February 2019

Why do many public concerns that would be better directed to another organisation come to the GMC?

Full Report

Research by ICE for the General Medical Council
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Executive summary
Most complaints that come to the GMC are from members of the public, which accounted for approximately 66% of all complaints made in 2017. While complaints from the public have reduced in recent years, most complaints that come to the GMC about doctors are closed immediately. This suggests that many public concerns regarding the fitness to practise of a doctor, would be better placed elsewhere.

The research objective was to explore:

“Why do many public concerns that would be better directed to another organisation, come to the GMC?”

The methods used were spread across 5 research activities (see section 2.1). This included qualitative workshops with members of the public, interviews with individuals who advocate on behalf of those with protected characteristics (e.g. learning disabilities) and interviews with members of the public who had complained to the GMC in 2017.

Where do members of the public start their complaints journey?

Online

Most individuals who want to complain about a doctor, have low awareness of what to do first and will search for more information online. Many participants accessed websites like Citizens Advice or NHS England and were typically advised to contact the NHS service directly, PALS or the local health board.

This suggests that NHS organisations and advisory services will be increasingly important within the complaints landscape, with many people relying on information from them to decide where to raise a concern about a doctor. Individuals may also learn about the GMC from these sources, which may not always be accurate and can inform public expectations of the GMC early on.

Locally

Many people try to raise their concern locally, with the GP practice or hospital where an incident occurred. However, participants said if they have a negative experience or are led to distrust a local investigation, they will seek out an organisation, like the GMC, that was described as an organisation that would take concerns about doctors seriously and conduct an independent and fair enquiry.

The public will raise concerns locally (the desired behaviour) if they trust they will be taken seriously. Not everybody will be satisfied with a local investigation, highlighting a need to work collaboratively with other organisations to help the public understand how to appropriately escalate a concern and manage expectations of what is likely to happen next.

GMC direct

Participants who went to the GMC first were typically aware of the GMC, having previously worked in the health sector. They were also aware of organisations like PALS, but decided to go straight to the GMC, as they perceived them to be at the top of the complaint’s hierarchy.

These individuals went straight to the GMC website and were looking for an easy way to raise a concern, by-passing information about whether the GMC was the right place in favour of finding contact details.

Other participants spontaneously found the GMC online and read information on the GMC website that confirmed to them that they were in the right place.

KEY FINDINGS

“All of them had appalling attitudes [at the GP practice], they fed me such watered-down responses and I simply didn’t trust them to seriously deal with this”

(Previous complainant)

“By the time they go to the GMC they’ve been fobbed off, ignored and not got the answer they want, so they wouldn’t be here if they didn’t think it was the right place”

(NHS Complaints, Scotland)

“I read a lot of information on their [GMC website], which made it so clear that they take patient safety seriously, they care, and they want to make sure this profession has the highest of standards”

(Previous complainant)
The findings show that ease of raising concerns and trust that they will be taken seriously, were important to the public when raising concerns. If people read information on the GMC website that supports what they want to happen (e.g. be taken seriously) and they perceive the complaints form to be easy, they will be motivated to raise a concern with the GMC and may dismiss information that signposts elsewhere.

Equally, if individuals access the GMC website and find contact details easily, this may drive individuals to the GMC contact centre to speak to someone about their concern.

What factors motivate the public to raise concerns with the GMC?

The research identified four underlying ‘key reasons why’ ease and trust are important to individuals and how these key reasons will drive where the public raise concerns.

1. I want my concerns to be heard and taken seriously
2. I want to know why what had happened, happened
3. I want to prevent this happening again to someone else
4. I want the best care for me now (Individuals with ongoing healthcare needs wanted the best care immediately, which often meant not interacting with the same doctor again).

The public will be motivated to raise a concern with an organisation, like the GMC, if they believe they can fulfil what they want to happen.

Participants in this research expected the GMC to conduct a thorough investigation (to show that the concern had been taken seriously and to explain why what had happened, happened) and to act against a doctor (to prevent this happening again to someone else or to make sure they themselves didn’t interact with the doctor again).

What action did previous complainants expect the GMC to take?

Most participants expected the GMC to restrict the doctor’s practice and other participants expected the doctor to receive a warning from the GMC, to prompt them to “step in line”. Some wanted the GMC to keep a record so that if another incident occurred, previous allegations would be considered.

There is a perception that the GMC has powers to make a doctor ‘stop and think’ or restrict their practice altogether. It will be important to communicate the purpose of the GMC and of fitness to practise investigations to the public, particularly by collaborating with other organisations, in order to set realistic expectations of what action the GMC is likely to take.
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Introduction
1 Introduction

1.1 Background

The challenge

Most complaints that come to the GMC are from members of the public, which accounted for approximately 66% of all complaints made in 2017\(^1\). The State of Medical Education and Practice 2018 report\(^1\) states that while complaints from the public have reduced by 10% to 5,005 between 2012 – 2017, a high proportion of these complaints are closed immediately. This suggests that many public concerns regarding the fitness to practise of a doctor, would be better placed elsewhere.

The GMC know how stressful complaining can be and want to ensure concerns are dealt with as efficiently as possible for everyone involved. Improving signposting to other organisations and prioritising effective local resolution, are recognised as ways to help patients achieve more timely resolutions and ensure their concerns are adequately addressed. It will also help reduce demand on the GMC fitness to practise directorate and ensure that available resources are focused on handling those concerns that do require a full investigation.

What’s been done so far…

The GMC have commissioned previous research\(^2\) that has demonstrated that an increase in complaints to regulators has been seen across the UK, and this appears to reflect a social trend of increased awareness of regulators. In itself, this would not be a problem if the increase in public complaints was identifying doctors that are unfit to practise. However, the data demonstrates that most complaints raised by the public are not progressed to full investigations. This suggests that an increase in awareness of the GMC has not been accompanied by an increase in understanding of their role and/or the role of the fitness to practise directorate. However, as this previous research did not include members of the public it is important to test these conclusions directly during this research.

