GMC Perceptions Study

Prepared for GMC
By IFF Research

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1 Executive Summary

1.1 All audiences expressed a high level of confidence in the medical profession in the UK, albeit patients and general public slightly less so. Nearly all doctors (95%) reported that they were confident.

**CONFIDENCE IN THE MEDICAL PROFESSION**

Overall, most were confident in the UK medical profession.

Whilst all employers, stakeholders and educators had confidence in the UK medical profession...

...patients and public had the least confidence (88%).

Doctors and medical students had very high levels of confidence in the UK medical profession (95% and 93% respectively).

With respect to confidence in new graduate doctors, opinion was positive, but divided...

- **Doctors**: 64%
- **Medical Students**: 75%
- **Patients and Public**: 78%
- **Employers**: 71%
- **Educators**: 90%

1.2 Unprompted, doctors suggested that the main challenges they face within their practice relate to high or increasing workloads (17%). Following this, equal proportions reported that remaining patient focused (11%), dealing with low staff levels (11%) and complying with regulation (11%) were prevalent challenges.
1.3 Generally, there was a high level of confidence in the GMC’s regulation of doctors; doctors were the least positive, although three-quarters (75%) still reported that they were confident.

1.4 Half of doctors (51%) felt that the GMC is focused on the right issues as a regulator; older doctors (aged 55+) were amongst those most likely to oppose this notion. There was general agreement that the GMC helps raise standards in medical practice and that it is modernising the way that complaints and concerns about patient safety are dealt with.

1.5 Three-quarters of the general public (76%) had heard of the GMC, but more than half (53%) said that they were unaware of its role. When prompted, all groups were likely to identify the correct roles and responsibilities the GMC has as a regulator from the list. Whilst 98% of all audiences were able to correctly recognise at least one of the GMC’s roles, the majority of patients and public (88%) were at least partially wrong in their answers.

1.6 Most doctors agreed that the process of initial registration, applying to the GP register and the Specialist register had been fair to them personally (ranging between 84-89%). Doctors, employers and stakeholders generally agreed that the different processes were fair to at least a minority.

1.7 There was a relatively high level of confidence in new graduate doctors. Doctors were most confident in new graduate doctors’ relationships with their patients and staff. There were lower levels of confidence regarding new graduate doctors’ ability to cope with the emotional and physical demands of the job, administrative tasks and their clinical procedure and skills.
1.8 Of those doctors that had been **revalidated**, 86% agreed they were treated fairly; doctors in the private and public sector were equally positive.

1.9 Amongst doctors who had been revalidated, the **greatest impact** was seen in terms of an increase in the amount of information collected about their practice compared to 12 months ago (37% stated this to be the case). The smallest impact was seen in terms of feeling more part of a governed structure, although a quarter of doctors (24%) reported this to be the case. **Employers, stakeholders and educators** were all more likely to report that revalidation had made an impact on doctors’ practice than doctors themselves.

1.10 In terms of **Fitness To Practise (FTP) processes**, doctors were the least positive audience; approximately 27% were not confident that GMC investigations produced fair outcomes and 23% were not confident in the outcomes produced by the MPTS panel hearings. Half (51%) expressed confidence in FTP investigations and two in five (42%) were confident in MPTS panel hearings.
Approximately three-quarters of employers were aware of the Employer Liaison Service. Of these, two-thirds of employers were at least familiar with the involvement an Employer Liaison Advisor (ELA) had had with their company; 54% were very familiar. Medical Directors were much more likely to be familiar with the ELS service; 67% were very familiar in comparison with 39% of HR Directors. Of those employers aware of the service, 89% perceived it to be useful. Albeit, HR Directors were less familiar, at an overall level both Medical Directors and HR Directors were equally like to be aware of the service (82% and 77% respectively).

Across many measures, recurring trends emerged by specific subgroups of doctors. Female doctors, younger doctors, BME doctors and those working in the public sector were typically the most positive. On the other hand, male doctors, older doctors, those attaining their PMQ in the UK and those working in the private sector tended to be the most negative across the board.
GMC’S EMPLOYER LIASON SERVICE (ELS)

65% of employers are at least familiar with the ELS

35% of employers are not familiar with the ELS

Of the employers who are familiar with the ELS...

...68% believe it to be very useful
...20% believe it to be fairly useful
...4% believe it to be not very useful
...2% believe it to be not at all useful
...5% don’t know how useful it is

Whilst of the other 35%...
• 4% know a little about the involvement of an ELA with their organisation
• 4% know an ELA has had some involvement with their organisation, but do not know anything about it
• 6% believe their organisation has had no contact with an ELA
• 20% have never heard of the ELS
2 Introduction

Background, aims and objectives

2.1 In 2013, the GMC identified a need to conduct a survey in order to:

• Set up baseline KPIs for the revised Corporate Strategy (approved 10th December 2013); and
• Assist in the development of the organisation’s policy and communications and to indicate priorities for the future.

2.2 In total seven key audiences participated in the research, namely:

• Doctors
• Medical Students
• Educators
• General Public and Patients
• Patient and Doctor representative bodies *(cited throughout this report as “Stakeholders”)*
• Employers
• Members of parliament from across the four UK countries

Methodology

Questionnaire Development

2.3 Versions of the questionnaire were developed for each audience, although there was overlap across a number of topic areas and subsequently some questions were asked of multiple audiences. The length of the respective surveys therefore also differed by audience; and the average length of each survey is shown in Appendix 3.

2.4 The questionnaires were carefully designed to ensure that key questions used in previous research were retained in the 2013/14 survey, but also that new questions were added as required.

2.5 Appendix 3 provides a breakdown of the broad topics covered by each audience.
Fieldwork

2.6 Two different types of methodology were used to gather the perspectives of the different audiences:

- **CATI interviews** (Computer Assisted Telephone Interviews) were conducted by IFF interviewers with the patients and the public, employers, patient and doctor representative bodies and MPs;
- **Online surveys** were circulated to doctors, medical students and educators

2.7 On occasions, questions differed between the CATI interview and online surveys in terms of whether respondents were asked for spontaneous vs. prompted answers. On screen, questions were often followed by a list of possible responses (to reduce the burden of completing the survey and to speed up the process). Equally, for the sake of ease (and speed) these lists were not necessarily always recited to respondents over the telephone. As such, responses to certain questions across the two methodologies are not always directly comparable. The report will state throughout where responses were unprompted or prompted.

Main stage of fieldwork

2.8 In advance of the commencement of the main fieldwork stage, communications were circulated to all audience groups (with the exception of the public and patients) to provide background to the research, and to inform them that they might be invited to participate.

2.9 Additionally, four weeks in advance of the start of fieldwork, registered doctors were sent a letter from the GMC enabling them to “opt out” of the survey (142 doctors chose to do so). Those that opted out did not receive an invitation to participate in the research.

2.10 Fieldwork was conducted in July and August 2014.
Sampling

2.11 The GMC provided sample records for five of the seven audiences (doctors, medical students, educators, stakeholder and MPs), a specialist healthcare sample provider supplied employer records. A selection process was then undertaken to ensure that, as much as possible, final sample files:

- Contained an appropriate number of records for each audience group;
- Reflected the composition of the wider audience populations;
- Contained enough records to analyse by sub-group.

2.12 Members of the public were contacted via a random sample approach drawing telephone numbers randomly generated by UK Changes and then re-contacting them until we achieved a final outcome.

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<td>2,722</td>
<td>18,263</td>
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<td>2,000</td>
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2.13 A summary of the sampling process by each audience group can be found in Appendix 2.

Quotas

2.14 Quotas were set for the general public and patients and employers as an additional measure to further ensure (insofar as possible), that final, unweighted responses:

- Reflected the composition of the wider audience populations
- Contained enough records to analyse by subgroup

2.15 For the general public and patients, quotas were implemented to ensure that a spread of age, gender, ethnicity and region were suitably covered. For employers, quotas were set to ensure a spread by region and job role (i.e. whether working in a HR or Medical capacity).

Weighting

2.16 Final data sets for doctors, medical students, patients and general public and employers were weighted prior to analysis to ensure that results were reflective of the general population. Figures and percentages referenced throughout this report are based on weighted data for these four audiences. Appendix 2 outlines the approach taken for each audience.

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1 For CATI interviews, the number invited to participate reflects the number of individuals interviewers made contact with. That is, these figures exclude persons who were called but contact was not established. For the online survey, these figures represent where the invitation email was received (i.e. it did not bounce back)

2 This figures includes the number of doctors that opted out
Statistical testing

2.17 Where we comment on differences between types of respondent in these online survey findings, these are always statistically significant (i.e. we can be 95% confident\(^3\) 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).

Members of Parliament

2.18 Due to the small base size for Members of Parliament (19) this audience has been addressed in their own discrete chapter (Chapter 13). References made to “all audiences” within the main body of the report exclude MPs.

\(^3\) We can be confident that if we conducted the survey 100 times, on 95 occasions out of 100 these would be ‘real’ differences between different groups of respondents.
3 Views on doctors

**Summary**

3.1 This chapter covers the level of confidence that audiences have in the medical profession, the duties considered most important for a doctor and views on challenges currently faced in the profession.

3.2 There was a high level of confidence in the medical profession, although this was slightly lower among the patients and public (88% either fairly or very confident) than other audiences. Nearly all doctors reported that they had confidence in the profession (95%).

3.3 Doctors and medical students considered maintaining good patient relationships and ensuring that knowledge and skills were up to date to be the most important duties of a doctor. Patients and public also placed most emphasis on doctors’ relationships with their patients.

3.4 Increasing workloads for doctors was reported as the main challenge facing the medical profession currently, and this linked with the widespread challenges acknowledged around areas of low staffing, financial constraints and recruitment issues.

**Confidence in the medical profession**

3.5 All audiences were asked about the level of confidence they had personally in the medical profession. On the whole, confidence in the profession was very high, although it was slightly lower among patients and public than other audiences, as Figure 3.1 shows.

3.6 Nearly all doctors (95%) reported that they had confidence in the medical profession, with 45% stating that they were very confident. Only a minority reported that they had little or no confidence at all (4%).

3.7 There were few subgroup differences in the proportions citing confidence at an overall level. However, doctors aged 55 plus were much more likely to report that they were very confident than younger doctors aged 35 or under (52% vs. 35%). Additionally, IMGs were significantly more likely (48%) to be very confident in the medical profession than doctors who graduated in the UK (44%) or in Europe (36%).

3.8 Sub-group differences in terms of doctors who had little or no confidence were present, albeit slight. Doctors more likely to express a lack of confidence included:

- Male doctors (5% vs. 3% females)
- Those on the specialist register (4% vs. 2% of those on GP register)
- Those in the private sector (6% vs. 2% in the public sector), and within the public sector those working in secondary and tertiary care (4% vs. 2% working in primary care)
- BME doctors (5% vs. 3% white doctors)
- Those working in England when compared to those in Scotland (4% vs. 2%)
- Doctors who did not feel the GMC are delivering on any four of their organisational values (16% vs. 1% who provided positive feedback and 4% who were comparatively neutral).4

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4 Positive feedback was identified as agreeing/strongly agreeing that the GMC: is committed to delivering excellence; GMC treats everyone fairly; is honest, open and transparent; and is a listening and learning organization. Those who did
3.9 Confidence in the profession among medical students followed similar patterns as doctors: the vast majority (93%) had confidence, 44% citing that they were very confident. White medical students were more likely to report confidence than BME students (96% vs. 87%). It is also noticeable that while at an overall level of confidence there was no difference by gender; male students were much more likely than female students to be very confident in the profession (53% vs. 37%).

3.10 Patients and public displayed the lowest (albeit still high) levels of confidence. Approaching nine out of ten (88%) had confidence in the medical profession, while 39% reported they were very confident. Meanwhile, one in ten either had little confidence in the profession (8%), or none at all (2%).

3.11 This positive feedback from patients and public mirrors the findings of the MORI annual ‘Trust in Professionals’ poll, wherein 89% of British adults stated that they trusted doctors to tell the truth. This poll identified doctors as the most highly trust profession by adults, shortly followed by teachers (86% trusted them to tell the truth), and scientists (83%).

**Figure 3.1: Confidence in the medical profession (by each audience)**

not agree strongly/agree with all statements, and equally did not disagree strongly/disagree with all statements were classified as neutral.

5 Trust Poll: Topline results (2014), *Ipsos MORI*, pg. 1. The following question was asked in relation to a range of professions: ‘I am going to read out some different types of people. For each, please tell me if you would generally trust them to tell the truth or not.’
3.12 Older patients and members of the public typically cited higher levels of confidence, especially those aged 65 or above: half of this audience (50%) were very confident in the profession compared with between one third and two fifths of all other age groups. Levels of confidence among those aged 64 and younger were consistent. BME patients and public were also more likely to report that they were not very confident in the profession (13% vs. 7% of white patients and public).

3.13 Employers conversely reported the highest level of confidence in the medical profession across all audiences (100% confident; 66% very confident).

3.14 Both educators and stakeholders also expressed extremely high levels of confidence with the medical profession; not one reported little or no confidence with the profession. The extent of confidence was slightly higher among educators (63% were very confident) than stakeholders (54%).

Most important duties of doctors

3.15 The survey explored what audiences perceived the most important duties of a doctor to be. In the case of doctors, medical students and educators, they were asked to select up to five prompted options, while employers, patients and public, and stakeholders were asked on an unprompted basis for the three duties they considered to be most important for a doctor.

3.16 While there is a great deal of consensus between the two, medical students appeared to place more emphasis on the relationship with, and care of, the patient, while doctors concentrated more on ensuring that their advice and knowledge was up to date and accurate. Fewer doctors and medical students selected teamwork and administrative responsibilities among the most important duties that a doctor should undertake.

3.17 As Figure 3.2 shows, the vast majority of both doctors (89%) and medical students (83%) thought that giving clinically appropriate treatment and advice was one of the most important duties for a doctor. The next most common duty cited by doctors (77%) was to keep their knowledge and skills up-to-date (compared with 70% among medical students). Medical students were in fact significantly more likely to cite keeping patient confidentiality (71%) than doctors (60%), as well as raising and acting on concerns over patient safety or quality of care (68% vs. 51%). Having a broad knowledge of medicine outside of their speciality was deemed less important, although the proportion of doctors citing this as an important duty rose among those who lacked confidence in the medical profession (21% vs. 13% with confidence).

3.18 Educators placed fairly equal emphasis on the importance of keeping knowledge and skills up-to-date as well as raising and acting on concerns about patient safety or quality of care (both 73%).

As such their sets of responses are not directly comparable due to the different data collection methodologies.
3.19 Among patients and public and employers, figures were lower as respondents could only give three, unprompted, duties they considered to be most important for a doctor. Responses were analysed and grouped (coded) by theme. Around half of employers (49%) felt that the primacy of patient care was an important duty for a doctor, nearly double the amount of any other duty reported by employers. Conversely, only around one in six patients and public (17%) felt this was one of the three most important duties for a doctor.

3.20 Employers’ responses were also analysed and grouped by theme. Around a quarter of employers cited honesty/integrity (27%), the provision of safe care and keeping their knowledge and skills up to date (both 26%) as being important duties for a doctor. Patients and public tended to focus more on doctors’ relationships with their patient: around a quarter thought doctors needed to listen carefully to patients (26%), or give a quick and accurate diagnosis (25%), while a fifth felt that doctors needed to be approachable (20%).

3.21 Among stakeholders, patient care and acting with integrity (both 40%) were the most common reported duties cited as most important for a doctor.
Challenges currently faced by doctors

3.22 All audiences, except patients and public, were asked unprompted what challenges doctors were facing with their practice. A range of challenges were reported by each audience, although the majority of medical students (66%) stated that they did not know.

3.23 The challenge most frequently reported by doctors, employers and stakeholders, was that of a heavy or increased workload for doctors (17%, 39% and 43% respectively). This is in agreement with feedback to the Regional Liaison Services, as cited in the SoMEP report\(^7\), where doctors are reporting concerns about being overloaded. Challenges relating to regulatory requirements, a lack of resources, financial constraints, recruitment issues and remaining patient focussed were also reported by wide cross-section of audiences.

3.24 As shown in Figure 3.3, only a minority of doctors (8%) reported that managing the demands and unrealistic expectations of patients was a challenge within the practice. This contrasts substantially with employers’ perceptions, among whom 39% felt this was a challenge in the practice.

3.25 There were clear differences among doctors depending on whether they worked in the public or private sector. Public sector doctors were more likely to cite resource issues such as a heavy workload (18% vs. 12% of private sector doctors), or challenges concerning low staff levels (12% vs. 7%). Conversely, private sector doctors were more likely to highlight the challenge of complying with regulatory requirements (17% vs. 11% of public sector doctors).

3.26 Doctors in particular aged 55 or over were also more likely to report concerns over a heavy or increased workload (20% compared with 12% of doctors aged 35 or under).

\(^7\) The state of medical education and practice in the UK report (2014), GMC, pg. 137
3.27 Of those who reported challenges, around two in five doctors reported just one challenge facing their practice (39%), with a third citing two (31%), and 16% citing 3. Only a very small proportion stated that more than 5 challenges were being faced (6%).

3.28 Some sub-group differences were seen for doctors citing 5 or more challenges, with greater proportions among the following groups:

- Doctors aged 55 and younger (7% vs. 4% for those aged 55+)
- Those lacking confidence in the way that the UK medical profession is regulated by the GMC (9% vs. 5% with confidence)
- EEA and UK graduates when compared to IMGs (9% and 7% respectively vs. 1%)
- Those working for the NHS in primary care (9% vs. 5% in secondary or tertiary care, and 3% working in the private sector)
- Doctors on the GP register (9% vs. 4% on the specialist register)

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8 Those who answered ‘don’t know’ or no challenges are not included in this sub-group
4 Views on the GMC

Summary

4.1 This chapter covers audiences’ views on the GMC; specifically their awareness of the GMC, their confidence in GMC regulation, their confidence in the GMC’s focus as a regulator, their understanding of the GMC’s roles and responsibilities, and the extent to which they agree that the GMC fulfils its organisational values.

