guidance, consultants (37%) are more likely to go to the GMC, compared to 33% at foundation stage and 32% of trainee doctors. However, GPs are no more likely to go to the GMC for advice and support than doctors in these more junior roles. In terms of Fitness to Practise investigations, while there is no trend by age, doctors in more junior roles appear to be more confident than those in more senior roles that these will produce fair outcomes for all patients. More than half (53%) of GPs and 49% of consultants say they are not confident in the fairness of Fitness to Practise investigations, compared to only 31% of foundation doctors.

GENDER

Female doctors, in line with medical students, are generally more confident in the GMC than male doctors. Just less than two thirds (63%) of female doctors are confident in the manner in which doctors are regulated by the GMC, significantly higher than the 54% of men who say that. Female doctors are also slightly more likely than male doctors to say that they are confident that the Fitness to Practise

investigations produce fair outcomes for all doctors (37% vs. 32%). In addition, female doctors are slightly more likely than their male colleagues to agree the GMC meets each of the organisational values tested, as outlined below:

- More than half (54%) of female doctors agree that the GMC is committed to excellence, compared to only 44% of male doctors;
- 41% of female doctors feel that the GMC meets the value of fairness, compared to 38% of male doctors;
- 43% of female doctors agree that the GMC meets the value of transparency, compared to 39% of male doctors;
- 33% of female doctors agree that the GMC meets the value of collaboration, compared to 28% of male doctors.

REGION

There are no clear overriding trends amongst doctors across the dataset in terms of regional differences, but it is worth highlighting some notable differences between England and the devolved nations – in particular, doctors in Scotland appear more positive than their counterparts elsewhere. For example, doctors in Wales (64% confident) and Scotland (63%) are the most confident in the GMC's regulation, compared to 57% of doctors in England and 55% in Northern Ireland. Doctors in Scotland are also the most confident in the preparedness of graduate doctors in most areas tested, including being prepared for practice overall (73% confident, compared to 66% in England), listening and communicating with patients (90%, compared to 82% in Wales) and clinical reasoning (72%, compared to 67% in England and 62% in Wales).

Despite their lower levels of confidence in the GMC's regulation, doctors in England are the most likely to go to the GMC for support on ethical and professional guidance relating to their practice. More than a third of English doctors (36%) say they would go to the GMC, compared to 32% of doctors in Northern Ireland, 31% of doctors in Scotland and only 26% of doctors in Wales.

ETHNICITY

Black, African Caribbean or black British doctors are more confident about the medical profession and doctor's preparation for practice than their white and Asian counterparts. Around four in five (82%) black doctors say they are confident that graduate doctors are prepared for practice, compared to only two thirds (66%) of white doctors. A similar trend, though less stark, is evident in terms of almost all black doctors (98%) saying they are personally confident about the medical profession in the UK, compared to 92% of white and 93% of Asian / Asian British doctors.

Alongside being more confident than other ethnicities, black doctors are also the most likely to report having made improvements to their practice in the last twelve months, as a result of their annual appraisal. For example, approaching two in five black doctors (37%) say they are collecting more information about their practice than twelve months ago, compared to only 27% of white doctors and 29% of Asian / Asian British doctors. A similar pattern emerges for likelihood to have spent more time reflecting on their practice in the last 12 months and change in awareness of how to apply the principles of good practice over the past 12 months. A relatively low proportion of white doctors (53%) indicate that they have made any improvements as a result of their annual appraisals, perhaps indicating that they give these appraisals less weight than their counterparts of other ethnicities, or alternatively that they are less likely to think that their practice requires improvement.

REVALIDATION

Having been through the revalidation process appears to result in doctors being more likely to contact the GMC if a situation arose in which they felt patient care was being compromised by a colleague. A third of doctors who have been revalidated (32%) say they would contact the GMC in this instance, compared to 28% of those who have not. However, this does not necessarily indicate greater favourability towards the GMC. Looking at perceptions of the GMC's values, in the case of both excellence and transparency, those who have been revalidated are less likely to agree GMC shares these values than those who have not. Three in five (58%) of those who have not been revalidated nor had annual appraisals agree that the GMC meets the value of excellence, compared to 46% of those who have been revalidated. More than half (56%) of those who have neither been revalidated nor had annual appraisals agree that the GMC meets the value of transparency, compared to 39% who have revalidated.

RELIGION

Muslim and Hindu doctors appear more favourable towards the GMC than their colleagues from other religions.

Firstly, in terms of confidence toward the GMC's regulation, both Hindu and Muslim doctors are more confident than their Christian counterparts and those who do not have a religion. Seven in ten (69%) Muslim and Hindu doctors say they are confident in the GMC's regulation, compared to 59% of Christians and 52% of those who report having no religion.

This trend also emerges in terms of Fitness to Practise investigations, which Muslim doctors tend to have greater confidence in. Two in five Muslim doctors (40%) report confidence that the GMC's Fitness to Practise investigations produce fair outcomes for all groups of doctors, compared to 35% of Christian doctors, 34% of Hindu and 31% of doctors with no religion. A stark difference emerges in terms of the issues the GMC focuses on. Three quarters of Hindu doctors (75%) agree that the GMC is focussing on the right issues, alongside two thirds of Muslim doctors (64%). This compares to half (50%) of those who report no religion, and only 44% of Christian doctors.

This positivity towards the GMC for Muslim and Hindu doctors is also evident in terms of GMC values. For each value tested – excellence, transparency, fairness and collaboration – Muslim doctors are more likely than Christian and doctors who do not have a religion to agree that the GMC performs well against these values. This trend is the same for Hindus for all values other than fairness.

Religious doctors as a whole are more satisfied with the revalidation process than those who say that they do not have a religion. Of doctors who revealed whether or not they have been through revalidation, 60% of those without a religion agree that they were or so far have been treated fairly by the GMC, compared to seven in ten Christian respondents (69%) and approaching three quarters of Muslims (72%).