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In order to tackle the increase in complaints that don’t meet GMC criteria or thresholds, several activities have already been completed by the GMC with others still ongoing. These include the following:

**Updated online complaints form**: An updated online complaints form was introduced to make it clearer what the GMC can and cannot do.

**The introduction of provisional enquiries**: This process provides the GMC with more information than previously available to judge whether a full investigation is needed. Initially set-up to avoid the need for doctors to go through an unnecessary investigation, this has also led to a decrease in the number of full enquiries. The State of Medical Education and Practice 2017 report suggests that this has prevented around 700 full investigations since its introduction in 2014.

**The local first project**: The local first project aims to reduce stress and speed up the handling of complaints by ensuring that complaints are dealt with in the right place at the right time, and locally with the assurance of quality and consistent local systems. This project is aligned to the GMC’s strategic aim to “prioritise better collaboration with our regulatory partners.” One of the key objectives of this project is to support local resolution of concerns about doctors to support the efficient closure of cases, reduce the impact on doctors and achieve more timely resolution of complaints for patients. This project is ongoing, with a pilot of the local first approach expected to be introduced by 2020.

**Better signposting programme**: The better signposting programme aims to support the public to understand and navigate the healthcare complaints landscape. New signposting guidance has been produced and is used by GMC staff to improve signposting to alternative organisations who may be better placed to deal with a concern or query.

### 1.2 Objectives

The primary objective of this project is to explore “**why many public concerns that would be better directed to another organisation come to the GMC**”.

Secondary objectives of this research are listed in Appendix 1 (see associated Appendix document).
Methods
2 Methods

2.1 Overview

The findings presented in this report were informed by data gathered using quantitative and qualitative research methods across 5 research activities. Research activities 1 and 2 were used to inform soft quotas and discussion topics for insight that was subsequently carried out in research activities 3, 4 and 5.

Appendix 2 presents the Research Framework which provides full details regarding each research activity, including the target audiences and research methods used.

An overview of the five research activities is provided in the table below.
<table>
<thead>
<tr>
<th>Research activity</th>
<th>Overview</th>
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| 1                 | **Quantitative data analysis of GMC complaints database:**  
|                   | • Conducted to identify target audiences for research activities 3, 4 and 5.  
|                   | • Used to develop soft quotas for research activities 3 and 5, not to explore complaints patterns because of data quality issues identified; with gender data available for only 57% of unique cases; 37% included age data and 33% included ethnic group data. |
| 2                 | **Workshops with GMC team members:**  
|                   | • Conducted to provide background information from the perspective of GMC staff and to inform the development of discussion topics. |
| 3                 | **8 workshops with a total of 61 members of the general public who have not previously complained to the GMC:**  
|                   | • Conducted to provide prospective evidence of where complaints journeys start and why for general members of the public who, hypothetically, would generally have low awareness of the GMC.  
|                   | • Two groups (6-8 participants in each) were conducted in each of the four UK countries and were recruited using on-street recruitment methods.  
|                   | • All participants had to have interacted with the services of a doctor within the past 6 months to ensure they had relevant understanding of the health sector. |
| 4                 | **12 depth interviews with individuals who advocate on behalf of patients:**  
|                   | • Interviews (45 – 60 minutes) conducted to understand the journeys individuals with protected characteristics take when raising a concern and the challenges they may face.  
|                   | • 9 interviews were conducted by telephone and 3 were conducted face to face (in a patient group setting) with individuals who advocate on behalf of patients with one or more of the following protected characteristics:  
|                   |   o Learning disabilities  
|                   |   o Physical disabilities  
|                   |   o Mental health issues  
|                   |   o Ethnic minority  
|                   |   o Long-term condition  
|                   |   o LGBT  
| 5                 | **30 depth interviews with individuals who made a complaint to the GMC in 2017:**  
|                   | • Interviews (45 – 60 minutes) were conducted to provide retrospective evidence of why members of the public complained to the GMC.  
|                   | • 24 individuals had their concern closed at triage and 6 were prompted to a provisional enquiry.  
|                   | • It was hypothesised that cases closed without a full investigation are most likely to have been better placed elsewhere.  
|                   | • Previous complainants were invited to register their interest and final participants were recruited to meet soft quotas related to country, gender, age and allegation type. |
The main report will present findings from research activities 3, 4 and 5 only. Across these 3 research activities, this research included:

- 61 members of the general public
- 12 individuals who advocate on behalf of patients with protected characteristics
- 30 members of the general public who had previously complained to the GMC
- Similar representation from males and females
- Representation from three key age groups (under 30, 30-64 and 65 and over)
- Representation from each of the four UK countries

2.2 Research techniques

Tailored discussion guides were created for the three research activities in order to answer the specific research questions defined for each. ICE researchers used similar questioning and laddering techniques throughout, to continually explore the ‘why’ behind the decisions and behaviours that the participants had retrospectively or prospectively reported. Further details of the specific techniques used, are discussed in Appendix 2.

2.3 Data analysis

Thematic analysis was used for all the data collected, this is one of the most common forms of analysis in qualitative research. This form of data analysis allows for the recording of patterns to develop relevant themes specific to the research question. Further details are available in Appendix 2.5
Research findings
3 Research findings

Layout of findings

The findings from research activities 3, 4 and 5 are presented in the following sections and have been triangulated to provide both prospective and retrospective evidence. The findings have been pooled into the following three sub sections:

- Where do members of the public start their complaints journey?
- What factors are important to the public when they are deciding where to raise a concern?
- Why do members of the public raise a concern with the GMC?

Please note, if a theme was elicited consistently across the different target audience groups, then findings are pooled across the study sample. Differences between sub-groups are described only when they occur.
3.1 Where do members of the public start their complaints journey?

All participants were asked where they would (or did – research activity 5) start when raising a concern. A clear knowledge gap was found across the research activities, with many participants stating that they were unsure where to start or which organisation to approach first when raising a concern.

A key objective of research activity 3 and 5 was to explore the prospective and retrospective views of where complainants’ journeys start and why. The findings from these activities are discussed herein.

3.1.1 Where did previous complaints journeys start and why?

The findings from research activity 5 suggest that complaints journeys start in one of four ways: 1) Online search 2) Directly with the GMC via the GMC website 3) In person locally or 4) With trusted advice services. Each will be discussed in turn.

