Corporate Strategy and Perceptions Tracking 2020

Prepared by IFF Research for the General Medical Council

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An executive summary, key findings by audience (including segmentation analysis), and technical appendix for this report can be found in separate documents.
1 Introduction

Background and objectives

The General Medical Council’s (GMC’s) mission is to prevent harm and drive improvement in patient care by setting, upholding and raising standards for medical education and practice across the UK. The GMC’s corporate strategy 2018-2020\(^1\) sets out the organisation’s three year plan.

The Strategy seeks to introduce more proactive regulation, while continuing to deliver core functions efficiently, effectively and fairly. The Strategy aims to regulate effectively by supporting the medical workforce in delivering good medical practice including through early interventions that prevent things going wrong. Hence the Strategy has an emphasis on ensuring that doctors joining the GMC’s register have the capabilities to provide a good standard of medical practice and are then supported to maintain these high standards throughout their career.

Within the 2018-2020 strategy, the GMC has set out four key strategic aims. These are underpinned by fourteen strategic benefits as shown in Figure 1.1, split into primary and secondary lag indicators: measurable factors that show whether an intended result is achieved. The success in achieving eleven out of the fourteen benefits will – at least partly – be determined through measuring perceptions among key GMC audiences.

Figure 1.1 GMC strategic aims and benefit measures

<table>
<thead>
<tr>
<th>#</th>
<th>Strategic Aim</th>
<th>Benefit Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Supporting doctors in delivering good medical practice</td>
<td>Doctors are supported to deliver high quality care</td>
</tr>
<tr>
<td>2</td>
<td>Strengthening collaboration with regulatory partners</td>
<td>Right response by the right organisation, at the right time</td>
</tr>
<tr>
<td>3</td>
<td>Strengthening our relationship with the public and the profession</td>
<td>Contribute to public confidence in doctors</td>
</tr>
<tr>
<td>4</td>
<td>Meeting the changing needs of the health services across the four countries of the UK</td>
<td>Regulatory model and interventions are relevant, effective, appropriate, and better meet the needs of the four UK countries</td>
</tr>
</tbody>
</table>

Key:
- Primary lag indicator drawn from perceptions survey
- Secondary lag indicator drawn from perceptions survey
- No lag indicators from perceptions survey

The aim of this research was to track perceptions of the GMC’s work amongst seven key audiences: doctors, Responsible Officers, medical students, providers, educators, stakeholders, and patients and the public. This tracking will allow the GMC to determine how well they have progressed against their aims.

The majority of the questions asked in 2020 were originally developed in a baseline survey conducted by IFF Research in 2018, that established a baseline of perceptions amongst doctors, Responsible Officers, patients and the public, and stakeholders. There were also a number of questions from tracking surveys conducted in 2014 and 2016, which explored perceptions more broadly across a range of areas of the GMC’s work. In addition to these tracking questions, some questions were new for 2020. Where it is possible to compare 2020 results to earlier research, this will be done throughout this report.

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Fieldwork was conducted from 5th February to 13th March 2020.

Where perception measures are tracked over time, it is important to be aware of the surrounding context. While the 2020 research took place within the context of developments of the COVID-19 pandemic, all 2020 fieldwork took place before the UK entered its phase of ‘lockdown’ meaning that it took place before the major changes to day to day life associated with the pandemic came into effect.

The 2018 research took place in a context of a number of high-profile events and disputes. Most notably the fieldwork began less than two weeks after the much-publicised High Court Ruling on the Dr Bawa-Garba case, in which Dr Bawa-Garba was initially erased from the medical register after being found guilty of manslaughter of a patient and later reinstated after appealing. It is important to be aware of this when interpreting results from both the 2018 and 2020 research.

Research approach

The survey with each audience was carried out online, with the exception of that with stakeholders, which was carried out over the telephone in recognition of the relationship between the GMC and the stakeholder organisations and to maximise response rates among a relatively small population.

All surveys took between 10 and 20 minutes to complete on average (with the doctors’ survey taking around 20 minutes).

A process was carried out among sampled doctors, ROs and medical students, whereby the GMC sent an email explaining what the survey would involve and offering the opportunity to withdraw from the process.

Further details of the approach, including sampling and weighting strategies and total numbers of interviews achieved are shown in the following table.
<table>
<thead>
<tr>
<th>Audience</th>
<th>Sample source</th>
<th>Sampling and weighting</th>
<th>Method</th>
<th>Total number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>Medical register</td>
<td>Following a number of exclusions(^5), a stratified sample of records (c. 22,000) was drawn in a way that reflected the wider population of licensed doctors in the UK in terms of country, age, gender, ethnicity, registration status, and where the doctors’ primary medical qualification (PMQ) was achieved. Some deliberate oversampling of doctors working in the devolved nations, and Black doctors ensured sufficient numbers for subgroup analysis. To adjust for this, and to counter non-response bias, the data were weighted by registration status, region, gender and ethnicity, bringing these into line with the wider population of licensed doctors.</td>
<td>Online (following withdrawal exercise)</td>
<td>2169 doctors (10% response rate)</td>
</tr>
<tr>
<td>Responsible Officers</td>
<td>Medical register</td>
<td>Attempted census; all ROs, aside from those opting out, were invited to participate in the survey (n=556). No weighting was applied due to the small sample size and very few differences in the findings by demographics.</td>
<td>Online (following withdrawal exercise)</td>
<td>101 doctors (18% response rate)</td>
</tr>
<tr>
<td>Public and patients</td>
<td>Online Panel sample</td>
<td>A survey of 2,000 members of the public, sampled (and then weighted) to be nationally representative of the Great British population by country and demographics. A boost of respondents from Northern Ireland was also conducted to ensure a minimum of 100 interviews for subgroup analysis. The split between patients (seeing a doctor in the last 12 months) and other members of the public was allowed to fall out naturally.</td>
<td>Online</td>
<td>2040(^6): 1530 patients (75% of total) 471 public (23% of total)</td>
</tr>
</tbody>
</table>

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\(^5\) These included doctors without a license, those working outside the UK or who were suspended for example – further details can be found in the Technical Appendix.

\(^6\) 39 individuals do not fall into either category as they did not wish to disclose this information.
<table>
<thead>
<tr>
<th>Audience</th>
<th>Sample source</th>
<th>Sampling and weighting</th>
<th>Method</th>
<th>Total number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>Healthcare database provider</td>
<td>A sample of 8248 senior healthcare leaders (job roles included Chairs, Chief Officers, Clinical Leads, Directors, and Practice Managers, among others) at healthcare providers was drawn, with an approximately even split of primary and secondary care providers, as well as coverage in each of the devolved nations.(^7) The sample of private providers was boosted to ensure a minimum of 100 interviews were completed to allow for subgroup analysis. No weighting was applied.(^8)</td>
<td>Online, with follow-up telephone calls made to boost the response rate among private providers</td>
<td>406 (5%) response rate</td>
</tr>
<tr>
<td>Educators</td>
<td>GMC database</td>
<td>Attempted census; a sample of 243 educators was supplied by the GMC, comprising undergraduate and postgraduate deans and quality leads.</td>
<td>Online</td>
<td>35 (14%) response rate</td>
</tr>
<tr>
<td>Medical students</td>
<td>Medical register</td>
<td>Attempted census; all (7657) final year medical students with an email address were invited to take part in the survey. To counter non-response bias, the data were weighted by gender, bringing these into line with the wider population of final year UK medical students.</td>
<td>Online (following withdrawal exercise)</td>
<td>901 (12%) response rate</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>GMC database</td>
<td>Attempted census; all stakeholders and partners (n=86) identified by the GMC were contacted and asked to participate.</td>
<td>Computer Assisted Telephone Interviewing</td>
<td>51 (59%) response rate</td>
</tr>
</tbody>
</table>

Stakeholders included education bodies, employer organisations, health departments, public bodies, professional bodies and regulators. Stakeholders were interviewed on an attributed basis so their responses can be linked back to them but are reported in aggregate in this report. All other

\(^7\) For more detail on the job titles of those invited, see the Technical Appendix.

\(^8\) For more detail on comparability of this sample with 2016, see the Technical Appendix.
audiences took part on a non-attributed basis and responses of individuals remain confidential, being reported at aggregate level only.

Please note that changes in sampling approach for the provider audience mean that comparisons over time must be treated with caution; for more detail please see the Technical Appendix.

Questionnaire design

The GMC carried out tracking surveys in 2014\(^9\) and 2016\(^{10}\) which explored a broad range of topics across seven audiences, followed by a baseline survey measuring the success of the GMC’s corporate strategy 2018-2020 and stakeholder perceptions, conducted in 2018 among doctors, ROs, patients and the public and stakeholders.\(^{11}\)

Questionnaires for all seven audiences in the current research were designed by taking questions from all three surveys mentioned above. To assess progress against the GMC’s corporate strategy 2018-2020, comparisons are made in this report where appropriate (though caveats have been made where question wording has necessarily changed over time). Some new questions were also included in this current research.

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 have not been reported.

When referring to differences by registration type, this refers to the register or registers the doctors have reported they are on:

- GPs: those licensed on the GMC’s GP register;
- Specialists: those licensed on the GMC’s specialist register;
- Doctors in training: licensed doctors currently in core, GP or specialist training;
- SAS/LEDs/non-training: licensed doctors in a non-training post and not on the GP or specialist registers (referred to as ‘SAS/LEDs’ throughout).

Where base sizes are low, some findings are reported in absolute numbers rather than as percentages.

Further details can be found in the Technical Appendix.

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2 Strategic Aim 1: Supporting doctors in maintaining good practice

It remains the case that the majority of doctors find their careers fulfilling, although as was the case in 2018 working conditions remain trying for many. Despite working conditions remaining difficult, there is evidence that an increasing proportion of doctors feel supported in their jobs by the GMC. Nearly a third said they feel supported by the GMC to deliver good safe care, a significant increase from 2018.

While the level of confidence in GMC regulation remains relatively low – it is still the case that most doctors do not feel confident in the way they are regulated by the GMC – this measure has shown improvement over the past two years. Negative sentiment relating to the GMC’s handling of the Dr. Bawa-Garba case, and the way the GMC is presented in the media, is receding in prominence.

Although medical students, and to a lesser extent ROs, also confront difficult working conditions, these audiences – along with providers, educators and stakeholders – are far more positive towards the GMC. A clear majority of audiences other than doctors have confidence in the GMC’s regulation.

- **Doctors are supported to deliver high quality care**: 32% of doctors feel supported by the GMC to deliver good safe care.
- **Doctors have fulfilling / sustained careers**: 73% agree that being a doctor is a fulfilling career.
- **Enhanced trust in GMC’s role**: 45% of doctors are confident in the way that they are regulated by the GMC.
Whether doctors are supported to deliver good safe care

Whether doctors and medical students feel supported by the GMC to deliver good safe care

When doctors were asked to what extent they feel supported by the GMC to deliver good safe care, only a minority (32%) of doctors reported feeling this way. This nevertheless provides some indication that GMC’s relationship with doctors is on an improving trajectory – in 2018, less than a quarter (22%) of doctors said they felt supported (Figure 2.1).12

Figure 2.1 Extent to which doctors feel supported by the GMC

![Figure 2.1 Extent to which doctors feel supported by the GMC](image)

D1. To what extent do you feel supported by the General Medical Council (GMC) to deliver good safe care?

Base: All doctors currently practising (2020: 2,093; 2018: 3,179)

Some groups of doctors were more likely to say they did not feel supported by the GMC – such as those working in Northern Ireland (73%), disabled doctors (72%), white doctors (73%) and GPs (75%). To some extent, GPs’ current feelings towards the GMC mirror the ‘centre of gravity’ among all doctors in 2018, when similarly low levels of feeling supported constituted the overall picture. And while the sense of support remains low among GPs, it nevertheless represents an improvement since 2018, when 80% of GPs said they did not feel supported by the GMC – an improvement in the perception of GMC may be lagging slightly among GPs, when compared with other doctors.

In other words, even among those sub-groups of doctors with the most negative feelings towards the GMC, there is evidence that sentiment is improving.

Among those doctors who feel supported by the GMC, the most commonly mentioned reasons relate to the quality of regulations and standards (Figure 2.2).

Among those doctors who do not feel supported by the GMC to deliver good safe care, the most commonly mentioned reason is simply that the GMC offers no support. This represents a change since 2018, when the most common reason for not feeling supported was that the GMC works against doctors, not for or with them (see also Figure 2.2.). One potential implication of this shift is that while in 2018, doctors felt that the GMC was actively working against them, by 2020 the more widespread perception was the relatively more benign assessment that the GMC was passively not supporting them (with fewer reporting the view that the GMC was actively working against them).

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12 It should be noted that the question wording changed – from ‘To what extent do you feel supported by the General Medical Council (GMC) to deliver high quality care?’ in 2018, to ‘To what extent do you feel supported by the General Medical Council (GMC) to deliver good safe care?’ in 2020.
D2. Why do you say you feel / do not feel supported by the GMC to deliver good safe care? Base: doctors who feel supported (2020: 644; 2018: 694); doctors who do not feel supported (2020: 1,353; 2018: 2239).

When medical students were asked to what extent they felt supported by the GMC, less than a quarter said they felt supported (Figure 2.3). Students’ views on the lack of support are relatively mild, however, with only a quarter answering that they felt ‘not at all’ supported. Moreover, among those students who know a lot about the GMC, the proportion saying they feel supported rises to a third (32%); this compares to only a sixth (17%) among those who know a little about the GMC. In other words, the sense of not feeling supported by the GMC among medical students is potentially a reflection of students not having particularly strong views on the GMC, as opposed to a reflection of a deeper negative attitudes to the GMC (as is the case among registered GPs).

The picture among ROs is much more positive, with the vast majority reporting that they feel supported by the GMC; this is similar to the picture in 2018 (see also Figure 2.3).  

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13 Medical students were asked ‘To what extent do you feel supported by the General Medical Council (GMC) in your studies as a medical student?’

14 Responsible Officers were asked ‘To what extent do you feel supported by the General Medical Council (GMC) in your role as a RO?’
D1. To what extent do you feel supported by the General Medical Council (GMC) in your studies as a medical student / in your role as an RO? Base: all ROs (2020: 101; 2018: 109); all medical students aware of GMC (2020: 900)

Roughly speaking, the more engaged the audience, and the greater the need to work with the GMC on a professional and day-to-day basis, the more likely the audience is to feel supported by the GMC. Arguably, those with most immediate professional need to feel supported by the GMC (Responsible Officers), are receiving the required support – and the problem for the other audiences is not their perception that the support provided is inadequate, but a more general sense of feeling distant from the GMC (i.e. support is neither requested nor expected).

Factors associated with feeling supported by the GMC to deliver good safe care

A ‘key driver analysis’ using linear regression was used to examine the relative correlation of different factors with doctors feeling supported by the GMC to deliver good safe care. Where doctors were positive about the GMC’s role in preserving the quality of training and education and in streamlining the revalidation and appraisal process, this was most strongly associated with a positive view of the GMC’s support to provide good, safe care – as shown in Figure 2.4.

Recent interaction with the GMC website to access guidance and learning materials also positively correlated with doctors’ overall positive perceptions of GMC support to provide good, safe care.

15 An explanation of the analysis and list of variables factored into the model can be found in the technical appendix.
While holding a positive view of the GMC’s role in relation to training, revalidation and appraisal was most strongly associated with giving a positive rating of the GMC’s support, doctors’ feelings of being supported more generally in their role also contributed. Where doctors expressed feelings of dissatisfaction and discontentment in their role, including having found it difficult to provide a patient with the sufficient level of care they need and feeling unsupported by management in the last 12 months, this negatively correlated with their perceptions of feeling supported by the GMC to deliver good, safe care – in other words, where a doctor felt generally unsupported in their role, they were more likely to give a negative rating of the GMC’s support.

Figure 2.4 Extent to which doctors feel supported by the GMC to deliver good safe care (Key Driver Analysis)

The percentages shown in the chart are the proportion of variance explained by each factor, rounded to zero decimal places. All variables significant at 95% confidence level.