4.2 The majority of patients and public had heard of the GMC (76%), although more than half (53%) of this group were unaware of its role. Only those who had heard of the GMC were asked the subsequent questions pertaining to their views on the GMC.

4.3 In general, there was high level of confidence in the GMC’s regulation of doctors across most audiences. Doctors exhibited the lowest proportion of confidence, although a large majority were still confident (75%). Male doctors and those working in the private sector were found to be the least confident groups of doctors.

4.4 For doctors, common reasons for a lack of confidence in GMC’s regulation included a general lack of trust in regulation authorities and a belief that patients’ interests were prioritised over those of the profession. For patients and public, lack of confidence was often attributed to the perceived ineptitude of the regulatory process or to personal / family experience.

4.5 Only half of doctors (51%) felt that the GMC focuses on the right issues as a regulator, with the proportion of those who disagreed rising among male doctors and older doctors (those aged 55+).

4.6 All groups were likely to identify the correct roles and responsibilities GMC has as a regulator. Whilst 98% of all audiences were able to correctly recognise at least one of the GMC’s roles, the majority of patients and public (88%) were at least partially wrong in their answers.

4.7 There was general agreement that the GMC helps raise standards in medical practice and that it is modernising the way that complaints and concerns about patient safety are dealt with. Although educators were most likely to agree that the GMC takes early action to protect patients (73%), opinions were more divided about whether the GMC works closely with doctors, medical students and patients on the frontline of care.

4.8 Male doctors, older doctors and doctors working in the private sector were least likely to agree that the GMC meets its organisational values (i.e. that it is committed to excellence, treats everyone fairly, is committed to transparency and is a collaborative ‘listening and learning’ organisation).

Level of familiarity with the GMC

4.9 Patients and public were asked how familiar they were with the GMC. As illustrated in Figure 4.1, the majority (76%) had heard of the GMC, but less than a quarter had not (23%). However, those that had heard of the organisation were relatively unfamiliar with its role; 40% of patients and public reported that although they had heard of the GMC, they didn’t know anything further and 27% stated they knew only a little about the organisation. Only 1% reported that they were very familiar with the GMC.

4.10 The youngest age group (aged 34 or under) were most likely to state that they had never heard of the GMC (39% vs. 23% average). In terms of ethnicity, BME patients and public were also more likely to
indicate that they had never heard of the GMC (38% vs. 21% white patients and public). There was very little difference by gender.

**Figure 4.1: Familiarity with the GMC among patients and public**

Confidence in the way that doctors are regulated by the GMC

4.11 All audiences were asked to assess how confident they were in the way in which doctors are regulated by the GMC and results differed across the groups. Stakeholders, educators, medical students and employers were notably more positive than the public and patients and doctors (who were the least confident of all the audiences).

4.12 Particularly high proportions of stakeholders (94%), educators (93%) and medical students (93%) expressed confidence in the GMC’s regulation of doctors. Though slightly less positive, nine in ten employers were also confident (90%).
4.13 Medical students were particularly positive; over a third (36%) stated that they were very confident in the way doctors are regulated, markedly higher than any other audience. Both male and female students were equally likely to be confident in GMC regulation.

4.14 Three-quarters of doctors (75%) said they were confident, less so than any other audience, and a proportion similar that reported in the NatCen 2014 report (79%). Of all the groups, doctors were also most likely to state that they were not at all confident in GMC regulation (7%).

4.15 In terms of age, older doctors (aged 55+) expressed less confidence in the GMC than their younger counterparts; 27% said they were not confident, in contrast with 22% of those aged 36-54 and 18% of doctors under the age of 35. Of further note, 27% of men said that they were not confident in terms of regulation, just 18% of women were not. Additionally, a quarter of white doctors (26%) said they were not confident in GMC regulation, significantly higher than BME doctors (19%).

4.16 The above findings are in agreement with the NatCen report, wherein the same proportion of male doctors lacked confidence (27%), and females were less likely to do so (15%). Furthermore, BME doctors were also less likely to state that they were not confident than white doctors in the NatCen report, albeit by a smaller difference (19% vs. 22%).

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4.17 Doctors who disagreed that the GMC demonstrates any of their organisational values were more likely to lack confidence in the way that the GMC regulated doctors in the UK (84% vs. 1% of those who responded positively to all the delivery of GMC’s values: 27% of doctors were more neutral)\textsuperscript{11}.

4.18 Doctors working in the private sector were least positive; a third (33%) stated that they were not confident in GMC regulation, in comparison with less than a quarter (23%) of those working in the public sector. Doctors who attained their PMQ in the UK were also more sceptical than those qualifying elsewhere (28% vs. 15% European Economic Area (EEA) doctors and 16% IMGs). There were no significant differences in opinion by UK country of work.

4.19 Confidence among patients and public was also comparatively low, although 7% indicated that they did not know; a higher proportion than any other audience. Overall, 79% of patients and public expressed confidence in the regulation of doctors but only 14% said that they were very confident, lower than all other audience groups. Men were more likely to say that they were not confident (17% vs. 12% women). Patients and public who had heard of revalidation were less likely to express a lack of confidence (10% vs. 17% of those who had not heard of revalidation).

4.20 A positive correlation was seen between doctors’ confidence in the UK medical profession and confidence in the way that doctors are regulated by the GMC. Around four in five doctors who were confident in the medical profession were also confident in the way that the GMC regulates doctors (77%). Conversely, two thirds of those who lacked confidence in the medical profession also lacked confidence in GMC’s regulation (65%). Bases sizes of those who were not confident in the medical profession of the UK were too low among other audiences to draw statistical conclusions on this correlation\textsuperscript{12}.

Reasons for lack of confidence in GMC’s regulation of doctors

4.21 Those that stated that they were not confident in the GMC’s regulation of doctors, were asked in a follow-up question to explain the reasons why. Doctors and medical students were asked to select their reasons from a pre-coded list of options in the online survey\textsuperscript{13}, but public and patients, stakeholders, educators and employers were able to offer their reasons in an open-ended manner during the telephone interview. As such, these sets of data are not directly comparable\textsuperscript{14}.

4.22 As Figure 4.3 shows, of the 23% of doctors that were not confident in the GMC, half (50%) suggested that this was because they did not trust regulators / authorities in general and a similar proportion (47%) stated that they were not confident in the GMC because they believe patients’ interests are prioritised above doctors’. Only slightly lower numbers indicated that their lack of confidence stemmed from professional experience (43%) and not being clear about regulatory processes (42%). Nearly a quarter (24%) were sceptical about GMC regulation because of what they had heard from others.

4.23 There were some differences in reasoning by gender. Female doctors were more inclined to doubt the regulatory processes because of reasons pertaining to other peoples’ experiences (42% to 34% men), but men were more likely to lack confidence in GMC regulation because of factors relating to personal

\textsuperscript{11} Positive feedback was identified as agreeing/strongly agreeing that the GMC: is committed to delivering excellence; GMC treats everyone fairly; is honest, open and transparent; and is a listening and learning organization. Those who did not agree strongly/agree with all statements, and equally did not disagree strongly/disagree with all statements were classified as neutral.

\textsuperscript{12} Bases sizes of those not confident in UK medical profession was low amongst medical students (n=15), employers (n=1) and the patients and public with knowledge of the GMC (n=16). No educators or stakeholders lacked confidence in the medical profession (n=0).

\textsuperscript{13} There was no limit on the number of options doctors and medical students could select.

\textsuperscript{14} The limited base sizes of four audience groups does not facilitate analysis; stakeholders (2); employers (21); medical students (8); educators (2)
There were also some notable differences by age. Older doctors were significantly more likely to state that they did not trust the regulator or authorities than those under 35 (55% of those aged 55+ vs. 40%) and to be less confident in GMC regulation because of their professional experience (52% vs. 30%). Conversely, the youngest group of doctors were more inclined to maintain that patients’ interests were prioritised over doctors’ (57% vs. 42% aged 55+) and to intimate a lack clarity about the regulatory processes (49% to 39% aged 55+) as a reason for their lack of trust.

There were no marked differences in doctors’ opinion by country of work or ethnicity.

Figure 4.3: Doctors reasons for lack of confidence in the doctors are regulated by GMC - prompted

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don't trust or have confidence in regulators/authorities</td>
<td>50%</td>
</tr>
<tr>
<td>Regulator / authorities look out for patients' interests, not doctors</td>
<td>47%</td>
</tr>
<tr>
<td>From professional experience</td>
<td>43%</td>
</tr>
<tr>
<td>It's not clear what processes regulators use</td>
<td>42%</td>
</tr>
<tr>
<td>Word-of-mouth / someone told me</td>
<td>24%</td>
</tr>
<tr>
<td>From what I have read in the newspapers</td>
<td>21%</td>
</tr>
<tr>
<td>From family / personal experience</td>
<td>19%</td>
</tr>
<tr>
<td>From what I have seen / heard on TV / radio</td>
<td>14%</td>
</tr>
</tbody>
</table>

4.26 Of the 14% of public and patients that indicated that they were not confident in the GMC’s regulation of doctors, a fifth (20%) stated that they maintained this view because of reasons relating to the perceived ineptitude of regulatory processes. Approximately one in eight (12%) were not confident because of personal / family experience. A comparatively high proportion, one in nine (11%), stated that they did not know the reasons for their lack of confidence.

15 Caution should be adopted in interpreting these figures; respective base size of 78 respondents.
4.27 With the exception of the general public and patients, all audiences were asked the extent to which they agreed that the GMC, as a regulator, is focused on the right issues. As Figure 4.4 shows, views varied markedly by audience group; at the most positive end of the spectrum, 90% of educators agreed that the GMC is focused on the right issues, in contrast to 51% of doctors. Doctors were also more likely to directly oppose the notion; in total 15% disagreed and 4% stated they disagreed \textit{strongly} that the GMC is focused on the right issues.

4.28 However, a significant proportion of doctors and medical students were not able to comment on how far they agreed the GMC is focusing on the right issues as a regulator (35% of doctors and 34% of medical students either ‘neither agree nor disagree’ or ‘don’t know’ whether this is the case).

\textbf{Figure 4.4:} \% agreement that the GMC is focused on the right issues as a regulator

4.29 Male doctors were more likely to indicate that they disagreed the GMC is focused on the right issues (19% vs. 10% female doctors). Doctors aged 55+ were also more likely to disagree than those aged 35 or younger (19% vs. 10%) and those working in the private sector were also more likely to disagree (22% vs. 14%). In terms of ethnicity, white doctors were more likely to disagree than BME doctors (17% vs. 12%), but no more likely to state that they \textit{strongly} disagreed.

4.30 Furthermore, doctors working in England and Wales were significantly more likely than those working in Northern Ireland to state that they disagreed that the GMC is focused on the correct issues. An equal proportion of doctors working in England and Wales disagreed with the notion (15%) in comparison with just 7% who disagreed in Northern Ireland. Doctors in Scotland expressed middling
views; 13% disagreed that the GMC is focused on the right issues, neither significantly more nor less likely than the other three nations to disagree.

4.31 However, similar proportions across all countries were in agreement that the GMC is focused on the right issues (ranging between 50-52% across the nations).

4.32 Doctors who agreed that the GMC is demonstrating all four of its organisation values were significantly more positive in regards to GMC’s focus as a regulator, with 85% providing positive feedback by agreeing that the GMC’s focus is correct (compared to 39% of those who were comparatively neutral, and 7% of those who responded negatively to all four values)\(^\text{16}\).

**GMC’s future focus**

4.33 Doctors who disagreed that the GMC is focused on the right issues were asked to outline in an open-ended question where the GMC should be directing more/less of its attention. Figure 2.4 provides a summary of doctors’ coded responses\(^\text{17}\).

4.34 Most commonly doctors felt that the GMC should be more focused on providing support and protecting doctors (27%). Female doctors were statistically more likely to hold this view (37% vs. 23% men).

4.35 Secondly, 13% of doctors suggested that revalidation is inefficient in its current form; that is, they suggested either that the GMC should be less focused on revalidation in its current (inefficient) guise or be more focused on ensuring the process is fair and less arduous for doctors.

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\(^{16}\) Positive feedback was identified as agreeing/strongly agreeing that the GMC: is committed to delivering excellence; GMC treats everyone fairly; is honest, open and transparent; and is a listening and learning organisation. Those who did not agree strongly/agree with all statements, and equally did not disagree strongly/disagree with all statements were classified as neutral.

\(^{17}\) The limited base sizes of three audience groups does not facilitate analysis; medical students (7); employers (19); stakeholders (2)
Figure 4.5: GMC’s future focus (Doctors) - unprompted

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>They should be more supportive / protective of doctors</td>
<td>27%</td>
</tr>
<tr>
<td>Revalidation is inefficient in current form</td>
<td>13%</td>
</tr>
<tr>
<td>Less focus on unnecessary, time-consuming paperwork</td>
<td>9%</td>
</tr>
<tr>
<td>Greater focus on promoting best practice / quality of care</td>
<td>9%</td>
</tr>
<tr>
<td>More focus on identifying incompetent doctors</td>
<td>9%</td>
</tr>
<tr>
<td>More focus on education and training</td>
<td>7%</td>
</tr>
<tr>
<td>Pander to / pay less attention to press, public and government</td>
<td>7%</td>
</tr>
<tr>
<td>More fairness when dealing with 'fitness to practise' cases</td>
<td>6%</td>
</tr>
<tr>
<td>The current system of revalidation is burdensome</td>
<td>5%</td>
</tr>
</tbody>
</table>

Base: All doctors who disagree that the GMC is focusing on the right issues as a regulator (493)
Roles and responsibilities as a regulator

4.36 All audiences were asked from a pre-coded list of eleven options which roles and responsibilities were associated with the GMC. Positively, all groups were likely to correctly identify some of the GMC’s responsibilities; at least 98% of all audiences were able to accurately recognise at least one of the GMC’s roles, as shown in Table 4.1.

Table 4.1: Correctly perceived roles and responsibilities by audience group

<table>
<thead>
<tr>
<th>Base</th>
<th>Doctors</th>
<th>Medical Students</th>
<th>Patients and Public</th>
<th>Employers</th>
<th>Stakeholders</th>
<th>Educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Determines who can practise medicine in the UK</td>
<td>84</td>
<td>82</td>
<td>82</td>
<td>98</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Provides ethical and professional guidance for the medical profession</td>
<td>77</td>
<td>76</td>
<td>90</td>
<td>97</td>
<td>97</td>
<td>77</td>
</tr>
<tr>
<td>Sets the standards for medical practice in the UK</td>
<td>70</td>
<td>83</td>
<td>87</td>
<td>90</td>
<td>100</td>
<td>80</td>
</tr>
<tr>
<td>Makes sure doctors keep their knowledge and skills up to date</td>
<td>51</td>
<td>56</td>
<td>79</td>
<td>79</td>
<td>89</td>
<td>67</td>
</tr>
<tr>
<td>Sets the standards for medical education and training in the UK</td>
<td>49</td>
<td>82</td>
<td>77</td>
<td>68</td>
<td>89</td>
<td>100</td>
</tr>
<tr>
<td>Investigates and acts on concerns about doctors</td>
<td>89</td>
<td>94</td>
<td>86</td>
<td>98</td>
<td>100</td>
<td>97</td>
</tr>
<tr>
<td>Helps patients to raise concerns about a doctors’ practice</td>
<td>68</td>
<td>75</td>
<td>77</td>
<td>87</td>
<td>86</td>
<td>80</td>
</tr>
<tr>
<td>Helps doctors to raise concerns about patients’ safety</td>
<td>38</td>
<td>48</td>
<td>74</td>
<td>76</td>
<td>74</td>
<td>43</td>
</tr>
<tr>
<td>SUMMARY - % citing at least one role correctly</td>
<td>98</td>
<td>99</td>
<td>98</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

18 Caution, low base
19 Caution, low base
4.37 However, as illustrates in Table 4.2, relatively high proportions of all audiences wrongly associated the GMC with at least one of the following roles (not thought to be core functions of the GMC):

- Serving as an independent membership body for doctors
- Campaigning on issues important to patients
- Campaigning on issues important to doctors

Table 4.2: Incorrectly perceived roles and responsibilities by audience group

<table>
<thead>
<tr>
<th>Base</th>
<th>Doctors</th>
<th>Medical Students</th>
<th>Patients and Public</th>
<th>Employers</th>
<th>Stakeholders</th>
<th>Educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Campaigns on issues that are important to patients</td>
<td>27</td>
<td>26</td>
<td>63</td>
<td>48</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>Campaigns on issues that are important to doctors</td>
<td>19</td>
<td>18</td>
<td>67</td>
<td>34</td>
<td>29</td>
<td>3</td>
</tr>
<tr>
<td>Serves as an independent membership body for doctors</td>
<td>28</td>
<td>40</td>
<td>67</td>
<td>42</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>SUMMARY - % citing at least one role outside of remit</td>
<td>46</td>
<td>56</td>
<td>88</td>
<td>73</td>
<td>51</td>
<td>20</td>
</tr>
<tr>
<td>SUMMARY - % who did not identify any roles which are outside of GMC’s remit</td>
<td>54</td>
<td>44</td>
<td>&lt;1</td>
<td>27</td>
<td>49</td>
<td>80</td>
</tr>
</tbody>
</table>

4.38 Notably, the majority of the general public and patients (88%) were at least partially wrong in their understanding of the GMC’s remit, however three-quarters of employers (73%), over half of medical students (56%) and stakeholders (51%) also responded inaccurately. A smaller proportion of educators (20%) incorrectly associated the GMC with at least one of these additional responsibilities.

---

20 Caution, low base
21 Caution, low base
4.39 Under half of doctors (46%) wrongly associated the GMC with roles outside of its remit. Most commonly, doctors assumed the GMC acted as an independent membership body (28%) or campaigned on behalf of patients (27%). A smaller proportion, (19%) believed the GMC campaigned on behalf of doctors.

4.40 Younger doctors were more likely to misinterpret the GMC’s responsibilities. Half of those aged 35 or under (50%) mistakenly attributed the GMC to one of these three roles in comparison with 40% of those aged 55+. BME doctors were also more likely to have misconstrued the role of the GMC; three in five (59%) associated the GMC with at least one role beyond its sphere of responsibility (vs. 35% of white doctors).