3.1.1.1 Online search

Many participants started their complaints journey online to find information on what to do and to make sure they “had a case”. Given that each of these individuals ultimately decided to raise a concern with the GMC, this suggests that the content they interacted with online resulted in them believing they “had a case.”

A minority of individuals accessed the GMC website first (only those who searched specifically for “regulator for doctors”), with the majority reporting that they were later signposted to the GMC website after raising a concern elsewhere or interacting with content on other websites.

What happens when individuals land on the GMC website?

Participants stated that they were looking to find information regarding what the GMC can and can’t do - to determine whether the GMC is the right place to raise their concern. As individuals ultimately went on to raise a concern with the GMC, it is suggested that individuals landed on the website and interacted with information that confirms they are in the right place and will typically discount information that suggests otherwise. For instance, participants who had first tried to raise a concern locally (discussed in section 3.3.2.3), dismissed information on the website about local services, believing it “didn’t apply to me”.

“...I read a lot of information on there, which made it so clear that they take patient safety seriously, they care, and they want to make sure this profession has the highest of standards.”

(Previous complainant)
Participants reported that the information that they interacted with on the GMC website made it clear that the GMC:

- Cares about protecting patients
- Will take their concern seriously
- Can take action

These are key factors that were found to be drivers of where individuals would raise a concern across the different research activities (see section 3.2 for a discussion of what’s important to members of the public when raising a concern) and confirmed to them that they were in the right place.

This bias is more likely to occur if information individuals receive from other organisations or online content suggests the GMC would be the correct place.

3.1.1.2 Directly to the GMC via the GMC website

Some individuals reported that they were aware of the GMC from friends/family or from media stories but didn’t know the role of the GMC or the purpose of fitness to practise.

Others reported that they were aware of both the GMC and other organisations (e.g. PALS) having previously worked in healthcare. When probed to explain why they chose the GMC, participants reported that the **GMC was the top of a hierarchy of complaints** and perceived to be most able to take action against the doctor, ensuring all parties involved took the complaint seriously.

Ultimately, individuals who went straight to the GMC website were simply **looking for the quickest way to raise their concern**, by-passing information pages about whether the GMC was the right place.

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**Why is this important to the GMC?**

If individuals read information on the GMC website that supports what they want to happen (e.g. I will be taken seriously), individuals will be motivated to raise a concern with the GMC and may dismiss other information that signposts to alternative organisations.
3.1.1.3 Locally

Some participants reported that they were first intent on speaking to a Manager within the GP practice or hospital where an incident occurred. Individuals reported difficulty making contact (either in person or over the phone) but were still **intent on raising a concern locally**.

Participants who contacted the hospital were signposted to raise a concern with PALS and participants who contacted the GP practice were insistent on speaking to the Manager.

Many of these participants reported that the initial response was staff members were dismissive and perceived that the local practice or hospital had already taken sides. This led these individuals to distrust a local investigation and instead of pursuing a local complaint, they looked to raise a concern elsewhere (which is further discussed in section 3.2).

3.1.1.4 With trusted advice-giving services

Some participants reported that they first approached advice services such as Citizens Advice, Powher or Voice Ability. These participants had low knowledge and awareness of what to do and were seeking direct advice (face-to-face or telephone) from someone who could provide independent guidance.

Advice services typically signposted individuals to NHS complaints – like the Patient Advice and Liaison Service (PALS) or Patient Advice and Support Service (PASS) in Scotland.

Importantly, if individuals go on to raise a concern somewhere that was recommended by a trusted advice service and their expectations were subsequently not met, they would lose trust in both the advice-giving service and the organisation wherein they raised a concern.

“By the time they go to the GMC they’ve been fobbed off, ignored and not got the answer they want, so they wouldn’t be here if they didn’t think it was the right place”.

(NHS Complaints, Scotland)

Why is this important to the GMC?

Many citizens are likely to become aware of the GMC having first interacting with other organisations that they trust. These organisations are therefore key sign-posters within the complaints landscape. The GMC’s better signposting programme will need to work closely with local organisations to equip case handlers with the knowledge, confidence and skills to support the public with decisions regarding if and when to raise concerns with the GMC.
3.1.2 How do complaints journeys start in real time?

Following engagement with GMC staff (research activity 2), it was hypothesised that the public have low awareness of where to start when raising a concern and would typically search for information online. During research activity 3, participants were tasked with a general Google search to find out how to raise a concern, allowing ICE researchers to explore how complaints journeys start in real time.

3.1.2.1 What did participants search for?

Participants’ search terms typically included the words “NHS”, “Complaint” or “Complain.” Their searches also typically started with a question:

- How do I
- How to make
- How to find out
- Where to raise/report

Searches often included the type of organisation wherein the incident occurred (e.g. hospital, GP practice) but less frequently included the type of concern (e.g. misdiagnosis, being refused treatment).

Importantly, based on the search terms being used, most searches are likely to result in complaints journeys starting on NHS websites.

Why is this important to the GMC?

Most independent searches do not result in a member of the public accessing GMC content first – this means that the narrative regarding where and how to raise a concern is not controlled by the GMC, rather by other organisations (e.g. NHS) that the GMC will need to continue to collaborate with to ensure individuals are effectively signposted.
3.1.2.2  What were members of the public looking for on the websites they interacted with?

Participants were asked to describe what they were looking for on the websites they accessed, during the live task. The following key themes emerged:

An easy way to raise their concern

- Looking for contact details in order to contact/speak to someone and discuss their concern.
- Going straight to sections of websites that typically hold this information (e.g. contact us, about us etc).

Advice and signposting

- Looking for advice before complaining as they were unsure of their rights or which organisation was most appropriate.
- Would then expect to be signposted to a relevant organisation.

Overview of complaints process

- Once they were on an organisations website that they believed could deal with their concern, participants were looking for an overview of the complaints process.
- Looking for how responsive the organisation would be, including how long they could expect to wait for a response and for action to be taken.

Why is this important to the GMC?