Feeling supported and enjoying their profession

Whether doctors and medical students feel supported by colleagues and management

Doctors were asked how often, over the previous year, they had felt unsupported by immediate colleagues, and how often they had felt unsupported by management or senior management. Doctors are considerably more likely to feel unsupported by management or senior management on a regular basis than they are to feel unsupported by colleagues (see Figure 2.5). These findings are in line with 2018. The stability in these measures, combined with an increase in the proportion of doctors reporting feeling supported by the GMC, suggests that this improvement in perceptions of the GMC is a specific reflection of GMC efforts – rather than, for example, being a reflection of improved satisfaction with working relationships in general among doctors.
Feeling unsupported is more common among disabled doctors (18% of disabled doctors felt unsupported by immediate colleagues on a weekly basis, and 36% felt unsupported by (senior) management on a weekly basis).

Doctors with low levels of confidence in the GMC and a low sense of feeling supported by the GMC are more likely to report feeling unsupported by both colleagues and (senior) management on a weekly basis – indicating that, at least among some doctors, a general, non-GMC-specific sense of feeling unsupported may be driving their negative sentiment towards the GMC (i.e. these doctors are struggling or dissatisfied with their working life in a broader sense, rather than their views being a reflection of something the GMC has done). Particularly strikingly, over half (51%) of doctors who are ‘not at all’ confident in the GMC reported feeling unsupported by (senior) management on a weekly basis; it could be the case that some of the doctors with the most negative views about the GMC perceive the organisation to be part of a wider institutional structure of unsupportive medical authority.

A regular experience of feeling unsupported by peers is rare among medical students, though the experience of feeling unsupported by their university is slightly more common (Figure 2.6). There is further evidence of a broader issue with disabled medical practitioners feeling unsupported: disabled medical students are more likely to report both feeling unsupported by their peers (13%) and feeling unsupported by their university (26%) on a weekly basis.
ROs are notably unlikely to feel unsupported (see also Figure 2.6). These figures are in line with those reported in 2018.16

Figure 2.6 How often medical students and ROs have experienced a lack of support over the previous year

<table>
<thead>
<tr>
<th>Over the last year to what degree have you experienced the following…</th>
<th>Medical students</th>
<th>Responsible Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>…Felt unsupported by my peers / immediate colleagues</td>
<td>55%</td>
<td>63%</td>
</tr>
<tr>
<td>…Felt unsupported by my university / by management or senior management</td>
<td>29%</td>
<td>62%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical students</th>
<th>Responsible Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Once or twice a year</td>
</tr>
<tr>
<td>Monthly</td>
<td>Weekly</td>
</tr>
<tr>
<td>Weekly</td>
<td>Almost continuously</td>
</tr>
<tr>
<td>Don’t know / prefer not to say</td>
<td></td>
</tr>
</tbody>
</table>

I2MS_4/5 / I2_5/6 Over the last year how often have you experienced the following… Base: all respondents (medical students: 901); all currently practising (ROs: 101)

Whether being a doctor is seen as a fulfilling career

While a sense of feeling unsupported by management is relatively common among doctors, this does not significantly feed through into doctors’ perceptions of their career, as three quarters (74%) agree with the statement ‘I find being a doctor is a fulfilling career’. There has been a small but statistically significant decline on this measure from 2018 (see Figure 2.7), with a more substantial decline among doctors who reported not feeling supported by the GMC: in 2020, 67% of those who reported not feeling supported by the GMC agreed that being a doctor is a fulfilling career, compared with 74% in 2018. This suggests that those doctors who remain dissatisfied with the GMC are increasingly those who are unhappy with their careers more broadly.

16 The question wording for the second statement for ROs was slightly different in 2018: “Felt unsupported by board/organisation management”
The sense that being a doctor is a fulfilling career remains markedly high for doctors even when other assessments of their working conditions are broadly negative. As such, a vocational commitment to the professional fulfilment provided by medical practice is likely to be a key factor in allowing doctors to persevere, even as they struggle with many of the day-to-day aspects of their jobs. Given this, a small but significant drop in the proportion of doctors agreeing that being a doctor is a fulfilling career may be of particular concern.

Among medical students, levels of agreement with the statement ‘I feel being a doctor will be a fulfilling career’ are very high (Figure 2.8). This is perhaps to be expected, as it would be concerning for a significant proportion of medical students to be disillusioned with their future career before it has begun. For those students who are disillusioned (5% disagree that being a doctor will be a fulfilling career), there is some indication that their feelings are being driven by a negative reaction to the working or studying conditions they experience: of those medical students who disagree that being a doctor will be a fulfilling career (n=41), 27% feel unable to cope with their studies on a weekly basis, and 39% had to take a leave of absence due to stress at some point over the previous year. It is also significant that none of this group feel supported by the GMC – while the actions of the GMC could only be expected to have a limited impact on their overall work or study experience, an effort by GMC to reach out to this group may have a disproportionately positive effect on their assessment of the profession, as they currently appear to perceive themselves as struggling without institutional support.

Levels of RO agreement with the statement ‘I find being in a Responsible Officer role a fulfilling career’ are also high (see also Figure 2.8). This proportion is in line with 2018.

In summary, levels of agreement with their (future) profession being a fulfilling career are high among doctors, medical students, and ROs, but a small decrease in this key metric since 2018 among doctors represents an area of potential concern.

17 The 2019 Standard of Medical Education and Practice survey found that ‘I enjoy my work / I find my job fulfilling and rewarding’ was the primary reason for professional satisfaction even among those doctors who reported struggling with working conditions on a weekly basis.
Challenges faced by doctors

Doctors were asked a number of questions about their working conditions, including how often they felt unable to cope with their workload, felt unable to provide a patient with a sufficient level of care, and had considered leaving the medical profession. It is most common for doctors to have felt unable to cope with their workload: three-quarters had experienced this in the previous year, and a quarter experienced this on a weekly basis (Figure 2.9). Finding it difficult to provide sufficient care is less commonly experienced overall, but again a quarter of doctors said they experienced it on a weekly basis. While a smaller proportion of doctors said they had considered leaving the medical profession in the previous year, the fact that over half of doctors had contemplated this – with one-in-six considering it on a weekly basis – is a matter of concern, given existing staffing pressures within the NHS.

Doctors were also asked how often they had taken a leave of absence due to stress. While only 1% of doctors had taken a stress-related leave of absence on a weekly basis, a concerningly high proportion of doctors had some experience of this: one-in-six (16%) had done so at least once in the previous year. This also represents a small but statistically significant increase from 2018 (when 12% had to take a leave of absence due to stress at least once in the previous year).

Across all measures, doctors who had experienced negative working conditions on a regular basis are significantly more likely to express a sense of not feeling supported by the GMC, a lack of trust in the GMC, and a lack of trust in the GMC’s fitness to practise investigations. This indicates that negative attitudes towards the GMC are closely linked to a wider sense of professional discontent – although without further qualitative research, it is not possible to say whether such doctors tend to hold the GMC specifically responsible for a failure to improve working conditions, or whether the GMC are simply viewed negatively as part of a wider complex of unsupportive institutions and practices.
Among medical students, while not common on a weekly basis, significant proportions reported having felt unable to cope with their studies (73%), considered leaving or changing their studies (44%), and having to take a leave of absence due to stress (19%) at least once during the previous year (Figure 2.10). These experiences tend to be more common among disabled students and female students (for example, 83% of disabled students and 80% of female students reported having felt unable to cope with their studies at least once during the previous year). At the same time, only a small minority of medical students reported experiencing such issues on a persistent basis.
It was relatively uncommon for ROs to report experiencing negative working conditions (Figure 2.11). While four-in-ten had felt unable to cope with their workload, and a quarter had considered leaving the medical profession, at some point in the previous year, less than one-in-six had found it difficult to provide a patient with a sufficient level of care, and only 2% had taken a leave of absence due to stress. Very few ROs reported experiencing negative working conditions on a weekly basis. As is the case with doctors, these figures are in line with 2018, suggesting that working conditions have remained largely consistent since then.
ROs are coping most effectively with their working conditions and are most likely to feel supported by the GMC. By contrast, relatively high proportions of doctors are struggling with their working conditions, and only a minority feel they are supported by the GMC. Of most concern, a sub-set of doctors are finding their working conditions very difficult to cope with, appear to be at risk of leaving the medical profession, and perceive themselves to be receiving little to no support.

**Enhanced trust in GMC’s role/way that GMC regulates doctors**

Confidence in the GMC’s regulation of doctors

While nearly half of doctors are confident in the way the GMC regulates doctors, there remains a significant minority (21%) of doctors who report feeling ‘not at all’ confident in the way the GMC regulates doctors (Figure 2.12).
Confidence is higher among some doctors, for example Black and minority ethnic doctors (BAME; 54%) are more likely to feel confident than white doctors (43%). Among registration types, GPs, and to a lesser extent specialists, are significantly less likely to express confidence in the way the GMC regulates doctors. SAS/LEDs, and to a lesser extent doctors in training, are more likely to express confidence in the way the GMC regulates. This is a recurring theme throughout the report, and will be covered in greater depth in Chapter 5: that GPs, and to a lesser extent specialists, tend to be struggling with working conditions, to be more disenchanted with the medical profession, and to express greater levels of disaffection with the GMC. A complex of issues linked to high workloads is driving particularly negative attitudes to the GMC among GPs, who may view the regulator as part of an institutional structure responsible for causing or failing to address their negative working conditions. Analysis of those sub-groups of GPs who are most negatively affected is covered in Chapter 5. By contrast, SAS/LEDs, and to a lesser extent doctors in training, are less likely to be struggling with their working conditions and are more likely to express positive attitudes about the profession and the broader medical establishment.

Figure 2.12 Confidence among doctors in the way the GMC regulates doctors

B1. How confident, if at all, are you in the way that the General Medical Council (GMC) regulates doctors? Would you say you are...? Base: all doctors (2,169)

While more doctors said they lacked confidence in the way the GMC regulates doctors than said they were confident in the GMC’s regulation, this represents an improvement since 2018 (Figure 2.13). Moreover, the change is predominantly driven by a decrease in the proportion of doctors who said they are ‘not at all’ confident in the GMC (from 30% in 2018 to 21% in 2020). Although not yet at the level of 2016, when over half (57%) of doctors said they were confident in the way doctors are regulated by GMC, or at the particularly high level of 2014, when three-quarters (75%) of doctors said they were confident in the way doctors were regulated by the GMC, the improvement since 2018 suggests that confidence is on an upward trajectory as the impact of the Dr. Bawa-Garba case diminishes.
Confidence in the way the GMC regulates doctors remains high among medical students, with nearly three-quarters (73%) expressing confidence in the GMC’s regulation, broadly consistent with the situation in 2016 (see also Figure 2.13). The position among ROs is similar, with nearly three-quarters (70%) expressing confidence in the way the GMC regulates doctors, unchanged from 2018; and among educators, with over three-quarters (77%) expressing confidence, broadly consistent with 2016.\footnote{For some audiences, the question was not asked in 2018, so the nearest point of comparison is 2016.} The vast majority (92%) of stakeholders are confident in the way the GMC regulates doctors – continuing the trend of overwhelming support for GMC regulation among stakeholders that has prevailed since 2014, and further emphasising the positive relationships the GMC have been able to cultivate and maintain among those they work most closely with.\footnote{2014 is the first year for this data on this metric is available, so this may reflect an even longer-term trend.}

There has been a drop in confidence among providers; however, the changes in the sampling strategy among providers and the demographic make-up of this group (discussed in the technical appendix) mean that direct comparisons for this audience between 2016 and 2020 are not possible.

**Figure 2.13 Confidence over time in the way the GMC regulates doctors**

When doctors who expressed confidence in the GMC’s regulation were asked why this was the case, the main reasons provided were in line with those provided in 2018, most commonly that the GMC looks out for patients’ interests (Figure 2.14). The consistency of reasons with 2018 may indicate that the increase in overall confidence since 2018 is more a reflection of negative factors receding in prominence than new positive factors emerging.
When doctors who expressed a lack of confidence in the GMC’s regulation were asked why this was the case, the main reasons were again in line with those provided in 2018. The most common reason was feeling that the GMC looked out for patients’ interests, not doctors’, followed by a lack of clarity on how the GMC works and how it makes its decisions, and thirdly, that the lack of confidence stemmed from what they had read in the newspapers (this rises to 50% of doctors attributing their lack of confidence to what they have seen across all media channels, including the newspapers, TV, radio and social media). The latter reason, while remaining one of the key reasons for doctors having low confidence in the GMC, was mentioned significantly less in 2020 – from 59% mentioning negative portrayals of the GMC in the media in 2018 to 50% in 2020 – suggesting that a core driver of improving confidence in the way the GMC regulates doctors is a declining amount of negative media coverage, likely relating to the Dr. Bawa-Garba case.20

Figure 2.14 Reasons for high and low confidence among doctors in the way the GMC regulates doctors

It is also promising that direct, first-hand experience of the GMC is a key driver of confidence in the GMC; while second-hand, media-filtered reports have more of a significant role in driving a lack of confidence. When all codes mentioning personal experience are grouped together21, nearly four-in-ten (37%) doctors who are confident in the way the GMC regulates doctors cite it as a reason for their confidence, compared to only 27% who cite some form of media representation22 as a reason for their confidence. By contrast, among those doctors who are not confident in the way the GMC regulates doctors, half (50%) cite some form of media representation, compared to only 36% who mention some form of experience as a reason. This further supports the general tendency for those with the most interaction with the GMC to view the GMC in a more positive light. Moreover, when ROs who said they were confident in the way the GMC regulates doctors were asked why this was the case, the overriding reason provided was professional experience (with 92% mentioning this as a reason). Increasing the GMC’s direct engagement with doctors may therefore have a disproportionate benefit.

20 It is also worth noting that those who cited media representations may have been influenced by such representations when citing other reasons. So, for example, 65% of those who mentioned media reports as a reason for their lack of confidence also said that the GMC looks out for patients’ interests, not doctors’ interests. Such media reports may be colouring their perception that the GMC does not look out for doctors’ interests.
21 Such as ‘from professional experience’ and ‘from personal / family experience’.
22 Such as ‘from what I have seen / heard on TV / radio’, ‘from what I have read in the newspapers’, and ‘from what I have seen / heard on social media (e.g. Twitter / Facebook).
The more the GMC can directly interact with doctors (in combination with doctors having positive experiences), the higher the likelihood of positive perceptions proliferating.

It is worth noting that the GMC looking out for (or prioritising) patients’ interests – the raison d’être of the GMC as a regulator – is the main reason provided both for high and low confidence. This may suggest a lack of understanding among some doctors as to the function of the GMC, although it is of course important to be seen to be looking out for the interests of both patients and doctors. At the same time, 17% of doctors who are confident in the way the GMC regulates doctors said that the GMC looking out for doctors’ interests is a reason for their confidence, indicating that a significant minority perceive the GMC to be successfully balancing the interests of both patients and doctors.

Turning to sub-groups of doctors, it is notable that younger doctors and doctors in training are significantly more likely to be influenced in their negative perceptions of the GMC by media reports; while doctors with a primary medical qualification from outside the EEA were more likely to cite the GMC looking out for patients’ interests over doctors’ interests as a reason for lack of confidence.

The picture among medical students is similar to that among doctors. Firstly, a perception that the GMC is looking out for patients’ interests cuts both ways. The key reason for a lack of confidence in the way the GMC regulates doctors was the perception that the GMC looks out for patients’ interests rather than doctors’ interests, while the key reason for confidence in the way the GMC regulates doctors was the perception that the GMC looks out for patients’ interests (Figure 2.15). Secondly, media reports feature very prominently among those lacking confidence (58%), with experience mentioned much less frequently (28%); while among those medical students who were confident in the GMC, experience was more of a driver than media reports (37% of those with confidence in the GMC cited experience, compared to 28% citing media reports). It is also worth noting that second-hand reports in the form of word-of-mouth are a primary driver of lack of confidence among medical students (mentioned by 49% of those lacking confidence). It may be the case that improving confidence among doctors will reduce the ‘word-of-mouth’ effect, as doctors will be less likely to pass on negative perceptions of the GMC to students.