4.41 The following are the proportions of each audience who responded correctly across all of the roles and responsibilities (i.e. those who correctly identified all eight of the roles within the GMC remit, and did not identify any of the three outside of the GMC’s core remit), in order of accuracy:

- 20% of stakeholders
- 17% of educators
- 8% of employers
- 5% of medical students
- 3% of doctors
- <1% of the patients and public

Specific Roles and Responsibilities

4.42 Employers, stakeholders and educators were asked in further detail the extent to which they agreed that the GMC successfully undertakes the responsibilities set out in its strategic aims. Overall, stakeholders and educators tended to be more positive than employers.

4.43 Positively, three in ten doctors (29%) strongly agreed or agreed that the GMC are meeting all four of their values, while only 7% strongly disagreed or disagreed.

The GMC helps to raise standards in medical education and practice

4.44 Most positively, across all three audiences, the majority tended to agree that the GMC helps to raise standards in medical education and practice. Notably so, nearly all educators (97%) were in agreement, 57% said that they strongly agreed. No educators expressed disagreement and only 3% stated that they neither agreed nor disagreed.

4.45 A similarly high proportion of stakeholders (91%) agreed that the GMC helps to raise standards; approximately half stated that they were in strong agreement. Only 3% disagreed.

4.46 Employers were slightly less positive than the other two audiences, albeit levels of agreement were still high. Just less than four in five employers (78%) agreed that the GMC helps to raise standards in medical education and practice and a third (32%) strongly agreed. One in ten employers (10%) disagreed, but none strongly so.
The GMC is modernising the way that complaints and concerns about patient safety are dealt with

4.47 The majority of stakeholders (77%) and educators (77%) agreed that the GMC is modernising the complaints process. No educators expressed disagreement and only a small proportion (11%) of stakeholders did so.

4.48 Employers were not quite so positive; less than two-thirds (64%) agreed that the GMC is modernising the way that complaints about patient safety are dealt with. A fifth (21%) strongly agreed. 14% of employers disagreed with notion but nearly a fifth (18%) stated that they neither agreed nor disagreed.
Figure 4.7: % agreement that the GMC is modernising the way that complaints and concerns about patient safety are dealt with

<table>
<thead>
<tr>
<th></th>
<th>Employers</th>
<th>Stakeholders</th>
<th>Educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Tend to disagree</td>
<td>10%</td>
<td>6%</td>
<td>64%</td>
</tr>
<tr>
<td>Tend to agree</td>
<td>43%</td>
<td>37%</td>
<td>23%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>21%</td>
<td>40%</td>
<td>77%</td>
</tr>
<tr>
<td>Disagree:</td>
<td>14%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Neither / nor:</td>
<td>18%</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>Agree:</td>
<td>64%</td>
<td>77%</td>
<td>77%</td>
</tr>
</tbody>
</table>

Base: All Employers (226), Stakeholders (35*) and Educators (30*)

* Caution, low bases
The GMC takes action to protect patients before they are put at risk

4.49 Of all three audiences, educators were most likely to agree that the GMC takes early action to protect patients (73%). Only one in ten educators disagreed (10%) and none felt strongly in disagreement. Similar proportions of employers (59%) and stakeholders (57%) agreed, albeit stakeholders were more likely to actively disagree (31%) than employers (24%)

Figure 4.8: % agreement that the GMC takes action to protect patients before they are put at risk

Base: All Employers (226), Stakeholders (35*) and Educators (30*)

* Caution, low bases
The GMC works closely with doctors, medical students and patients on the frontline of care

4.50 Least positively, just less than four in ten employers (38%) agreed that the GMC works closely with those on the frontline of care and a higher proportion (43%) disagreed with the notion.

4.51 Approximately half of stakeholders (49%) and educators (47%) agreed, but a higher proportion of stakeholders disagreed (37% vs. 27% of educators).

Figure 4.9: % agree that the GMC works closely with doctors, medical students and patients on the frontline of care
GMC’s organisational values

4.52 With the exception of the public and patients, all audience groups were asked to consider the four organisational values underpinning the work of the GMC and to identify the extent to which they believed the GMC was meeting each of their objectives. Particularly high numbers of doctors tended to state that they neither agreed nor disagreed that the GMC was satisfying each of the criteria.

Excellence – the GMC is committed to excellence in everything it does

4.53 The majority of stakeholders, medical students, educators and employers felt that the GMC is committed to excellence (see Figure 4.11). Most positively, 86% of stakeholders agreed that the GMC is committed to excellence with half in strong agreement (49%). Slightly lower, albeit still high, proportions of medical students (78%) and educators (77%) and employers (74%) also expressed overall agreement.

4.54 Doctors were least positive; just over half (56%) agreed that the GMC is committed to excellence and a smaller proportion than any other audience group expressed strong agreement (16%). Two in five doctors failed to agree (40%), with almost three times as many as other audiences stating that they neither agreed nor disagreed (29%), and the greatest proportion of all audiences disagreeing (11%).

Figure 4.10: % agree that the GMC is committed to excellence in everything that it does

4.55 Doctors aged 55+ were more likely than their younger counterparts to disagree (14% vs. 7% aged 35 or under) and male doctors were also more likely to respond negatively (14% vs. 7% women). Those working in the private sector were particularly likely to express disagreement (18% vs. 10% public sector).
sector) as were those doctors with a disability (19% vs. 10% without disability). Moreover, doctors who had qualified for their PMQ in the UK were more likely to reject the notion than those qualifying elsewhere (12% UK vs. 8% EEA doctors and 9% IMGs).

4.56 There were no significant differences in doctors’ opinion by either ethnicity or country of work.

Fairness – the GMC treats everyone fairly

4.57 As shown in Figure 4.12, with the exception of doctors, there was a high proportion of agreement among the four other audiences that the GMC treats everyone fairly. Four in five stakeholders (80%) and educators (80%) agreed, and three-quarters of medical students (74%) felt that the GMC is fair. A slightly lower proportion of employers also agreed (70%).

4.58 Markedly lower than other audiences, just 48% of doctors agreed that the GMC treats everyone fairly. This meant almost half of doctors failed to agree (47%); a high proportion of doctors (24%) said that they neither agreed nor disagreed but a similar proportion (23%) actively disagreed that the GMC is fair in the way it treats people.

Figure 4.11: % agree that the GMC treats everyone fairly

4.59 Older doctors (aged 55+) and those aged 36-54 were significantly more likely to disagree that the GMC is fair than their younger counterparts (27% and 25% vs. 17% aged 35 and under). Male doctors were also more likely to disagree (28% vs. 18% of females).
4.60 Doctors with a disability were also more likely to disagree that the GMC is fair (30% vs. 22% with no disability).

4.61 In terms of overall levels of agreement (or disagreement) there were no significant differences by ethnicity. However, BME doctors were more likely to strongly agree that the GMC is fair in comparison with their white colleagues (15% vs. 11%).

4.62 A third of doctors working in the private sector (32%) disagreed, in contrast with less than a quarter (23%) working in the public sector. Doctors who had been revalidated were also more likely to be negative; 28% disagreed in comparison with 21% who had not been revalidated.

4.63 Those that attained their PMQ in the UK were particularly likely to disagree that the GMC is fair in its treatment of people (26%) in comparison with IMGs (21%) and EEA doctors (14%). Indeed, those who qualified for their PMQ in Europe were significantly less likely to disagree.

4.64 There was no difference in attitudes by UK country of work.

Transparency – the GMC is honest, open and transparent

4.65 In comparison with the two aforementioned organisational values (Excellence and Fairness), lower proportions agreed that the GMC is transparent; instead higher proportions across all audience groups stated that they neither agreed nor disagreed with the notion. Despite the higher proportion of neutral responses, the majority across all audience were still in agreement with the statement. Doctors were still the least positive, as Figure 4.13 shows.

4.66 Medical students were more positive than other audience groups. Just less than three-quarters of medical students (73%) agreed that the GMC is a transparent organisation and just 5% disagreed. Following this, just less than two thirds (64%) of employers agreed, albeit numbers in disagreement was comparatively high (17%). Slightly fewer stakeholders (60%) felt that the GMC is transparent. A similar proportion of educators agreed (57%) but a notably higher proportion (33%) indicated that they neither agreed nor disagreed.
4.67 Just half of doctors (51%) agreed that the GMC is honest, open and transparent, with more than two in five not agreeing (43%); 17% disagreed, and a quarter (26%) neither agreed nor disagreed.

4.68 Male doctors were particularly likely to disagree with the notion (21% vs. 13% women). Reflecting general trends, older doctors (aged 55+) and those aged 36-54 were significantly more likely to disagree that the GMC is fair than their younger counterparts (21% and 18% vs. 12% 35 and under).

4.69 Those who had qualified for their PMQ in the UK were less positive than those who qualified elsewhere; a fifth (21%) disagreed, notably higher than IMGs (13%) and EEA doctors (10%). BME doctors were more likely to feel positive than their white counterparts. Similar proportions expressed disagreement, but BME doctors were more likely to agree (56% vs. 47% white doctors) and, furthermore, more likely to strongly agree (19% vs. 13%). However, differences by ethnicity could be explained by the variation by PMQ region; no difference by ethnicity was observed when looking at those who gained their PMQ in the UK in isolation.

4.70 Doctors with a disability were likely to feel less positive; a quarter (25%) expressed disagreement in comparison with 16% of doctors with no disability.

4.71 Moreover, there were some differences by country of work; doctors working in England were significantly more likely to disagree that the GMC is an open and transparent organisation than those working in Northern Ireland (18% vs. 10%).

### Figure 4.12: % agree that the GMC is honest, open and transparent

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Neither / nor</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>17%</td>
<td>26%</td>
<td>51%</td>
</tr>
<tr>
<td>Medical Students</td>
<td>5%</td>
<td>12%</td>
<td>73%</td>
</tr>
<tr>
<td>Employers</td>
<td>17%</td>
<td>17%</td>
<td>64%</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>9%</td>
<td>23%</td>
<td>60%</td>
</tr>
<tr>
<td>Educators</td>
<td>10%</td>
<td>33%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Base: All Doctors (2722), Medical Students (267), Employers (226), Stakeholders (35*) and Educators (30*)
* Caution, low bases
4.72 Those in the private sector were also more likely to disagree (25% vs. 17% public sector).

Collaboration – the GMC is a listening and learning organisation

4.73 With the exception of stakeholders who were notably positive, across all other audience groups low proportions agreed that the GMC is a listening and learning organisation (comparative to other organisational values). Yet it is worth noting that, excluding stakeholders, a least a fifth of all audiences stated that they neither agreed nor disagreed (see Figure 4.14).

4.74 Only 63% of medical students expressed agreement (approximately three quarters of medical students had agreed with the other three organisational values). Lower proportions of employers (59%) and educators (53%) agreed that the organisation is a listening and learning organisation,(albeit levels of agreement were not markedly lower than responses to the issue of transparency).

Figure 4.13: % agree that the GMC is a listening and learning organisation

4.75 Doctors were again the least positive audience and the proportion in agreement was notably lower than sentiment toward the other three organisational values. Only two fifths of doctors (39%) agreed that the GMC is a listening and leaning organisation and a quarter (24%) disagreed, with one in twelve (8%) strongly so. That said a sizeable proportion (31%) neither agreed nor disagreed.

4.76 Once more, male doctors were significantly more likely to disagree (29% vs. 19% of women) and the older age groups were less positive than the youngest; 28% of those 55+ and 25% of those aged 36-54 disagreed, in comparison with 18% of those aged 35 or under.

Base: All Doctors (2722), Medical Students (267), Employers (226), Stakeholders (35*) and Educators (30*)

* Caution, low bases
4.77 There was also a particularly marked gap in opinion between those working in the private sector and those working in the public sector. Nearly two in five (38%) doctors working for private organisations disagreed that the GMC is collaborative in comparison with 23% working in the public sphere.

4.78 Again, white doctors felt less positive; 31% agreed that the GMC is a listening and learning organisation in comparison with 47% of their BME colleagues. This pattern remained when doctors who gained their PMQ in the UK were looked at in isolation (27% white doctors agreed vs. 32% BME doctors).

4.79 Three in ten doctors qualifying in the UK (30%) also disagreed that the GMC listens and learns, significantly higher than those qualifying in Europe (15%) or internationally (15%).

4.80 There were no significant differences in attitudes by country of work.

GMC’s organisational values vs. doctors’ confidence in the medical profession

4.81 Doctors who had confidence in the UK medical profession were more likely to agree that the GMC are meeting each of the four organisational values:

- **Excellence** – the GMC is committed to excellence in everything that it does: This value presented the greatest discrepancy between those with and without confidence in the UK medical profession. Three in five doctors with confidence agreed that the GMC were meeting this value (58%), compared to just one in five of those lacking in confidence (21%)
- **Fairness** – the GMC treats everyone fairly: Just under half of those with confidence in the medical profession felt the GMC were meeting this value (49% vs. 25% without confidence)
- **Transparency** – the GMC is honest, open and transparent: More than half of doctors with confidence in the medical profession agreed that the GMC were honest, open and transparent (53%), while only two in five lacking confidence agreed so (22%)
- **Collaboration** – the GMC is a listening and learning organisation: A significantly greater proportion of doctors with confidence in the medical profession agreed that the GMC were meeting this organisational value in comparison to those without confidence (40% vs. 14%)

4.82 Base sizes among other audiences were too low among those lacking confidence in the medical profession to draw statistical conclusions\(^{22}\).

\(^{22}\) Bases sizes of those not confident in UK medical profession was low amongst medical students (n=15), employers (n=1) and the patients and public (n=16). No educators or stakeholders lacked confidence in the medical profession (n=0).
5 Fairness of the registration processes

5.1 This chapter covers views on the fairness of the process of applying for initial registration, to the GP Register and the Specialist Register.

5.2 Doctors responded favourably when asked about how fair these processes were to them personally, with at least four in every five stating that they had been so (84% for general registration, 89% for GP registration, 87% for the Specialist Register).

5.3 Similarly, doctors, employers and stakeholders generally agreed that the different processes were fair to at least the majority, although large proportions of employers and stakeholders felt unable to answer (for employers this was predominantly the case for GP registration).

5.4 Doctors who held less confidence in other GMC processes (such as FTP investigations and MPTS hearings), were more likely to state that each of the three processes are not fair to the majority.

Doctors’ experience of registration processes

5.5 Doctors were asked the extent to which they agreed that the processes of registration were fair to them personally: all were asked in relation to initial registration, and those for whom it was relevant were asked in relation to the GP register and Specialist Register. On the whole, a large majority of doctors felt that these processes were fair to them, as Figure 5.1 shows, just small minorities did not.

Figure 5.1: Fairness of registration processes to doctors personally

Base: 1) All Doctors (2722); 2) All Doctors on GP Register (430); 3) All Doctors on Specialist Register (696)

5.6 More than four-fifths of doctors (84%) reported that the process of initial registration was fair to them personally; with just under half strongly agreeing that it had been (47%).
5.7 Doctors lacking confidence in the medical profession were less likely to agree that this process had been fair (58% compared to 85% of those with confidence), as were those with a disability (76% vs. 85% without a disability).

5.8 BME doctors were slightly (albeit significantly) more likely to disagree that the initial process of registration was fair to them personally (5% vs. 3% of white doctors).

5.9 Nine in ten doctors (89%) who had gone through GP Registration stated that the process had been fair to them. In contrast to responses toward initial registration. BME doctors were more likely than white doctors to agree that the processing of joining the GP register had been fair to them (94% vs. 86% white doctors).

5.10 A similar proportion felt that the process of registering to the Specialist Register had been fair (87%), with the greatest proportion across all registrations strongly agreeing so (52%).

5.11 Some factors were seen to produce similar patterns of response across all three processes of registration. The likelihood of agreeing that registration processes were fair was generally lower among those with little to no confidence in the way that doctors are regulated by the GMC (e.g. 69% with little to no confidence felt the process of initial registration was fair to them personally, compared to 89% with confidence).

5.12 Furthermore, those with more negative views on the fairness of Fitness to Practise processes (such as Fitness to Practise investigations and Medical Practitioners Tribunal Service hearings) were less likely to report processes of registration as being fair to them, as shown in Figure 5.2.
General views on the fairness of registration processes

5.13 Doctors, employers and stakeholders were then asked to think about the fairness of registration processes in general, and whether they thought the processes were fair to everyone, the majority, the minority, or no one.

5.14 As shown in Figure 5.3, the majority of these audiences felt the process of general registration is fair, with over half of employers and stakeholders reporting that this process is fair to everyone (56% and 57%, respectively).

5.15 Only a small number of doctors felt that the general registration process was only fair to a minority or to no one (4%), with a proportion very similar to that cited in the 2014 NatCen report24 (5%). Also in line with the NatCen findings, this proportion was seen to rise among BME doctors (6%; 8% in the NatCen report).

5.16 Those with little to no confidence in the way that the GMC regulate doctors were also more likely to report this process was not fair to those going through it (9% vs. 4% average), as were IMGs (8%).

---

5.17 Neither employers nor stakeholders felt general registration was only fair to the minority, although one in ten employers (9%) and over a quarter of stakeholders stated that they did not know (26%).

Figure 5.3: Fairness of the process of general registration

<table>
<thead>
<tr>
<th>Everyone / Majority:</th>
<th>78%</th>
<th>91%</th>
<th>74%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would rather not say / DK:</td>
<td>18%</td>
<td>9%</td>
<td>26%</td>
</tr>
<tr>
<td>Minority / no one:</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Doctors | Employers | Stakeholders

- Fair to everyone
- Fair to the majority of people
- Fair to a minority of people only
- Not fair to anyone
- Would rather not say
- Don’t know

Base: All Doctors (2722), Employers (226), and Stakeholders (35*)

* Caution, low bases

5.18 Doctors produced largely similar responses in relation to the GP register, with most stating that the process was fair to the majority or everyone (77%), as Figure 5.4 shows.
5.19 Employers and stakeholders were comparatively less likely to state that the process of applying to the GP register was fair than that of general registration. Positively, neither audience felt that applying to the GP register was only fair to the minority / none, however larger proportions reported that they could not comment in this regard (55% employers did not know, and 46% of stakeholders).