When individuals land on the GMC website (see section below) and find it easy to make contact and find important information (e.g. expected timeframes for receiving a response), they will be motivated to contact the GMC, particularly as the website does not currently support users to identify early on, if they are in the right place.

Together, these factors may drive significant demand to the GMC contact centre by telephone, letter and online contact forms - information that individuals can easily find on the website.
3.1.2.3 What websites did participants access and why?

This section details which organisations’ websites, participants accessed and why. It was found that participants were looking for either 1) advice and information on where to make a complaint or 2) where to make a complaint without additional information.

1) Individuals who were looking for advice on where to make a complaint accessed the following websites:

**Citizens Advice**

- Trusted to provide non-biased, independent advice and practical support.
- Ability to speak to someone in person.

**Which?**

- Expected to provide non-biased advice.
- Gave clear step-by-step guidance regarding how to make a complaint (yet this was not specifically about raising a concern against an individual doctor which caused confusion).

**Resolver**

- Unfamiliar source but participants found step-by-step guide useful.
- Enabled users to raise complaints with a specific hospital.

**Patient chat groups/forums**

- Learn from what others have done in similar situations in order to make an informed decision - “do the background research before jumping straight in”.

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**Why is this important to the GMC?**

Citizens don’t know where to start and will be looking for easy and clear information on what to do.

Many citizens will rely on information from other individuals and organisations to help them decide, which reiterates the need for the GMC to strengthen collaboration with the organisations identified here.
2) Individuals who were looking to identify where they can make a complaint without looking for additional information accessed the following websites:

**NHS websites (national, local health board and trust level)**

- Perceived as “being in charge” and to have formal complaints procedures in place.
- Most participants reported that they would first seek to find a website for the location (e.g. hospital) wherein the incident occurred to try to identify an internal complaints procedure.
- Were typically directed to either PALS or a local health board for raising a concern.

**Ombudsman**

- Some individuals understood the general role of an ombudsman and expected (but didn’t know of) an independent ombudsman to exist that deals with concerns regarding doctors.

**GMC**

- A small number of participants found and accessed the GMC website.
- Found the website easy to navigate and provided useful resources to support their decision.

They reported that the content they read first reinforced that the GMC would take them seriously and confirmed that they were in the right place. This meant individuals did not interact with content that would navigate to other organisations.

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**Why is this important to the GMC?**

Individuals who want to raise a concern are most likely to access NHS content. As this will typically signpost individuals to PALS, it is expected that PALS will become increasingly important within the complaints landscape.

As noted in section 3.2.1 individuals are looking for an easy way to raise a concern. Individuals that access the GMC website and find it EASY to make contact will do so even if they organisation is “not quite right” because at the very least, they would expect to be signposted to the right place.
3.1.3 How do the public prioritise where to raise a concern?

Participants in research activity 3 were asked to create a prioritised list of where they would raise a concern. As this happened after the think aloud task, the list is indicative of where individuals would go following brief independent research.

Figure 1 presents the proportion of participants who selected each organisation within their top 3 organisations and key reasons for the most frequently selected options are discussed below.

**Figure 1: % of participants (n = 61) who selected each option within their top 3 choices**
GP Practice/Practice Manager - 49% of participants selected their GP Practice/Practice Manager within their top 3 choices and 1 in 3 (31%) stated they would go here first. This suggests that raising concerns locally (the desired behaviour) is considered acceptable to many.

Why?

- Established relationships and expect they will have their best interests in mind.
- Expect it’s easy to contact someone directly
- Expect the issue to be solved quickly “at source”.
- Expect them to know the complaints process and signpost appropriately if required, as participants were unclear how to escalate a concern beyond the practice.

NHS websites (national, local health board and trust level) – Nearly half of participants selected the NHS in their top 3 choices.

Why?

- Overarching organisation that is trusted to take their concern seriously
- Expect there’s a formal complaints procedure in place
- However, participants struggled to identify the entry point to complain to the NHS

Citizens Advice - 39% of participants selected Citizens Advice as one of their top 3 choices.

Why?

- Trusted to provide unbiased and independent advice of what to do.
- Expect to be able to speak to someone face-to-face.
- Expected to give guidance and practical help (e.g. support writing letters) regarding how to raise a concern.

“Keep it local as again the Seniors and Managers are close to the problem so they’re more likely to have the answers and can sort it out or at least advise on where to go next.”

(Public, England)

“Advice from CAB about how to proceed with your concern, like who to approach and in what order”

(Public, Wales)
**General Medical Council (GMC)** – More than 1 in 4 participants (28%) reported that the GMC would be in their top 3. Most participants who selected GMC stated that they would only escalate to the GMC if they were unhappy with the response/outcome at a local level and didn’t feel their concern was taken seriously. Many participants only became aware of the GMC having been involved in the group discussions. Therefore, when independent research is conducted outside of a group setting, the proportion of individuals finding out about the GMC without being signposted is likely to be low.

*Why?*

- Perceived to be independent and impartial.
- Expect to take concerns seriously and conduct a formal investigation
- Expect to have the ability to take action and prevent a similar incident happening

Further discussion of the expectations of the GMC can be found in section 3.2.4.2.

**A note on PALS** - The Patient Advice and Liaison Service (PALS) are a key sign-poster and provider of advice/support within the complaints landscape. However, only 8% of participants included PALS in their top 3. This suggests that awareness of PALS and the support they can offer is poor amongst the general public.

“(GMC) A body with teeth and accountability who can actually do something about it.”
(Public, Scotland)
3.2 What factors are important to the public when deciding where to raise a concern?

Questions were asked during all research activities to explore the behavioural drivers that influence where a concern will be raised. The key drivers that are important to the public are:

- Ease of raising a concern
- Trust that my concern will be taken seriously

The reasons why these key factors were important were analysed to identify underlying “key reasons why” that will drive where members of the public will raise concerns. Four key “whys” have been identified:

- I want the best care for me, now
- I want to prevent this happening again to someone else
- I want my concerns to be heard and taken seriously
- I want to know why this has happened and receive an explanation

The key themes that emerged were consistent across the research activities and have therefore been pooled in this discussion.
3.2.1 Ease of raising a concern

Across the research activities, the ease with which a concern could be raised was a key driver and involved being able to contact an organisation/person quickly. In the context of searching online, ‘ease’ required easy access to relevant contact details. This was reported as especially difficult by participants from Northern Ireland (research activity 3), who found it difficult to access country specific relevant content.