PMQ REGION

International Medical Graduates (IMG) are generally more confident than other doctors in the GMC, and more likely to engage with the organisation. For many metrics, doctors who have qualified in the European Economic Area (EEA) region sit alongside IMG doctors as more confident in the GMC than doctors who qualified in the UK, but this is not universal. Despite this, UK qualified doctors appear to be more knowledgeable about the GMC's activities.

Three quarters of doctors who qualified outside the UK or EEA (74%) say that they are confident in the way doctors are regulated by the GMC, alongside two thirds (67%) of doctors who qualified in the EEA region – both are significantly more likely to express this confidence than doctors who qualified in the UK, of whom 50% say the same.

UK graduates are more knowledgeable regarding the GMC. When presented with a list of activities to associate with the GMC, only 38% of doctors who qualified in the IMG region do not incorrectly associate any activities with the GMC, compared to 44% of EEA qualified doctors and around seven in ten (69%) of those who qualified in the UK.

The positivity of EEA and IMG qualified doctors towards the GMC is also displayed in perceptions of the GMC's performance against its core values. For each of the values tested – excellence, fairness, transparency and collaboration – EEA and IMG qualified doctors are more likely to agree that the GMC meets these values than UK qualified students.

Finally, doctors who qualified in the IMG region are the most likely to report that revalidation has had some or a significant impact on each of the areas tested. IMG region qualified doctors also depart from the other two regions in terms of Fitness to Practise investigations. Two in five of these doctors (39%) are confident that these can produce fair outcomes for all doctors, compared to only 33% of UK qualified doctors and 32% of those who qualified in the EEA.

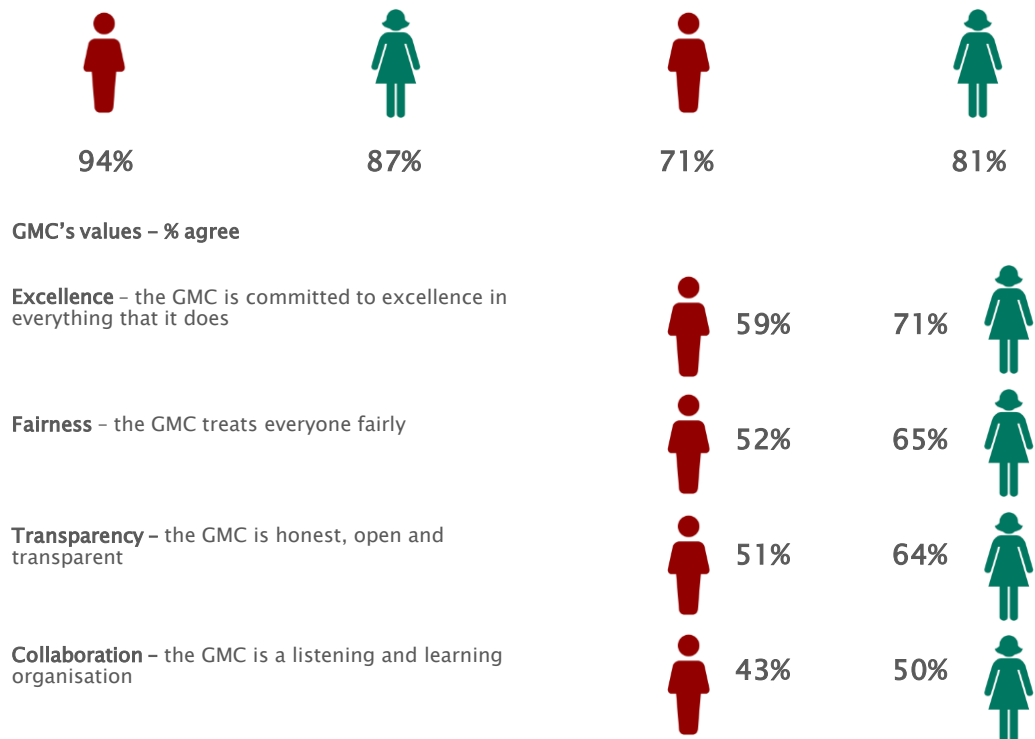
MEDICAL STUDENTS

Female medical students are more likely than their male colleagues to be confident in the GMC's regulation, more likely to agree it meets its core values, and more likely to be confident in the process and outcomes of the Fitness to Practise investigations.

GENDER

Male medical students are at once more confident in the medical profession than female students, yet also more critical of many aspects of the GMC and its activities, with female students more likely to be favourable toward the GMC. This follows the trend seen in terms of doctors, in which female doctors are more likely than their male counterparts to agree that the GMC meets its core values.

Figure 82: Personal confidence in the medical profession / Confidence in the GMC's regulations by gender



Overall, how confident, if at all, are you personally in the medical profession in the UK? Base: All medical students (n=580)
 Listed in the table below are the four organisational values which underpin the work of the GMC. Based on your experiences, how strongly do you agree or disagree that the GMC meets each of these values? Base: All final year medical students (n=580).

There is consistency between male and female students in terms of confidence in graduate doctors.

However, male students are also more likely than their female counterparts not to be confident about the Fitness to Practise tribunal hearings run by the Medical Practitioners Tribunal Service (MPTS). Around one in five male students (22%) say that they are not confident Fitness to Practise investigations produce fair outcomes, compared to only 13% of females.

In addition, while over two in five male and female doctors (45% for both) are confident that the MPTS hearings will produce fair outcomes, 20% of male students report that they are not confident, double the proportion of female students (10%).

Perhaps reflecting their greater confidence in the GMC, female students are more likely to have referred to GMC guidance and used the organisation's online resources. In the past 12 months, more than four in five female students (84%) report that they have referred to GMC guidance, compared to around three quarters of male students (77%). Seven in ten female students (70%) report that they have used GMC online learning materials in the past year, significantly higher than the 62% of male students.

ETHNICITY

Results are relatively consistent across ethnicities in the dataset, though there are some indications of higher awareness of GMC activities and engagement with the organisation among white students, compared to Asian or Asian British students:

- When asked to associate roles and responsibilities with the GMC, white students are the most likely to give accurate responses – around three in five (58%) do not incorrectly associate any roles with the GMC. This compares to approximately a third of Asian or Asian British (36%) students.
- More than a third of white students (36%) report that they have had direct contact with the GMC in the last 12 months compared to one in five Asian or British Asian students (19%).