**Figure 5.4: Fairness of the process of applying for the GP Register**

<table>
<thead>
<tr>
<th>everyone / Majority:</th>
<th>Doctors</th>
<th>Employers</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair to everyone</td>
<td>%28</td>
<td>%55</td>
<td>%37</td>
</tr>
<tr>
<td>Fair to the majority of people</td>
<td>%49</td>
<td>%21</td>
<td>%17</td>
</tr>
<tr>
<td>Fair to a minority of people only</td>
<td>%2</td>
<td>%0</td>
<td>%0</td>
</tr>
<tr>
<td>Not fair to anyone</td>
<td>%21</td>
<td>%55</td>
<td>%46</td>
</tr>
<tr>
<td>Would rather not say / DK:</td>
<td>%21</td>
<td>%55</td>
<td>%46</td>
</tr>
<tr>
<td>Minority / no one:</td>
<td>%2</td>
<td>%0</td>
<td>%0</td>
</tr>
</tbody>
</table>

*Caution, low bases*

5.20 Doctors responded most positively when asked about the process of applying to the Specialist register, with four in five reporting that the process was fair to everyone / the majority (80%).

5.21 As shown in Figure 5.5, employers were the most likely to report that the process was fair to everyone (44%).

5.22 Although all stakeholders who gave a response did so positively (no stakeholders felt the process of applying to the Specialist Register was unfair to some people), over two-fifths did not feel in a position to answer (43%).
5.23 As when asked about their experience with registration processes, there was a tendency for doctors with little confidence in other GMC processes to respond less favourably in relation to the fairness of all three registration processes in general, as shown in Figure 5.6.
Figure 5.6: Proportion of doctors reporting registration processes as fair to the majority / everyone, in relation to confidence in other GMC processes

<table>
<thead>
<tr>
<th>Process</th>
<th>FTP Investigations</th>
<th>MPTS Hearings</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Registered Medical Practitioners</td>
<td>91% (69%)</td>
<td>92% (70%)</td>
</tr>
<tr>
<td>GP Register</td>
<td>88% (69%)</td>
<td>88% (73%)</td>
</tr>
<tr>
<td>Speciality Register</td>
<td>95% (74%)</td>
<td>92% (72%)</td>
</tr>
</tbody>
</table>

Base: All doctors (2722)
## 6 Education and training

### Summary

6.1 In general, there was a relatively high level of confidence in new graduate doctors, although this was notably lower among doctors themselves (64% confident) than any other audience.

6.2 Across specific measures, doctors were most confident in new graduate doctors’ relationships with their patients and staff. There were lower levels of confidence regarding new graduate doctors’ ability to cope with the emotional and physical demands of the job, administrative tasks and their clinical procedure and skills.

6.3 Almost three-quarters of doctors who had registered in the UK in the last five years (72%) felt that their undergraduate training had adequately prepared them for their first foundation post.

6.4 At least seven in ten doctors reported that the assessment process for their primary medical qualification, the foundation programme and for any speciality training they received was fair.

### Confidence in new graduate doctors

6.5 Across all audiences, confidence in new graduate doctors was relatively high, although few reported that they were very confident that graduate doctors were prepared for practice.

6.6 Around two-thirds of doctors reported they were confident that graduate doctors were prepared for practice overall (64%; 6% were very confident), which left nearly a third (32%) with little or no confidence in new doctors. Views among other audiences were somewhat more positive, with at least seven in ten medical students (75%; 7% very confident), patients and public (78%; 17%), employers (71%; 9%) and educators (90%; 17%) reporting confidence in new graduate doctors, as Figure 6.1 shows.
6.7 Younger doctors aged 35 or under were much more likely to express confidence in new graduate doctors than older doctors (70% vs. 61% of remaining doctors).

6.8 The survey also canvassed confidence levels in new graduate doctors across eight further measures, as illustrated in Table 6.1. Generally speaking, audiences had the greatest level of confidence in new graduate doctors’ relationships with patients and members of staff. For example 85% of doctors were confident that new graduate doctors listened to, and communicated well, with patients; while 79% had confidence in their teamwork and interpersonal skills.

6.9 At the other end of the scale, there was less confidence in new graduate doctors in terms of how they coped with the emotional and physical demands of the role, as well as the administrative tasks required. While doctors were least likely to have confidence in new graduate doctors’ clinical procedures and skills (54%), this was not corroborated by any other audience.

6.10 Stakeholders and educators tended to show different patterns of response here, but one should treat these figures with caution due to the small base sizes.
Table 6.1: Confidence in new graduate doctors across specific measures, among doctors, medical students, employers, stakeholders and educators

<table>
<thead>
<tr>
<th>Measure</th>
<th>Doctors</th>
<th>Medical students</th>
<th>Employers</th>
<th>Stakeholders</th>
<th>Educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base (All)</td>
<td>2,722</td>
<td>267</td>
<td>226</td>
<td>35</td>
<td>30</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Listening to and communicating well with patients</td>
<td>Confident</td>
<td>85</td>
<td>97</td>
<td>74</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Unconfident</td>
<td>11</td>
<td>3</td>
<td>22</td>
<td>43</td>
</tr>
<tr>
<td>Teamwork and interpersonal skills</td>
<td>Confident</td>
<td>79</td>
<td>93</td>
<td>73</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Unconfident</td>
<td>17</td>
<td>7</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>Clinical knowledge</td>
<td>Confident</td>
<td>73</td>
<td>86</td>
<td>83</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Unconfident</td>
<td>24</td>
<td>14</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Clinical reasoning and making diagnosis</td>
<td>Confident</td>
<td>62</td>
<td>78</td>
<td>72</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>Unconfident</td>
<td>34</td>
<td>21</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Emotional demands e.g. compassion and empathy</td>
<td>Confident</td>
<td>59</td>
<td>76</td>
<td>65</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Unconfident</td>
<td>35</td>
<td>23</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td>Physical demands</td>
<td>Confident</td>
<td>58</td>
<td>70</td>
<td>68</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Unconfident</td>
<td>35</td>
<td>29</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>Administrative tasks</td>
<td>Confident</td>
<td>57</td>
<td>57</td>
<td>51</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Unconfident</td>
<td>36</td>
<td>43</td>
<td>44</td>
<td>34</td>
</tr>
<tr>
<td>Clinical procedure and skills</td>
<td>Confident</td>
<td>54</td>
<td>79</td>
<td>62</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Unconfident</td>
<td>42</td>
<td>21</td>
<td>34</td>
<td>17</td>
</tr>
</tbody>
</table>

Doctors' opinions on training

6.11 This section explores doctors’ views on their own preparedness for work, and their views on the fairness of the assessment processes required. It focusses only on doctors who registered in the UK in the last five years (26% of all doctors in the survey), unless explicitly stated.

Preparedness for first foundation post

6.12 All doctors who registered in the UK in the last five years were asked whether they agreed or disagreed that their undergraduate training had adequately prepared them for their first foundation post.

6.13 As Figure 6.2 shows, most doctors tended to agree that it had prepared them adequately (72%; 35% agreed strongly). The proportion of those agreeing is similar to that in the 2014 National training survey (NTS; 70%)\textsuperscript{25}, although a greater proportion agreed strongly (12% in NTS).

\textsuperscript{25} National training survey (2014), GMC
6.14 Although one cannot simply compare answers here to responses about confidence in new graduate doctors, due to the different types of scales used, the indications are that doctors generally felt more confident about themselves personally entering their first foundation post than they were about new graduate doctors in general.

**Figure 6.2: Extent to doctors agreed that their undergraduate training prepared them for their first foundation post**

<table>
<thead>
<tr>
<th></th>
<th>Doctors agreed</th>
<th>Doctors disagreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree strongly</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Agree slightly</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Disagree slightly</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Disagree strongly</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>

Base: All Doctors who have registered in the last 5 years in the UK (669)

6.15 There were notable differences by subgroup:

- Female doctors were more likely than male doctors to strongly agree that their undergraduate training had adequately prepared them for their first foundation post (39% vs. 31%), although there was no significant difference at an overall level;
- Doctors aged 35 or under were also much more likely to report that their undergraduate training had prepared them adequately (77% vs. 60% of those aged over 35);
- While EEA doctors were far less likely to agree that their undergraduate training had prepared them adequately for their first foundation post than IMG and UK graduate doctors (53% vs. 73% and 77% respectively), this was principally due to the high proportion reporting that they neither agreed nor disagreed (22%) or were not sure (21%).

6.16 The low proportion of doctors who disagreed that their undergraduate training had prepared them adequately for their first foundation post were asked to outline, unprompted, their reasons for disagreeing.
6.17 One key reason stood out, with over three in five doctors (63%) reporting that they felt the training they received did not provide them with the requisite practical or hands-on experience for their first foundation post. A lack of preparation for the emotional demands of the job (15%), and a lack of training on the logistical (i.e. more administrative) side of the job (14%) were the next most common reasons given, as Figure 6.3 shows.

Figure 6.3: Reasons for disagreeing that undergraduate training prepared doctors for first foundation post - unprompted

Fairness of assessment process for primary medical qualification

6.18 Doctors were generally very positive about the fairness of the assessment process for their primary medical qualifications and perceptions of fairness did not change regardless of whether doctors focussed on their own assessment process or more broadly on the assessment process for all doctors.

6.19 Most doctors agreed that the assessment process for their own primary medical qualification was fair to them (85%; 39% agreed strongly). More widely, the same proportion felt that the assessment process was fair to most doctors (85%; 24% thought it was fair to all doctors). Only a tiny proportion thought that the process was fair to a minority of doctors, or not fair to anyone at all (4%).

6.20 Younger doctors and those who graduated in the UK tended to find the assessment process fairer. For example, 90% of doctors who graduated in the UK agreed that the assessment process for their primary medical qualification was fair, compared with 80% of IMG doctors and 76% of EEA doctors.
6.21 Views on the fairness of the assessment process for the foundation programme were slightly less positive, although this was often a result of doctors giving an answer of ‘Neither agree nor disagree’ or ‘Don’t know’.

6.22 Seventy per cent of doctors agreed that the assessment process for their foundation programme had been fair to them personally (29% agreed strongly). One in nine (11%) neither agreed nor disagreed, while 8% disagreed. More widely, over seven in ten doctors (72%) felt that the assessment process was fair to most doctors (16% felt it was fair to all doctors). One in eight (12%) thought that the process was fair to a minority of doctors, or not fair to anyone at all. A relatively large proportion (16%) was not sure.

6.23 Two thirds of doctors registering in the last 5 years (66%) had completed some form of speciality training in the UK. These doctors were asked their views on the fairness of the assessment process of this training both on a personal level, and across doctors more widely.

6.24 Around three-quarters of doctors (76%) agreed that the assessment process for speciality training had, on a personal level, been fair (28% agreed strongly). Only one in nine (11%) disagreed with this statement. A slightly lower proportion of doctors felt that the assessment process had been fair to all who went through the process (63%).

6.25 Patterns by subgroup were once again consistent across both elements, with graduates aged 35 or under, white graduates and those who graduated in the UK all more likely to agree with both statements.

6.26 Educators were asked their views on the quality assurance processes for both undergraduates and postgraduates, relating to three key areas: whether they were robust, whether they were proportionate and whether they were fair. Please note that findings should be treated with caution in this section due to low base sizes.

6.27 As Figure 6.4 shows, results indicatively suggest that educators’ views on the robustness and fairness of the quality assurance processes were more positive than their views on how proportionate these processes were. For example, over four in five educators agreed that the quality assurance processes for postgraduates were robust (87%) or fair (83%), compared with less than three-quarters (73%) who agreed that the processes were proportionate. Very few disagreed with these statements and indeed lower levels of agreement were generally a result of educators not having enough knowledge about the processes to be able to divulge an answer.
Figure 6.4: Views on the quality assurance processes (Educators)

FOR UNDERGRADUATES

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Disagree</th>
<th>Neither / nor</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robust</td>
<td>7%</td>
<td>13%</td>
<td>60%</td>
</tr>
<tr>
<td>Proportionate</td>
<td>13%</td>
<td>20%</td>
<td>47%</td>
</tr>
<tr>
<td>Fair</td>
<td>7%</td>
<td>23%</td>
<td>50%</td>
</tr>
</tbody>
</table>

FOR POSTGRADUATES

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Disagree</th>
<th>Neither / nor</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robust</td>
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<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>Proportionate</td>
<td>13%</td>
<td>13%</td>
<td>73%</td>
</tr>
<tr>
<td>Fair</td>
<td>0%</td>
<td>17%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Base: All Educators (30*)

* Caution, low bases
7 Revalidation

Summary

7.1 This chapter examines the process of revalidation for doctors, assessing four values associated with the process (collecting more information about their practice, reflecting more about their practice, becoming more aware of how to apply the principles of good medical practice to work, and feeling more a part of a governed structure that supports professional development).

7.2 Doctors aged over 55 were more likely to have been revalidated (39% as opposed to a 29% average), as were male doctors (33% compared to 25% of female doctors). This may be due to the phased approach to introducing revalidation where medical leaders were one of the first groups of doctors to undergo revalidation.

7.3 Just under nine in ten doctors (86%) agreed that they were treated fairly throughout the revalidation process. Doctors in both the private and public sector were equally positive, and four in five (78%) agreed that they were provided with sufficient information about the revalidation process.

7.4 With respect to levels of awareness, nearly all stakeholders and employers had heard of the revalidation process. As might be expected awareness of the revalidation process among patients and public was comparatively low (76% were unaware).

7.5 Doctors were also asked to assess the impact of revalidation upon their practice. Revalidation was seen to have the greatest impact in terms of an increase in the amount of information doctors collected on their practice compared to 12 months ago (37% stated this to be the case). The smallest impact was seen in terms of feeling more part of a governed structure, although a quarter of doctors (24%) reported this to be the case and only 14% said that they felt this less so.

Views on process of revalidation

7.6 Doctors over the age of 55 were more likely to have been revalidated (39% vs. 29% average). A significant minority of doctors working in the private sector had been revalidated (40%) alongside a large proportion of those not currently in training (35%).

7.7 A third of male doctors (33%) partaking in the research had been through the process, in comparison with a quarter of women (25%). White doctors were also more likely to have been revalidated (32% vs. 26% BME doctors).

7.8 Doctors who had been revalidated were asked to identify the extent to which they agreed with a list of statements regarding the process, findings are shown in Figure 7.1.
### Fairness

7.9 As shown in Figure 7.1, most doctors (86%) agreed that they were treated fairly throughout the revalidation process; 48% strongly so. Only a minority (2%) disagreed that this was the case. The proportion of those agreeing is in line with findings from the 2014 NatCen survey\(^{26}\), wherein 84% agreed that they had been treated fairly. A slightly higher proportion disagreed that this was the case in the NatCen report (8%).

7.10 There was a general consensus of opinion across different demographics and there were no differences in opinion by gender, ethnicity or disability status and very little variation by age.

7.11 Furthermore, doctors working in the private and public sectors felt equally positive and there were no distinctions by working pattern or UK country of work.

7.12 That said, EEA doctors (94%) and IMGs (90%) were more likely to agree that the revalidation process was fair than those qualifying in UK (83%).

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Provided with sufficient information

7.13 Just under four in five (78%) revalidated doctors agreed that they were provided with sufficient information about the process, a slightly lower proportion than those who thought that they were treated fairly. A higher proportion of doctors also disagreed (11%) that they were provided with enough information.

7.14 In contrast to the general trend in attitudes, older doctors responded more positively than their younger colleagues - 84% of those aged 55+ agreed that they were provided with enough information, in comparison with 74% aged 36-54 and 67% aged 35 and under.

7.15 There were no differences by gender, yet there was some distinction by ethnicity; 14% of white doctors disagreed that sufficient information was provided, significantly higher than 7% of BME doctors.

7.16 Doctors who qualified outside the UK felt more positive than those who achieved their PMQ in the UK. Just 4% of those qualifying internationally and 8% of those from Europe disagreed that they received sufficient information (vs. 15% UK).

Concerns were addressed by information received

7.17 Three in five doctors (60%) agreed that any concerns they had about the process were addressed by information they received; one in ten disagreed (9%).

7.18 As with attitudes toward fairness and sufficiency of information, opinion was relatively consistent across subgroups. There were no significant differences by gender, working pattern or sector.

7.19 Reflecting on overall levels of agreement, there were no significant differences to report between age groups. However, those aged 55+ were more likely than younger doctors to strongly agree that any concerns were alleviated by information received (31% vs. 18% aged 35 or under).

7.20 In terms of ethnicity, two-thirds (66%) of BME doctors were likely to agree that their concerns were addressed, in comparison with 56% of white doctors.

7.21 There was also some difference by country of work. In contrast with doctors in Wales, those working in England were more likely to agree that the information they received regarding revalidation satisfied their concerns (61% vs. 46% Wales). Doctors in Scotland and Northern Ireland expressed middling views, not statistically different to the other nations and in line with the overall average (58% and 53% respectively).

7.22 Reflecting general trends, doctors who qualified in the UK were markedly less positive about the information they received. EEA doctor and IMGs were more likely to agree that their concerns had been addressed than those who had qualified in UK (71% and 77% vs. 53%, respectively).
Awareness of revalidation among employers, stakeholder and public

Level of familiarity among employers and stakeholders

7.23 Employers and stakeholders were asked about the extent to which they knew about the revalidation process. Nearly everyone (100% of stakeholders and 98% of employers) had at least heard of the process and awareness of the process was high.

7.24 Four in five (81%) employers stated that they were very familiar with revalidation with an additional 12% indicating that they were fairly familiar.

7.25 In addition to the 2% that had not heard of revalidation, a further 2% did not know anything about it (albeit they were aware of its existence).

7.26 Seven in ten stakeholders (69%) stated that they were very familiar with the process with just under a quarter (23%) stating that they were fairly familiar. Just 3% said that they did know anything about revalidation, although they had heard of it.

Level of familiarity among patients and public

7.27 Awareness of the revalidation process was fairly low among the general population; three-quarters of the public and patients (76%) had not heard of revalidation.