Wanting to easily find contact details was observed in real time during the think aloud task (research activity 3, see section 3.1.2). Participants bypassed key content, in favour of finding contact details quickly in order to speak to someone who could explain what would happen next. Participants perceived that speaking to someone first, would help speed up the process and ensure the complaint is dealt with quickly – ensuring action is taken quickly to prevent an incident happening again.

Ease with raising concerns was especially important for individuals with protected characteristics. Patient advocates (research activity 4) reported that they themselves would often support individuals with learning disabilities, mental health issues or language issues (for BME groups) to raise a concern regarding healthcare, as the process was reported as difficult and complex.

“People with more complex needs, generally need help with expressing their concern and actually making that complaint if that’s what they want to do”

(NHS complaints, Scotland)

Why is this important to GMC?

If individuals ‘find’ the GMC website and perceive their complaints process to be relevant and easy, they may be motivated to contact the GMC first.

If contact details are easily accessible on the GMC website, it may be expected that this will drive individuals to the GMC contact centre, with citizens raising general fitness to practise enquiries in order to receive support to help them with deciding where to raise a concern.
3.2.2 Trust that their concern will be taken seriously

Trust was identified as a key behavioural driver that determined which organisation the public would want to investigate their concern. The NHS was mostly described as a trusted organisation, which may lead individuals to raise their concern within the NHS (see section 3.1.3). Participants perceived the NHS complaints procedure to be formal and trustworthy and others said their local GP or Practice Manager could be trusted to provide knowledgeable advice about how to raise and escalate concerns. However, some individuals reported that they “did not trust any part of the NHS”, typically because they were dissatisfied with previous NHS care or treatment. This led individuals to distrust the NHS complaints procedure and were motivated to raise a concern with an independent organisation instead.

Independent organisations such as Citizens Advice (including Patient Advice Support Service in Scotland (PASS)) and Which? were described as trusted to provide knowledgeable advice regarding where to raise concerns. In terms of investigating a concern, the GMC was perceived to be a trusted and independent body that would take their concern seriously.

All participants reported that they would (or did – research activity 5) raise a concern because they believed it was serious enough to warrant some form of action. The perceived severity of concerns varied widely and influenced what an individual would expect from raising a concern (which is discussed in relation to the GMC in section 3.3.1). However, regardless of how serious the concern itself was perceived to be, in the act of raising a concern, all individuals want to be heard and taken seriously and will seek out an organisation that they trust will do this.

A key factor that influences whether individuals feel like their concern is being taken seriously is the responsiveness of the organisation. Participants discussed that acknowledgement that their concern had been received, personal responses that address specific issues (rather than automatic emails) and clear and timely explanations of what will happen next and why, are all key factors that would impact whether an individual believes they are being taken seriously.

The findings suggest that it is important for individuals to trust that their concern will be taken seriously in order to be reassured that appropriate action will be taken to prevent a similar incident happening again to either themselves in future healthcare or to someone else.

Why is this important to the GMC?

As the regulator for doctors, the GMC has an obligation to take concerns seriously. Individuals that believe the GMC will take them seriously, will be motivated to raise a concern with the GMC – particularly, if individuals have been signposted to the GMC by another organisation that they trust (e.g. from PALs or Citizen’s Advice).

“I thought they’d do a proper investigation and involve me every step of the way, to prove to me their taking it seriously”

(Previous complainant)
3.2.3 The four key reasons why

The findings above discuss the key factors that are important to the public when raising a concern. This section presents four underlying reasons why these factors are important, based on findings from across the research activities. The four key reasons are:

1. I want the best care for me, now

For those participants that were still experiencing the negative health impacts of the concern, receiving the best care for themselves (or a relative/friend), now, was the most important factor. Participants said they wouldn’t want to receive ongoing care from the same service or doctor that was involved in the concern being raised.

2. I want to prevent this happening again to someone else

Most individuals didn’t want the same concern to occur again to someone else and therefore wanted action to be taken quickly, by an organisation that can take measures to prevent a doctor doing the same thing again.

“"My condition had all sorts of complications, I was in and out of that surgery and I couldn’t bear the thought of dealing with him again.”

(Previous complainant)

“I’d want to know why this was let to happen and what the outcome would be, whether they’d be re-trained or given permanent suspension. It would be paramount to know this isn’t going to happen again”

(Public, Wales)
3. I want my concerns to be heard and taken seriously

As discussed in section 3.2.2, participants wanted to be taken seriously. Participants said they wouldn’t raise a concern unless it was serious and important to them, and therefore if an individual felt their concern wasn’t taken seriously on a local level, they would be motivated to escalate their concern to an organisation that would.

4. I want to know why this has happened and receive an explanation

Many participants wanted to know why what had happened, happened. They wanted full explanations of why the concern occurred and what was going to be done about it. They reported that any feedback would need to be timely and clearly communicated in patient friendly language to avoid confusion.

Why is this important to the GMC?

These four key whys will influence where the public decide to raise a concern.

As these key whys will influence where individuals decide to raise their concern, the GMC may want to apply them in their communications to support individuals to raise their concern in the right place. For example, in signposting to other organisations the GMC will need to explain how these key whys will be met by alternative organisations because if individuals don’t believe an alternative organisation will meet these key whys, then they are unlikely to raise their concern there.
3.2.4 What do members of the public expect when raising a concern?

At the point at which an individual decides to raise a concern, they will have acquired knowledge from individuals/organisations that will influence what they expect to happen. Expectations will play a key role in their future behaviour (e.g. the decision to escalate a concern if their expectations are not met) and are thus important to understand.

This section details 1) what the public expect when they raise a concern locally and 2) what previous complainants expected when they raised a concern with the GMC.