Figure 2.15 Reasons for high and low confidence among medical students in the way the GMC regulates doctors

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The GMC looks out for patients’ interests</td>
<td>The GMC looks out for patients’ interests, not the doctor’s</td>
</tr>
<tr>
<td></td>
<td>71%</td>
</tr>
<tr>
<td>I trust or have confidence in regulators / authorities in general</td>
<td>Word-of-mouth / what someone else told me</td>
</tr>
<tr>
<td></td>
<td>44%</td>
</tr>
<tr>
<td>Word-of-mouth / what someone else told me</td>
<td>From what I have read in the newspapers</td>
</tr>
<tr>
<td></td>
<td>39%</td>
</tr>
<tr>
<td>From professional experience</td>
<td>It’s not clear how the GMC works and how it makes its decisions</td>
</tr>
<tr>
<td></td>
<td>33%</td>
</tr>
</tbody>
</table>

B2. Why do you say that you are not confident in the way that the GMC regulates doctors? B3. Why do you say that you are confident in the way that the GMC regulates doctors? Base 2020: all who know about the GMC and are confident in the way it regulates doctors (660); all who know about the GMC and are not confident in the way it regulates doctors (216); 2016: all who are not confident in the way the GMC regulates doctors (92).
When ROs who said they were confident in the way the GMC regulates doctors were asked why this was the case, the overriding reason provided was professional experience, followed by the GMC looking out for patients’ interests (Figure 2.16). At the same time, among the minority of ROs who expressed a lack of confidence in the way the GMC regulates doctors – 29 ROs in total – the primary reason provided was also professional experience. These ROs are likely responding to direct negative experiences with the GMC and may be receptive to an attempt by the GMC to learn from their experiences and address concerns.

Figure 2.16 Reasons for high and low confidence among Responsible Officers in the way the GMC regulates doctors

B2. Why do you say that you are not confident in the way that the GMC regulates doctors? B3. Why do you say that you are confident in the way that the GMC regulates doctors? Base: all confident in the way the GMC regulates doctors (71); all not confident in the way the GMC regulates doctors (29).23

Factors associated with having confidence in the GMC’s regulation of doctors

A ‘key driver analysis’ using linear regression was run to explore the relative correlation of factors with doctors’ confidence in the GMC’s regulation of doctors.24

The factor most strongly associated with having confidence in the GMC’s regulation of doctors is the perception that the GMC is improving the way it deals with a concern about a doctor’s practice or behaviour (see Figure 2.17). Demonstrating that the GMC is actively working to improve their processes in the event of a concern is important for building doctors’ confidence in the GMC.

Agreement that the GMC promotes and maintains public confidence in the medical profession is also strongly associated with having confidence in the GMC’s regulation of doctors, suggesting that doctors’ confidence is also influenced by how the GMC is perceived by the wider public.

The third factor showing a relatively high correlation with having confidence in the GMC’s regulation of doctors is trusting the GMC to check that a doctor is up to date and safe to practise. Building trust specifically in the way the GMC deals with a doctor’s fitness to practise should have a positive impact on doctors’ confidence in the GMC in general.

23 This question is reported in raw figures rather than percentages as the base size is so low.
24 An explanation of the analysis and list of factors explored for the model can be found in the technical appendix.
**Figure 2.17 Key driver analysis – confidence in the GMC’s regulation of doctors**

The percentages shown in the chart are the proportion of variance explained by each factor, rounded to zero decimal places. *significant at 90% confidence level. All others significant at 95% confidence level.*

### Training and preparedness

**Doctors’ preparedness for the role**

While there remains a majority that do feel their undergraduate training had prepared them for their first role, as Figure 2.18 shows, the proportion of doctors who have been practising for fewer than five years feeling this way has decreased since 2016. As might be expected, those who had completed their studies in the UK are more likely than their overseas counterparts to agree that their training had prepared them for their first (UK) foundation post (66% vs. 51%).
2020: E1. To what extent do you agree or disagree that your undergraduate training adequately prepared you for your first foundation post (if PMQ=UK) / you were adequately prepared for your first post in the UK (if PMQ=outside UK)? 2016: D2. How far do you agree or disagree that your undergraduate training adequately prepared you for your first foundation post? Base= All graduates who have been in practice for under five years: 2020 (260), 2016 (278)

The most common reason given by those who disagree was that there was no correlation between teaching and the reality of day-to-day practice (45%). This may in part reflect the feedback given elsewhere that graduates lack preparation for practice in relation to softer skills such as emotional resilience or physical demands.

The proportion of medical students feeling prepared is higher than that of recently qualified doctors (76% compared to 63%), which further suggests that there are likely to be elements of the day-to-day role which are unexpected and for which doctors do not feel they have been adequately prepared by their undergraduate training (see Figure 2.19).

Figure 2.19 Medical students’ preparedness for first foundation post

2020: E1. To what extent do you agree or disagree that you feel adequately prepared for your first foundation post? Base= All (901)
As Figure 2.20 shows, almost eight in ten UK postgraduates agree that they were adequately prepared for their first postgraduate post, with those on the specialist register more likely than those on the GP register to strongly agree.

**Figure 2.20 Doctors’ preparedness for first postgraduate post**

![Graph showing doctors' preparedness](image)

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>GPs</th>
<th>Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>28%</td>
<td>24%</td>
<td>31%</td>
</tr>
<tr>
<td>Tend to agree</td>
<td>51%</td>
<td>55%</td>
<td>48%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>8%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Tend to disagree</td>
<td>8%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>

2020: E3. To what extent do you agree or disagree that your postgraduate training / speciality training / GP training adequately prepared you for your first postgraduate post? Base= All UK postgraduates on specialist/GP register: 2020 (All: 851, GPs: 376, Specialists: 483)

Those who disagree that they were adequately prepared feel that there was a lack of management or administrative training (20%), or that there was no correlation between teaching and the reality of day to day practice (18%).

Overall, as Figure 2.21 shows, two thirds (66%) of doctors are confident that new UK doctors are properly trained and prepared for practice; this was consistent with 2016. Specialists are less positive than GPs about the preparedness of new UK doctors overall (despite feeling more positive about their own postgraduate studies having prepared them for their first postgraduate role): 38% did not feel confident that new UK doctors are properly prepared, compared to 29% of GPs, 23% of those in SAS roles, and 19% of those in training roles.

BAME doctors are significantly more likely to feel confident in the preparation of graduates compared to white doctors (70% vs. 63%), reflecting the general trend for BAME doctors to be more positive on a range of measures than white doctors.

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25 NB. the question wording changed slightly from 2016 to 2020: in 2016 doctors were asked about new UK doctors being ‘prepared for practice overall’

2020: E8. How confident, if at all, are you that new UK graduate doctors are properly trained and prepared for practice? / 2016: D1_1. How confident, if at all, are you that new graduate doctors are prepared for practice in relation to... being prepared for practice overall? Base = All doctors: 2020 (2169), 2016 (2306)

When asked about preparedness of new doctors, as shown in Figure 2.22, doctors and ROs expressed similar levels of confidence, with around two thirds confident that new UK graduate doctors are adequately trained and prepared for practice. A relatively larger proportion of providers are confident, perhaps reflecting their step of removal from the issue (i.e. respondents to the provider survey will not have brought their personal experience of being prepared for practice or not to their answering of this question). Perhaps unsurprisingly, given their role in delivering training, educators are most confident, with nearly all feeling confident that new UK graduate doctors are properly trained and prepared for practice.

Thinking about preparedness for specific aspects of the role, all audiences are generally confident that new UK graduate doctors are prepared for the patient-facing aspects, such as listening and communicating well with patients, identifying and treating every patient’s needs regardless of their protected characteristic group, working in teams, and in clinical knowledge and skills. However, among all audiences, notably fewer feel confident that new graduates are prepared in terms of the ‘softer’ personal skills required, such as emotional resilience or being prepared for the physical demands of the job. Notably, among doctors, confidence in terms of new doctors’ preparedness in emotional resilience has declined since 2016: from 43% to 39%. Likewise, confidence in new doctors being prepared for the physical demands of the job has declined from 37% to 32% since 2016.

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26 NB. ‘clinical knowledge and skills’ is a new answer code for 2020. It groups three codes from 2016 - ‘clinical knowledge’, ‘clinical reasoning’ and ‘clinical procedure’ – for ease of answering, meaning that time-series comparisons are not possible.
Figure 2.22 Confidence in new UK graduate doctors’ preparedness for practice

<table>
<thead>
<tr>
<th>Preparedness for the role</th>
<th>Doctors</th>
<th>ROs</th>
<th>Medical students</th>
<th>Educators</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall preparation for practice</td>
<td>65%</td>
<td>64%</td>
<td>N/A</td>
<td>94%</td>
<td>74%</td>
</tr>
<tr>
<td>Listening to &amp; communicating well with patients</td>
<td>85%</td>
<td>78%</td>
<td>97%</td>
<td>94%</td>
<td>85%</td>
</tr>
<tr>
<td>Identifying and treating every patient regardless of protected characteristics</td>
<td>76%</td>
<td>73%</td>
<td>90%</td>
<td>91%</td>
<td>79%</td>
</tr>
<tr>
<td>Teamwork</td>
<td>75%</td>
<td>71%</td>
<td>90%</td>
<td>97%</td>
<td>73%</td>
</tr>
<tr>
<td>Clinical knowledge and skills</td>
<td>70%</td>
<td>73%</td>
<td>91%</td>
<td>97%</td>
<td>81%</td>
</tr>
<tr>
<td>Emotional resilience</td>
<td>39%</td>
<td>23%</td>
<td>54%</td>
<td>63%</td>
<td>45%</td>
</tr>
<tr>
<td>Physical demands</td>
<td>32%</td>
<td>30%</td>
<td>34%</td>
<td>51%</td>
<td>36%</td>
</tr>
</tbody>
</table>

2020 E8. How confident, if at all, are you that new UK graduate doctors are properly trained and prepared for practice? E9. How confident, if at all, are you that new UK graduate doctors are prepared for practice in relation to each of the following areas? Base = all respondents. Doctors (2169), ROs (101), Medical students (901), Educators (35), Providers (406)

Education assessments

Among recently qualified doctors, as Figure 2.23 shows, a consistently high proportion (85%) agree that the assessment process for their PMQ was fair in 2020, compared to 2016. However, there was a significant increase in the proportion feeling that the assessment process for their foundation programme was fair in 2020: in 2016, only 61% felt it was fair compared to 74% in 2020.\(^{27}\)

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\(^{27}\) NB. in 2016, the question asked specially whether it was fair ‘to you personally’. These words were removed in 2020’s survey.
Figure 2.23 Agreement about the fairness of the assessment process

<table>
<thead>
<tr>
<th>How much do you agree or disagree that…?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The assessment process for your primary medical qualification was fair</td>
</tr>
<tr>
<td>Newly qualified doctors</td>
</tr>
<tr>
<td>2020</td>
</tr>
<tr>
<td>2016</td>
</tr>
</tbody>
</table>

| The assessment process for your foundation programme was/has been fair |
| Newly qualified doctors             |
| 2020 | 24% | 50% | 13% | 7% | 3% | 3% |
| 2016 | 19% | 42% | 16% | 10% | 9% | 5% |

| The assessment process for your postgraduate/speciality/GP training was fair |
| All on specialist/GP register               |
| 2020 | 22% | 50% | 16% | 9% | 3% | 1% |

2020 E5. Thinking about your medical education and training, to what extent do you agree or disagree with each of the following statements? Base= All newly qualified doctors who have been in practice for under five years (260), All on specialist/GP register who received primary medical qualification in last 14 years (136)

Similar proportions of those on the specialist or GP registers feel the assessment process for their postgraduate, specialist or GP training was fair; see also Figure 2.23. GPs are more likely than specialists to strongly agree that it had been fair (28% strongly agreed, compared to 13% of specialists).

Female doctors, BAME doctors and disabled doctors are no more or less likely than other doctors to feel the assessment processes were fair.
Appraisal and revalidation

Appraisal and revalidation is an area in which doctors’ views are largely positive, which is a considerable achievement given wider difficulties with working conditions faced by doctors, and broader issues with trust and confidence in the GMC. At the same time – while it is the case that that local healthcare providers, rather than the GMC, are responsible for providing doctors with regular appraisals – it is worth noting that doctors largely do not tend to credit the GMC with responsibility for the quality of appraisal and revalidation.

Over three-quarters (76%) of surveyed doctors had some experience of revalidation – nearly two-thirds (63%) had previously been revalidated, and 13% were going through revalidation at the time of the survey. A fifth (21%) had not been revalidated – as would be expected, those who had not gone through revalidation were predominantly younger doctors.

Among those with some experience of revalidation, however, views about the process are largely positive. Only a tiny minority (3%) disagree that they had been treated fairly by the GMC as part of the process, with two-thirds (66%) agreeing they had been treated fairly. A slightly larger minority (13%) disagree that they received sufficient information about the process, indicating potential room for some improvement on this front – although again the majority (60%) feel they received sufficient information. Only one-in-ten (10%) disagree that any concerns they had during revalidation were addressed by information they received from the GMC, although the levels of agreement are also comparatively low (32%) – probably due to a substantial proportion not having any concerns to raise. Views of the revalidation process tend to be slightly less positive among those groups of doctors most unfavourable to the GMC – such as GPs, doctors with a PMQ in the UK, and white doctors – however even among these doctors, views remain overwhelmingly positive. Doctors’ views on the revalidation experience were broadly positive in 2016, and it appears the GMC have been successful in maintaining this.

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28 Due to changes in the response options, it is not possible to directly compare these figures with the figures from 2016, however the figures appear to be broadly consistent. For example, in 2016 67% of surveyed doctors had been revalidated.
Doctors’ views on professional and personal development and appraisal are also more positive than negative. Around half agree that they feel part of an environment which supports their professional development, that their last Personal Development Plan helped them to make improvements to their professional practice and that their last appraisal helped them to make improvements to their professional practice. Around a quarter disagreed with each statement (see Figure 2.25).
Views on professional and personal development and appraisal again tend to be slightly less positive among those groups most unfavourable to the GMC – however even among GPs, for example, perceptions of development and appraisal are more positive than negative (for example, 49% of GPs said they feel part of an environment which supports their professional development, compared with 29% who disagree this was the case). A similar pattern was observed among white doctors, 52% of whom agree that their working environment is supportive compared to 28% who disagree (although it is worth noting that these are likely to be part of the same trend, given that a higher proportion of GPs are white than is the case for SAS/LEDs and doctors in training). Perceptions of development and appraisal are most negative among those doctors who disagree that being a doctor was a fulfilling career (only 24% feel part of an environment which supports their professional development, with 54% disagreeing), and those who considered leaving the medical profession on a weekly basis (27% feel they are part of an environment which supports their professional development, and 51% do not) – further underlining the very negative sentiments about their working lives prevalent among such doctors.

Given wider difficulties with working conditions faced by doctors – with reports of issues such as finding it difficult to provide sufficient care, feeling unable to cope with workloads, and considering leaving the profession relatively common – it is a reassuring that most doctors nevertheless tend to think their professional development is supported in such an environment.

When doctors were asked which elements from the appraisal process had been the most useful, the most commonly mentioned elements included continuing professional development and feedback from colleagues (see Figure 2.26). GPs are substantially less likely to value feedback from colleagues, but more likely to value quality improvement activity.
When Responsible Officers were asked which elements from the appraisal process had been the most useful, feedback featured more prominently. The most commonly mentioned element was feedback from colleagues, followed by quality improvement activity, significant events, and continuing professional development (see Figure 2.26).

**Figure 2.26 Elements from the appraisal process which have been most useful for doctors and ROs**

![Bar chart showing the elements from the appraisal process which have been most useful for doctors and ROs](chart)

F4. Which elements from the appraisal process have been the most useful? Base: all doctors (2,169); all ROs (101)

While doctors do tend to have positive views on appraisal and revalidation, as well as training and education, they do not tend to credit the GMC with responsibility for achievements in these areas – which is understandable given that GMC are responsible for the overall architecture of these systems, rather than being directly involved in the provision of appraisal and education. More doctors disagree than agree that the GMC is helping to make appraisal and revalidation more straightforward and that the GMC is helping to change doctors’ training and education to make it fairer and more flexible. Slightly more doctors agree than disagree that the GMC protects the quality of doctors’ training and education when there are concerns, but agreement is nevertheless relatively low (see Figure 2.27).