7.28 Awareness was age related with the eldest age group (55+) most likely to have heard of revalidation - three in ten (29%) of them had at least heard of the process, in comparison to approximately one fifth of the younger age groups (21% aged 35-54 and 19% under 35).

7.29 BME groups were more likely to state that they hadn’t heard of revalidation (82% vs. 75% white).

7.30 There was no difference by gender.

7.31 There was also no strong correlation between awareness of the revalidation process and whether or not the individual had been treated by a doctor in the last 12 months.

Whether asked to provide feedback on doctor’s treatment

7.32 All members of the public were also asked to confirm whether or not they have been asked to provide feedback on their doctor’s treatment, practice or consultation.

7.33 One in eight (12%) of public and patients had offered feedback, and those who used the healthcare system at least once a month on average were most likely to have provided feedback (18%).

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27 This excludes instances where patients have opted to provide feedback via a leaflet obtained in a GP practice or Walk-in-centre
Impact of revalidation: Doctors

7.34 All doctors who had been revalidated were asked to reflect on aspects of their current practice and to assess the extent to which their behaviour had changed over time. With regard to each of the four areas in question, although the majority of doctors had not altered their practice, at least a quarter reported improvements in each of these areas, as Figure 7.2 shows.

7.35 Across all areas, doctors who responded positively in relation to confidence in the UK medical profession, GMC’s regulation of doctors, and whether the GMC is demonstrating each of its organisational values were more likely to report an improvement.

Figure 7.2: Impact of revalidation on doctors’ practice

Whether collecting more information about their practice

7.36 Positively, around four in ten (37%) confirmed that they were collecting more information than 12 months ago. The majority of doctors (59%) stated that they were collecting the same amount of information, and only a small minority (2%) concluded that they were collecting less. Positively, around two in five (37%) confirmed that they were collecting more information.

7.37 In terms of demographics, there were very few notable differences, but a notably higher proportion of BME doctors stated that they were collecting more information (52% vs. 28% white doctors). This
finding remained true when UK qualified doctors were looked at in isolation (42% UK qualified BME doctors vs. 27% UK qualified white doctors).

7.38 Nearly two in five (38%) working in the public sector stated that they were collecting more information than a year ago, in contrast with less than three in ten (27%) working in the private sector. Indeed, the majority of doctors working in private practice (71%) said that they were collecting the same amount of information (vs. 59% in the public sector).

7.39 Three in ten (30%) doctors who had qualified in the UK said that they were collecting more information in contrast with significantly higher proportions of those who had qualified elsewhere (internationally 53%; Europe 46%).

7.40 There was no difference in behaviour by country of work.

7.41 Doctors with less confidence in the medical profession and GMC’s regulation were more likely to report a decrease in the amount of information collected; 9% of doctors lacking confidence in the medical profession said this was the case (vs. 2% with confidence), as did 5% with little confidence in GMC’s regulation (vs. 1% with confidence). In a similar vein, doctors who felt the GMC were not meeting any of its four organisational values28 were more likely to report that they were collecting less information on their practice than 12 months ago (27% vs. 35% who were neutral in this regards, and 48% who were positive29).

**Whether reflecting more about their practice**

7.42 A third of doctors who had been revalidated (34%) indicated that they were reflecting more on their work than a year ago, while two-thirds (64%) there had been no change. A tiny minority (2%) said they were doing so less.

7.43 In terms of demographics, there were no differences in behaviour by age group. However, half of BME doctors (50%) confirmed that they were reflecting more on their work in comparison with less than a quarter of white doctors (23%). Again, when looking at UK qualified doctors in isolation this relationship remained (34% UK qualified BME doctors vs. 21% UK qualified white doctors).

7.44 There was little difference by sector; although a higher proportion of doctors working in the private sector stated that they were neither more, nor less, than a year ago (74% vs. 63% public). In terms of working pattern, those employed part-time were more likely to state that they were not reflecting more on their practice (73% vs. 64% working full-time).

7.45 Doctors on the specialist register were more likely than those on the GP register to report that they are not reflecting more on their practice than 12 months ago (33% vs. 24%). This was the only significant difference expressed by those on the GP and Specialist Registers toward revalidation.

7.46 In terms of PMQ region, the greatest positive impact was seen among IMGs, with over half reporting an increase in the extent they are reflecting on their practice. Just under half of EEA graduates felt they were also reflecting more (45%). Those who gained their PMQ within the UK were comparatively less likely to report a positive change, however a quarter still did so (23%).

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28 GMC’s four organisational values: Excellence – the GMC is committed to excellence in everything that it does; Fairness – the GMC treats everyone fairly; Transparency – the GMC is honest, open and transparent; and Collaboration – the GMC is a listening and learning organisation.

29 Doctors who agreed that the GMC is meeting all of its organisational values were classed as ‘positive’, those who did not give purely positive or negative responses across all four values were classed as ‘neutral’.
7.47 There were no notable differences by country of work.

7.48 Doctors with a more positive outlook on the medical profession and the GMC were more likely to report an increase in how much they are reflecting on their practice. For example, a greater proportion of those with confidence in GMC’s regulation indicated they are reflecting more (40% vs. 16% without confidence), as did those who felt the GMC is demonstrating all four of its values\(^\text{30}\) (52% vs. 29% who were relatively neutral and 14% who were negative in this regard).

**Whether more aware how to apply the principles of good medical practice to work**

7.49 Just under seven in ten revalidated doctors (68%) said that they were no more or less aware of how to apply the principles of good medical practice than a year ago. Three in ten (29%) said that they were more aware, and a very small minority claimed they were less aware (2%).

7.50 In terms of demographics, there were no significant differences by age or gender. However, BME doctors were most likely to report change: 42% said they were more aware (vs. 20% white doctors). Looking at UK qualified doctors alone, this relationship was seen still (29% UK qualified BME doctors vs. 12% UK qualified white doctors).

7.51 Those doctors working in private practice were markedly more likely to report that there had been no change in the last 12 months (80% vs. 70% public sector). In terms of working pattern, those working part-time were more likely to claim they were no more aware (76% vs. 69% full time).

7.52 There was also some distinction by country of work; England and Wales were comparatively more likely than Scotland to report a positive change in this regard, with around three in ten (31% and 29% respectively) stating that they were more aware than 12 months ago compared to 15% of doctors from Scotland.

7.53 In line with the general trend, a markedly higher proportion of doctors who qualified in the UK said that they were no more aware of how to apply the principles of good practice. Four in five (79%) said that they were no more aware, in comparison to a half of IMGs and EEA doctors (52% respectively).

7.54 As with the previous two impact areas, doctors who responded positively in relation to the UK medical profession, GMC’s regulation and GMC’s values also responded more favourably in terms of whether they felt more aware of how to apply the principles of good medical practice to work\(^\text{31}\).  

**Whether feel more a part of a governed structure that supports professional development**

7.55 Of all four aspects, revalidated doctors were most likely to say that they did not feel any more part of a governed structure compared to 12 months ago, although a quarter (24%) still said they felt more so. 58% said that they felt no different and 14% stated that they felt like less of a part of a governed structure in comparison with 12 months ago.

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\(^{30}\) GMC’s four organisational values: Excellence – the GMC is committed to excellence in everything that it does; Fairness – the GMC treats everyone fairly; Transparency – the GMC is honest, open and transparent; and Collaboration – the GMC is a listening and learning organisation.

\(^{31}\) Those with confidence in the medical profession were less likely to state a decrease in this regard (2% vs. 11% without confidence), and those with confidence in GMC’s regulation were more likely to report an increase (34% vs. 15% without confidence), as were those who felt the GMC demonstrates all four of its organisational values (47% vs. 25% who were relatively neutral, and 8% who responded negatively to all GMC’s values).
7.56 Again, BME doctors were most likely to report a positive change - over two-thirds (36%) said that they felt more part of a structure than 12 months ago in comparison with just 16% of their white colleagues.

7.57 Moreover, once more, doctors who had qualified in the UK were most likely to report that there had been no change in this respect. Four in five (81%) said that they didn’t feel any more part of a structure, in contrast with much lower proportions of those who qualified in Europe (62%) or internationally (53%)

7.58 Doctors who lacked confidence in the UK medical profession and GMC’s regulation were more likely to report that they felt less part of a governed structure than 12 months ago (13% and 8% vs. 28% and 32% of doctors with confidence, respectively). Doctors who disagreed that the GMC is meeting any of its four organisational values were also more likely to report a decrease (45% vs. 4% who agreed across all values and 14% of those who were comparatively neutral).

Impact of revalidation: Employers and Stakeholders

7.59 Although the question wording was not explicitly linked to revalidation, all employers and stakeholders were also asked if they had seen an improvement over the past 12 months in the aforementioned four areas. As a whole, responses were more positive than that of doctors, especially among employers for whom a minimum of three in five reported an improvement in each area, as shown in Figure 7.3.

7.60 Employers and stakeholders were most likely to report an increase in the amount of information doctors are collecting about their practice, with five in six employers (85%) citing an increase, and seven in ten stakeholders (69%).

7.61 Mirroring the findings from doctors, employers and stakeholders were also least likely to report a positive change in relation to doctors feeling more part of a governed structure, although the majority of these two audiences did so (69% of employers, 51% of stakeholders).

7.62 Across all four areas, employers who provided positive feedback in regards to GMC’s corporate strategy roles and responsibilities were more likely than average to report a positive change over the last 12 months:

- 90% felt doctors are collecting more information about their practice (vs. 85% average)
- 84% felt doctors are reflecting more on their practice (vs. 73% average)
- 70% felt doctors are more aware of how to apply the principles of good practice to their work (vs. 59% average)
- 76% felt doctors are more part of a governed structure that supports their professional development (vs. 69% average).

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32 GMC’s four organisational values: Excellence – the GMC is committed to excellence in everything that it does; Fairness – the GMC treats everyone fairly; Transparency – the GMC is honest, open and transparent; and Collaboration – the GMC is a listening and learning organisation.

33 Employers who responded positively to 3 out of 4 of the corporate strategy roles (taking action to protect public before they are put at risk, helping to raise the standards in medical practice and education, modernising the way that complaints and concerns about patient safety are dealt with, working closely with doctors, medical students and patients on the frontline for care) were defined as providing ‘positive feedback’
### Employers and stakeholders views on the impact of revalidation

<table>
<thead>
<tr>
<th>Survey Area</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Don’t Know (%)</th>
<th>Base: All Employers (226) and Stakeholders (35*)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors are collecting more information</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employers</td>
<td>85%</td>
<td>11%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Stakeholders</td>
<td>69%</td>
<td>17%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td><strong>Doctors are reflecting more</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employers</td>
<td>73%</td>
<td>22%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Stakeholders</td>
<td>60%</td>
<td>29%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td><strong>Doctors are more aware of how to apply the principles of good practice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employers</td>
<td>59%</td>
<td>36%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Stakeholders</td>
<td>37%</td>
<td>43%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td><strong>Doctors are more part of a governed structure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employers</td>
<td>69%</td>
<td>26%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Stakeholders</td>
<td>51%</td>
<td>26%</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

*Caution, low bases*
8 Raising concerns

Summary

8.1 The majority of educators, doctors and medical students had not been concerned about a colleague’s practice in the past year.

8.2 Across all audiences, most anticipated that they would refer to a senior colleague if they had concerns about a colleague’s conduct. This was reflected in reality; the majority who had acted on their concerns had consulted a senior colleague.

8.3 In theory, over half of educators would refer to the GMC, in comparison with a third of doctors. Yet, in practice, only 8% of doctors who had acted on their concerns had consulted the GMC.

8.4 A minority of doctors (5%) had not spoken to anyone about their concerns. Most commonly they cited that they were unsure their suspicions were correct and so had not formally raised a concern.

8.5 A markedly higher proportion of employers (81%) had been concerned about a doctor’s ability to do their job in the last year. Of these, 82% consulted the GMC in regards to their concerns.

Doctors / Medical Students / Educators

Proportion concerned about a colleague’s practice

8.6 In the online survey, audiences were asked if in the course of the last 12 months, they believed that patient safety or care had been compromised by the practice of a colleague. 17% of educators, 14% of doctors and 6% of medical students said that they had found themselves in such a situation.

8.7 Nearly a quarter (23%) of doctors with a disability said that they had been concerned in the past year, markedly higher proportion than those without a disability (13%). A statistically significant (albeit only slightly) higher proportion of white doctors stated that patient safety had been compromised by a colleague (16% vs. 12% BME doctors).

8.8 Notably, older doctors were less likely to report that they had harboured concerns about a colleague’s practice. Nearly all doctors aged 66+ (93%) claimed that they had not been worried in the last year (vs. 82% average).

8.9 By country of work, doctors employed in England were more likely than those working in Scotland to say that patient safety had been compromised in the last 12 months (15% vs. 10%).

Where would you go to raise a concern?

8.10 All three audiences (regardless of whether or not they had harboured concerns in the past year) were asked from a list of options where they would go in the event that a patient’s safety was being compromised by a colleague’s practice. Respondents could select as many codes as possible.
other hand, were more likely to say that they would consult their employer or commissioning body (57%) than doctors (38%) or medical students (22%).

Pertinently, a third of doctors (32%) would refer to the GMC, but medical students (37%) and, particularly educators, (53%) would be more likely to do so. Yet, higher proportions of both doctors (37%) and medical students (43%) would opt to speak to the doctor in question personally.

**Figure 8.1:** Where would go to if raising concerns - prompted

Where *did* you go to raise a concern?

8.12 Male doctors were significantly more likely than female doctors to consult the GMC (36% vs. 28% women) and they were also more likely to consult their employer (42% vs. 34% women). On the other hand, female doctors were more likely to refer to a senior colleague or supervisor (90% vs. 85% men).

8.13 Doctors working in a private practice were more likely to report their concerns to the GMC (38% vs. 32% public sector). A third of doctors in England (33%) said they would refer to the GMC, in contrast with just a quarter of doctors in Wales (25%).

8.14 All who stated that they had felt concerned about colleagues’ practice in the past year were asked where they *did* go to raise a concern.

8.15 Reflecting general thought about anticipated action, in reality most doctors had referred to a senior colleague or supervisor (79%). Moreover, as anticipated, approximately a third (33%) had discussed the situation with their employer; a higher proportion of these were men than women (38% vs. 27%).
Only 14% of doctors aged 35 or under had consulted their employer, in comparison with 43% of those aged 36-54 and 44% of the elder age group (55+).

8.16 However in practice, only a minority of doctors had consulted the GMC (8%)\(^{35}\); these were more likely to have been men (12% vs. 3% women). Older doctors (55+) were also more likely to have referred to the GMC (14%) than those aged 36-54 (5%) or under 35 (3%).

8.17 Although most medical students (96%) had indicated that they would consult a senior colleague if they had concerns, approximately six in ten (61%) had done so in reality (although some caution should be exercised here due to low base size)\(^{36}\).

**Figure 8.2: Where did raise concern - prompted**

<table>
<thead>
<tr>
<th>Where</th>
<th>Doctors</th>
<th>Medical Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>A senior colleague / educational supervisor / clinical supervisor</td>
<td>79%</td>
<td>61%</td>
</tr>
<tr>
<td>Your employer / comissioning body</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>The GMC</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Your Postgraduate Deanery / Local Education and Training Board</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Your Medical College or Faculty</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>No - have not raised concerns</td>
<td>5%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Base: All Doctors (383) and Medical students (14*) who have been concerned in the last 12 months

* Caution, low bases

**Reasons for not raising concerns**

8.18 A minority of those who believed a patient’s safety had been compromised in the past year had taken no action. 5% of doctors did not raise their concern with anybody (and additional 5% preferred not to disclose their course of action). A third of medical students (33%) had not raised their concern.

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\(^{35}\) It is likely that this disparity is due to the nature of the case; whilst 33% would potentially consult the GMC if required, it may not have been necessary to escalate the issue to this level in reality.

\(^{36}\) 14 medical students had felt concerned in the past 12 months
8.19 Although base sizes were low\(^{37}\), doctors most commonly stated they had not taken action because they were not sure their suspicions were accurate (38%) or because they thought reporting channels were too punitive (32%).

8.20 Medical students were most likely to state that they had been deterred from reporting their concerns because they felt channels were too punitive; 3 out of 4 medical students who had not reported the issue stated this was the case\(^ {38}\).

**Employers**

8.21 Similarly, employers were also asked in the telephone survey if they had ever felt concerned about a doctor's ability to do their job. In the past year, over eight in ten (81%) had been concerned.

8.22 Most commonly, employers discussed the issue (94%) with a colleague, but a large proportion (82%) had reported their concerns to the GMC. Two thirds (65%) had spoken with the National Clinical Assessment Centre, and approximately four in ten (42%) had reported the issue to the doctor's medical college or faculty. A smaller proportion had used a central reporting system (e.g. the National Reporting and Learning System) (16%) or called a confidential helpline (9%).

8.23 Only four employers had not reported their concerns; two of these employers indicated this was because they deemed the issue to be too minor.

8.24 More generally, employers were also asked whether or not they had noticed a change in the level of concerns raised about doctors' practice. Four in ten (41%) said that they had noticed an increase in the past year, although 54% said that they had not noticed a difference.

**Patient and Public views on raising concerns**

**Proportion of patients and public seeking advice on standards of care to be expected of a doctor**

8.25 In the telephone survey, patients and the public were asked if they had ever sought advice on standards of care that one can expect from a doctor. The vast majority of patients and public had not done so (90%); one in ten had (9%). There was no disparity by age or gender, but the BME population were more likely to have sought advice (16% vs. 8% white).

**Where patients and public went / would go if seeking advice on level of care**

8.26 Patients and the public were asked, unprompted where they obtained advice about standards of care, or, where they would potentially look for advice if they hadn't done so previously. Answers were then coded to the relevant theme(s). A quarter (24%) would conduct a generic internet search and 12% would refer specifically to the NHS website.

8.27 Following this, a fifth (19%) of patients and public stated that they would seek advice from doctors themselves, and 17% of patients and public said that they would seek advice from the GMC. Those in the ABC1 social grade were much more likely to seek advice from the GMC compared to those in the C2DE social grade (22% in ABC1 compared to 10% in C2DE).