REGION

Findings across medical students in the devolved regions are largely consistent, though there are two data points worth noting. Firstly, medical students in Wales are significantly more likely to have overall confidence in the preparedness of graduate doctors for practice. Almost all Welsh medical students surveyed (98%) report that they are confident in graduate doctors being prepared for practice overall, compared to 89% of medical students in Scotland and Northern Ireland, and 85% in England.

English, Scottish and Northern Irish medical students are more likely to come into contact with the GMC than students from Wales. A third of each (35% of English medical students, 33% of Scottish and 33% of Northern Irish), report that they have had direct contact with the GMC in the last twelve months, compared to only 16% of medical students in Wales.

OTHER FACTORS

A notable finding for medical students is that one in five of those students who describe themselves as not at all confident (20%) or not very confident (18%) in GMC regulation have had a situation arise in the last 12 months in which they believed that patient safety or care was compromised by a doctor's practice, compared to only 5% who are very confident in regulation and 8% who are fairly confident.

EMPLOYERS

The most significant differences in terms of employers relate to responsible officers and job role. Responsible officers are more engaged than employers who are not responsible officers with the GMC, in terms of likelihood to report concerns regarding patient care, working with their Employer Liaison Advisers (ELA) and direct contact with the GMC. In terms of job role, the most senior staff, in chief executive, chair and NED roles, have lower knowledge of the GMC and are less likely to have had contact with the GMC than their colleagues in medical roles.

RESPONSIBLE OFFICERS

Responsible officers (ROs) are less confident in the medical profession than those who are not responsible officers, however they appear to have a higher level of engagement with the GMC in terms of reporting issues and being contacted by the GMC.

While a strong majority of responsible officers are personally confident in the UK medical profession (92%), this is still significantly lower than the proportion of non-responsible officers (96%). Additionally, while around one in ten (8%) responsible officers are not confident, this compares to only 3% of non-responsible officers. However, both responsible officers and non-responsible officers are equally confident in the GMC's regulation of doctors.

This lower confidence in the profession may be linked to responsible officers' role in dealing with complaints. ROs are more likely than non-ROs to report a situation arising in the last 12 months in which patient safety / care was compromised by a doctor's practice. More than half of them (56%) report that this has occurred, compared to 39% of non-ROs. In terms of reporting their concerns about patient safety, ROs are much more likely to do so with the GMC. Seven in ten (69%) have raised their concerns

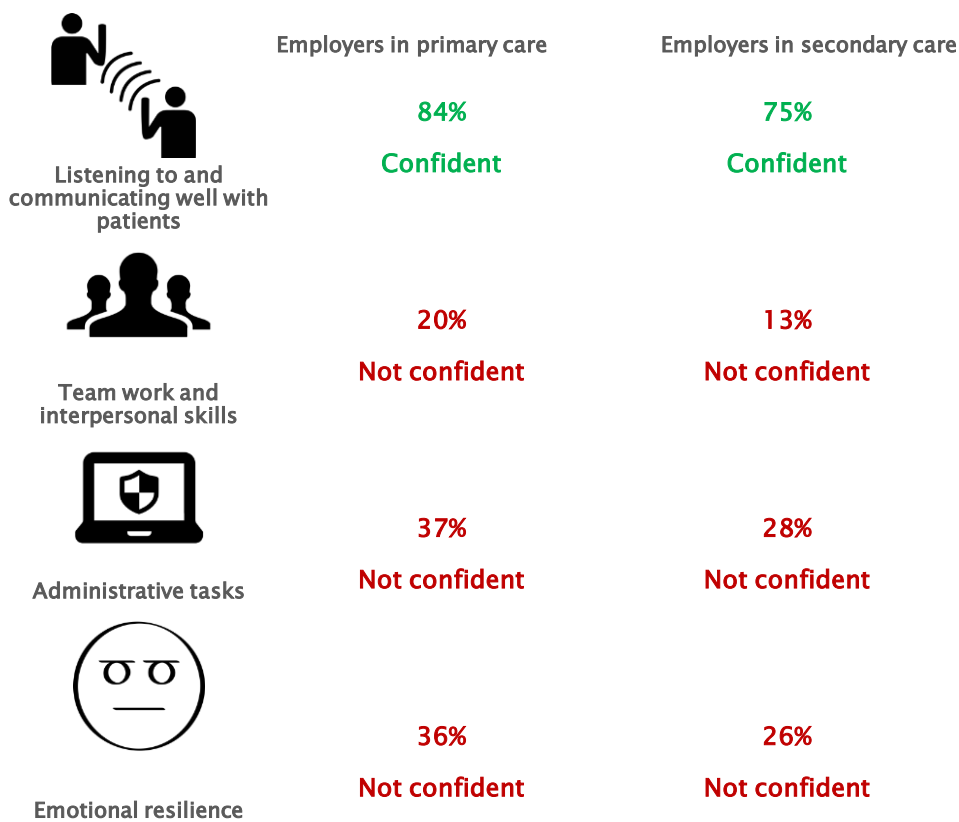
with the GMC, while less than half (46%) of non-responsible officers have done the same. In addition, half (51%) of ROs who have been concerned raised these with the National Clinical Assessment Centre, compared to only a third (32%) of non-responsible officers.

TYPE OF CARE

Employers working in primary and secondary care have largely consistent views in terms of confidence in the medical profession and the GMC, though they vary in their confidence in the preparedness of graduate doctors. In addition, employers in primary care appear to have a higher level of engagement with the GMC.

Employers in primary care are more confident than those in secondary care that graduate doctors are prepared for practice in terms of listening and communicating with patients, though they are more likely to be not confident than secondary care employers in terms of graduate doctors having the team work and interpersonal skills, emotional resilience and level of administrative skills required for practice.

Figure 83: Confidence in preparedness of graduate doctors



How confident, if at all, are you that new graduate doctors are prepared for practice in relation to each of the following areas...? Base: All employers (n=400).