Views on these questions among sub-groups of doctors again mirrored broader attitudes towards the GMC: GPs, doctors with a PMQ from the UK, and white doctors tend to be most likely to disagree that the GMC is helping to improve appraisal and revalidation, and education and training. Of particular note, disabled doctors have some of the most negative views of all demographic sub-groups on whether the GMC is helping to make appraisal and revalidation more straightforward, and whether the GMC is helping to change doctors’ training and education to make it fairer and more flexible. Given disabled doctors’ perceptions of GMC generally tend to be only somewhat more negative than those of other doctors, the more pronounced negativity on these measures could indicate that intervention here may have a disproportionate benefit.
Among Responsible Officers and Stakeholders, views on the GMC’s impact on appraisal and revalidation, and training and education are slightly more positive (see Figure 2.28). Over half (54%) of ROs agree that the GMC is helping to make appraisal and revalidation more straightforward; 40% agree that the GMC is helping to change doctors’ training and education to make it fairer and more flexible; and half (50%) agree that the GMC protects the quality of doctors’ training and education when there are concerns. Figures are similar for stakeholders, with 45% agreeing that the GMC is helping to make appraisal and revalidation more straightforward, 53% agreeing that the GMC is helping to change doctors’ training and education to make it fairer and more flexible, and 69% agreeing that the GMC protects the quality of doctors’ training and education when there are concerns; only a small minority disagree with each statement.

Educators’ views on the GMC’s impact on appraisal and revalidation, and training and education are more evenly split, although again tend towards the positive. One-in-three (29%) agree that the GMC is helping to make appraisal and revalidation more straightforward, and a third (34%) agree that the GMC is helping to change doctors’ training and education to make it fairer and more flexible; around a fifth of educators disagree with both statements. Educators’ views on whether the GMC protects the quality of doctors’ training and education when there are concerns are strongly positive: 60% agree that this is true, with 17% disagreeing. The picture among providers is similar (see Figure 2.28).
Figure 2.28 RO, stakeholder, provider and educator agreement with statements about GMC’s appraisal, revalidation, training and education

<table>
<thead>
<tr>
<th>Statement</th>
<th>ROs (54%)</th>
<th>Stakeholders (45%)</th>
<th>Providers (39%)</th>
<th>Educators (29%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The GMC is helping to make appraisal and revalidation more straightforward</td>
<td>54%</td>
<td>45%</td>
<td>39%</td>
<td>29%</td>
</tr>
<tr>
<td>The GMC is helping to change doctors’ training and education to make it fairer and more flexible</td>
<td>40%</td>
<td>53%</td>
<td>37%</td>
<td>34%</td>
</tr>
<tr>
<td>The GMC protects the quality of doctors’ training and education when there are concerns</td>
<td>50%</td>
<td>69%</td>
<td>50%</td>
<td>60%</td>
</tr>
</tbody>
</table>

F5_X To what extent do you agree or disagree with each of the following statements? Base: all ROs (101); all stakeholders (51); all providers aware of GMC (404); all educators (35)

All audiences other than ROs were also asked about their trust in the GMC’s approach to revalidation (see Figure 2.29). The majority of individuals in each audience trust the GMC to check a doctor is up to date and safe to practise – particularly medical students and stakeholders. Trust is lowest for doctors, but encouragingly still at a majority.

Specialist doctors (55%) have least trust in the GMC to check a doctor is up to date and safe to practise, and SAS/LEDs have most trust (78%).

Trust decreases with age (falling from 72% for doctors under 30 years to 60% for those 50 and over). Patterns among ethnicity and gender also mirror broader sentiment towards the GMC: trust is higher for BAME (81%) doctors, but lower for white (59%) doctors, and is higher for female doctors (70%) compared to male (65%).

Medical students based in Wales are much more likely to trust GMC to check a doctor is up to date (100%), as are female students (96%) compared to male (83%).

Private providers are more likely to trust the GMC at this stage than public providers (83% compared to 72%) and as seen above, so are those delivering primary care compared to those delivering secondary and/or tertiary care (83% compared to 69%).
Figure 2.29 Extent to which groups agree with the statement ‘I trust the GMC to check that a doctor is up to date and safe to practise’.

B4. To what extent do you agree or disagree with the following statements...? Base: all aware of GMC: doctors (2169), medical students (900), providers (406), educators (35), Stakeholders (51), patients/public (1625).
3 Strategic Aim 2: Strengthening collaboration with regulatory partners across the health service

Most audiences agree the GMC’s requirements placed on them or their organisation are reasonable and proportionate.

Stakeholders regard their working relationship with the GMC as very positive, but they would appreciate more relationship building opportunities.

Although there has been an increase in the proportion of doctors, ROs, providers, educators, stakeholders and patients/members of the public who feel that the GMC takes action to protect patients before they are put at risk compared to 2018, this is still not a universally held view.

Knowledge of when and how to raise concerns with the GMC remains high amongst medical professionals, although most audiences (aside from ROs) are more likely to report concerns elsewhere.

### Working relationships with GMC

Generally, the GMC has positive working relationships with its audiences (Figure 3.1). Most ROs and educators have a good or very good working relationship with the GMC, and while a slightly smaller majority of providers have a good or very good relationship, the rest feel neutral with very few expressing a negative view.

Most of these audiences feel that their relationship has stayed the same over the last 12 months (see also Figure 3.1), though encouragingly, a minority of each audience feel it has improved. Generally, more feel it has improved rather than worsened in each group.

**Right response, by the right organisation at the right time**

- **69%** of stakeholders agree the GMC takes early action to protect patients.

**Smarter regulation**

- **80%** of stakeholders agree that the requests for advice, feedback and information which the GMC makes of us are manageable.

**Enhanced perception of regulation**

- **86%** of stakeholders feel that their overall working relationship with the GMC is good.
Interestingly, ROs that have used GMC professional standards or ethics guidance are more likely than those who have not to feel that their relationship with the GMC had improved over the last 12 months (39% compared to 16%) which is a positive indication that the standards and guidance for ROs are functioning effectively for those who need it, and are helping to build relationships with ROs.

Providers in second/tertiary care are more likely to feel they have a good relationship with the GMC (62%), despite this group being generally more negative across other measures.

**Figure 3.1 Working relationships with the GMC, and how these have changed over the last year among ROs, providers and educators**

K1. Do you feel that your overall working relationship with the GMC is...? K2. How, if at all, has your relationship with the GMC changed over the last 12 months? Would you say it is...? Base: all ROs (101), providers (404), educators (35).

When asked how their relationship with GMC could be improved, a considerable proportion of ROs, educators and particularly providers do not have any suggestions (46%, 46% and 63% respectively).

Satisfaction appears to be high regarding the way GMC engage audiences; the most frequent suggestion for ROs and second most frequent suggestion for providers is to continue current engagement, as shown in Figure 3.2. Other suggestions focus around improved communication and more relationship building opportunities, and the recurrence of these, along with a lack of more concrete ideas, reflects broad satisfaction with existing relationships across audiences.
Figure 3.2 Suggestions for improving RO, provider and educator relationships

<table>
<thead>
<tr>
<th>ROs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nothing new - continue current engagement</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>More relationship building opportunities</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Improve communication</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>More face-to-face meetings</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Increased transparency &amp; improve investigations process</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Providers</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nothing new - continue current engagement</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>More relationship building opportunities</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Provide more support to doctors / healthcare providers</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Improve investigations process</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educators</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More relationship building opportunities</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Clarity regarding MLA</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Improve communication</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Clarity regarding regulation</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Nothing new - continue current engagement</td>
<td>9%</td>
</tr>
</tbody>
</table>

K3. How do you feel that your relationship with the GMC could be improved over the next 12 months? Base: all ROs (101), providers (404), educators (35).

Stakeholder relationships with the GMC

Most stakeholders feel their working relationship with the GMC is positive (see Figure 3.3). This has remained steady from 2018. The proportion of stakeholders indicating their relationship with the GMC had improved in the last 12 months has increased from 2018, and fewer stakeholders feel their relationships have worsened, suggesting GMC are successfully doing more to build their stakeholder relationships since 2018.
Figure 3.3 Stakeholders’ working relationship with the GMC, and how this has changed over the last year

K1. Do you feel that your overall working relationship with the GMC is...? K2. How, if at all, has your relationship with the GMC changed over the last 12 months? Would you say it is...? Base: 2020: all stakeholders (51), 2018: all stakeholders (47).

Whereas in 2018 suggestions for improving stakeholder relationships centred around improving communication, by far the most commonly mentioned suggestion in the 2020 survey is to provide more relationship building opportunities (including increased collaboration/discussion), with over half of stakeholders indicating this would improve their relationship with the GMC (Figure 3.4). This was also a common suggestion seen above for ROs, providers and particularly educators. This indicates that steps taken to improve communication have been recognised and stakeholders are now keen to develop a relationship that is a more active dialogue.

“We would value more regular personal contact / or networking opportunities - for example roundtables - if we do hear about it, we often hear about it too late. It is just that feeling of being a distant relation rather than being a fully engaged stakeholder.”

(Stakeholder)

“If we identified projects and pieces of work which we could collaborate on.”

(Stakeholder)

“We would benefit from more interaction at a senior level between the two organisations.”

(Stakeholder)
Interestingly, in 2018, 11% of stakeholders suggested that, to improve relationships, GMC needed to ‘demonstrate GMC has learned from past mistakes’, a suggestion that did not appear in 2020 (this was an unprompted question, meaning suggestions were spontaneous). Likely to refer to the Dr Bawa-Garba case, the absence of this suggestion in 2020 reinforces the view that GMC has gone some way to successfully recovering relationships and perceptions that were negatively impacted at the time.

**Figure 3.4 Suggestions for improving stakeholder relationships**

![Chart showing suggestions for improving stakeholder relationships]

K3. How do you feel that your relationship with the GMC could be improved over the next 12 months? Base: all stakeholders (2020: 51; 2018: 47).

Mirroring the 2018 research, the majority of stakeholders agree with each of the positive statements concerning their relationship with the GMC, though it remained the case that relatively fewer agree that the GMC is effective at communicating with them around the GMC’s policies and at using stakeholders’ views to shape their work (see Figure 3.5).

Encouragingly, more stakeholders reported understanding the GMC’s direction of travel in 2020 compared to 2018, indicating that the GMC’s communication of their future goals and objectives has improved.
C3. To what extent do you agree or disagree with the following statements about your organisation’s relationship with the GMC? Base: 2020: all stakeholders (51), 2018: all stakeholders (47).

Right response by the right organisation at the right time

Taking action at an early stage

One of the ways the GMC wants to reduce the risk of harm to both patients and doctors is by ensuring concerns are tackled in the right way, in the right place, at the right time. This means taking action at an early stage through collaboration and engagement with its regulatory partners.

More doctors, ROs, providers, educators, stakeholders and patients/members of the public think the GMC takes action to protect patients before they are put at risk than don’t, though agreement is relatively mild across audiences, with only small proportions agreeing strongly (and around one in five neither agreeing nor disagreeing); see Figure 3.6. Doctors are least likely to agree.
Figure 3.6 Agreement that the GMC takes action to protect patients before they are put at risk

G4: To what extent would you agree or disagree with each of the following statements? The GMC takes action to protect patients before they are put at risk. Base: All doctors (2169), All Responsible Officers (101), All providers (406), All educators (35), All stakeholders (51), All patients/public (1625).

Although there remains scope for improvement in the extent to which the GMC is seen to take early action, there has been an encouraging increase from previous years in the proportion of doctors, ROs, educators and patients/members of the public believing this to be the case, as shown in Figure 3.7. Only the increases for doctors and patients/members of the public are significant, but the changes give the impression of a general positive shift in perceptions. The scores have deteriorated for both providers and stakeholders since the last time they were asked this question but the change for stakeholders is not statistically significant and comparisons for providers can only be made indicatively (because of differences in sampling approaches; see the Technical Appendix).
Figure 3.7 Agreement that the GMC takes action to protect patients before they are put at risk, compared to 2018 and 2016

G4: To what extent would you agree or disagree with each of the following statements? The GMC takes action to protect patients before they are put at risk. Base: 2020: All doctors (2169), All Responsible Officers (101), providers (406), All educators (35), All stakeholders (51), All patients/public (1625). 2018: All doctors (3306), All Responsible Officers (109), All stakeholders (47), All patients/public (1692). 2016: All providers (226), All educators (30), All stakeholders (35).

GPs are particularly unlikely to feel that the GMC takes early action (40%), reflecting more negative views more generally among this cohort of doctors. Specialist doctors also show a dissatisfaction towards GMC on this measure (37%).

Agreement that GMC takes early action is significantly higher among BAME doctors compared to white doctors (65% vs. 39%). Those working in the NHS only are more positive (50%), compared to those working privately or in both NHS and private settings (35% for both). Younger doctors are also more positive on this measure (57% of those under 30 years agreed, falling to 42% for doctors of 50 years and over). This reflects a trend observed elsewhere, of younger doctors having more positive perceptions of the GMC (for example, they are more likely to think the GMC has had some positive impact within the last year, to think the GMC’s requirements are reasonable and proportionate, to trust the GMC to continue to check a doctor is up to date and safe to practise and more likely to feel supported by the GMC).

A similar trend was observed among ROs: those who have been in the profession 3 years or less are more likely to be convinced that the GMC takes early action (79%) – and are likewise more positive than their more senior counterparts on the measures listed above – indicating a possible early optimism towards GMC which gradually dissipates through the medical career. This suggests there may be benefit of focusing attention on older doctors and ROs that have been in the role for longer to improve perceptions.
There are significant variations in agreement among providers: providers in the public sector are less likely to agree that the GMC takes early action to protect patients (49% compared to 71% of private providers). The positivity of private providers towards GMC is a trend reflected across several different measures. Providers in London are also much more likely than those in other regions to agree (72%) – though it should be noted that there were a relatively high proportion of private providers based in London in the survey sample. Those in secondary and/or tertiary care are more likely to disagree (24% vs 14% of primary care providers).

Younger patients/members of the public are much more likely to agree that the GMC takes early action to protect patients (70% of 18-24-year olds) compared to all other ages (between 51% and 56%). Encouragingly, patients are more likely to agree also compared to non-patients (58% compared to 49%) indicating that direct experience of the healthcare system is more likely to lead to positive perceptions of the GMC.

Making a complaint about a doctor

Patients and members of the public were presented with a list of sources and asked where they would go if they were going to make a complaint about a doctor. The most common place to which they reported they would complain is the hospital/GP surgery/clinic in which the incident occurred, followed by the GMC (Figure 3.8).

Figure 3.8 Who patients/public would make a complaint to if complaining about a doctor

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/GP surgery/clinic which incident occurred</td>
<td>38%</td>
</tr>
<tr>
<td>GMC / General Medical Council</td>
<td>33%</td>
</tr>
<tr>
<td>Hospital advice or complaints service</td>
<td>32%</td>
</tr>
<tr>
<td>NHS England</td>
<td>22%</td>
</tr>
<tr>
<td>Doctor themselves</td>
<td>14%</td>
</tr>
<tr>
<td>Non-NHS advice or advocacy service</td>
<td>13%</td>
</tr>
<tr>
<td>Lawyer / Solicitor</td>
<td>11%</td>
</tr>
<tr>
<td>Clinical Commissioning Group (CCG)</td>
<td>7%</td>
</tr>
<tr>
<td>Police</td>
<td>7%</td>
</tr>
<tr>
<td>The Parliamentary and Health Services Ombudsman (PHSO)</td>
<td>6%</td>
</tr>
</tbody>
</table>

A12. If you were going to make a complaint about a doctor, who would you think about complaining to? N.b. only showing sources with totals over 5%. Base: All patients and members of the public (2040).
The likelihood to make a complaint to the GMC is higher among older age groups (55-64, 46% and 65 or older, 44%) compared to all younger groups under the age of 54 (between 19%-36%). Although men and women are just as likely to seek advice on a doctor’s standards of care from the GMC, men are much more likely than women to feel that they would go to the GMC to make a complaint (41% compared to 26%), whereas women are more likely to feel they would complain to the hospital/GP surgery/clinic (42% compared to 34%) or the hospital advice or complaints service (35% compared to 28%). However, this could perhaps be due to a difference in the nature of the complaints men and women are likely to be making, rather than a preference in service. It could also be linked to the tendency for women to have higher awareness of and interest in health-related issues than men.29

Those in socio-economic grade ABC130 are more likely to feel that they would go to GMC to make a complaint about a doctor compared to those in C2DE (38% compared to 27%), likely due to an increased awareness of GMC.