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\(^{37}\) 21 doctors had felt concerned, but not reported the issue

\(^{38}\) 4 medical students had felt concerned, but not reported the issue.
8.28 Healthcare professionals were also more likely to seek advice from the GMC, with 37% stating that they had done or would do this. They were also more likely to seek information from a hospital advice or complaints service (11% compared to the 4% average).

8.29 Yet, a large proportion of patients and public (23%) said that they did not know where they could go to seek advice on levels of care. Those aged over 55 years (28%) and of C2DE social grade (30%) were most likely to state that they would not know where to go.

**Figure 8.3:** Patient and public views on seeking advice on levels of care (unprompted)

![Chart showing where patients and public would and did go for advice]

**Whether patients and public thought about raising concerns in over the last 12 months**

8.30 In the last year only a small minority of patients and public (8%) had thought about formally raising a concern about a doctor. Those aged over 65 were slightly less likely than average to do so (4%) and healthcare professionals were most likely to have considered reporting their reservations (12%).

8.31 Those who were not confident in the UK medical profession were also more likely to consider raising concerns (with 16% stating that they would do this) as were those with some knowledge of the GMC (14%).

**Whether concerns were formally raised**

8.32 Of the 8% of patients and public who had thought about raising concerns over the last 12 months, a third (34%) had done so.
8.33 Whilst there were no remarkable differences across the age, social grade and ethnicity subgroups, those whose child or parent had been treated in the last 12 months were more likely than average to have raised their concerns (54%). In contrast, those who had personally received treatment were no more or less likely than average to have formally raised the issue (32%).

8.34 Those who used the healthcare system at least once a month were more likely to have raised their concerns (40% vs. 34% average).

8.35 Pertinently, half (51%) of those with concerns holding a great amount of confidence in the GMC had formally raised them. In addition, a significant proportion (74%) of those who had used the GMC website in the last 12 months went on to raise their concerns.

**Reasons for not raising concerns**

8.36 Of the 8% of patients and public who had thought about raising concerns over the last 12 months, two thirds (66%) did not formally raise them.

8.37 Most commonly, it was felt that raising concerns would not make a difference (26%), a view maintained by a higher proportion of men (31% vs. 22% women). Those not confident in the UK medical profession were also markedly more likely to cite this as a reason (67%).

8.38 Equally commonly, the public cited that they had not formally raised their concerns because they did not know how to do so (25%). A notably higher proportion of young people (under 35 years) said that they were not aware of complaint mechanisms and / or were unaware of how to access them (45% vs. 25% average). Over half (52%) of BME patients and public also maintained this view. Significantly, three-quarters (76%) of those who had never heard of the GMC, did not know how to make a complaint.

8.39 Additionally, nearly six in ten (58%) whose child or parent had been treated by a doctor did not raise their concerns because they did not have the time to get around to it.

8.40 A smaller proportion (13%) of patients and public reported that they had not raised their concerns because they did not want to make a fuss, but this was particularly felt by those who use the health system more than once a week (44% vs. 13% average).

8.41 One in ten patients and public (9%) had not raised concerns because they felt too upset / distressed.

8.42 Patients and public also stated that there were ‘other’ reasons for not raising their concerns (44%).
Figure 8.4: Reasons for not raising concerns – unprompted

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I didn't think it would make a difference</td>
<td>26%</td>
</tr>
<tr>
<td>I didn't know how / mechanism to complain is not accessible</td>
<td>25%</td>
</tr>
<tr>
<td>I didn't get round it</td>
<td>19%</td>
</tr>
<tr>
<td>I didn't want to make a fuss</td>
<td>13%</td>
</tr>
<tr>
<td>Too upset / distressed</td>
<td>9%</td>
</tr>
<tr>
<td>It was regarding someone else - they had to complain</td>
<td>6%</td>
</tr>
<tr>
<td>I didn't know whether it was justified</td>
<td>5%</td>
</tr>
<tr>
<td>I was scared it might impact on me</td>
<td>4%</td>
</tr>
<tr>
<td>Problem was too minor</td>
<td>4%</td>
</tr>
</tbody>
</table>

Base: Public and patients who did not raise concerns (79)

Organisations to which concerns were / would be formally raised

8.43 All patients and public were asked to whom they would raise a concern about a doctor’s conduct or to confirm where they had previously complained. Those that formally raised concerns were asked where (or to whom) they had done so in reality.

8.44 Over a quarter (29%) of patients and public stated that they would formally raise their concerns with the practice or surgery manager; women were particularly likely to do so (34% vs. 23% men). White members of the public were also significantly more likely to refer to the practice or surgery manager than BME groups (30% vs. 23%). In reality, this was where patients and public were most likely to raise their concerns.

8.45 A slightly smaller proportion (25%) of patients and public stated that they would raise concerns with the GMC. Healthcare professionals were particularly likely to raise their concerns with the GMC (38%). In contrast, younger patients and public were among the least likely to do this (18%).

8.46 One in ten (11%) would formally raise concerns with hospitals / NHS management / Chief Executives. However, healthcare professionals were again more likely to do this, with 21% stating that this was the

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39 Only a minority of the public had formally raised concerns (38), so figures here are presented as integers rather than percentages.
case. Of the minority that had acted on their concerns, five had reported the issue to hospital staff and further five had referred to the Patient Advice Liaison Service.
9 GMC’s Employer Liaison Service

Summary

9.1 This chapter explores employers’ views on the Employer Liaison Service (ELS), first by assessing familiarity and usefulness, then looking at reasons why the relationship between an employer/their organisation and the ELS is not viewed as useful.

9.2 Seven in ten employers (69%), at a minimum, know an ELA had some involvement with their organisation, with over half stating that they are very familiar with the work they do (54%).

9.3 A large majority of employers aware of an ELA’s involvement (89%) felt the relationship was useful to them/their organisation.

9.4 Of the small proportion (7%) who did not view the relationship as useful, around half (46%) attributed their reasoning to a lack of contact on the GMC’s behalf.

9.5 As illustrated in Figure 9.1, overall around two-thirds of employers (65%) were at least familiar with the involvement an Employer Liaison Advisor (ELA) has had with their organisation, with more than half reporting that they are very familiar (54%). A further 6% of employers at least knew of the involvement an ELA has had with their organisation.

9.6 Medical Directors were much more likely to be familiar with the ELS service; 67% were very familiar in comparison with 39% of HR Directors. One in ten (10%) HR Directors said that, as far as they were aware, their organisation had not been involved with the ELS, in comparison with 2% of Medical Directors. However, HR Directors and Medical Directors were equally likely to be aware of the overall service (77% and 82% respectively; not significantly different)

Figure 9.1: Familiarity and usefulness of ELAs among employers

QF5. How familiar are you with the involvement an ELA has had with your organisation? Would you say…
Base: All Employers (226)

QF5. How useful for your and your organisation have you found your relationship with a dedicated ELA? Would you say…
Base: All Employers who have some knowledge of the ELS (165)
9.7 Employers who had at least some knowledge of the ELS (69% of all employers) were asked how useful the relationship with a dedicated ELA had been to them and/or their organisation. As shown in Figure 9.1 above, these employers were predominantly positive in response, with more than two-thirds (68%) stating that the relationship had been very useful, and a further one in five fairly useful (20%).

9.8 Employers who knew an ELA had some involvement with their organisation but knew nothing about their work were far less likely to state that this relation had been useful compared to those with at least some knowledge of the advisor’s work (22% vs. 92%).

9.9 The small proportion of employers who felt the relationship had not been useful (7%) were asked, unprompted, for their views on why this was the case. Although the base sizes were low, just under half of these employers felt the GMC had little contact with their organisation (46%), while around one in five felt that the GMC was non-responsive in reaction to their concerns (19%) or lacked the influence needed to be useful (19%).

9.10 Few sub-group differences were seen in terms of both familiarity and usefulness, with no differences observed by country. However, employers who responded positively to the corporate strategy roles and responsibilities of the GMC (i.e. those who agreed the GMC fulfil the majority of these roles40) were more likely to express familiarity with the involvement of an ELA (62% vs. 44% of those who responded neutrally and 38% who responded negatively41).

40 Employers who responded positively to 3 out of 4 of the corporate strategy roles (taking action to protect public before they are put at risk, helping to raise the standards in medical practice and education, modernising the way that complaints and concerns about patient safety are dealt with, working closely with doctors, medical students and patients on the frontline for care) were defined as providing ‘positive feedback’

41 The difference between the positive and negative proportions was not significantly albeit large, due to the small base size of those negative (n=19).
10 Fitness to Practise

Summary

10.1 This chapter covers doctor, medical student, employer and stakeholder views on the fairness of the outcomes of two Fitness to Practise processes - Fitness to Practise investigations and Fitness to Practise panel hearings run by the Medical Practitioners Tribunal Service (MPTS).

10.2 Overall responses were largely positive, although somewhat mixed between the audiences and relatively less positive in relation to the panel hearings.

10.3 Doctors were the least positive audience in regards to both processes, with around a quarter lacking confidence in both processes (27% for investigations, 23% for panel hearings).

10.4 The majority of employers and stakeholders were confident that both the investigations (80% and 83% respectively) and panel hearings (73% and 80%) produced fair outcomes.

10.5 All doctors, medical students, employers and stakeholders were asked how confident they were that the GMC’s Fitness to Practise investigations produce fair outcomes for all groups of doctors.

10.6 As Figure 10.1 demonstrates, although audiences were generally positive (at least half of each cited confidence), doctors were comparatively more likely to exhibit a lack of confidence, with just under three in ten (27%) stating this was the case.

10.7 Older doctors were more likely to not have confidence in Fitness to Practise investigations, with one in three doctors (33%) aged 55 and over stating this to be the case, compared to under one in five (17%) aged 35 and under.

10.8 Doctors working in the private sector were also more likely to lack confidence in these investigations (36% vs. 26% of public sector doctors), as were doctors who had been revalidated (33% vs. 23% of those who had not), and those with a disability (36% vs. 25% without).

10.9 Levels of confidence were comparable between BME doctors and white doctors (52% of BME and 51% of white doctors had confidence in the investigation process).

10.10 In terms of PMQ region, only one in six EEA doctors (16%) lacked confidence in the fairness of investigation outcomes, compared to a quarter of IMGs (23%), and three in ten UK doctors (30%).

10.11 Medical students were the most likely to remain neutral (28%), and the least likely to show no confidence in the investigations (7%). Unlike the findings for doctors, BME medical students were less confident than white students that Fitness to Practise investigations produce fair outcomes (12% of BME medical students were not confident, compared to 5% of white medical students).

10.12 For both employers and stakeholders, around four in five responded positively in regards to the Fitness to Practise investigations (80% of employers were confident, as were 83% of stakeholders).
10.13 These audiences were also asked how confident they were that Fitness to Practise panel hearings run by the Medical Practitioners Tribunal Service (MPTS) produce fair outcomes. Feedback was slightly less positive than that for investigations, although a similar pattern was seen in terms of the relative confidence between the different audiences.

10.14 As with Fitness to Practise investigations, doctors were the least positive; a little over two in five doctors (42%) exhibited confidence, as illustrated in Figure 10.2. Although this is less than those who cited confidence in the investigations (51%), slightly fewer said they did not have confidence (23% vs. 27% for investigations), with a larger proportion remaining neutral (35% vs. 22% for investigations).
Figure 10.2: Levels of confidence that Medical Practitioners Tribunal panel hearings produce fair outcomes

<table>
<thead>
<tr>
<th>Group</th>
<th>Strongly disagree</th>
<th>Tend to disagree</th>
<th>Tend to agree</th>
<th>Strongly Agree</th>
<th>Not Confident:</th>
<th>Neither/ nor:</th>
<th>Confident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>7%</td>
<td>16%</td>
<td>35%</td>
<td>7%</td>
<td>23%</td>
<td>35%</td>
<td>42%</td>
</tr>
<tr>
<td>Medical Students</td>
<td>6%</td>
<td>46%</td>
<td>13%</td>
<td></td>
<td>6%</td>
<td>35%</td>
<td>59%</td>
</tr>
<tr>
<td>Employers</td>
<td>3%</td>
<td>14%</td>
<td>54%</td>
<td>19%</td>
<td>16%</td>
<td>11%</td>
<td>73%</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>6%</td>
<td>54%</td>
<td>26%</td>
<td></td>
<td>6%</td>
<td>14%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Base: All Doctors (2722), Medical Students (267), Employers (226) and Stakeholders (35*)
* Caution, low bases

10.15 Greater proportions of doctors lacking confidence in hearings were seen among the same sub-groups as for investigations:

- Older doctors (29% of 55+ year olds vs. 25% of 36-54 year olds and 15% aged 35 and under);
- Those working in the private independent sector (31% vs. 23% in the public sector);
- Those who had been through revalidation (29% vs. 20% who had not);
- Those with a disability (33% vs. 22% without); and
- Those who gained their PMQ in the UK (26% vs. 17% EEA and 20% IMG).

10.16 Medical students were the second least positive, with three in five (59%) confident of the fairness of panel hearing outcomes.

10.17 For both employers and stakeholders the proportion without confidence remained consistent across the two elements of Fitness to Practise processes, and there was a greater tendency for neutrality in relation to MPTS panel hearings than in investigations (11% for employers vs. 5%; 14% for stakeholders vs. 9%, respectively).
11 Ethical and Professional Guidance

Summary

11.1 This chapter explores perceptions on the availability of ethical and professional guidance and the usefulness of guidance provided by the GMC.

11.2 The vast majority of doctors (85%) and medical students (90%) reported that they would go to a defence or protection organisation to seek advice or support on ethical and professional guidance. Just over two in five doctors reported that they would look to the GMC to provide this guidance (43%).

11.3 In terms of support-related services offered by the GMC on ethical and professional matters, the most widely used by all audiences was guidance such as Good Medical Practice, Consent and Confidentiality. Nearly three in five doctors (59%) used these types of guidance.

11.4 Generally GMC guidance was reported to be helpful, although only 60% of doctors who had used the GMC helpline reported finding it helpful, which is important to consider given the high proportion of doctors (70%) who reported that they would like the GMC to provide a telephone advice line.

Seeking support on ethical and professional guidance

11.5 Doctors and medical students were asked where they would go to for advice or support on ethical and professional guidance relating to their practice. They were offered a selection of sources as well as being allowed to suggest up to three other types.

11.6 Nearly all reported that they would go to a defence or protection organisation such as the Medical Defence Union or the Medical Protection Society (85% of doctors; 90% of medical students). Going to a colleague (65%; 80%), the British Medical Association (52%; 68%) and the GMC (43%; 53%) were the next most common organisations from which doctors and medical students would seek advice or support, as Figure 11.1 shows.

11.7 Among doctors, there were some differences by demographic subgroups. Male doctors were less likely to go to the British Medical Association (50% vs. 55% of female doctors), but more likely to go to their medical college or faculty than female doctors (37% vs. 32%).

11.8 By age group, doctors aged 36-54 were much more likely to use the GMC (47% vs. 43% average), while older doctors tended to use their medical college or faculty more commonly than younger doctors (39% of those aged 55 plus compared with 28% of those aged 35 or under).

11.9 There were also clear differences by the nature of organisation doctors were working for: those in the private sector were more likely to go to a colleague for support on ethical and professional guidance (72% vs. 65% of those in the public sector) and a medical college or faculty (47% vs. 34%). Meanwhile, public sector doctors appeared to make more use of the British Medical Association (BMA) for this purpose (53% vs. 43% of private sector doctors).

11.10 Ethnicity appeared to be a driver in the organisations that doctors chose when seeking advice or support on ethical and professional guidance. Just under half of BME doctors (47%) sought advice from the GMC (compared with 40% of White doctors). Conversely, white doctors were more likely to seek help from a defence organisation (87% vs. 83% of BME doctors), a colleague (72% vs. 57%) and
their medical college or faculty (38% vs. 30%). It is also worth noting that doctors in Scotland (90%) made more use of defence organisations than the average (85%).

**Figure 11.1: Sources of advice or support that doctors and medical students use for ethical and professional guidance**

11.11 Those who gave more than one answer were asked what they considered to be the most important source of advice. As also shown in Figure 11.1, for both doctors and medical students, a defence or protection organisation was deemed most important (39% and 37% respectively). Over one-fifth also stated that the GMC (22%; 25%) or a colleague (both 22%) were the most important sources of advice on ethical and professional guidance.

**Use and helpfulness of GMC ethical and professional guidance support**

11.12 Doctors, medical students, employers and educators were referred to specific types of ethical and professional guidance support that GMC provides and asked whether they had used them in the last 12 months (i.e. the 12 months prior to the survey).

11.13 As Figure 11.2 illustrates, all audiences most frequently used GMC guidance such as Good Medical Practice, Consent and Confidentiality. This was particularly common among employers (85%), although a majority of medical students (80%), educators (77%) and doctors (59%) also reported use of these materials.
11.14 Among doctors, females were more likely to have referred to GMC guidance (62% vs. 57% of males), as were BME doctors (62% vs. 57% of white doctors, although this difference was not seen when observing UK PMQ region findings alone). In terms of age, those aged 66+ had a lower proportion than average referring to GMC guidance (45%). No differences by country of work were observed.

11.15 Those exhibiting confidence in both the UK medical profession and the way in which it is regulated by the GMC were more likely to have used this form of ethical support; three in five doctors with confidence in each regard reported using GMC guidance, compared to half of those without confidence (60% vs. 49% in terms of the UK medical profession; 62% vs. 51% in terms of GMC’s regulation).

11.16 GMC’s online learning materials were also widely used, particularly by medical students (59%), although less so by doctors (25%). The GMC written advice service (7% of doctors), the GMC learning session (6%) and the GMC helpline (4%) were used less frequently.

**Figure 11.2: Use of GMC ethical and professional guidance in the last 12 months**

![Bar chart showing use of GMC guidance, online learning materials, written advice service, learning session, and helpline by different groups (Doctors, Medical Students, Employers, Educators).]