In terms of their engagement with the GMC, employers in primary care are more likely than employers in secondary care to have referred to GMC guidance (70% vs. 55%) or used GMC online learning materials in the last 12 months (36% vs. 24%). This higher engagement with the GMC is emphasised by the finding that three quarters (74%) of those in primary care have visited the GMC website in the last 12 months, compare to two thirds (65%) of those in secondary care.

ORGANISATION TYPE

By organisation type, the key difference in perceptions appears to be between NHS Trusts and CCGs compared to employers from private healthcare. Key examples include concerns over patient safety, and contact / engagement with the GMC. Across organisations, there is a high level of knowledge regarding revalidation.

More than half of employers from CCGs (55%) and NHS Trusts (53%) report that, in the last 12 months, a situation has arisen in which patient safety or care was compromised by a doctor's practice, compared to only around a quarter (27%) of employers in private hospitals. Employers in private hospitals are the most likely to say they have not seen any difference in the levels of concerns raised in the past 12 months (83%).

Half of employers in CCGs (50%), and a slightly lower proportion of those in NHS Trusts (43%) say they have had direct contact with the GMC in the last 12 months, compared to a third of those in private hospitals (32%). Despite this, reported visits to the GMC's website are high across these organisations, including private hospitals.

ROLE

Employers in medical roles have the highest level of knowledge regarding aspects of the GMC's work and to have engaged with the GMC more than chief executives or HR staff. Chief executives are less likely to be aware of concerns regarding patient care, and less likely to have had contact with the GMC, than medical staff.

When asked to associate roles and responsibilities with the GMC, testing both correct and incorrect associations, one in four employers in medical roles (26%) do not incorrectly select any attribute, compared to only 16% in personnel roles and 14% chief executive roles. This difference in perceptions of the GMC's roles and responsibilities also plays out when statements regarding GMC's performance are tested. Just less than half of medical or clinical employers (46%) agree that the GMC works closely with doctors, medical students and patients on the front line of care, compared to 61% of chief executives and 68% of those in HR roles.

Medical employers are more familiar with revalidation than those in other roles. Almost all (97%) employers in these roles report that they are familiar with revalidation, compared to 80% chief executives, chairs or NEDs and 78% in HR roles. Medical employers are also more likely than other employers to say that revalidation has impacted on doctors, particularly in terms of the amount of information doctors collect about their practice. Three quarters (75%) of medical employers say this has had some / significant impact, compared to 62% and 61% of chief executives, chairs or NEDs employers and HR employers.

Looking at the level of concerns employers have surrounding patient safety and care, those in most senior roles have not noticed any change in the level of complaints (80%), in comparison to the 69% of medical employers and 65% of HR employers. In addition, while seven in ten (69%) in HR roles and 62% in medical roles feel that the GMC is modernising the way that complaints and concerns about patient safety are dealt with, this is true of only half (51%) in chief executive roles. This can be attributed to a higher level of neutral opinion for this role, as 27% of employers in chief executive / chair / NED roles

say they neither agree nor disagree that the GMC is modernising the way that complaints and concerns about patient safety are dealt with, compared to only 19% of employers in HR and medical roles. Very low proportions across audiences say that they have seen a decrease in the level of concerns raised, while one in four of those in HR roles (26%) and 21% in medical roles say they have noticed an increase, compared to 12% of chief executive level staff.

Contact as a whole is lower for the most senior staff. Only one in four (24%) of these report having been in contact with the GMC in the last 12 months, compared to around half of those in HR (47%) and medical (49%) roles.

REGION

There are few significant differences across the devolved regions for employers. Employers in Scotland are more likely than English employers to agree that the GMC helps to raise standards in medical education and practice (89% vs. 76%), though their views not significantly different from those of Welsh (100% agree) and Northern Irish employers (84%).

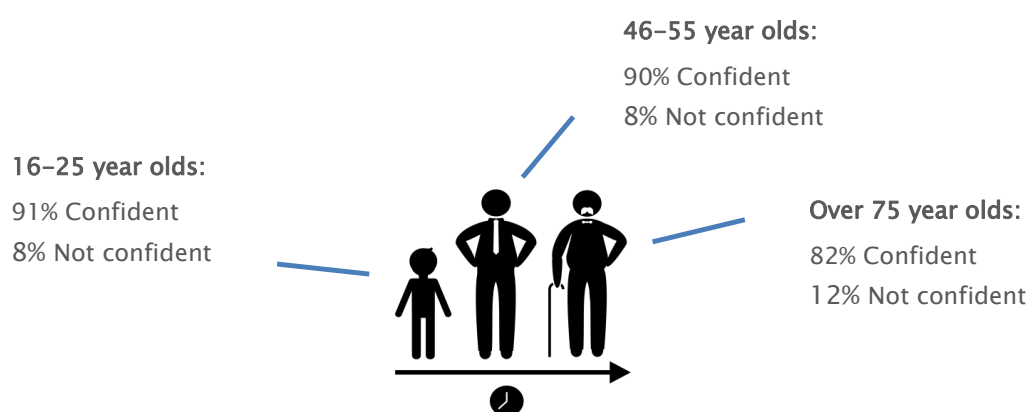
PUBLIC AND PATIENTS

Older British adults, and adults based in London, are the most likely to seek advice from a doctor on standards of care. Adults in London also have the lowest levels of confidence in GMC regulation. BME adults are more likely than white adults to contact a doctor for advice on standards of care, rather than using any other method, for example researching online.

AGE

While confidence in the medical profession is broadly consistent across all adults aged over 16, there are variations in terms of awareness and actions taken. Older adults have high levels of confidence and appear to be more comfortable approaching medical professionals for advice, while younger adults are more likely to use online resources for advice.

Figure 84: Personal confidence in the medical profession in the UK by age



Overall, how confident, if at all, are you personally in the medical profession in the UK? Base: UK adults (n=1,502)

When analysing overall levels of confidence in more detail, there are key differences in the degree of confidence that different age groups have in the medical profession:

- Older British adults are more likely than younger adults to say they are very confident in the medical profession in the UK. For example, 46% of those aged over 75 say they are very confident, compared to only three in ten 16–25 year olds (30%) or 26–35 year olds (31%).
- By contrast, young people generally report that they are fairly confident. Three in five 16–25 year olds (60%) and 55% of 26–35 year olds say they are fairly confident in the medical profession, compared to 38% of those aged between 66–75.