**Raising concerns about patient safety**

Over the last four years the proportion of doctors and medical students who have experienced a situation in which they believed patient safety/care was compromised by a doctor’s practice has increased (Figure 3.9). Conversely, substantially fewer educators have witnessed compromised patient safety/care compared to 2016.

ROs are most likely to have witnessed compromised patient safety or care by a doctor’s practice. This is perhaps unsurprising given the role of a RO in a doctor’s appraisal and revalidation, and their awareness of a doctor’s fitness to practise.

29 For example, Stefan Ek (Health Promotion International, Volume 30, Issue 3, 2015) notes that a review of multiple sources ‘clearly demonstrates that women are more active seekers of health-related information than men’: [https://academic.oup.com/heapro/article/30/3/736/620016](https://academic.oup.com/heapro/article/30/3/736/620016)

30 Social grade here uses the ‘ABC1’ system which is based on the occupation of the Chief Income Earner (CIE); grade A refers to higher managerial, administrative and professional occupations, grade B to intermediate managerial, administrative or professional, grade C1 to supervisory, clerical and junior managerial, administrative or professional, grade C2 to skilled manual workers, grade D to semi and unskilled manual workers, grade E to state pensioners, casual or lowest grade workers, unemployed with state benefits only. [https://www.mrs.org.uk/resources/social-grade](https://www.mrs.org.uk/resources/social-grade)
Figure 3.9 Whether a situation has arisen in which patient safety or care was being compromised by a doctor’s practice

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>ROs</th>
<th>Medical Students</th>
<th>Educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know/prefer not to say</td>
<td>15%</td>
<td>34%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>No</td>
<td>65%</td>
<td>64%</td>
<td>56%</td>
<td>74%</td>
</tr>
<tr>
<td>Yes</td>
<td>20%</td>
<td>30%</td>
<td>30%</td>
<td>11%</td>
</tr>
</tbody>
</table>

G1. In the last 12 months has a situation or have situations arisen in which you believed that patient safety or care was being compromised by a doctor's practice? Base: 2020: all doctors (2169), ROs (101), medical students (901), educators (35). 2016: all doctors (2306), medical students (580), educators (46).

Among doctors, specialists are more likely to have witnessed compromised care (28%) than GPs (15%), SAS/LEDs (13%) or those in training (18%). Likelihood increases for those working in both NHS and private institutions compared to those working in only NHS or only private settings (31% compared to 19% and 20% respectively). Both of these differences are likely due to the setting the doctors works in: specialists working in hospitals might be likely to interact with a higher number of patients than GPs, as might those working in both NHS and private settings, and thus have more chance to witness compromised care. Specialists are also more likely than GPs to be involved in high risk treatments (with a greater chance of errors); and are more likely than GPs to ‘witness’ treatments, due to more commonly working in teams.

White doctors (26%) are more likely to witness compromised care than BAME doctors (14%). In part, this might reflect the different ethnicity profiles of different types of doctors, with specialists (who are more likely to have witnessed compromised care) being more likely to be white than other doctor types.

However, patterns by ethnicity are also seen among medical students: a higher proportion of white students believed they had experienced a situation of compromised patient safety/care by a doctor’s practice (34%) compared to BAME students (23%).
There is evidence that witnessing situations of compromised patient safety or care might negatively impact a doctor’s ability to cope with the job. The likelihood to have witnessed such a situation increases with feeling unable to cope with workload (less than weekly, 19%, compared to at least weekly, 25%), finding it difficult to provide sufficient care (less than weekly, 17%, compared to at least weekly, 29%) and considering leaving the medical profession (less than weekly, 19%, compared to at least weekly, 27%). To alleviate negative feelings some doctors have about their role, pinpointing the reasons why doctors develop such feelings is important in order to prevent them. This finding indicates that doctors who have witnessed compromised patient safety in their role are one group in particular who might need more support.

Interestingly, the reverse trend is seen amongst medical students, where witnessing compromised patient safety or care correlates with feeling better able to cope with the role. Those who feel unable to cope with studies more often are less likely to have witnessed compromised care (at least weekly, 44%, compared to less than weekly, 58%) as are those who have considered leaving or changing their studies more often (at least weekly 44% compared to less than weekly, 58%). Those progressing in their studies more easily might be more attuned to the wider issues taking place within the workplace, and perhaps being able to cope with their workload means these students are better able to detect a compromise in patient safety or care. Those having difficulty might require extra support from their supervisor to progress in their role.

Reassuringly, the large majority of those who had witnessed compromised patient safety or care by a doctor’s practice raised these concerns with someone else (as shown in Figure 3.10). Despite an increase from 2016 in doctors and medical students observing compromised patient safety described above, it is positive to see that the proportion of those raising concerns has remained high.

Figure 3.10 Whether those who had concerns raised them with someone else

G2. Have you raised concerns about patient safety or care being compromised by a doctor’s practice with any of the following? Base: 2020: doctors (432), ROs (65), medical students (271) and educators (4) who have witnessed compromised patient safety or care in the last 12 months. 2016: doctors (356), medical students (54), and educators (15) who have witnessed compromised patient safety or care in the last 12 months.

31 These trends mirror findings from the 2019 State of Medical Education and Practice (SoMEP) Barometer Survey
Methods of raising concerns about patient safety

The channels that individuals who had witnessed compromised patient safety had used to raise these concerns varied between audiences. As shown in Figure 3.11, most doctors discussed concerns with a senior colleague or with a colleague at the same level. Only 4% of doctors raised concerns with the GMC, a significant decrease from 9% in 2016. A higher proportion of GPs (9%) went to the GMC with their concern compared to average, perhaps reflecting the more isolated nature of their working arrangements and therefore reduced opportunities to raise issues with senior colleagues.

It should be noted here that options presented to respondents in 2016 differed slightly to those presented in 2020, therefore direct comparisons between 2016 and 2020 should be viewed with caution. However, ‘the GMC’ was an option presented in both 2016 and 2020 so it is reasonable to assume this comparison is valid.

Conversely, the large majority of ROs had raised the concern with the GMC or with the doctor directly, which is unsurprising due to the nature of the RO’s role to act as an intermediary between the doctor and the GMC in relation to appraisals and revalidation. This demonstrates the close relationship between the GMC and ROs, and suggests the processes and guidance set by GMC in the event of compromised safety for ROs is clear to them.

As shown in Figure 3.12, medical students are most likely to raise a concern with a fellow colleague at the same level, someone in a higher position such as a senior colleague or their medical school or educational/clinical supervisor. No medical students had raised concerns with the GMC. It was suggested in 2016 that medical students might need more support when it comes to raising concerns. Medical students who have witnessed compromised patient safety are fairly positive about GMC’s advice and judgement: it was previously found that the GMC was deemed one of the most important sources on ethical or professional guidance compared to others, and most students (60%) trust the GMC to make a fair and appropriate decision when they receive a concern about a doctor. However, the fact that no medical student who had raised a concern went to the GMC, even now more students are now raising concerns, suggests there is still a need for the GMC to support and build trust among students – as well as to raise awareness of the GMC’s existing processes – particularly in relation to raising concerns about patient safety.

Educators were most likely to either talk to a senior colleague or use a reporting system. Only one out of the four educators who had raised concerns went to the GMC.

32 It should be noted that doctors were not asked about the nature or the severity of the compromise of patient safety or care that they witnessed, and so this factor has not be controlled for. The nature or severity of the concern would naturally impact where doctors would raise it.

33 Findings for educators are reported in counts rather than percentages due to small base sizes.
Figure 3.11 Where doctors and ROs had been to raise concerns about patient safety

G2. Have you raised concerns about patient safety or care being compromised by a doctor’s practice with any of the following? Base: all doctors (432) and ROs (65) who have witnessed compromised patient safety or care in the last 12 months.
Figure 3.12 Where medical students and educators had been to raise concerns about patient safety

G2. Have you raised concerns about patient safety or care being compromised by a doctor's practice with any of the following? N.b. only showing sources with totals over 5%. Base: All medical students (271) and educators (4) who have witnessed compromised patient safety or care in the last 12 months.

Understanding when to raise concerns with GMC

The majority of individuals in each audience feel they know under what circumstances they should raise concerns with the GMC (see Figure 3.13).

Compared to 2018, knowledge of when to raise concerns with the GMC has remained steady for doctors, both in relation to knowing when to raise a concern about an individual doctor and about the quality of a local training/practice environment. The proportion of ROs who feel they know when to raise a concern about a local training/practice environment with the GMC has increased considerably from 70% in 2018, possibly suggesting that training of ROs on this matter has improved, or simply that ROs are now more experienced in dealing with concerns.
G4. To what extent would you agree or disagree with each of the following statements? Base: 2020: All doctors (2169), All ROs (101), All providers (404), All educators (35) and All stakeholders (51). 2018: All doctors (3306), All ROs (109), All stakeholders (47).

GPs are more likely to feel clear about when to raise concerns about an individual doctor with the GMC (90%) compared to other registration types (between 82% and 84%), but there are no differences between doctors with different registration types in relation to raising concerns about local training/practice environments. Doctors with a PMQ obtained outside the UK/EEA are more likely to be clear about when to raise a concern about local training/practice environments (75%) compared to those who obtained it within the UK (65%).

There were no differences by ethnicity in terms of knowing when to raise a concern about an individual doctor with the GMC, however BAME doctors were more likely than white doctors (74% compared to 68%) to know what circumstances they should raise a concern about a local training/practice environment with the GMC.

Doctors in London are less likely to know the circumstances in which they should raise a concern about the quality and safety of a local training/practice environment with GMC compared to average (64%), but interestingly, providers in London are more likely to feel confident on this measure (89%), suggesting doctors in this region might need more support in this area.

**Addressing and dealing with concerns about doctors**

When asked whether the GMC addresses the right type of concerns about doctors, focusing on the most serious concerns and expecting less serious ones to be resolved locally, the majority of each audience, with the exception of doctors, agree (Figure 3.14).
Less than half (44%) of doctors agree the GMC focuses on the right type of concerns. Encouragingly, although this proportion is low, it has improved significantly from just over a third (35%) in 2018. This finding could partially explain why relatively few doctors go to the GMC to raise concerns about doctors. It may also reflect the feeling among some doctors that they are unsupported by the GMC and that the GMC works against doctors, not for or with them.

It is interesting to note that around a quarter of doctors (23%), educators (26%) and almost two in ten providers and stakeholders (both 18%) neither agree or disagree that the GMC focuses on the right concerns regarding doctors, indicating uncertainty around GMC’s focus in this respect but also the potential for increasing awareness among these audiences.

When asked whether the GMC is improving the way it deals with a concern about a doctor’s practice or behaviour, the majority of stakeholders and ROs agree, though this proportion is much lower for providers and even more so educators. Results were particularly polarised among doctors: slightly more do not think GMC is improving on this compared to those who do (see also Figure 3.14).

Again, there were relatively high proportions of each audience reporting that they either felt neutrally or did not know whether the GMC is improving the way it deals with concerns. This indicates a lack of awareness of the nature of GMC activities in this area (and potentially a lack of engagement) meaning that the GMC’s improvements seem not to be cutting through to its audiences to the desired extent. This might indicate a need for greater levels of communication about the GMC’s work.

**Figure 3.14 Feelings about how the GMC addresses and deals with concerns about a doctor**

<table>
<thead>
<tr>
<th>2020</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>The GMC addresses the right type of concerns about doctors, focusing on the most serious concerns and expecting less serious ones to be resolved locally</td>
<td>The GMC is improving the way it deals with a concern about a doctor’s practice or behaviour</td>
</tr>
<tr>
<td><strong>Doctors</strong></td>
<td><strong>Doctors</strong></td>
</tr>
<tr>
<td>Agree</td>
<td>Agree</td>
</tr>
<tr>
<td>44%</td>
<td>24%</td>
</tr>
<tr>
<td>Neither agree/disagree</td>
<td>63%</td>
</tr>
<tr>
<td>Disagree</td>
<td>30%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>21%</td>
</tr>
<tr>
<td><strong>ROs</strong></td>
<td><strong>ROs</strong></td>
</tr>
<tr>
<td>Agree</td>
<td>73%</td>
</tr>
<tr>
<td>Neither agree/disagree</td>
<td>14%</td>
</tr>
<tr>
<td>Disagree</td>
<td>17%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
<td><strong>Providers</strong></td>
</tr>
<tr>
<td>Agree</td>
<td>57%</td>
</tr>
<tr>
<td>Neither agree/disagree</td>
<td>18%</td>
</tr>
<tr>
<td>Disagree</td>
<td>26%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Educators</strong></td>
<td><strong>Educators</strong></td>
</tr>
<tr>
<td>Agree</td>
<td>69%</td>
</tr>
<tr>
<td>Neither agree/disagree</td>
<td>30%</td>
</tr>
<tr>
<td>Disagree</td>
<td>11%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Stakeholders</strong></td>
<td><strong>Stakeholders</strong></td>
</tr>
<tr>
<td>Agree</td>
<td>69%</td>
</tr>
<tr>
<td>Neither agree/disagree</td>
<td>30%</td>
</tr>
<tr>
<td>Disagree</td>
<td>11%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>21%</td>
</tr>
</tbody>
</table>

G4. To what extent would you agree or disagree with each of the following statements? Base: 2020: All doctors (2169), All ROs (101), All providers (404), All educators (35) and All stakeholders (51). 2018: All doctors (3306), All ROs (109), All stakeholders (47).
There are variations in level of agreement by type of doctor. Although observed above that GPs are more likely to know when to raise a concern about an individual doctor with the GMC, they are the most negative about the GMC’s response to concerns about doctors, a trend consistently seen across measures. A lower level of support felt from the GMC by GPs is likely to increase feelings of GMC working against them, and in turn, GPs are less likely to feel that GMC focuses on the right type of concerns. Specialists, SAS/LEDs and those in training are more likely to think that the GMC addresses the right type of concerns about doctors compared to GPs (43%, 52% and 48% compared to 37%), as are those who received their PMQ in the EEA or outside UK/EEA compared to those in the UK (52% and 56% compared to 36%). In terms of ethnicity, BAME doctors (57%) are more likely to think GMC addresses the right concerns compared to white doctors (39%). However, it is difficult to disentangle the factor that is driving these more positive perceptions due to the correlation between PMQ and ethnicity, as those who received their PMQ outside of the UK or EEA are more likely to be BAME.

Patterns among doctors are similar regarding GMC improving the way it deals with concerns about doctors: GPs and specialists are less positive (17% and 20% respectively) than SAS/LEDs and those in training (36% and 28%), as are those who received their PMQ in the UK compared to those in the EEA or outside UK/EEA (14% compared to 33% and 40%). In terms of ethnicity, white doctors are less likely to think GMC is improving (16%) compared to BAME doctors (39%) – though the above caveat applies again here.

Doctors in England are more positive about the GMC addressing the right type of concerns (46%), compared to doctors in Scotland and Wales (35% for both). Similarly, doctors in England are more positive (25%) that GMC is improving the way it deals with concerns, while doctors in Scotland are less positive (16%).

Compared with the average, providers in London (69%) are more positive about the GMC’s way of addressing concerns, as are private providers compared to public providers (67% compared to 55%). Private providers are also more likely to think the GMC is improving the way it deals with concerns about a doctor than public providers (58% compared to 37%).

**Fitness to practise and registration**

For the GMC to protect patients and improve medical education and practice, it must be ensured that certain standards of professional behaviour set for doctors are met. Through fitness to practise investigations, the GMC can assess complaints made about doctors and in some cases take the case to a tribunal hearing in order to do this. It is important that the GMC are trusted to first accept on to the register only doctors who are educated to the required standard, and then to ensure that standards are upheld through appropriate processes when complaints about doctors are raised. Trust in the GMC to make a fair and appropriate decision when they receive a concern about a doctor as well as awareness of Medical Practitioners Tribunal Service (MPTS) and trust in them to make a fair and appropriate decision in a tribunal about a doctor’s behaviour or practice were explored among audiences.