11.17 As shown in Figure 11.3, nearly all doctors who used the GMC learning materials (93%) found these helpful (33% very helpful). The majority of doctors also reported finding the GMC’s written advice service (84%) and the GMC learning session they attended (82%) helpful.
11.18 GMC’s telephone helpline was deemed less helpful (although 60% did) - this figure was predominantly driven by the high proportion of doctors who could not recall their interaction with GMC in this regard (33% said ‘Don’t know’). Indeed, doctors were most likely to find the GMC learning session they attended unhelpful (13%, rising to 18% among male doctors).

**Figure 11.3: Doctors views on the helpfulness of ethical and professional guidance used**

11.19 The survey canvassed views among medical students, employers and educators on the helpfulness of the guidance they received; however, owing to small base sizes in this regard, these findings cannot be presented with a high level of statistical confidence. Nevertheless, responses indicate that all three audiences tended to find GMC guidance helpful, with figures generally consistent or higher than those reported by doctors.

**Types of ethical support audiences would like the GMC to provide**

11.20 In addition to asking about use and helpfulness of specific GMC guidance, doctors, medical students and educators were asked which types of support on ethical questions and dilemmas that they encountered in their work they would like GMC to provide from a list of pre-codes.

11.21 As Figure 11.4 shows, all audiences reported that the type of support they would value most highly from the GMC was a telephone advice line; medical students in particular reported that they would like this form of support (77% compared with 73% of educators and 70% of doctors). This does, to an
extent, conflict with the relatively low proportions of doctors, medical students and educators who used the telephone helpline in the last 12 months.

11.22 Other types of support provision garnered similar levels of interest across each audience, as the figure 11.4 shows. Among doctors for example, over half (55%) would like the GMC to provide interactive resources on their website, while around two-fifths wanted the GMC to provide flow charts to aid in the decision making process (43%), case studies (41%) and a written advice service (39%). Lower proportions felt that the GMC should provide hard copies of guidance (31%) or a presentation on the subject provided locally (25%).

**Figure 11.4:** Types of ethical support doctors, medical students and educators would like GMC to provide - prompted

11.23 Around one in six doctors (16%) cited one source only in terms of the type of support they would like on ethical and professional guidance. Among these doctors, a telephone advice service was preferable for just under half (49%), and interactive resources on the GMC’s website was identified by one in six doctors (17%). A written advice service was the only type of support wanted by 12% of doctors. Fewer than one in ten cited the remaining types of ethical support as the only source they would like (7% for hard copies of guidance; 4% for both case studies and flow charts; 3% for a local presentation).

11.24 A similar pattern was observed among medical students, although caution should be taken due to the low base size of medical students only citing one source (n=21). Over half said that they would want a
telephone advice line only (52%), while a third reported that they would only want interactive resources on GMC’s website (33%). As with doctors, a written advice service was the third more commonly report type of support referenced in isolation (14% cited this alone).
12 Communications

12.1 The survey captured various views on GMC’s communications with its target audiences. This chapter explores the use of various GMC communication channels, perceptions of communication, and views on the GMC’s requests for information and its website.

12.2 Doctors reported three main channels through which they had had contact with the GMC over the last 12 months: the individual secure portal on the GMC website (58%), letters from the GMC (56%), and via the ‘GMC News’ newsletter (54%). Older doctors were more likely to use more traditional forms of communication.

12.3 Offered a choice of three measures by which to rate GMC communications, audiences tended to be more positive about how well these keep them informed of GMC work and priorities, and about the tone, than the relevance of the communications. Only a relatively low proportion of doctors were able to suggest actionable improvements to GMC communications.

12.4 Audiences tended to be fairly positive about the GMC’s requests for information, although educators appeared to be somewhat less favourable.

12.5 The majority of doctors (79%) and medical students (82%) had visited the GMC website in the last 12 months, and while some used it sporadically, the majority rated the content and accessibility of the website highly.

Use of GMC communication channels

12.6 Doctors, medical students and educators, prompted by a list of seven channels, were asked about any contact they had had with GMC over the last 12 months.

12.7 Doctors tended to have contact with the GMC through three main channels over the last 12 months: over half had come into contact with the GMC through the individual secure portal on the GMC website (58%), through letters from the GMC (56%) and via the ‘GMC News’ newsletter (54%).

12.8 There were clear patterns by age group: doctors aged 35 or under were much more likely to have used the online portal (68% vs. 48% of doctors aged 55 or over). Conversely, doctors aged 55 or over were more likely than those aged 35 or under to have had contact with the GMC via letters (59% vs. 50%) and the newsletter (63% vs. 40%).

12.9 Perceptions of communication through the online portal were generally very positive. Four-fifths of doctors who used this service (79%) felt that it had addressed their need, while a similar proportion (82%) had found the information they received to be useful. The GMC letters and newsletter were deemed to be of less importance to doctors, as one might expect, these being more passive forms of communication. Less than half of doctors who received a letter from the GMC felt it addressed a need they had (46%), while only a third (32%) thought the newsletter addressed a need they had. Nevertheless, the majority still felt that the information provided in these communications was useful (73% found the letter helpful; 70% found the newsletter helpful).

12.10 Contact through the GMC’s telephone contact centre (10%), GMC events (5%), GMC’s regional liaison services (or devolved offices in Northern Ireland, Scotland and Wales) and GMC’s social media accounts (both 2%) was far less prevalent, as Figure 12.1 shows.
Medical students were less likely than doctors to have come into contact with the GMC. By far the most common form of contact was through a letter from the GMC (46%). Only one in seven reported seeing the GMC newsletter in the last 12 months (14%). Medical students were, however, much more likely to have interacted with GMC’s social media accounts than doctors (10% vs. 2%), so one would anticipate this channel to increase significantly over time.

Base sizes were generally too small to report with statistical confidence on the helpfulness of each type of channel with the exception of letters received from the GMC. Nearly half of medical students who had received a letter from the GMC in the last 12 months (46%) found the content addressed their need, while over three-quarters (77%) found the information it contained useful.

For educators, contact from the GMC tended to be in the form of letters (77%), the newsletter (70%) and GMC events (57%). Half also reported having contact with the GMC through the regional liaison service.

The experience of contact with GMC among patients and public, employers and stakeholders was captured in a different way. They were first asked what contact they had had with the GMC in the last 12 months, before being read out a list of channels through which they might have had contact with the GMC.

GMC contact with stakeholders was spread more widely across the various possible channels. Over half of all stakeholders had had contact with the GMC via a GMC letter (71%), the newsletter, GMC events (both 69%), GMC’s regional liaison service (60%) and GMC social media accounts (54%).

<table>
<thead>
<tr>
<th>Channel</th>
<th>% came into contact with</th>
<th>% addressed need</th>
<th>% useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC online</td>
<td>58%</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td>Letter from GMC</td>
<td>56%</td>
<td>46%</td>
<td>73%</td>
</tr>
<tr>
<td>‘GMC News’ newsletter</td>
<td>54%</td>
<td>32%</td>
<td>70%</td>
</tr>
<tr>
<td>GMC telephone contact centre</td>
<td>10%</td>
<td>88%</td>
<td>85%</td>
</tr>
<tr>
<td>GMC events</td>
<td>5%</td>
<td>55%</td>
<td>70%</td>
</tr>
<tr>
<td>GMC social media accounts</td>
<td>2%</td>
<td>33%</td>
<td>57%</td>
</tr>
<tr>
<td>GMC’s Regional Liaison Service</td>
<td>2%</td>
<td>78%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Base: All Doctors (2722)  Base: All Doctors who came into contact with each service
12.16 As would be anticipated, patients and public reported very low levels of contact with the GMC. Only a tiny minority reported receiving a letter from the GMC in the last 12 months, or having contact through the GMC’s telephone contact centre (both 1%).

12.17 Conversely, employers were much more likely to have had contact with the GMC. Over four-fifths reported having received a letter from the GMC (82%), while nearly three-fifths (57%) had received the newsletter. Contact through the GMC’s regional liaison service (43%), GMC events (27%) and the telephone contact centre (16%) were also relatively common, as Figure 12.2 shows.

12.18 Employers were generally quite favourable towards the content of GMC letters and newsletter: 79% felt the letter addressed their needs while 69% felt the same about the newsletter. Around nine in ten found the information in the letter (91%) and newsletter (90%) useful. Nearly all employers who used the regional liaison service felt that this addressed their need (95%) and imparted useful information (98%).

Figure 12.2: GMC communication channels used by employers

<table>
<thead>
<tr>
<th>Channel</th>
<th>% came into contact with</th>
<th>% addressed need</th>
<th>% useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter from GMC</td>
<td>82%</td>
<td>79%</td>
<td>91%</td>
</tr>
<tr>
<td>‘GMC News’ newsletter</td>
<td>57%</td>
<td>69%</td>
<td>90%</td>
</tr>
<tr>
<td>GMC’s Regional Liaison Service</td>
<td>43%</td>
<td>95%</td>
<td>98%</td>
</tr>
<tr>
<td>GMC events</td>
<td>27%</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>GMC telephone contact centre</td>
<td>16%</td>
<td>92%</td>
<td>94%</td>
</tr>
<tr>
<td>GMC social media accounts</td>
<td>7%</td>
<td>44%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Base: All Employers (226)  
Base: All Employers who came into contact with each service

12.19 Employers were also asked what reasons they had for being in contact with the GMC over the last 12 months. This communication tended to centre on issues relating to a specific doctor: 68% of all employers had contacted the GMC to find out about a specific doctor, while 62% had contacted the GMC to raise a concern about a doctor. Around half also contacted the GMC for advice or information about revalidation (51%). Under a quarter (23%) had sought advice or information about the GMC’s ethical and professional guidance.
Doctors and medical students’ views on GMC’s communications

12.20 The survey canvassed the views of both doctors and medical students on the communication they had had with the GMC. Specifically it asked them whether they agreed with the following statements:

- The GMC keeps me adequately informed of its work and priorities
- GMC communications have an appropriate tone
- GMC communications are always relevant to me

12.21 Approaching two-thirds of doctors (64%) agreed that the GMC kept them adequately informed of its work and priorities. One in five (19%) strongly agreed with the statement, while only one in ten doctors disagreed (10%).

12.22 A slightly lower proportion of medical students agreed with the statement (53%), although they were no more likely to disagree than doctors (12% vs. 10%).

12.23 There was a similar level of agreement that GMC communications had an appropriate tone: 62% of doctors agreed with this statement, as did 68% of medical students. Doctors were significantly more likely to disagree however (10% vs. 3% of medical students).

12.24 Both audiences were less positive about the relevance of the communications. Only around two-fifths of doctors (42%) and medical students (41%) agreed that the GMC communications were always relevant. Indeed, 22% of doctors disagreed with the statement (4% strongly disagreed), while 14% of medical students disagreed. Figure 12.3 illustrates doctors and medical students’ views on GMC communications.
Among doctors, levels of disagreement varied widely within certain subgroups. White doctors and those who graduated in the UK were more likely to disagree with each of these statements. For example, 12% of white doctors disagreed that the GMC kept them adequately informed of its work and priorities compared with 7% of BME doctors. Similarly, 13% of doctors who graduated in the UK disagreed with this statement compared with 5% of remaining doctors.

By age, doctors aged 55 or over were more likely to disagree that the GMC communications had an appropriate tone (13% vs. 8% of remaining doctors), while those aged 35 or under were much more likely to disagree that the GMC communications were always relevant than those aged over 35 (27% vs. 20%).

Potential improvements to GMC communications

All audiences were asked to name one step the GMC could make to improve its communication and contact with them.

While the majority were not sure what GMC could do to improve its communication and contact or said that GMC communications were fine as they are, the most frequently stated actionable improvement that doctors reported was to ensure regular communication through emails or e-newsletters (6%). A similar proportion also suggested that the GMC could send more relevant, customised or personal communications (5%).
12.29 Doctors suggested a wide range of further improvements the GMC could make, although none were stated by more than 3%. Examples of suggestions made include:

- Be more supportive
- Make communications clearer or simpler
- Have a more friendly or polite tone
- Offer more face-to-face contact
- Increase awareness of its activities
- Increase the frequency of communications

Views on GMC’s request for information

12.30 To effectively deliver its regulatory functions, the GMC periodically engages with employers, stakeholders and educators to request information, advice, or other forms of input on a particular issue.

12.31 These audiences were asked the extent to which they agreed that these requests had been proportionate to the nature of the issue concerned, co-ordinated and with little overlap, and were easy to respond to.

12.32 Around three in five employers agreed with each of these statements: 62% agreed that the GMC requests were proportionate to the nature of the issue concerned, 58% agreed that the requests were co-ordinated, with little overlap, while 55% found the requests easy to respond to. Employers were, however, much more likely to disagree with this final statement (19%) than with the first two statements (10% and 11% respectively).

12.33 Stakeholders were generally more positive towards the GMC’s requests for information. Around three-quarters (74%) agreed that the requests were proportionate to the nature of the issue concerned, 71% agreed the requests were co-ordinated while, in contrast with employers, 80% felt they were easy to respond to.

12.34 Educators tended to be far less favourable however. Only around a quarter or less agreed with each statement (27% for the first two, followed by 20% agreeing that the requests were easy to respond to).

Views on the GMC website

12.35 The survey captured all audiences’ views on the GMC website (and initially, whether they had used it). Results between telephone and online respondents are not wholly comparable owing to the slightly different approaches taken in asking these questions.

12.36 As Figure 12.4 shows, the majority of doctors (79%) and medical students (82%) had visited the GMC website in the last 12 months, with medical students likely to visit the website more often: 44% of all students visited the website at least once every two to three months compared with 35% of doctors.

12.37 A large proportion of employers (78%), stakeholders (77%) and educators (90%) all reported visiting the website in the last 12 months. These audiences also tended to visit the website on a fairly frequent basis. For example, approaching three-quarters (73%) of all educators visited the website on at least one occasion every two to three months.

12.38 Patients and public conversely were very unlikely to have visited the website (2%).
12.39 Doctors, medical students and educators who had used GMC resources in the last year were asked to rate the GMC website based on the relevance of information it contained, the usefulness of the information and its accessibility.

12.40 Across each measure, the website was rated highly by these audiences. Combining all audiences, 82% rated the website good, very good or excellent in terms of the relevance of the information it contained, while 80% reported similarly regarding both the usefulness of the information and its accessibility.

12.41 Among doctors in particular there was little difference across each measure, although slightly higher proportions rated the accessibility of the website as being excellent (17%) compared to the other two measures (both 14%). Within subgroups of doctors, male doctors, those working in the private independent sector and those who graduated in the UK tended to give lower ratings across each measure. For example, 19% of doctors who graduated in the UK recorded a rating of ‘fair’ or ‘poor’ with regards to the usefulness of information on the website. This compared with 11% of remaining doctors.

Future channels of communications

12.42 All audiences bar the patients and public were asked – unprompted – through which channels they would prefer to receive information from the GMC in future.
12.43 Across all audiences, the most frequent channel cited was email. Over four-fifths of doctors (81%) reported that it would be their preferred channel of communication, while almost nine in ten medical students (88%) reported this too.

12.44 Among most audiences asked, the GMC website was the next most frequently reported channel (44% of doctors reported this). For both doctors and medical students postal letter was cited by over a third (both 35%), while interactive learning tools were also reported by a sizeable proportion (24% and 31% respectively). Figure 12.5 illustrates in more detail – and by each audience – the preferred future channels of contact with the GMC.

Figure 12.5: Preferred future channels of communication with the GMC, by each audience
13 Demographic drivers for doctors

13.1 Generally male doctors were more negative than their female counterparts; notably in their views toward the GMC. However, men were more likely than women to claim that they would refer to the GMC in the event that they believe a patient’s safety was being compromised.

13.2 More mature doctors (aged 55+) were more negative than younger doctors in their views across many areas, including perceptions of the GMC and confidence in newly graduated doctors.

13.3 Doctors who gained their Primary Medical Qualification in the UK were more negative about the GMC than those who qualified in Europe or elsewhere. However, those who qualified in the UK were more likely to view assessment processes as fair.

13.4 Of those who had been through the revalidation process and had qualified in the UK, BME doctors were most likely to report that revalidation had positively impacted their practice.

Gender

Views on the GMC

13.5 There were notable differences between male and female doctors’ attitudes, particularly in relation to their views of the GMC. Men expressed less confidence in the organisation and significantly higher proportions of male doctors disagreed that the GMC was satisfying its core values.

Figure 13.1: Differences by gender – views on the GMC
13.6 Two in five female doctors (42%) agreed that the GMC is a listening and learning organisation in comparison with 36% of male doctors. More markedly however, men were also more likely to oppose this notion; three in ten men (29%) disagreed that the GMC is a listening and learning organisation in comparison with 19% of women.

13.7 There was a similar level of discord regarding levels of agreement that the GMC treats everyone fairly. Nearly three in ten male doctors (28%) disagreed this was the case, in comparison with 18% of females. Similarly, women were more likely to agree (51%) than men (46%).

13.8 Although a similar proportion of male and female doctors agreed that the GMC is honest, open and transparent (50% and 53% respectively), a fifth of men (21%) disagreed in contrast with 13% of women.

13.9 In comparison with the four other core values, at an overall level doctors were most likely to agree that the GMC is committed to excellence. However, once again men were more likely to disagree (14%) than women (7%).

13.10 Male doctors were also more negative in their perceptions of GMC regulation; 27% said they were not confident in the way doctors are regulated, in comparison with 18% of women. Moreover, three in ten men (31%) expressed doubt that the FTP investigations provide fair outcomes in comparison with 22% of female doctors.

13.11 However, despite feeling more negative toward the GMC overall, male doctors were more likely to claim that they would refer to the GMC than women in the event that they believed a patient's safety was being compromised (36% vs. 28% respectively).
13.12 Aside from differing attitudes toward the GMC, significant differences in male and female opinion emerged in other areas and in a few instances men felt more positive than women. Although at an overall level identical proportions of male and female doctors agreed that the process of registering onto the GP register was fair (89%), a significantly higher proportion of men agreed strongly that this was the case (52% vs. 40% women). Male doctors were also less likely to disagree that the assessment process for their foundation programme had been fair to them personally (5% vs. 10% women).