However, there is no clear generational trend in terms of the most important duties of doctors.

Older British adults are more likely than younger adults to have sought advice regarding the medical profession, and more likely to approach medical professionals.

One in five of 56–65 year olds (19%) report that they have sought advice about the standards of care and behaviour they can expect from a doctor, compared to only one in ten 16–25 year olds (9%).

Whether they have sought advice about standards or not, a major generational split is evident in terms of where they have sought / would seek advice. Younger, tech savvy members of the public are much more likely to use online resources than their older counterparts:

- Around a quarter of 16–25 year olds would use the NHS website (24%) for advice about the standards of care and behaviour they or a family member could expect from a doctor, while 21% indicate they would use other online resources such as Google. This compares to only 11% and 8% of 66–75 year olds, respectively.
- Older age groups are much more likely to seek advice from a doctor (44% of 66–75 year olds, compared to 30% of 16–25 year olds).

Older people's positive inclinations towards the medical profession, confidence in the medical profession and willingness to approach professionals appear to be reflected in their familiarity with the GMC. Approaching half of 55–65 year olds (47%) and 66–75 year olds (49%) indicate that they know about the organisation, compared to only around a third (35%) of 16–25 year olds.

While older people may be more confident in the profession and have higher levels of familiarity with the GMC, younger British adults appear to have slightly more awareness of GMC activities. When presented a list of activities they would associate with the GMC, two in five (42%) of those aged 26–35 *correctly* associate all relevant activities tested with the GMC, compared to only 36% of 66–75 year olds and 32% of those aged over 75. Likewise, one in four of those aged 16–25 (26%) do not *incorrectly* associate any activities with the GMC, compared to one in five aged 66–75 (20%).

GENDER

Across the dataset, gender does not seem to be a significant arbiter of opinion. There are few significant differences between the views of men and women in the general public, although men are more likely to be confident in the manner in which doctors are regulated by the GMC. Four in five (82%) men are confident in this, compared to 73% of females.

SOCIO-ECONOMIC GRADE

Socio-economic grade has an impact on the public's knowledge of, and engagement with, the healthcare system. Firstly, in terms of awareness and understanding, those of a higher social grade are much more likely to have heard of revalidation than those further down the scale. One in four (26%) respondents in social grades AB indicate that they have heard of revalidation, compared with only one in

ten (10%) of those in grades DE. Conversely, those in lower social grades are more likely to have been asked to provide feedback by their doctors. One in five (19%) of those in grades DE have been asked to provide feedback, compared to only 14% of those in grades AB.

REGION

Members of the public in London have lower levels of confidence in the medical profession, lower levels of confidence in GMC regulation, and are more likely to have sought advice about standards of care.

One in five (19%) people in London report that they have sought advice about standards of care they could expect from a doctor. This is a significantly higher figure than most regions, save for the South East (16%), Scotland (15%) the North East (25%), though the latter is based on a low number of survey respondents. Unlike these other regions, however, members of the public in London have significantly lower levels of confidence in the medical profession.

Figure 85: Confidence of Londoners in the medical profession and the GMC

Personal confidence in the medical profession:

Confident 79%

Not confident 18%

This level of confidence is significantly lower than other regions, for example Yorkshire & Humber (92%), East Midlands and the South West (both 91%).



Confidence in GMC regulation:

Confident 70%

Not confident 13%

As with confidence in the professions, Londoners level of confidence in GMC regulation is significantly lower than other regions, for example East Midlands (86%) and the West Midlands (82%).

Overall, how confident, if at all, are you personally in the medical profession in the UK? Base: All adults in London (n=196), How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)? Base: All adults in London (n=196)

Results in the devolved regions are largely consistent, though it is notable that the public in Wales are less likely to have heard of revalidation than those in Scotland or Northern Ireland. Around three in ten adults in Scotland (30%) and Northern Ireland (27%) say that they have heard of revalidation, compared to only 16% of adults in Wales.

ETHNICITY

Public perceptions are largely consistent across different ethnicities, with a few differences emerging in terms of engagement and awareness. It appears that while white Britons may be more likely to seek advice on standards of care and behaviour, BME groups are likely to approach a doctor for advice, rather than, for example, using the internet.

- More than four in five white Britons (86%) have sought advice on standards of care and behaviour, compared to only around three quarters of Black, African Caribbean or Black British (73%) and two thirds of British Asian respondents (65%).
- Moving forward into who they would contact for advice, it is notable that British Asian (49%) and British Black (42%) respondents are significantly more likely to say they would seek out a doctor for advice on standards of care, compared to only 28% of white Britons who say they would do the same.

OTHER FACTORS

For the public, as with other audiences, knowledge of the GMC is closely related to confidence. For example, nine in ten (89%) of British adults who report that they know a lot or a fair amount about the GMC are personally confident in the medical profession in the UK, compared to the 80% confidence level of those who have never heard of the GMC.

Of patients who have not received treatment or advice from a doctor in the last 12 months, 34% say they would go to a doctor for advice on standards of care, compared to only a quarter (24%) of those who have seen a doctor.

TECHNICAL APPENDIX



OVERVIEW

ComRes conducted this research using seven quantitative surveys, which employed both online and CATI methodologies depending on the audience.⁹ The details for each survey are included below:

AUDIENCE	METHODOLOGY	# OF RESPONSES	# INVITED TO PARTICIPATE	RESPONSE RATE ¹⁰
Doctors	Online	2306	24923 ¹¹	9.3%
Medical students	Online	580	4232	13.7%
Educators	Online	46	120	38.3%
Employers	CATI	400	3562	11.2%
Stakeholders	CATI	40	59	67.8%
Parliamentarians	CATI	10	64	15.6%
Public and patients	CATI	1502	13181	11.4%

The sample sizes for doctors, medical students, employers and public / patients are strong and provide a robust basis for analysis, including analysis by subgroup. The potential universes for educators, stakeholders and parliamentarians explain the smaller sample sizes for these audiences – the relatively small sample sizes mean that these results should be considered indicative rather than definitive, but these still provide a useful indication of trends among these audiences.