Considering the GMC’s role in assuring quality standards, all audiences were asked the extent to which they agree that they trust the GMC to register doctors who have the right qualifications and skills. As shown in Figure 3.15, the majority of individuals in all groups trust the GMC to register doctors with the right qualifications and skills, with trust highest among stakeholders and medical students.
Figure 3.15 Extent to which groups agree with the statement ‘I trust the GMC to register doctors who have the right qualifications and skills’

<table>
<thead>
<tr>
<th>Group</th>
<th>Tend to agree</th>
<th>Strongly agree</th>
<th>NET agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>47%</td>
<td>28%</td>
<td>75%</td>
</tr>
<tr>
<td>ROs</td>
<td>56%</td>
<td>28%</td>
<td>84%</td>
</tr>
<tr>
<td>Medical Students</td>
<td>43%</td>
<td>51%</td>
<td>94%</td>
</tr>
<tr>
<td>Providers</td>
<td>36%</td>
<td>51%</td>
<td>87%</td>
</tr>
<tr>
<td>Educators</td>
<td>51%</td>
<td>37%</td>
<td>89%</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>31%</td>
<td>65%</td>
<td>96%</td>
</tr>
<tr>
<td>Patients/public</td>
<td>51%</td>
<td>28%</td>
<td>79%</td>
</tr>
</tbody>
</table>

B4. To what extent do you agree or disagree with the following statements...? Base: all aware of GMC. doctors (2169), Responsible Officers (101), medical students (900), providers (404), educators (35), Stakeholders (51), patients/public (1625).

Among doctors, specialists are less likely to trust the GMC to register qualified doctors (72%), whereas those in SAS/LED posts are more likely (80%).

Trusting the GMC to register doctors with the right qualifications and skills is higher among BAME doctors (83%) than white doctors (73%). Female doctors are more likely to agree with the statement (81%) compared to male doctors (73%).

The same gender difference is seen for medical students as doctors, where a higher proportion of female medical students compared to male students trust the GMC to register qualified doctors (98% vs 91%). However, unlike the trend noted among doctors, trust among medical students of white ethnicity is higher than average (96%), suggesting that as this group transitions to become working doctors the likelihood to trust the GMC in this respect decreases.

Primary providers are more likely to trust the GMC to register qualified doctors (92%) compared to those providing secondary and/or tertiary care (83%).
Trust in the GMC to make a fair and appropriate decision when they receive a concern about a doctor varies between audiences. The proportion of those who agree with the statement is substantially higher than the proportion who disagree across all audiences (see Figure 3.16), with the exception of doctors, where responses are polarised: a higher proportion of doctors do not trust the GMC to make a fair and appropriate decision when they receive a concern about a doctor than do. It is perhaps unsurprising that views among this group differ more widely than in any other group, as the doctors surveyed are likely to have had differing exposure to the GMC and fitness to practise investigations. The ideal outcome is for all doctors to retain trust in the GMC to make fair and appropriate decisions despite differing experiences and with only a third of doctors trusting the GMC to do this, this figure is a focus for attention.

Among doctors, specialists are less likely to trust the GMC to make fair and appropriate decisions in response to concerns (31%) and SAS/LEDs are more likely (40%). Trust is much higher among doctors in the Midlands (41%) and North East and Yorkshire (40%) compared to those in London (26%). Trust to make fair decisions is higher for BAME (40%) and female doctors (37%) compared to the average. Female medical students are also more likely to trust GMC in this respect (68% compared to 53% of male students).

Primary care providers are more likely to trust the GMC to make fair and appropriate decisions than secondary care and/or tertiary care providers (72% compared to 58%).

Figure 3.16 The extent to which all groups agree that they trust the GMC to make a fair and appropriate decision when they receive a concern about a doctor

<table>
<thead>
<tr>
<th>Audience</th>
<th>Strongly disagree</th>
<th>Tend to disagree</th>
<th>Neither agree nor disagree</th>
<th>Tend to agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>4%</td>
<td>16%</td>
<td>22%</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Responsible Officers (ROs)</td>
<td>8%</td>
<td>15%</td>
<td>68%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Medical students</td>
<td>7%</td>
<td>14%</td>
<td>17%</td>
<td>43%</td>
<td>17%</td>
</tr>
<tr>
<td>Providers</td>
<td>10%</td>
<td>12%</td>
<td>13%</td>
<td>39%</td>
<td>25%</td>
</tr>
<tr>
<td>Educators</td>
<td>9%</td>
<td>3%</td>
<td>14%</td>
<td>46%</td>
<td>14%</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>4%</td>
<td>12%</td>
<td>65%</td>
<td>18%</td>
<td>4%</td>
</tr>
<tr>
<td>Patients/public</td>
<td>4%</td>
<td>5%</td>
<td>16%</td>
<td>49%</td>
<td>25%</td>
</tr>
</tbody>
</table>

B5. To what extent do you agree or disagree with this statement: I trust the GMC to make a fair and appropriate decision when they receive a concern about a doctor? Base: All doctors (2169), All Responsible Officers (101), All medical students (900), All providers (406), All educators (35), All stakeholders (51), All patients/public (1625).
A later stage of assessing a doctor’s fitness to practise, in some cases, brings evidence to discussion in front of the Medical Practitioners Tribunal Service (MPTS). At this stage, the process and decision making of the MPTS occurs independently of the GMC. All groups were shown a description of the Medical Practitioners Tribunal Service and asked to indicate their familiarity with it (see Figure 3.17). ROs have the greatest awareness, and patients/public have the least awareness.

Among doctors, familiarity with MPTS is driven by GPs (59%) and specialists (62%), those aged 50 and older (59%), and those working in both NHS and private practices (70%).

Public providers and secondary and/or tertiary care providers have higher awareness compared to average (71% and 78% respectively).

There were variations in familiarity with MPTS among patients/members of the public. BAME individuals have higher awareness than white patients/members of the public (31% compared to 18%) and are more likely to know a great deal or a fair amount about MPTS (18% compared to 5%) suggesting more involvement among these groups.

Along with higher awareness of GMC, male patients/public are more likely to be aware of the MPTS compared to women (23% compared to 17%).

Figure 3.17 How familiar or unfamiliar all groups are with the Medical Practitioners Tribunal Service

<table>
<thead>
<tr>
<th>Group</th>
<th>Aware of MPTS</th>
<th>Know a great deal/fair amount about MPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>53%</td>
<td>17%</td>
</tr>
<tr>
<td>ROs</td>
<td>93%</td>
<td>67%</td>
</tr>
<tr>
<td>Medical Students</td>
<td>39%</td>
<td>12%</td>
</tr>
<tr>
<td>Providers</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>Educators</td>
<td>71%</td>
<td>37%</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>86%</td>
<td>49%</td>
</tr>
<tr>
<td>Patients/public</td>
<td>20%</td>
<td>6%</td>
</tr>
</tbody>
</table>

B6. How familiar or unfamiliar are you with the Medical Practitioners Tribunal Service (MPTS)? Base: All doctors (2169), All Responsible Officers (101), All medical students (900), All providers (406), All educators (35), All stakeholders (51), All patients/public (1625).
Trust in the MPTS to make a fair and appropriate decision in a tribunal about a doctor’s behaviour or practice was explored among those who were aware of the MPTS; shown in Figure 3.18. Trust is high among patients and the public, ROs, educators and stakeholders, and encouragingly, only a small proportion of these groups actively disagree. However only just over half of providers and medical students trust the MPTS, leaving a reasonable proportion that do not.

As seen on other measures, doctors’ responses are polarised: almost the same amount trust the MPTS as do not, and a relatively large proportion neither agree nor disagree. Doctors in London are much less likely than average to trust the MPTS (25%); while those 50 years and over are slightly but significantly more likely to do so (40%). While doctors are no more or less likely than BAME doctors to trust the MPTS.

Providers in the private sector are more likely to trust the MPTS (68%) compared to the average.

Figure 3.18 Extent of trust in the Medical Practitioners Tribunal Service to make a fair and appropriate decision in a tribunal about a doctor’s behaviour or practice

B7. To what extent do you agree or disagree with this statement: that you trust the Medical Practitioners Tribunal Service to make a fair and appropriate decision in a tribunal about a doctor’s behaviour or practice? Base: doctors (1167), Responsible Officers (94), medical students (351), providers (276), educators (25), patients and members of the public (394), stakeholders (44) aware of MPTS.

Smarter regulation

An aim of the Corporate Strategy is to drive ‘smarter regulation’ by reducing regulatory burdens; as such, doctors, Responsible Officers and stakeholders were asked whether current GMC requirements are reasonable, proportionate and manageable.

Figure 3.19 shows that the majority of all audiences agree that this is the case. Stakeholders feel most strongly that the requirements are reasonable, as they are considerably more likely to ‘strongly agree’ than ‘tend to agree’ with this statement.
Agreement is lower among doctors than other audiences, though positively a higher proportion of doctors now think the GMC’s requirements are reasonable and proportionate compared to 2018.

Encouragingly, ROs, educators and stakeholders also feel more positively about the GMC’s requirements on them or their organisation compared to 2018/2016. Fewer providers feel the GMC’s requirements are reasonable and proportionate than in 2016 – however changes in sampling approach for the provider audience mean that comparisons over time for this audience must be treated with caution.

Figure 3.19 The extent to which groups agree that the GMC places reasonable and proportionate requirements on them or their organisation

D3.1. To what extent do you agree or disagree with each of the following statements? Base: 2020: All doctors (2169), All Responsible Officers (101), All providers (406), All educators (35), All stakeholders (51); 2018: All doctors (3306), All Responsible Officers (109); 2016: All providers (400), All educators (46), All stakeholders (35).

34 The statement wording for stakeholders and providers changed from ‘the requirements GMC places on my organisation are reasonable and proportionate’ in 2018 to ‘the requirements GMC places on me are reasonable and proportionate’.
There are variations between doctors of different groups who agree, in line with patterns observed throughout the survey, by:

- **Registration type;** doctors in training are more likely to agree (67%) whereas specialists and particularly GPs are less likely to agree (52% and 48% respectively);

- **Country;** doctors in England are more likely to agree (57%) than those in Scotland (48%);

- **Age;** the likelihood to think GMC’s requirements are reasonable and proportionate decreases with age (66% of doctors under 30 years agreed vs 51% of those 50 and over);

- **Gender;** female doctors are more likely to agree (63%) compared to male doctors (53%)

- **Ethnicity;** BAME doctors are more likely to agree (65%) compared to white (55%) doctors;

- **NHS/private;** those working in NHS-only establishments are more likely to agree (58%) than those in private and those in both NHS/private (47% and 46% respectively).

ROs who had been in the role for 3 years or fewer are much more likely to think the GMC’s requirements are reasonable (97%), possibly indicating that the GMC may wish to focus on supporting long-term relationships with ROs who have been in the position for a longer time.

Providers in England are slightly but significantly more likely to feel positive about the GMC’s requirements compared to average (66%), as are those working in the private sector (72%) compared to public (61%).

Most audiences agree that the GMC’s approach to regulation is sensitive to the context in which doctors work, though for all these audiences this majority is reasonably small – and a higher proportion of doctors disagree than agree (shown in Figure 3.20).

**Figure 3.20 Agreement with statements relating to smarter regulation**

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>ROs</th>
<th>Providers</th>
<th>Educators</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>The GMC's approach</td>
<td>29%</td>
<td>52%</td>
<td>50%</td>
<td>57%</td>
<td>61%</td>
</tr>
<tr>
<td>to regulation is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sensitive to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>context in which</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>doctors work</td>
<td>45%</td>
<td>28%</td>
<td>26%</td>
<td>14%</td>
<td>12%</td>
</tr>
</tbody>
</table>

D3. To what extent do you agree or disagree with each of the following statements? Base: All doctors (2169), All Responsible Officers (101), All providers (406), All educators (35), All stakeholders (51).

Similar patterns as seen previously were found for doctors in terms of registration type, where specialists and particularly GPs are less likely to agree that GMC’s regulation is sensitive to doctors’ context (24% and 20% respectively) compared to those in training and particularly SAS/LEDs who are more likely to agree (36% and 40% respectively). This reflects broader trends that suggest GPs (and to a lesser extent specialists) are less positive about the GMC in general.
Following trends by age and ethnicity, younger doctors and BAME doctors are more likely to feel the GMC’s regulation is sensitive to context (36% of those under 30 years compared to 25% of those 50 and over; 45% of BAME doctors compared to 21% of white doctors).

**Enhanced perception of regulation**

**Perceptions of the GMC’s impact within the health sector**

Individuals were asked about their perceptions of the GMC’s impact within the health sector over the last 12 months. ROs and educators are slightly more positive, while doctors are least positive (see Figure 3.21). A reasonable proportion of all audiences feel that GMC had a neutral or no impact within the health sector.

Among doctors, a lower proportion of GPs and specialists feel the GMC’s had some positive impact (28% for both), compared to a higher proportion of those in training and SAS/LEDs (36% and 40%). Those in England are slightly but significantly more likely to think GMC had some positive impact (33%) in the last 12 months, and those in Wales less likely (24%). Again, younger doctors are more positive (68% of those under 25 feel the GMC have had a positive impact), as are BAME doctors (41%) compared to white doctors (28%).

Interestingly, doctors who feel personally supported by GMC are much more likely to view the GMC’s wider impact within the health sector as positive compared to those who do not (55% compared to 21%), indicating that building personal relationships with doctors and organisations is important for their wider perceptions.

Unsurprisingly, and following a trend seen elsewhere, private providers are more likely to view the GMC as having some positive impact (55%) compared to average.
Figure 3.21 Perceptions of GMC’s impact within the health sector (doctors, ROs, providers and educators)

<table>
<thead>
<tr>
<th></th>
<th>Positive impact</th>
<th>Both positive and negative impact</th>
<th>Negative impact</th>
<th>Neutral impact</th>
<th>No impact</th>
<th>Don’t know/prefer not to say</th>
<th>Some positive</th>
<th>Some negative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors</strong></td>
<td>26%</td>
<td></td>
<td>12%</td>
<td>18%</td>
<td>12%</td>
<td></td>
<td>32%</td>
<td>47%</td>
</tr>
<tr>
<td><strong>ROs</strong></td>
<td>36%</td>
<td></td>
<td>19%</td>
<td>16%</td>
<td>11%</td>
<td></td>
<td>52%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
<td>25%</td>
<td></td>
<td>13%</td>
<td>19%</td>
<td>11%</td>
<td></td>
<td>46%</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Educators</strong></td>
<td>37%</td>
<td></td>
<td>9%</td>
<td>17%</td>
<td>5%</td>
<td></td>
<td>54%</td>
<td>46%</td>
</tr>
</tbody>
</table>

C1. How would you describe the GMC’s impact within the health sector over the last 12 months? Base: All doctors (2169), All Responsible Officers (101), All providers (406), All educators (35).
Figure 3.22 shows that, in line with improvements over time seen throughout this report, stakeholder perceptions of GMC’s impact on the health sector are much more positive in 2020 than in 2018.

**Figure 3.22 Stakeholder perceptions of GMC’s impact within the health sector**

<table>
<thead>
<tr>
<th>2020</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive impact</td>
<td>49%</td>
</tr>
<tr>
<td>Both positive and negative impact</td>
<td>33%</td>
</tr>
<tr>
<td>Negative impact</td>
<td>6%</td>
</tr>
<tr>
<td>Neutral impact</td>
<td>8%</td>
</tr>
<tr>
<td>No impact</td>
<td>82%</td>
</tr>
<tr>
<td>Don’t know/prefer not to say</td>
<td>39%</td>
</tr>
</tbody>
</table>

C1. How would you describe the GMC’s impact within the health sector over the last 12 months? Base: 2020: all stakeholders (51), 2018: all stakeholders (47).

Reasons for these views on the GMC’s impact within the health sector were then explored through an open question, meaning respondents were able to answer this question freely. Reasons for both positive and negative impact are presented and compared in Figure 3.23.