3.2.4.1 What do the public expect when they raise a concern locally?

The findings from research activity 3 and 5 suggest that the public will typically look to raise a concern locally first and had high expectations of a local investigation, expecting to:

- Easily find transparent complaints procedures.
- Speak to someone directly.
- Receive timely responses and updates on progress of an investigation - to be reassured something is being done and to find out why the incident that occurred, happened in the first place.

Participants in research activity 5 who had raised a concern locally and had not had their expectations met, went on to raise a concern elsewhere (see section 3.3.2.3). For instance, some participants said they were unable to find information about the complaint’s procedure for the GP practice and believed it was being made purposely difficult which led them to go elsewhere.

Similarly, participants who intended to raise a concern locally but did not trust that a local investigation would meet their expectations, raised their concern with an organisation, like the GMC that they believed would (see section 3.3.2.1).

A key challenge for the public was knowing where to go next if they were unsatisfied at a local level, which demonstrates low awareness of the complaints landscape and leads individuals to search online (see section 3.1.2).

Why is this important to the GMC?

Raising a concern locally is the desired behaviour, however if the public have high expectations of a local investigation that are not met, individuals will be likely to seek out an organisation, such as the GMC, that they expect will:

- Take them seriously
- Explain why what had happened, happened
- Give reassurance that something is being done

There is a clear need for expectations to be set locally, to make it easier for the public to understand local procedures, how to escalate a concern and to reassure them that they will be taken seriously at a local level.

“Talking to the hospital is like talking to the wall, they make it difficult on purpose so what’s the point in wasting time there?”

(Public, Northern Ireland)
3.2.4.2 What did previous complainants expect from the GMC?

Previous complainants (research activity 5) had high expectations of what would happen when they raised a concern with the GMC, expecting the GMC to conduct a thorough investigation and:

- Review all the evidence and provide complainants with an opportunity to explain their concerns verbally.
- Consider wider contextual factors and other related incidents that involved the same doctor, during the same period.
- Be transparent about the process and provide timely responses.

Meeting these expectations were important to individuals for the following reasons and are closely related to the key whys discussed in section 3.2.3:

- Provide a clear explanation of why the incident that occurred, happened in the first place.
- Demonstrate that a concern was taken seriously – that they had been listened to.

The expected outcome following a GMC investigation, differed depending on complainants’ perceived severity of the concern. Many participants perceived their concern to be serious enough to warrant punitive action, expecting the GMC to restrict the doctor’s practice, and others simply wanted to make someone aware that an incident had occurred, expecting the GMC to give the doctor a warning, enough to prompt them to take the concern seriously. Other participants reported that they trusted the GMC to determine the most appropriate action based on the investigation findings.

One participant had raised a concern that was not about a currently registered doctor, but about a student doctor who they believed had committed a serious offence. They expected the GMC to keep a record and take punitive action against the doctor once they had registered. This supports the findings that the relationship between perceived severity of a concern and the need for punitive action can drive individuals to raise a concern with the GMC.

“"I don’t know if it was a rogue Practice Manager or the senior doctor, but if you never ask the questions and investigate properly, how are you going to know?”

“You expect that the investigation they do will decide if punishment of that kind is necessary.”

“I’m seriously worried about this student when she becomes a doctor, she shouldn’t be practising, full stop.”

(Previous complainants)
3.2.4.3 How do the expectations of the public influence their perception of the GMC after a concern has been raised?

Participants in research activity 5 developed different perceptions of the GMC depending on whether their concern was closed at triage or promoted to an initial investigation only.

Participants whose case was closed at triage were left dissatisfied, stating that having written thorough statements, receiving generic responses without the opportunity to speak to someone, led them to believe their concern had not been heard or taken seriously. As a result, individuals then perceived the GMC to be avoiding responsibility and taking side with the doctor.

The GMC must consider how it can ensure that members of the public feel like their concern has been taken seriously, even if it is not promoted.

The six participants that had their case promoted to a provisional enquiry were satisfied with how their concern was dealt with by the GMC. They reported that the GMC were very professional and maintained good communication throughout the process. Even though these cases did not progress to a full investigation, these individuals were typically unaware that this was the case. Their expectations of being listened to, communicated with in a timely manner and being able to speak with someone directly at the GMC (to give their side of the story) meant that they felt that their voice was heard and that they had been taken seriously – the result being a satisfied complainant.

“The GMC do not like grasping nettles.”

“They always seem to take the doctor’s side of things; I didn’t feel my side of the story was understood at all.”

(Previous complainants)

Why is this important to the GMC?

The GMC are perceived at the top of the complaints hierarchy and thus individuals expect to be taken seriously. A case being closed at triage may lead an individual to believe their concern was not taken seriously and to develop a negative perception of the GMC. It is important that the GMC does not deter genuine concerns from being raised in future, and therefore must consider how they communicate with the public to ensure individuals feel they have been taken seriously, while supporting them to raise a concern with the more appropriate organisation.
3.3 Why do the public raise concerns with the GMC?

A key objective for research activity 5 was to explore the factors that influenced participants to raise a concern with the GMC. The themes that emerged are directly related to the four ‘key reasons why’ discussed in section 4.2.4. For this reason, the key factors are presented in this section under the four ‘key reasons why’.

3.3.1 Key factors that influence why the public raise concerns with the GMC

1. I want the best care, now

Participants who/whose family member had an ongoing condition at the point at which a concern was raised, didn’t want the same issue to happen to them again and wanted better care now with immediate effect. These individuals were hoping that the doctor’s practice would be restricted to ensure they didn’t encounter them again throughout their care. They believed that the GMC was best placed to take this level of action.

2. I want to prevent this happening again to someone else

Participants reported that they believed what had happened was serious (perceived severity) and that they were “worried” and “scared” that it could happen again to someone else. Participants discussed that raising a concern with the GMC, as a body that could take action, would give them reassurance that something would be done to prevent a similar incident happening again.