The response rates outlined above are in line with other, similar studies that ComRes conducts, and broader industry standards.

SAMPLING

The GMC provided sample records for five of the seven audiences (doctors, medical students, educators, stakeholder and MPs), and a specialist healthcare sample provider supplied employer records. The public and patients survey was conducted using Random Digit Dialling (RDD), a method of random sampling by randomly generating telephone numbers. A selection process was then undertaken to ensure that, as much as possible, final sample files reflected the overall audience populations and contained sufficient records to allow for robust subgroup analysis.

The sampling strategy for each audience is outlined in detail below.

⁹ CATI = Computer Assisted Telephone Interviewing

¹⁰ For CATI interviews with public/patients and employers, the number invited to participate reflects the number of individuals interviewers made contact with. That is, these figures exclude persons who were called but contact was not established. For the parliamentarians and stakeholders interviews, initial contact was made via email and the response rate includes all those who were contacted via email, regardless of whether contact was then made over the telephone or not – as such, these figures are not directly comparable with the 2014 figures, which did not utilise an initial email approach. For the online survey, these figures represent where the invitation email was received (i.e. it did not bounce back).

¹¹ Total sample = 25706, but 783 records did not get delivered. In these cases, an invitation email was delivered by the sending server, but the receiving server returned a Non Delivery Report. This can be caused by several reasons, e.g. the email address was not recognized by the receiving server.

Doctors

As in 2014, the doctors' sample was sourced from the GMC's database of registered and licensed practitioners, with records only provided where the GMC held an email address for the individual, their address was registered in the UK and they did not meet the exclusion criteria. Exclusions included for example: doctors registered on a temporary basis, doctors who were suspended at the time of data extract, doctors with a current Fitness to Practise investigation.

From this file, ComRes drew an anonymised, stratified sample. Using an anticipated response rate that was assumed to be consistent across the sample, ComRes then boosted the number of records for key subgroups where the anticipated number of responses would have been too low to allow for robust analysis. The selected sample was then contacted by the GMC to provide them with the opportunity to opt out of the research prior to the commencement of fieldwork.

ComRes also used a quota-based approach during fieldwork to ensure that the sufficient sample sizes were achieved in key subgroups to allow for this strong analysis. Aside from stratification, the selection of records was undertaken on a random basis.

Medical Students

The GMC supplied an anonymised database of all final year medical students where an email address was held, and ComRes took a random selection of 4,000 records from the c. 8,000 records, ensuring that this was representative by gender, age, nation, ethnicity and region. The GMC then sent an opt-out email to these students, in addition to all medical students in Northern Ireland and Wales given the small overall universe in those nations. Once the opt-out was complete, ComRes invited all contacts who had not opted out to participate in the survey. ComRes then used a quota-based approach and targeted reminders to ensure sufficient responses in key subgroups to allow for robust analysis.

Employers

The employer sample was provided by a specialist healthcare database provider. ComRes used quota-based sampling to ensure a robust sample that boosted the number of interviews where the anticipated number of responses would have been too low to allow for robust analysis.

The final employer sample file was cross-referenced against the doctors' sample to ensure that individuals with a dual role would not be invited to participate twice in the survey. Duplicates were excluded from the doctors fieldwork.

Educators

The GMC provided the records for the educator strand of the research. The limited amount of sample (120 useable records) available entailed that a census approach was adopted and all records were contacted.

Stakeholders

As in 2014, the GMC provided the records of senior figures from various patient and doctor representative groups, who had all had prior contact or involvement with the GMC. Again, a census approach was adopted due to the limited sample size (59 useable records) and all records were utilised.

MPs

The GMC also provided a list of MPs with whom it had relationships and contact. Again, due to the limited size of the sample (64 records), a census approach was adopted.

Patients and General Public

A random sample approach was adopted – Random Digit Dialling (RDD) was used to conduct fieldwork, using both mobile and landline telephone numbers.

QUOTAS

In order to ensure that, as far as possible, final, unweighted responses both reflected the composition of the wider audience populations and contained enough records to analyse by subgroup, a quota-based approach was used for the following audiences:

- Doctors – by ethnicity, region, registration status, age and gender
- Medical students – by age and gender
- Employers – by sector, type of care, role and organisation type
- Public and patients – by age, gender, region and socio-economic grade

Firm target quotas were set and fieldwork progress was monitored against these. Where it was clear that key quotas were not being met during fieldwork, ComRes targeted these specific audiences through the use of additional sample and a higher frequency of reminders. Performance against quota targets was generally very good, and is outlined in further detail below. Any minor discrepancies between the final numbers of achieved interviews and the target quotas were then adjusted through the use of weighting (see next section).

Doctors

For doctors, interlocking target quotas were set – these were derived from the GMC’s overall database of registered doctors. Performance against each set of target quotas is shown below.¹²

Ethnicity

NATION	Asian or Asian British	Black or Black British	Mixed	Not recorded	Other	White	Blank
England	367 (394)	75 (85)	66 (82)	182 (28)	75 (98)	866 (922)	82 (176)
NI	36 (23)	8 (8)	11 (5)	18 (1)	8 (4)	85 (86)	9 (22)
Scotland	41 (39)	9 (6)	12 (8)	20 (5)	10 (9)	96 (124)	10 (22)
Wales	36 (36)	8 (8)	11 (4)	18 (2)	8 (8)	85 (82)	9 (19)

PMQ

NATION	EEA	IMG	UK
England	179 (206)	428 (499)	1159 (1080)
NI	16 (12)	38 (34)	102 (103)
Scotland	19 (28)	45 (53)	121 (132)
Wales	16 (21)	38 (43)	102 (95)

Registration Status

NATION	GP, Licensed	Specialist, Licensed	GP and Specialist, Licensed	Neither, Licensed
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¹² Achieved interviews shown in brackets next to each target.