There is no standout reason why some doctors felt the GMC had a positive impact within the health sector. It was slightly more common (though still only mentioned by a small proportion) to feel it was due to the GMC regulations setting high standards for doctors.

> “Ensure doctors with good qualities practise in the UK. Give doctors a second chance when seems fit.” (Doctor)

However, some doctors feel that regulations place blame on the individual doctors for system failures. The fact that regulations are cited as reasons for both positive and negative impacts indicate the GMC’s regulations do not attend to doctors equally, or are perceived differently.

> “It would seem that the leadership of the GMC is purely focused on overbearing regulation and is disconnected from reality on the clinical front line in the NHS.” (Doctor)

The primary reason for doctors, ROs, providers, educators and stakeholders perceiving the GMC to have had a negative impact relates to the GMC’s management of the Dr Bawa-Garba case.
Interestingly, for stakeholders and ROs, the most common reason for perceiving the GMC’s impact as positive is feeling that the GMC has learnt lessons from high profile cases, indicating that some relationships have been successfully recovered and perceptions improved. Further to this, since 2018, stakeholders have moved away from the negative impact of the Dr Bawa-Garba case in assessing the impact of GMC. As reflected throughout the findings, it is likely that perceptions are recovering from the dip in positive attitudes around the time of the Dr Bawa-Garba case. It will be interesting to follow the trajectory of this measure into the future to see if the trend of improved perceptions continues.

Figure 3.23 Reasons for GMC’s impact within the health sector

C2. And in your own words, why do you say this about the GMC’s impact within the health sector? Base: All who think GMC has had a positive impact: doctors (676), ROs (53), providers (186), educators (19) and stakeholders (42), and a negative impact: doctors (1032), ROs (55), providers (154), educators (16) and stakeholders (20).

35 Due to this being an unprompted question, responses in 2020 and 2018 are not directly comparable. However, the decrease in mentions of the Dr Bawa-Garba case among stakeholders in relation to GMC’s negative impact within the health sector is an indication that attitudes have shifted.

36 For the purpose of charting, ‘don’t know’ and ‘prefer not to say’ responses have been excluded.
The GMC’s current focus

As with views on the GMC’s impact within the health sector, views on whether the GMC is focusing on the right issues as a regulator are mixed (Figure 3.24). In line with positive stakeholder responses throughout the 2020 research, over eight in ten stakeholders think the GMC focuses on the right issues as a regulator. The majority of educators and medical students also feel positively about the GMC’s focus, although providers’ responses are more mixed, and a higher proportion of doctors think the GMC does not focus on the right issues than think it does.\(^\text{37}\)

Among doctors, specialists and GPs are less likely to agree that the GMC focuses on the right issues (only 28% and 25% agreed respectively) compared to SAS/LEDs and doctors in training (39% and 35%), as are white doctors compared to BAME doctors (26% vs 42%).

Figure 3.24 Agreement that the GMC is focusing on the right issues as a regulator

C4. To what extent do you agree or disagree that the GMC is focusing on the right issues as a regulator? Base: doctors (2169), ROs (101); medical students (900), providers (406), educators (35), stakeholders (51).

\(^{37}\) It is worth noting that while nearly half of doctors were confident in the way the GMC regulates doctors, a significant lower proportion felt that the GMC is focusing on the right issues as a regulator. However this apparent inconsistency is likely due to the fact that there is a ‘neither agree nor disagree’ option for the latter question, while the former question forces either a positive or negative answer (thus it possibly the case that the ‘neither agree nor disagree’ group in the latter question are leaning towards confidence in the GMC, even if they don’t have a clear opinion on whether the GMC is focusing on the right issues)
Where the GMC should focus more or less of its attention

Figure 3.25 presents the two most common areas where those who disagree that the GMC is focusing on the right issues suggested that the GMC should focus more or less of its attention. There are two areas commonly mentioned as a focus for more attention: addressing systemic failures and giving more support for doctors than just guidance (note stakeholders not shown due to small bases among this group).

The desire for more focus on addressing systemic failures links closely with findings above that a main reason for the GMC having a negative impact within the health sector is due to the perception that GMC regulations place blame on individual doctors for system failures (30% of doctors who said that GMC regulations place blame on individual doctors for system failures – compared with 6% of doctors who did not mention this – felt that the GMC should focus more on addressing systemic failures).

Expressing a desire for more support was more likely to be mentioned by female doctors (31%), BAME doctors (32%) and GPs (35%), suggesting that these are groups that particularly require more support from the GMC, or at least that they are more open to receiving support from the GMC compared to other groups.

Several audiences felt the GMC should focus less attention on perceived prosecution, control, criticism or stigmatisation of doctors and less on scapegoating doctors for systemic failures.

“Drawing attention to and calling for more action to address systemic failings and the unsafe working conditions doctors are forced into.” (Doctor)

“The systemic issues doctors are facing on a daily basis which lead to mistakes.” (Medical student)

“Looking after doctors more. Supporting doctors more. To be seen as a nurturing organisation rather than a punitive one.” (Doctor)

“I don’t feel like the GMC support doctors enough and it is widely felt amongst doctors and medical students that they are against us.” (Medical student)

“I think there should be more acknowledgement that doctors are humans with a right to a private life and who make human errors. The process should be focussed more on learning from mistakes and supporting people to improve, less adversarial and accusatory.” (Doctor)

“It needs to focus less on individuals and more on systems and the wider determinates of medical mistakes.” (Provider)

“More measures should be put in place to support junior doctors rather than heavier punishments laid on those suffering under a broken system.” (Medical student)
C4A. Where do you think the GMC should be focusing more of its attention? / C4B. Where do you think the GMC should be focusing less of its attention? Base: All who disagree the GMC is focusing on the right issues: doctors (757), ROs (16), medical students (125), providers (70), educators (9).
Confidence in doctors and the way they are regulated remains high amongst patients and the public, medical students, and providers in 2020. Public awareness of the GMC remains reasonably high, although specific knowledge remains low.

Most doctors do not agree that the GMC promotes public confidence in the medical profession, however agreement rates have increased in the last two years.

Generally, audiences are happy with the amount of communications they receive from the GMC, although notable minorities would like to hear from the GMC more often.

The majority of respondents across audiences in 2020 feel confident in UK doctors (Figure 4.1). This was consistent with previous findings in 2016 and 2018, when confidence was also high.
Confidence in doctors is slightly but statistically significantly lower for medical students and providers that are not confident in the GMC generally (although confidence in doctors is still very high amongst those not confident in the GMC):

- 94% of medical students not confident in the GMC (compared to 99% who are confident in the GMC);
- 90% of providers not confident in the GMC (compared to 99% who are confident in GMC), and only 86% of providers that do not trust the GMC’s fitness to practise investigations.

Amongst medical students, those that had witnessed a compromise of patient safety are slightly although statistically significantly less likely to feel confident in UK doctors (95% vs. 99% that had not witnessed a compromise in patient safety). Even if lower, the fact that the majority of medical students that had witnessed a compromise to patient safety remain confident in UK doctors suggests that they had witnessed sufficient examples of high-quality patient care that outweighed the compromises or that what they had seen was not sufficient to affect their overall confidence.

Private providers are notably less likely to feel confident in UK doctors (88%) than other providers.

Amongst patients and the public, awareness of the GMC is correlated with confidence in UK doctors (90% of those aware of the GMC are confident in UK doctors and 94% of those who know a lot or a fair amount about the GMC are confident, compared to 79% of those not aware). Equally, awareness of the GMC is correlated with confidence in how doctors are regulated: 90% of those who know a lot or a fair amount about the GMC are confident in how doctors are regulated (compared to 77% who are not aware of the GMC). This possibly suggests that awareness of the GMC and its regulation of doctors boosts feelings of confidence in the profession.

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38 Question wording changed for providers and medical students from ‘medical profession’ in 2016 to ‘doctors’ in 2020
Age is also a factor amongst patients and the public’s feelings of confidence in doctors, with older age groups being significantly more likely to feel confident than younger age groups. Confidence is highest in the over 65s (95%) and lowest in 25-34-year olds (81%). This could possibly be linked to the frequency in which these age groups come into contact with doctors, as a similar pattern could be seen in those that had received treatment or advice from a doctor in the last year: this group was significantly more likely to feel confident than those that had not (89% vs. 82%).

Conversely to this, however, women are significantly less likely to feel confident in UK doctors than men (84% vs. 91%), despite women being slightly more likely to have received treatment or advice from a doctor.

### Public confidence in the GMC

#### Familiarity with the GMC

All medical students and providers surveyed are aware of the GMC, and most reported that they know a lot or a fair amount about the GMC (Figure 4.2).

Providers based in North East England & Yorkshire are statistically significantly less likely to report knowing a lot or a fair amount about the GMC (63%) than other UK regions. The GMC may want to consider increasing its engagement with organisations in this region.

Private providers (80%) and those providing secondary and or tertiary care (86%) are significantly more likely to report knowing a lot or a fair amount than their public (71%) or primary care (69%) counterparts. This suggests that if the GMC wanted to increase familiarity amongst providers, targeting public and primary care providers could be beneficial.

**Figure 4.2 Medical student and provider awareness of the GMC in 2020**

B0b. How familiar or unfamiliar are you with the General Medical Council (GMC)? Would you say you... Base: All medical students (2020: 901); All providers (2020: 406)
In 2020, most patients / public were aware of the GMC, and around one in ten (13%) reported they know a lot or a fair amount, remaining very similar to findings from 2018 (Figure 4.3).

Contrary to what might be expected, there is not always a correlation between levels of awareness and levels of knowledge amongst different groups of respondents. Awareness of the GMC is highest in older members of patients / public: 97% of over 65s are aware of the GMC compared to only 51% of 18-24-year olds. However, the proportion of each age group reporting knowing a lot or a fair amount are broadly consistent, suggesting that amongst older age groups awareness of the GMC does not necessarily translate into knowledge.

There was a similar pattern according to ethnicity, as while white respondents are more likely to be aware of the GMC than BAME respondents (81% vs. 66%), BAME respondents are significantly more likely to know a lot or a fair amount (20% vs. 12% of white respondents).

Similar to patterns seen in other audiences, patients and the public in North East England & Yorkshire are significantly less likely to report high knowledge of the GMC, with only 8% reporting they know a lot or a fair amount.

**Figure 4.3 Patient / public awareness of the GMC**

<table>
<thead>
<tr>
<th>Patients / Public - 2018</th>
<th>Patients / Public - 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td>79%</td>
</tr>
<tr>
<td>10%</td>
<td>13%</td>
</tr>
</tbody>
</table>

B0b. How familiar or unfamiliar are you with the General Medical Council (GMC)? Would you say you… Base: All patients / public (2020: 2,040; 2018: 2,107)

**Confidence in regulation of doctors**

Confidence in the way doctors are regulated is high amongst patients and public, consistent with 2018 (Figure 4.4).
Patients and the public in Scotland are statistically significantly more likely to be confident in the regulation of doctors, with nine in ten (91%) feeling so.

Similar to confidence in doctors generally, those who had received treatment or advice in the last 12 months are significantly more likely to feel confident in their regulation (85% vs. 77% of those that had not received treatment or advice), again suggesting a positive relationship between confidence and contact with doctors.

Patients and the public who are knowledgeable about the GMC are more likely to feel confident in the regulation of doctors (90% are confident, compared to 77% who are not aware of the GMC). This suggests that increased knowledge of the GMC and its work could increase public confidence.

Figure 4.4 Patient / public confidence in the way doctors are regulated

By far the most commonly cited reason for confidence in regulation amongst patients and public is feeling positively about doctors’ abilities and knowledge (Figure 4.5), while low confidence is most often attributed to negative examples of such things, suggesting that regulation is mostly judged by the ‘end result’ of perceived quality of the workforce. Specific comments on the GMC’s work were the next most common reasons for high or low confidence.

Patients and the public in Scotland (36%) and the over 65s (33%) are particularly likely to cite positive experiences of doctors, suggesting that this is a key driver of their higher confidence overall.
A3pt. Why do you say you are/are not confident in the way doctors are regulated? Base: Patients / public confident in regulation of doctors (1,682); Patients / public not confident in regulation of doctors (244)

**The GMC’s role in promoting public confidence**

Less than half of doctors in 2020 agree that the GMC promotes public confidence in the medical profession (Figure 4.6). Whilst it remains relatively low, the proportion did increase significantly from 2018, further suggesting that doctors’ relationship with the GMC is recovering from the lows seen in 2018.

Doctor views on whether the GMC promotes public confidence in the profession is closely linked to overall confidence and trust in the GMC: only 17% of doctors that do not feel confident in the GMC agree with the statement, and only 15% of those that report that they do not trust the GMC’s fitness to practise investigations.

GPs (36%) and specialists (35%) are significantly less likely to agree that the GMC promotes public confidence than SAS/LEDs (53%) and doctors in training (47%), continuing the trends by registration type seen elsewhere. Those that achieved their PMQ in the UK are also less likely to agree (31%), as are white doctors (34%) but this is likely to reflect the same trend, as GPs and specialists are more likely to fit these characteristics.
Figure 4.6 NET strongly agree and tend to agree that the GMC promotes and maintains public confidence in the medical profession

G4. To what extent would you agree or disagree with each of the following statements? The GMC promotes and maintains public confidence in the medical profession Base: All doctors (2020: 2,169, 2018: 3,306); All ROs (2020: 101, 2018: 109); All providers (406), All educators (35), All stakeholders (51)

Around half of ROs agree that the GMC promotes public confidence, a statistically similar proportion to 2018 (Figure 4.6).

Turning to providers, as seen in doctors, there is a correlation between thinking that the GMC promotes and maintains public confidence and having confidence in the GMC in general: 70% of providers that feel confident in the GMC agree that they promote public confidence compared to only 20% that are not confident.

More positively, most educators (69%) and stakeholders (76%) agree that the GMC promotes and maintains public confidence in the medical profession, reflecting their generally more positive relationships with the GMC.

Seeking advice about standards of care and behaviour

Figure 4.7 shows that just over one in ten (14%) patients and members of the public had sought advice about standards of care and behaviour they or someone they had been caring for could expect from a doctor.

Positively, this low figure shows that most people do not have a need to seek advice on standards of care and this proportion has remained constant since 2016 (although there has been a slight increase in the proportion who were unsure if they had sought this advice). Those who had sought advice are more likely to know a lot or a fair amount about the GMC indicating that when people do engage with the healthcare system in more depth, they are more likely to obtain a better understanding of the GMC.
Younger groups of 18-24 years (23%) and 25-34 (24%) are more likely to have sought advice compared to all age groups over the age of 35 (ranging between 7% and 13%). Seeking advice is much more common among BAME (31%) compared to white (11%) respondents. Additionally, those in socio-economic grade A39 are more likely than any other grade to have sought advice (27% compared to 5-16%).

Figure 4.7 Proportion of members of the public and patients who had sought advice about what standards of care or behaviour to expect from a doctor.

A10. Have you ever sought advice about what standards of care or behaviour you or someone you have been caring for could expect from a doctor?  Base: 2020: All patients and members of the public (2040), 2016: All patients and members of the public (1502).

Patients who had sought advice about standards of care or behaviour were presented with a list of sources and asked to indicate where they had obtained this advice from. Those who had not sought advice were presented with the same list and asked to indicate where they would go for this advice, if they were seeking it.

As shown in Figure 4.8, there is no standout source of advice among either group. Those who had sought advice most likely went to their doctor (29%).

Just over a fifth (22%) of those who had not sought advice think they might go to the GMC, whereas just under one in ten (9%) of those who had sought advice had actually gone to the GMC. Generally, this seems to suggest a reasonable level of consideration of the GMC as a potential source of advice. However, recognising that the GMC is unable to provide advice on clinical care and treatment, it is for the GMC to judge whether the prominence of its advice is appropriate.

39 Social grade here uses the ‘ABC1’ system which is based on the occupation of the Chief Income Earner (CIE); grade A refers to higher managerial, administrative and professional occupations, grade B to intermediate managerial, administrative or professional, grade C1 to supervisory, clerical and junior managerial, administrative or professional, grade C2 to skilled manual workers, grade D to semi and unskilled manual workers, grade E to state pensioners, casual or lowest grade workers, unemployed with state benefits only. https://www.mrs.org.uk/resources/social-grade
Where did you go for this advice about what standards of care or behaviour you or someone you have been caring for could expect from a doctor? / If you needed advice about what standards of care or behaviour you or someone you have been caring for could expect from a doctor tomorrow, where would you consider looking?