3. I want my concerns to be taken seriously

All individuals who raise concerns want to be taken seriously. Based on participants awareness of the GMC (see section 3.3.3), it is likely that individuals expect the GMC to take them seriously which therefore results in the likelihood of them raising a concern there. Participants from research activity 5 discussed different levels of action that they believed would indicate that the GMC had taken them seriously:

Many participants wanted the GMC to take low-level action, such as warning the doctor, which was expected to have the desired effect of ensuring the doctor took the concern seriously. Participants said this was important to make the doctor learn from their mistakes and accept responsibility. Some individuals said that they would have been satisfied with a “sincere apology” and others (who typically had good knowledge of the GMC) said that a warning or sanction from the GMC would prompt a doctor to “step in line” and uphold the standards of the profession.

Some participants raised a concern with the GMC despite wanting no action to be taken. They simply wanted the GMC to keep an oversight/record on their system of concerns raised against the doctor, so that if another incident occurred, previous allegations would be taken into account.
Others reported that they simply wanted to raise the concern to give them peace of mind that they had “done what they could” to prevent another incident happening, by passing responsibility to the GMC. These individuals expected the GMC to take the concern seriously by investigating and judging whether further action was necessary.

Findings from across the research activities suggest that individuals who perceive their concern to be very serious are likely to seek punitive action that will prevent a doctor from practising and doing the same thing again. Participants in research activity 5 who perceived their concern to be very serious believed the GMC to be an organisation that could take action to restrict a doctor’s practice until a concern was resolved.

To explore this factor further, researchers asked participants to describe ‘serious’. Their reasons are summarised as one or more of the following:

**More than one incident had occurred**

Many participants reported that the concern they raised with the GMC was one of many incidents that they could recall had happened with the same doctor, during the same period. For this reason, individuals didn’t trust that this was a “one off mistake”, rather they believed that all related incidents were evidence that the doctor was not fit to practise. Individuals expected the GMC to consider all related incidents together when investigating a doctor (this is discussed further in section 3.2.4.2).

**An incident had to do with a doctor’s moral character**

Many participants reported that because their concern was related to a doctor’s moral character (typically concerns that are classified as ‘partnerships with doctors’), they did not believe this was something that could be remediated. It was discussed that a doctor who exhibits behaviours or attitudes that are “morally wrong”, should not be able to work in a profession that serves the public.

**Why is this important to the GMC?**

There is a perception that the GMC is at the top of the complaint’s hierarchy and has powers to make a doctor ‘stop and think’ or restrict their practise altogether. It will be important to communicate the purpose of the GMC and of fitness to practise investigations to the public, in order to set realistic expectations of the GMC.

“I’ve identified several issues there that go against the code of a doctor, simply put people with those moral attributes shouldn’t be working with the public.”

*(Previous complainant)*
**An incident involved a GP partner**

Some participants had raised a concern about a GP partner in the practice. As GP partners commit financially to the practice and are in a senior position, participants believed that these doctors would have a vested interest to cover up an incident and were in a senior position to be able to do so. For this reason, participants believed GP partners posed a greater risk to patient safety and that a local investigation could not be trusted. Instead, individuals believed it was appropriate for their concern to be investigated by an independent organisation like the GMC.

**A doctor’s practice had a direct impact on an individual’s health**

Some participants reported that they wanted the doctor to be punished because they had directly impacted either their own health or the health of a friend/relative. Some strongly believed that their/a relative’s subsequent health problems were directly caused by the doctor in question. These individuals were highly emotive, upset and angry at the time they raised a concern, with many stating they were “still living with the consequences”.

Some of these participants said they received a second opinion from another doctor who confirmed that a current health problem could have been prevented if the concern being raised hadn’t occurred. This confirmed to them that their concern was serious enough to warrant punitive action, which they believed the GMC would be able to take based on their general understanding of the GMC.

4. *I want to know why this happened and receive an explanation*

Many participants wanted an explanation of why the concern had happened and perceived the GMC to be best placed to provide this explanation, as they expected the GMC to conduct a thorough investigation (see section 3.2.4.2).
3.3.2 Where did previous complainants raise their concern first?

A key objective for research activity 5, was to explore where complainants’ journeys started and why. The findings suggest that concerns are first raised in one of three ways and discussed in this section in response to the following three research questions:

- Why do the public raise concerns with the GMC first?
- Why do the public raise concerns with multiple organisations at the same time?
- Why do the public raise concerns with the GMC after raising their concern locally?
3.3.2.1 Why did participants raise their concern with the GMC first?

The key reasons why participants in research activity 5 decided to raise a concern with the GMC first and that are discussed here are:

- Lack of trust in the local employer to conduct a fair and independent investigation.
- Belief that the GMC was the right place to raise a concern.
- Uncertainty of what to do regarding raising a concern against a private doctor.

*Individuals did not trust that a local investigation would be fair and independent*

Many participants were intent on raising a concern locally. However, the initial response they got from staff (either in person, phone or email) was “hostile” and “dismissive”, with one individual stating that the receptionist advised them to “come back at a later stage and apologise”. This led individuals to believe that their concern would not be taken seriously and did not trust that a fair and independent investigation would happen.

Other individuals discussed several incidents that had occurred during their care, stating that they had “lost faith in the entire NHS” and did not trust the NHS complaints procedures.

Those participants who raised a concern about a senior/partner doctor did not believe it would be appropriate to complain locally, as the doctor in question may be involved in dealing with the complaint and there was a likelihood that there would be a cover up of the allegations made against them.

For these reasons, individuals were motivated to approach the GMC as an organisation that they trusted to carry out a fair and independent investigation.

“"They were rude and dismissive when I phoned up, so I wasn’t going to waste my energy making a complaint to them when I doubt anything would come of it.”

*(Previous complainant)*

*Why is this important to the GMC?*

The GMC is trusted to be independent and to take concerns seriously. Trust and confidence in local resolutions must be improved if members of the public are to raise their concern locally first.
Members of the public believe that the GMC is the right place to raise a concern

As discussed in section 3.1.1.1, many individuals with low awareness of where to raise concerns are likely to start their journey online and may land on the GMC website. The content they interact with typically confirms that they are in the right place, motivating them to raise their concern with the GMC.

Those participants who had some awareness of the GMC (see section 3.1.1.2) perceived the regulator to be at the top of the complaint’s hierarchy. These participants believed other organisations “would send me here anyway” and therefore decided to go straight to the top.