England	440 (380)	537 (610)	9 (14)	779 (781)
NI	39 (21)	47 (67)	2 (2)	68 (59)
Scotland	46 (59)	56 (63)	2 (3)	82 (88)
Wales	39 (38)	47 (52)	2 (4)	68 (65)

Age

NATION	20-29	30-39	40-49	50-59	60-69	70 or more
England	281 (222)	554 (559)	457 (463)	326 (364)	121 (153)	25 (24)
NI	25 (20)	49 (32)	40 (37)	29 (41)	11 (16)	2 (3)
Scotland	29 (21)	59 (58)	48 (66)	34 (45)	13 (20)	3 (3)
Wales	25 (19)	49 (43)	40 (42)	29 (37)	11 (14)	2 (4)

Gender

NATION	Male	Female	Prefer not to say
England	966 (953)	799 (811)	0 (21)
NI	85 (87)	70 (61)	0 (1)
Scotland	101 (117)	84 (92)	0 (4)
Wales	85 (83)	70 (71)	0 (5)

Medical students

There were no notable issues with meeting the sample definition, however a scripting error at question B1 meant that the target sample (n=500) was exceeded in order to ensure at least 500 students responded to the correct version of that question. The final sample was therefore 580 students, of whom 501 saw the correct version of the question B1. Performance against target quotas is outlined below:

	TARGET	COMPLETE
Age		
21-23	160	168
24-25	205	225
26+	135	187
Total	500	580
Gender		
Male	225	261
Female	275	311
Would rather not say	-	8
Total	500	580
Nation		
England	n/a	448
Wales	n/a	42
Scotland	n/a	62
Northern Ireland	n/a	28

None of these	0	0
Total	500	580
<i>Ethnicity</i>		
Asian or Asian British	n/a	118
Black or Black British	n/a	24
Mixed	n/a	19
White	n/a	394
Other Ethnic Group	n/a	21
Not stated	n/a	4
Total	500	580

Employers

In 2016 we ran a larger sample than in 2014 to ensure sufficient sample in key demographic groups to allow for analysis by these factors. The fieldwork took longer than initially envisaged as a result of these quotas. However, the completed sample was close to the ideal target figures and provided sufficient sample for analysis in all key groups shown below with the exception of Personnel/HR, Responsible Officers, and GP Federations (where the total universe is small and the target was best effort).

	TARGET	COMPLETE
<i>Sector</i>		
Public	200	227
Private	200	173
Total	400	400
<i>Type of care</i>		
Primary	200	184
Secondary	200	216
Total	400	400
<i>Role type</i>		
Chief Exec/Chair/NED	100	158
Personnel/HR	100	74
Medical/Clinical (inc RO, AO)	100	168
Responsible Officers	100	88
Total	400	400
<i>Organisation type</i>		
NHS Trusts	100	107
Private Hospitals	100	109
CCGs	100	101
GP Federations	100	83
Total	400	400

Public and patients

All subgroup targets were met on schedule for this element of the fieldwork.

	TARGET	COMPLETE
<i>Age Female</i>		

16 to 25	107	106
26 to 35	125	126
36 to 45	126	132
46 to 55	131	128
56 to 65	108	109
66+	174	179
Total	770	780
<i>Age Male</i>		
16 to 25	111	119
26 to 35	124	120
36 to 45	124	100
46 to 55	128	126
56 to 65	104	110
66+	140	147
Total	730	722
<i>Regions</i>		
East	139	139
East Midlands	108	109
London	196	196
North East	61	61
North West	167	167
South East	205	206
South West	126	125
West Midlands	133	133
Yorkshire & Humber	125	125
Wales	72	72
Scotland	125	125
Northern Ireland	43	44
Total	1500	1502
<i>SEG</i>		
AB	403	403
C1	403	404
C2	327	326
DE	366	369
Total	1500	1502

WEIGHTING

Final data for doctors, medical students, and public and patients were weighted prior to analysis to ensure that results were reflective of the general population. Throughout this report, figures and percentages referenced are based on weighted data for these three audiences. The weighting approach for each audience is outlined below.

Doctors

Results for the survey of doctors were weighted to reflect the population of medical practitioners by ethnicity, region, registration status, age and gender, based on figures provided by the GMC.

Medical Students

Results for the survey of medical students were weighted to reflect the population of final year medical students by age and gender, as provided by the GMC.

Patients and General Public

Results for patients and the general public were weighted to be nationally representative of all British adults aged 18+, by age, gender, region and socio-economic grade. These figures were derived from Office for National Statistics.

STATISTICAL TESTING

When interpreting the figures in this report, please note that only statistically significant differences (at the 95% level) are reported and that the effect of weighting is taken into account when significance tests are conducted. Differences are highlighted in the full data tables and calculated as the differences between the subgroup in question and the other subgroups identified – subgroup differences highlighted in the analytical report are therefore always relative to other directly relevant subgroups (e.g. social grades AB vs. DE). Where differences between subgroups and the total sample have been given for any question, this is based on a statistical significance test for the subgroup relative to the total including the subgroup.

INCENTIVES

ComRes did not offer any incentives for participation in this study.

QUESTIONNAIRE DEVELOPMENT

ComRes developed the questionnaires working from the questionnaires used in the 2014 research, in collaboration with the GMC. The overall intention was to ensure that the 2016 research is as consistent as possible with the 2014 wave – as a result, relatively few changes were made, either for methodological reasons or to explore new areas of interest.

As in 2014, there were two overarching questionnaire structures – one for CATI fieldwork and one for online fieldwork. Within these, the seven audiences were asked different sets of questions depending on their focus and the nature of their relationship with the GMC. The length of the respective surveys therefore also differed by audience.

Given the changes to the employers sample from the 2014 design, it was noted after fieldwork completion that certain questions asked about the GMC's Employer Liaison Service (ELS) may not have been appropriate for some respondents, for two key reasons:

- Firstly, employers from CCGs and GP Federations were asked this question, despite the fact that these types of organisations do not have an ELA attached to them.
- Secondly, due to individuals holding multiple roles across many organisations – for example, being involved in their CCG as well as in their GP Practice – we could not be sure which organisation respondents were commenting with regards to.