N.b. only showing sources with totals over 5%. Base: All patients who had sought advice about standards of care (274); all patients who had not sought advice about standards of care (1766).

Communication with the public and the profession

Communication

Doctors, ROs and medical students were asked about sources of advice and support they use for ethical and professional guidance (Figure 4.9). Doctors most frequently look to a medical defence body or colleagues and are much less likely to turn to the GMC for this advice and support.

Continuing a trend identified throughout, GPs (20%) are less likely to feel they would turn to the GMC than other registration types, and white doctors (24%) are less likely to do so than BAME doctors (34%).

As might be expected, doctors who feel confident in the GMC are significantly more likely to turn to the GMC for advice or support than those that do not feel confident (43% vs. 14%). This reflects findings elsewhere in which doctors who are more confident in the GMC were more likely to have accessed guidance on professional standards and ethics in the last 12 months (28% of doctors confident in the GMC had accessed guidance vs 18% of those not confident), suggesting that building confidence could be an enabler of using the guidance.
The vast majority of ROs report that they would go to the GMC for advice or support on ethical and professional guidance, and this is the most commonly used source amongst ROs. It is likely that the higher levels of trust and confidence that this audience has in the GMC has resulted to greater interaction with the guidance. Additionally, two thirds of ROs regard the GMC as the most important source for advice of this kind, further signalling healthy levels of trust in the GMC amongst ROs.

Amongst medical students, it is much more common to turn to a colleague, medical defence body or a teacher or trainer than the GMC. As with doctors, there is a strong correlation between confidence in the GMC and likelihood to turn to them for advice (48% vs. 26% of those not confident). Female medical students (47%) and students in the North East and Yorkshire (56%) are significantly more likely to report they would look to the GMC for advice and support. If the GMC wanted to increase the use of their advice and support amongst medical students, it could be worth investigating the relationship that exists between them and medical students in the North East and Yorkshire region.

Figure 4.9 Sources doctors, ROs and medical students go for advice or support on ethical and professional guidance

H1. Where would you go for ethical or professional guidance? H2. Which do you see as being the most important source of advice or support on ethical and professional guidance relating to your practice? Base: All doctors (2,169); All ROs (101); All medical students (901)

Doctors, ROs, medical students and educators were asked whether they used the following sources of guidance, learning and advice from the GMC in the last 12 months: visited the GMC website, received verbal or written advice from the GMC, or taken part in a GMC learning session (Figure 4.10).

40 For comparison, results in the North East and Yorkshire (56%) were significantly higher than the East of England (34%), London (40%), North West (36%), South East (36%), South West (33%), and England overall (42%).
Half of doctors reported that they had used at least one of these, with visiting the website being notably more common amongst doctors than advice or learning sessions.

Again, GPs are significantly less likely to use any of the sources than other types of doctors: only 35% of GPs had visited the website, 12% received verbal or written advice and 6% taken part in a learning session. In comparison, SAS/LEDs are more likely to have turned to these sources: 62% had used at least one, 55% had visited the website, 19% received verbal or written advice, and 11% had taken part in a learning session. White doctors are less likely than BAME doctors to have used any of the sources, while doctors in Northern Ireland are significantly more likely to have received written or verbal advice (21%) or taken part in a learning session (27%), suggesting that these are possibly easier to access in Northern Ireland.

The vast majority of ROs had used at least one of these sources in the last 12 months, reflecting their self-reported likelihood to turn to the GMC for advice or support. Use of each type of source were similar (Figure 4.10).

Most medical students had used at least once source, with the majority of these having visited the website, while use of learning sessions (24%) and verbal or written advice (15%) is less common. Medical students in the East of England are significantly less likely to have used any sources (70%) and are particularly unlikely to have participated in a learning session (11%).

All educators had used at least one of the sources, again with the majority having visited the website. Receipt of verbal or written advice or participation in learning sessions are less common but were still reasonably common.

Figure 4.10 Use of GMC guidance, learning and advice

H3. Over the last 12 months have you…? Base: All doctors (2,169); All ROs (101); All medical students (901); All educators (35)
Doctors, ROs, medical students and educators were also asked specifically about whether they had used GMC professional standards and ethics guidance to help them determine a course of action in the last 12 months (Figure 4.11).

Fewer than one quarter of doctors had used GMC professional standards and ethics guidance to determine a course of action. In line with the pattern observed for use of other guidance sources, SAS/LEDs are more likely to have used this guidance (28%). Doctors in Wales (14%), London (17%) and Scotland (18%) are notably less likely to have used GMC professional standards and ethics guidance than doctors in other regions of the UK. White doctors (19%) are less likely to have used the guidance than BAME doctors (30%).

Understandably, confidence in the GMC was again correlated with likelihood to refer to this guidance: 28% of doctors confident in the GMC had done so, compared to only 18% of those not confident.

Over half of ROs had used GMC professional standards and ethics guidance, reflecting their overall closer relationship with the GMC and probably the frequency of encountering circumstances raising issues of standards or ethics.

Figure 4.11 Use of GMC professional standards and ethics guidance to determine course of action

H5. In the last 12 months, have you used GMC professional standards and ethics guidance to help you determine what course of action to take? Base: All doctors (2,169); All ROs (101); All medical students (901); All educators (35)
In 2020, just under six in ten doctors felt the amount of communications they received from the GMC was about the right amount, a decrease from 2016.\(^4\) However, this change is mostly due to an increase in those that they did not know what they felt about the amount of communications (Figure 4.12). Overall, these findings suggest there is more appetite for communications to be increased than to be decreased.

Although there are some significant differences in the proportion of different types of doctor preferring to hear more or less from the GMC, there is still a notable split within each type of doctor between those that felt the communications were too much or too little. For example, while GPs are significantly more likely to feel they received too many communications than doctors in training (12% vs. 7%), there are still 16% of GPs that feel there were too little communications.

![Figure 4.12 Doctors' opinion on amount of communications received from the GMC](image)

H7. Thinking about the communications (such as emails, letters or surveys) that you have received from 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: 2020 - All doctors (2,169); 2016 – Doctors who had direct contact with GMC in the previous 12 months (401)

There is some appetite amongst medical students and providers for increased communications from the GMC: notably higher proportions of these audiences felt they received too little communications than too much (Figure 4.13).

There are some differences in views by region amongst medical students. Medical students in Wales (25%) and the Midlands (25%) were significantly more likely to report that they feel they received too little communications from the GMC, than medical students in the East of England where only 6% feel that way. As such, it might make sense to target increased communications by region, rather than wholesale across the country. There is a correlation between not feeling supported by the GMC and feeling there was a lack of communications (22% of medical students that do not feel supported felt there were too little communications, compared to only 12% that do feel supported). This suggests that more frequent communications could be a way to improve relationships with medical students that do not feel supported.

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\(^4\) Although when comparing this finding for 2020 and 2016, it is important to be aware that the base of doctors asked the question differed. In 2020 it was asked to all doctors, but in 2016 it was asked to doctors that had reported direct contact with the GMC in the previous 12 months
There are no significant differences or trends to suggest any subgroups of providers that are more or less likely to have an appetite for increased communications.

ROs and stakeholders are satisfied on the whole with the amount of communications they have received from the GMC, with four-fifths in each group reporting they received ‘about the right amount’ in the last 12 months (79% of ROs and 82% of stakeholders).

Figure 4.13 Other audiences’ opinion on amount of communications received from the GMC

Doctors are broadly satisfied with the clarity of the information in GMC communications (Figure 4.14). However, less than half agree that the information was relevant to their needs or that the tone was helpful and empathetic.

Figure 4.14 Doctors’ agreement levels with statements about communications received from the GMC

H7. Thinking about the communications (such as emails, letters or surveys) that you have received from 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 ROs (101); All medical students (901); All providers (406), All stakeholders (51)

Doctors are broadly satisfied with the clarity of the information in GMC communications (Figure 4.14). However, less than half agree that the information was relevant to their needs or that the tone was helpful and empathetic.

Figure 4.14 Doctors’ agreement levels with statements about communications received from the GMC

H8. Thinking about the communications that you have received from the GMC (such as emails, letters or surveys), to what extent do you agree or disagree that…? Base: All doctors (2020: 2,169)
In line with other views on the GMC, GPs are significantly less likely to agree with any of the statements (57% for clarity, 37% for relevance and 29% for tone), while SAS/LEDs are significantly more likely to agree (68% for clarity, 55% for relevance, and 49% for tone). White doctors are less likely to agree with the statements (61% for clarity, 39% for relevance, 34% for tone) compared to BAME doctors (72% for clarity, 57% for relevance, 54% for tone). While it is likely that these trends are driven by overall views of the GMC colouring views on communications, it is possible that improvements to relevance and tone of communications could contribute to improved relationships between doctors and the GMC.

Although proportions agreeing with each statement on GMC communications vary between audiences, the overall pattern for other audiences is consistent with findings for doctors in that respondents most frequently agree that the information was clear and easy to understand, and less frequently agree that the information was relevant and the tone helpful and empathetic (in that order) (Figure 4.15). ROs and stakeholders are both very positive across all measures, while medical students and providers are reasonably positive about the clarity, but less so on relevance and tone.
Figure 4.15 Other audiences’ agreement levels with statements about communications received from the GMC

<table>
<thead>
<tr>
<th>Audience</th>
<th>Statement</th>
<th>Tend to agree</th>
<th>Strongly agree</th>
<th>NET agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROs</strong></td>
<td>The information was clear and easy to understand</td>
<td>63%</td>
<td>27%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>The information was relevant, meeting your needs</td>
<td>64%</td>
<td>15%</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td>The tone of the information was helpful and empathetic</td>
<td>62%</td>
<td>17%</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Medical students</strong></td>
<td>The information was clear and easy to understand</td>
<td>45%</td>
<td>22%</td>
<td>68%</td>
</tr>
<tr>
<td></td>
<td>The information was relevant, meeting your needs</td>
<td>43%</td>
<td>16%</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>The tone of the information was helpful and empathetic</td>
<td>37%</td>
<td>15%</td>
<td>53%</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
<td>The information was clear and easy to understand</td>
<td>46%</td>
<td>21%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>The information was relevant, meeting your needs</td>
<td>39%</td>
<td>16%</td>
<td>54%</td>
</tr>
<tr>
<td></td>
<td>The tone of the information was helpful and empathetic</td>
<td>36%</td>
<td>16%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Stakeholders</strong></td>
<td>The information was clear and easy to understand</td>
<td>37%</td>
<td>49%</td>
<td>86%</td>
</tr>
<tr>
<td></td>
<td>The information was relevant, meeting your needs</td>
<td>43%</td>
<td>41%</td>
<td>84%</td>
</tr>
<tr>
<td></td>
<td>The tone of the information was helpful and empathetic</td>
<td>47%</td>
<td>29%</td>
<td>76%</td>
</tr>
</tbody>
</table>

H8. Thinking about the communications that you have received from the GMC (such as emails, letters or surveys), to what extent do you agree or disagree that…? Base: All ROs (101); All medical students (901); All providers (406), All stakeholders (51)
5 Strategic Aim 4: Meeting the changing needs of the health services across the four countries of the UK

Key measures amongst stakeholders were positive in 2020, with most agreeing that the GMC takes the right approach to responding to needs across individual parts of the UK and reporting strong levels of knowledge about legislative reform.

ROs, providers and educators are mostly neutral about the GMC’s response across individual parts of the UK, likely to be due to lack of knowledge on the subject. Knowledge of legislative reform is also low amongst these groups, but the majority know at least a little.

When asked whether the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK, most stakeholders feel that it did; consistent with 2018 (Figure 5.1). This ties in with the overall pattern observed amongst stakeholders of feeling positive about the GMC, and either remaining consistent with or improving on previous levels.

There are no significant differences in findings between the four countries of the UK.42

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42 Please refer to the Technical Annex that accompanies this report for information on sampling by the four countries of the UK.
C6. To what extent do you agree or disagree that the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK? Base: All stakeholders (2020: 51; 2018: 47)

Turning to ROs, providers and educators (Figure 5.2), while fewer than three in ten agree that the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK, the proportion that disagree is notably lower. Again, there are no significant differences across the four countries of the UK for any audience.43

That the majority of ROs, providers and educators either report they neither agree nor disagree or that they do not know suggests that there is little awareness amongst these groups of whether or how the GMC acts to meet the needs of individual parts of the UK, but also that there are no major issues on this matter.

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43 Please refer to the Technical Annex that accompanies this report for information on sampling by the four countries of the UK
Figure 5.2 Other audiences’ agreement that the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK

<table>
<thead>
<tr>
<th>ROs</th>
<th>Providers</th>
<th>Educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Strongly agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Tend to agree</td>
<td>Tend to agree</td>
<td>Tend to agree</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>Neither agree nor disagree</td>
<td>Neither agree nor disagree</td>
</tr>
<tr>
<td>Tend to disagree</td>
<td>Tend to disagree</td>
<td>Tend to disagree</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>Strongly disagree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

C6. To what extent do you agree or disagree that the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK? Base: All ROs (101); All providers (406), All educators (35)

**GMC are well prepared for and can influence legislative change**

Stakeholders, ROs, providers and educators were asked about their knowledge of how the GMC is calling for legislative reform and the effects that reform could have on the medical workforce.

Awareness amongst stakeholders remains high, consistent with 2018 (Figure 5.3).
C5. How much, if anything, do you know about why the GMC is calling for legislative reform and the effects that such reform could have on the medical workforce? Base: All stakeholders (2020: 51; 2018: 47)\textsuperscript{44}

Knowledge of the GMC’s calls for legislative reform amongst ROs, providers and educators is fairly low, especially amongst providers (Figure 5.4). This highlights a need to increase awareness amongst these audiences, assuming these audiences are crucial for any reform campaign. Although, it is worth noting that only a minority of each of these audiences report no knowledge at all, suggesting that increasing knowledge should be the main focus, rather than needing to build up an awareness ‘from scratch’.

\textsuperscript{44} Please note that the scale used for this question in 2018 was slightly different: a great deal / a fair amount / a little / nothing at all.
Figure 5.4 Other audiences' knowledge of why the GMC is calling for legislative reform and the effects it could have

C5. How much, if anything, do you know about why the GMC is calling for legislative reform and the effects that such reform could have on the medical workforce? Base: All ROs (101); All providers (406), All educators (35)

It must be acknowledged that levels of knowledge could be over-stated given that they are self-reported (the research did not test this knowledge in any way) but perceived knowledge is still a useful indicator of the success of GMC’s efforts to raise awareness and communicate on this issue.

Rating of GMC support amongst providers

Providers that had experienced GMC support are positive about that experience, with the majority rating it as good or very good (Figure 5.5). This suggests that the current support GMC provides to providers should be continued in its current state.

Figure 5.5 Provider experience and rating of the GMC supporting the work of their organisation

B0c. Have you had experience of the GMC supporting the work of your organisation? Base: All providers (406)

B0d. And thinking about the support that GMC gave you, would you say it was...? Base: Providers that had received support from the GMC (146)
IFF Research illuminates the world for organisations, businesses, and individuals helping them to make better-informed decisions.”

Our Values:

1. Being human first:
   Whether employer or employee, client or collaborator, we are all humans first and foremost. Recognising this essential humanity is central to how we conduct our business, and how we lead our lives. We respect and accommodate each individual’s way of thinking, working and communicating, mindful of the fact that each has their own story and means of telling it.

2. Impartiality and independence:
   IFF is a research-led organisation which believes in letting the evidence do the talking. We don’t undertake projects with a preconception of what “the answer” is, and we don’t hide from the truths that research reveals. We are independent, in the research we conduct, of political flavour or dogma. We are open-minded, imaginative and intellectually rigorous.

3. Making a difference:
   At IFF, we want to make a difference to the clients we work with, and we work with clients who share our ambition for positive change. We expect all IFF staff to take personal responsibility for everything they do at work, which should always be the best they can deliver.