Individuals were unclear where to raise a concern about a private doctor

Some participants raised a concern about a doctor in a private care setting (e.g. cosmetic surgery). Individuals were unclear whether the doctor worked independently or if they “belonged to a practice”, which led them to search online for more information on what to do. Individuals typically accessed advisory services such as Which? which led them to the GMC website.

Having been signposted to the GMC by a trusted advisory service, they in turn believed this was the right place, confirmed by information they went on to read on the GMC website.

“I’ve been aware of the GMC for over 50 years, and I know that when doctors are failing it’s their job to intervene”

(Previous complainants)

Why is this important to the GMC?

Lack of clarity of what to do regarding private doctors may lead individuals to access information online including the GMC website - which states concerns should be raised with the GMC if the doctor was working “totally independently”. Defining what is considered “totally independent” may help individuals determine whether the GMC is the right place to raise this concern.
3.3.2.2 Why did participants raise their concern with multiple organisations at the same time?

The findings from research activity 5 suggest that individuals who raised a concern with multiple organisations at the same time were seeking responsiveness and for someone to take them seriously.

Participants who did this, said they contacted multiple organisations, believing this would increase their chance of a response. This process was reported as easy to do, as they had already collated the information and simply sent the same evidence to multiple places.

This ‘scatter-gun approach’ also demonstrates the public’s desire to be taken seriously through reinforcement. Participants believed that if other organisations knew a concern had been raised elsewhere, it would prompt them to respond and take the concern seriously.

For example, if the GP practice knew the concern had been raised with the GMC, participants expected this to prompt the practice to act. This is consistent with the findings from research activity 4, as patient advocates from PALS stated that they often receive complaints from the public, stating that other organisations had also been contacted.

“I just wanted someone to listen to me, and the GMC was the one that came back to me first, so I went with that route.”

“I’d already done all the leg work writing to the GP, so I had the information there ready to go when I filled out the GMC form.”

(Previous complainants)

Why is this important to the GMC?

As the GMC has an obligation to provide timely responses, individuals will be motivated to process their concern with the GMC over other organisations. This reiterates the importance of communicating the purpose of the GMC early on.
3.3.2.3 Why did participants raise their concern with the GMC after raising a concern locally?

The findings from section 3.1.3 show that many individuals will prioritise raising their concern locally first. However, the findings from research activity 5, highlighted several reasons why individuals raised a concern with the GMC after they have a raised a concern locally and were as follows:

**Individuals did not trust that a local investigation had taken their concern seriously**

Participants reported a lack of responsiveness from individuals responsible for the local investigation, describing their responses as “evasive” and “abrupt” which gave the impression that they were trying to avoid responsibility. Others stated that they received no explanation of how the outcome was reached, which led them to believe that all evidence hadn’t been reviewed. Together, these factors impacted trust in a local investigation to carry out a thorough and independent enquiry, resulting in individuals escalating their concern to the GMC.

**Individuals believed their concern was serious enough to escalate**

Some participants reported that a local investigation found no further action, yet they believed their concern was serious enough to warrant action (see section 3.3.1). This motivated individuals to escalate their concern to the GMC, with the expectation that the GMC would take action against the doctor.

“"All of them had appalling attitudes, they fed me such watered-down responses and I could tell they were just trying to free themselves of all responsibility.”

“"It was sporadic, a letter here and there and then they said no further action would be taken, but I had proof – so how can they expect me to believe that no faults had been found?”

(Previous complainants)

**Why is this important to the GMC?**

Raising concerns locally is the desired behaviour, yet if the publics expectations are not met (see section 3.2.4.1) individuals may escalate concerns to the GMC.

There is a need to help the public understand how to appropriately escalate a concern and manage expectations of what is likely to happen next.
3.3.3 Awareness and understanding of the GMC

The findings suggest that awareness of the GMC and understanding of your role is poor among the general public. For instance, participants in research activity 3 were asked to describe their beliefs about the GMC and discussed that the words “General” and “Medical” suggested the GMC was “like a school council” - responsible for overseeing all healthcare professionals and work settings.

Participants who went to the GMC directly (see section 3.3.2.1) had some awareness of the GMC, perceiving them to be at the top of the complaints hierarchy but had limited knowledge of the purpose of fitness to practise investigations.

What is the consequence of low awareness of the GMC when individuals decide to raise a concern?

The findings demonstrate that often individuals have low awareness of the GMC when they decide to raise a concern, which leads many people to search for more information online (see section 3.1). Individuals may interact with content controlled by advice services such as Which? and Citizens Advice, which has the potential to misinform individuals of the role of the GMC.

For example, the Citizens Advice Complaints about GPs webpage states “you can make a complaint about any aspect of a GP’s care” and then lists 19 types of complaints that a member of the public may wish to complain about. Many of these types of complaints are not within the remit of the GMC to investigate and would be better placed with other organisations. On the same webpage, users are introduced to the GMC as the regulator of doctors and the “what are your options” section of the webpage states that “reporting concerns to the regulatory body” is one of four potential options.

The public may therefore expect the GMC to be able to deal with each of the types of complaints that are listed, while in reality most of these are low-level concerns that are best placed elsewhere and would not meet GMC thresholds for investigation.

Why is this important to the GMC?

The public are likely to learn about the GMC from other organisations, which places these organisations as key influencers to inform the public of the role of the GMC and what types of concerns should be raised there.

It will be important for the GMC to collaborate and support these organisations to ensure they share appropriate content with the public.
3.4 Closing remarks

This research has provided prospective and retrospective evidence of the key factors which influence why concerns from members of the public that may be better placed elsewhere are raised with the GMC. By exploring and mapping where complainants’ journeys start on and offline - this research has been able to distinguish between the behavioural drivers that lead individuals to raise a concern with the GMC first, compared to individuals who will raise a concern locally first and then turn to the GMC for resolution.

These findings can inform the development of work packages (and ongoing internal GMC projects) designed to support members of the public with raising concerns regarding doctors in the best place to meet their needs and gain the appropriate resolution they are seeking.