Our concern is that this may have compromised the quality of the data at these questions, and as such, we have not presented this here. More detailed research into the role of the Employer Liaison Service has been commissioned separately by the GMC and can be accessed on the GMC website.

KEY DRIVERS ANALYSIS

Key Drivers Analysis is a statistical technique which uses multiple regression to identify which other questions in the questionnaire correlate most closely with the responses given at the question ‘How confident, if at all, are you in the way that doctors are regulated by the General Medical Council (GMC)?’ – thereby determining which factors have the most influence on confidence overall.

The KDA model presented was developed using the following process:

- All questions which have the potential to be a driver, and which were asked to a significantly large proportion of the sample, were tested for correlation with overall confidence in the medical profession.
- Only questions where there was significant correlation at this stage were included in the modelling, in order to avoid the risk of a ‘false positive’.
- All binary, single and multiple choice questions were excluded at this stage due to a low level of correlation – this includes all the demographic factors tested including seniority, age, gender and ethnicity.
- Factor analysis was then used to group questions together where a person’s response to one question means that we can generally predict their response to the other questions which make up the factor.
- These factors (shown in the table below) were then used as the starting point for the Key Drivers Analysis.

This proved to produce the most robust model compared to using individual questions as drivers. Although a model was also run using individual questions, this excluded key questions which had a high level of correlation with confidence in regulation. This model has therefore not been presented here.

QUESTIONS	FACTOR
<ul style="list-style-type: none"> • <i>Q. Based on your experiences, how strongly do you agree or disagree that the GMC meets each of these values? – Transparency – the GMC is honest, open and transparent</i> • <i>Q. Based on your experiences, how strongly do you agree or disagree that the GMC meets each of these values? – Fairness – the GMC treats everyone fairly</i> • <i>Q. Based on your experiences, how strongly do you agree or disagree that the GMC meets each of these values? – Collaboration – the GMC is a listening and learning organisation</i> • <i>Q. Based on your experiences, how strongly do you agree or disagree that the GMC meets each of these values? – Excellence – the GMC is committed to excellence in everything that it does</i> 	<p>Values: Agreement that the GMC meets each of its organisational values</p>
<ul style="list-style-type: none"> • <i>Q. How confident, if at all, are you that the Fitness to Practise tribunal hearings run by the Medical Practitioners Tribunal Service (MPTS) produce fair outcomes?</i> • <i>Q. How confident, if at all, are you that the GMC’s Fitness to Practise investigations produce fair outcomes for all groups of doctors?</i> 	<p>Fitness to Practise: Perceived fairness of FTP investigations and tribunals</p>

<ul style="list-style-type: none"> • <i>Q. And in general how would you rate the GMC's website in terms of... – The relevance of information on the GMC website?</i> • <i>Q. And in general how would you rate the GMC's website in terms of... – The usefulness of information on the GMC website?</i> • <i>Q. And in general how would you rate the GMC's website in terms of... – The accessibility of the GMC's website?</i> 	<p>Website: Quality of information on the GMC website</p>
<ul style="list-style-type: none"> • <i>Q. How confident, if at all, are you that the Fitness to Practise tribunal hearings run by the Medical Practitioners Tribunal Service (MPTS) produce fair outcomes?</i> • <i>Q. How confident, if at all, are you that the GMC's Fitness to Practise investigations produce fair outcomes for all groups of doctors?</i> 	<p>Revalidation – communications: Interaction with the GMC as part of revalidation</p>
<ul style="list-style-type: none"> • <i>Q. How much do you agree or disagree with the following statements regarding the GMC's communication with you? – GMC communications are always relevant to me</i> • <i>Q. How much do you agree or disagree with the following statements regarding the GMC's communication with you? – The GMC keeps me adequately informed of its work and priorities</i> • <i>Q. How much do you agree or disagree with the following statements regarding the GMC's communication with you? – GMC communications have an appropriate tone</i> 	<p>Communications: Quality of GMC communications</p>
<ul style="list-style-type: none"> • <i>Q. Overall, how confident, if at all, are you personally in the medical profession in the UK?</i> 	<p>Confidence in the profession: Confidence in the medical profession overall</p>
<ul style="list-style-type: none"> • <i>Q. To what extent, if at all, would you say that having an annual appraisal has had an impact on each of the following? – How much time you spend reflecting on your practice</i> • <i>Q. To what extent, if at all, would you say that having an annual appraisal has had an impact on each of the following? – Your awareness of how to apply the principles of good medical practice to your work</i> • <i>Q. To what extent, if at all, would you say that having an annual appraisal has had an impact on each of the following? – The extent to which you feel a part of a governed structure that supports your professional development</i> • <i>Q. To what extent, if at all, would you say that having an annual appraisal has had an impact on each of the following? – The amount of information you collect about your practice</i> 	<p>Annual appraisals – impact: Perceived impact of annual appraisals on doctors' practice</p>
<ul style="list-style-type: none"> • <i>Q. And thinking more widely, how fair, if at all, do you think the following registration process is/processes are? – The process of registering for the List of Registered Medical Practitioners (general registration)</i> • <i>Q. Thinking about the process of registering. How far would you agree or disagree that... – The process of registering for the List of Registered Medical Practitioners was fair to you personally</i> 	<p>Registration: Perceived fairness of the registration process</p>
<ul style="list-style-type: none"> • <i>Q. To what extent, if at all, would you say that the process of revalidation has had an impact on each of the following? – How much time you spend reflecting on your practice</i> • <i>Q. To what extent, if at all, would you say that the process of revalidation has had an impact on each of the following? – Your awareness of how to apply the principles of good medical practice to your work</i> • <i>Q. To what extent, if at all, would you say that the process of revalidation has had an impact on each of the following? – The amount of information you collect about your practice</i> • <i>Q. To what extent, if at all, would you say that the process of revalidation has had an impact on each of the following? – The extent to which you feel a part of a governed structure that supports your professional development</i> 	<p>Revalidation – impact: Perceived impact of revalidation on doctors' practice</p>

FURTHER INFORMATION

We would be delighted to discuss this further at your convenience.

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