13.13 That said, male doctors were less confident in graduate doctors’ ability; nearly two in five (38%) were not confident that they can apply clinical reasoning and make an accurate diagnosis (vs. 30% women) and three in ten men (29%) were not confident that new doctors hold appropriate clinical knowledge (vs. 18% women).

Age

Views on the GMC

13.14 Mature doctors (those aged 55+) were more negative than their younger colleagues (aged 35 and under) in many areas but most prominently in their perceptions of the GMC and with regard to their faith in the abilities of new graduate doctors.
13.15 Of particular note, there was great disparity in confidence levels relating to the GMC’s Fitness to Practise Investigations. Denoting a 16 percentage point difference, a third of doctors aged 55+ (33%) expressed that they were not confident that the investigations produce fair outcomes, in comparison with 17% of younger doctors. Yet within this older group, the very eldest set of doctors (those aged 66+) were the most confident of all age groups that FTP investigations produce fair outcomes (63% vs. 51% average), albeit a high proportion also reported that they were not confident (28%) indicating a polarisation of views.

13.16 As illustrated in Figure 13.3, in comparison with the youngest group, doctors aged 55+ felt less favourable toward the GMC against a number of other measures including perceived performance against all four of its core values. They were also notably less confident in the way that doctors are regulated by the GMC and they were more likely to oppose the notion that the GMC is focused on the right issues.

Views on graduate doctors

13.17 Older doctors were more likely to doubt the abilities of new graduate doctors. Three in five doctors aged 55+ (60%) were confident that graduate doctors were prepared for practice overall, but over a third (35%) were not confident. Perceptions of the middle age group (aged 36-54) mirrored their older counterparts; 63% were confident, 33% stated that they weren’t.

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Figure 13.3: Differences by age – views on the GMC

<table>
<thead>
<tr>
<th>Confident GMC FTP investigations produce fair outcomes</th>
<th>Aged 35 and under</th>
<th>Aged 55+</th>
<th>+/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>17% NOT confident</td>
<td>33% NOT confident</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agree GMC is honest / open / transparent</th>
<th>Agree GMC treats everyone fairly</th>
<th>Confident in the way doctors are regulated by GMC</th>
<th>Agree GMC is a listening and learning organisation</th>
<th>Agree GMC is focusing on the right issues as a regulator</th>
<th>Agree GMC is committed to excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td>58% agree 12% disagree</td>
<td>54% agree 17% disagree</td>
<td>80% confident 18% NOT confident</td>
<td>42% agree 18% disagree</td>
<td>10% disagree</td>
<td>7% disagree</td>
</tr>
<tr>
<td>47% agree 21% disagree</td>
<td>44% agree 27% disagree</td>
<td>71% confident 27% NOT confident</td>
<td>35% agree 28% disagree</td>
<td>19% disagree</td>
<td>14% disagree</td>
</tr>
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<td></td>
<td></td>
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</tbody>
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42Views of the middle age group (aged 36-54) tended to mirror those expressed by doctors aged 55+; generally it was the perceptions of younger doctors (aged 35 and under) than differed from the main
13.18 In contrast, seven in ten (70%) doctors aged 35 and under were confident that new graduate doctors were prepared for practice overall, a significantly higher proportion than both other broad age groups. This youngest age group were also statistically less likely to report that they were not confident that graduate doctors were prepared for practice, albeit the figure was still relatively high (28%).

**Figure 13.4: Differences by age – views on graduate doctors**

<table>
<thead>
<tr>
<th>Preparedness for practice…</th>
<th>Aged 35 and under</th>
<th>Aged 55+</th>
<th>+/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>…re. team work &amp; interpersonal skills</td>
<td>88% confident</td>
<td>72% confident</td>
<td>16</td>
</tr>
<tr>
<td>…re. administrative tasks</td>
<td>64% confident, 33% NOT confident</td>
<td>49% confident</td>
<td>16</td>
</tr>
<tr>
<td>…re. clinical knowledge</td>
<td>81% confident</td>
<td>69% confident</td>
<td>12</td>
</tr>
<tr>
<td>…re. emotional demands</td>
<td>66% confident, 32% NOT confident</td>
<td>54% confident</td>
<td>12</td>
</tr>
<tr>
<td>…re. communicating well with patients</td>
<td>92% confident</td>
<td>81% confident</td>
<td>11</td>
</tr>
<tr>
<td>…re. physical demands</td>
<td>63% confident</td>
<td>52% confident</td>
<td>11</td>
</tr>
<tr>
<td>…re. clinical procedure and skills</td>
<td>61% confident</td>
<td>51% confident</td>
<td>10</td>
</tr>
<tr>
<td>…AND FOR PRACTICE OVERALL</td>
<td>70% confident</td>
<td>59% confident</td>
<td>11</td>
</tr>
</tbody>
</table>

13.19 This trend was evident at a more granular level; as depicted in Figure 13.4, younger doctors were significantly more likely to report confidence in graduate doctors’ ability to demonstrate specific attributes / skill sets. Most prominently, nearly nine in ten (88%) doctors aged 35 and under stated that they were confident in graduate doctors’ interpersonal skills and ability to work as a team, in comparison with only 72% of doctors aged 55+. Also denoting a 16 percentage point difference, 64% of doctors were confident in graduate doctors’ competency at conducting administrative tasks, in comparison with just 49% of doctors aged 55+.
PMQ Region

13.20 Some of the most numerous and prevalent differences in attitude emerged by doctors’ region of qualification. Doctors attaining their Primary Medical Qualification in the UK tended to be more negative (against a range of measures) than their colleagues who had qualified internationally or in Europe.

Views on GMC

13.21 Doctors achieving their PMQ in the UK were more negative toward the GMC; over a quarter (28%) stated that they were not confident in the way that GMC regulates doctors in comparison with 16% of those qualifying internationally and 15% of those qualifying in Europe. Moreover, seven in ten UK qualified doctors (70%) expressed confidence in the GMC, in comparison with approximately eight in ten qualifying internationally (82%) and in Europe (81%).

13.22 Furthermore, doctors attaining their qualification in the UK were significantly less likely to agree that the GMC is satisfying its organisational values. Against all four measures, less than half of UK doctors agreed that the GMC are achieving their respective aims. Although international doctors were notably more positive than those who had qualified in the UK, those achieving their PMQ in Europe were most likely to say that they agreed the GMC were satisfying their organisational values. Of particular note, 72% of the EEA doctors agreed that the GMC is committed to excellence in comparison with less than half (48%) of UK doctors.

13.23 Doctors qualifying in the UK were also most likely to report that they are not confident that the FTP investigations run by the GMC are fair. Three in ten (30%) said that they were not confident that outcomes were fair, in comparison with 23% of international doctors and a notably lower proportion of doctors qualifying in Europe (16%).

Figure 13.5: Differences by PMQ region – views on GMC
Views on graduate doctors

13.24 There was also variance in views regarding graduate doctors’ perceived aptitude, although no distinct trend in attitudes emerged. Doctors who had achieved their PMQ in Europe tended to be the most positive group and those qualifying in the UK the least (although there were exceptions to this).

Figure 13.6: Differences by PMQ region – views on graduate doctors

13.25 At an overall level, EEA doctors were most likely to express confidence in graduate doctors. Seven in ten (71%) perceived graduate doctors to be prepared for practice in contrast with a significantly lower proportion of UK doctors (62%). Those that had achieved their PMQ internationally held middling views; two-thirds (66%) reported confidence in graduate doctors’ overall abilities (statistically insignificant to the views expressed by both other groups). UK doctors were statistically more likely than the other two groups of doctors to report that they were not confident (34% vs. 30% IMG and 21% EEA).

13.26 Figure 13.6 illustrates that doctors attaining their PMQ in the UK were also most likely to doubt graduates’ ability to conduct administrative tasks (40% not confident) or to deal with the emotional demands of the job (38% not confident). Against both these measures, IMG doctors expressed the most confidence in their graduate colleagues (62% and 63% confident respectively).

13.27 Additionally, a significantly lower proportion of UK doctors expressed confidence that graduate doctors are able to meet the physical demands of the occupation (54% vs. 64% IMG and 65% EEA). Two in five UK doctors (40%) stated that they were not confident (vs. 29% IMG and 24% EEA).
13.28 Yet Figure 13.6 reveals that IMG doctors reported the least confidence in their graduate colleagues’ clinical knowledge. Sixty nine percent of IMG doctors stated that they were confident, less (albeit slightly) than their UK colleagues (74%). A statistically higher proportion of IMG doctors also stated that they were not confident (27% vs. 23% UK and 19% EEA).

13.29 Similarly, only half of IMG doctors (49%) were confident in graduate doctors’ ability to undertake clinical procedures (vs. 56% UK and 58% EEA).

13.30 Although generally EEA doctors were the most positive, they expressed the least confidence in graduates’ abilities to communicate effectively with patients (77% confident vs. 86% UK and 87% IMG). They were also statistically more likely to state that they were not confident (16% vs. 11% UK and 10% IMG).

Views on revalidation

13.31 Doctors’ attitudes toward revalidation denoted a much more consistent trend; Figure 13.7 shows that those who had qualified in the UK were notably more cynical about the process. Although the majority of UK doctors agreed that they had been treated fairly (83%), higher proportions of EEA (94%) and IMG (90%) doctors agreed this was the case.

13.32 Similarly, lower proportions of UK doctors agreed that they had received sufficient information about the revalidation process (73% vs. 87% IMG and 83% EEA) and there was even greater discrepancy regarding the extent to which information provided addressed any concerns (53% vs. 71% IMG and 77% EEA).

Figure 13.7: Differences by PMQ region – views on revalidation

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<table>
<thead>
<tr>
<th></th>
<th>EEA</th>
<th>IMG</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree treated fairly</td>
<td>94%</td>
<td>90%</td>
<td>83%</td>
</tr>
<tr>
<td>Agree received suff info</td>
<td>83%</td>
<td>87%</td>
<td>73%</td>
</tr>
<tr>
<td>Agree any concerns revalidation</td>
<td>77%</td>
<td>71%</td>
<td>53%</td>
</tr>
</tbody>
</table>

ASKED OF THOSE REVALIDATED: Compared with 12 months ago are you now...

- Collecting more information about your practice: YES: 46% NO: 52% YES: 53% NO: 45% YES: 30% NO: 69%
- Reflecting more on your practice: YES: 45% NO: 53% YES: 55% NO: 45% YES: 23% NO: 76%
- More aware of how to apply the principles of good medical practice: YES: 46% NO: 52% YES: 47% NO: 52% YES: 20% NO: 79%
- And do you feel more part of a governed structure that supports your professional development: YES: 32% NO: 62% YES: 43% NO: 53% YES: 15% NO: 81%
13.33 Figure 13.7 also indicates that doctors qualifying in the UK were consistently more likely to report that the revalidation process had not had an impact on their practice. IMG doctors who had been through the revalidation process were most likely to report that they had amended their practice in the last 12 months. Over half of IMG doctors reported that they reflected more on their practice (55%) and were collecting more information (53%) than they had done 12 months previously, notably higher than UK doctors (23% and 30% respectively).

**Views on assessment processes**

13.34 However, as highlighted in Figure 13.8, UK doctors felt most positive toward the various assessment processes; higher proportions agreed that assessments were both fair to them personally and to the majority (or everyone). Overall, EEA doctors were least likely to agree that assessments were fair; a particularly low proportion (56%) agreed that the foundation programme was fair to them personally, in comparison with 78% of UK doctors. However, IMG doctors were less likely to agree that the foundation programme is fair to the majority; only 60% agreed in comparison with 65% EEA and 81% UK doctors.

**Figure 13.8: Differences by PMQ region – views on assessment processes**

<table>
<thead>
<tr>
<th></th>
<th>EEA</th>
<th>IMG</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>...the primary medical qualification was fair to them personally</td>
<td>76% agree</td>
<td>80% agree</td>
<td>90% agree</td>
</tr>
<tr>
<td>...the primary medical qualification is fair in general to the majority / everyone</td>
<td>77% agree</td>
<td>76% agree</td>
<td>91% agree</td>
</tr>
<tr>
<td>...the foundation programme was fair to them personally</td>
<td>56% agree</td>
<td>61% agree</td>
<td>78% agree</td>
</tr>
<tr>
<td>...the foundation programme is fair in general to the majority / everyone</td>
<td>65% agree</td>
<td>60% agree</td>
<td>81% agree</td>
</tr>
</tbody>
</table>

**Ethnicity – differences across entire population**

13.35 This section will focus on significant differences by doctors’ ethnicity across the entire population. It is evident however that there is some correlation between ethnic group and PMQ region. For that reason, a separate follow-up section will comment on differences by ethnicity based only on doctors attaining their PMQ in the UK, i.e. those trained in a UK institution.
Views on GMC

13.36 Overall, BME doctors felt more positively toward the GMC that their white colleagues. BME doctors were more likely to agree that the GMC was satisfying its organisational values; Figure 13.9 illustrates significant differences in attitude against three of the four objectives (excellence, transparency and listening/learning). However, both BME and white UK doctors expressed similar levels of agreement that the GMC treats everyone fairly (49% vs. 46%).

**Figure 13.9: Differences by Ethnicity – views on assessment processes**

![Figure 13.9: Differences by Ethnicity – views on assessment processes](image)

13.37 Figure 13.9 also reveals higher proportions of BME doctors agree that the GMC is focusing on the right issues (58% vs. 45% white) and lower proportions disagree with the notion (12% vs. 17% white). Higher proportions of BME doctors also express confidence in the GMC (78% vs. 72%).

Views on revalidation

13.38 As depicted in Figure 13.10, most markedly, BME doctors expressed very different views about the impact of the revalidation process. Half of BME doctors who had been revalidated reported that in comparison with 12 months previously they were collecting more information (52%) and reflecting more on their practice (50%). In contrast, 28% of white doctors who had been through the revalidation process reported that they were collecting more information and 23% were reflecting more.

13.39 Furthermore a fifth (20%) of white doctors reported that they felt more aware of how to apply the principles of good medical practice; more than double the proportion of BME doctors felt this was the case (42%). In comparison with 12 months ago, BME doctors were also more likely to feel that they were part of a governed structure (36% vs. 16% white).
Other differences by ethnicity

13.40 Figure 13.11 portrays additional measures where there is significant disparity in views between BME and white doctors. A higher proportion of BME doctors (78%) agreed that undergraduate training adequately prepared them for their first foundation post (vs. 67% white) but there was no difference in opinion about the perceived fairness of the foundation process assessment process.

13.41 However, white doctors were significantly more likely to agree that the assessment process for speciality training was fair. Nearly nine in ten (88%) agreed it was fair to them personally (vs. 68% BME doctors) and three-quarters (74%) agreed that the assessment process was fair to all who go through the process (vs. 52% BME).

13.42 On the other hand, BME doctors were more likely to agree that the process of registering to the GP register was fair to them personally (94% vs. 86% white). There was no difference in wider perceptions of the process i.e. similar proportions of BME and white doctors felt the process was fair to everyone who registered.
13.43 As discussed, this section also discusses differences in opinion by Ethnic group but focuses solely on perceptions of BME and white doctors that achieved their PMQ in the UK. Some of the trends identified in the preceding section no longer stand and remaining differences tend to be more nuanced i.e. there are fewer significant differences at an overarching level (e.g. agreement vs. disagreement) but there are distinctions in proportions that strongly agree or disagree.

Views on the GMC

13.44 In terms of attitudes toward the GMC, of those qualifying in the UK, white and BME doctors are equally likely to express confidence in the way in which doctors are regulated (70% and 71% respectively), indicating that the differences emerging across the entire population are driven (at least in part) by region of qualification.

13.45 Moreover regardless of ethnicity, UK qualified doctors viewed GMC’s performance against its corporate values fairly consistently. There were no differences in UK doctors’ views towards the GMC’s commitment to excellence (a 10 percentage point difference was denoted across the entire population) or in perceptions that the GMC is open and honest (a difference of 9 percentage points across all doctors).

13.46 Furthermore, at an overall level, there was no difference in levels of agreement that the GMC treats everyone fairly; 43% of white doctors and 44% of BME doctors agreed. That said, as shown on Figure 13.12, a slightly (albeit significantly) higher proportion of BME doctors strongly disagreed with the notion (13% vs. 8% white doctors).
13.47 However, Figure 13.12 illustrates that of those who qualified in the UK, white and BME doctors’ perceptions of GMC as a listening and learning organisation differed in terms of overall agreement. BME doctors were more likely to view the GMC positively in this respect; a third (32%) agreed with this notion, in comparison with 27% of white doctors.

13.48 BME doctors qualifying in the UK are statistically more likely to state that they are very confident in GMC regulation (18% vs. 13% white doctors qualifying in the UK).

**Figure 13.12: Differences by Ethnicity (UK qualified only) – views on GMC**

![Graph showing differences by ethnicity](image)

- **Confident in the way doctors are regulated by GMC**: 13% of white doctors vs. 18% of BME doctors.
- **Agree GMC treats everyone fairly**: 8% of white doctors vs. 13% of BME doctors.
- **Agree GMC is a listening learning organisation**: 27% of white doctors vs. 32% of BME doctors.

**Views on revalidation**

13.49 Based only on doctors qualifying in the UK, prominent differences still emerged by ethnicity regarding the impact of revalidation. Figure 13.13 illustrates that once EEA and IMG doctors were excluded from analysis, BME and white doctors (who had been through the revalidation process) held quite distinct opinions regarding the perceived impact of revalidation.

13.50 However, white and BME doctors who had been through the revalidation process were no more or less statistically likely to feel part of a governed structure, in comparison with 12 months earlier. Figure 13.7 in the preceding section indicates a perceptible difference when EEA and IMG doctors were included in the base.
Figure 13.13: Differences by Ethnicity (UK qualified only) – views on revalidation

<table>
<thead>
<tr>
<th>Question</th>
<th>White (%)</th>
<th>BME (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>…collecting more information about your practice</td>
<td>27% YES</td>
<td>42% YES</td>
</tr>
<tr>
<td>…reflecting more on your practice</td>
<td>21% YES</td>
<td>34% YES</td>
</tr>
<tr>
<td>…more aware of how to apply the principles of good medical practice?</td>
<td>17% YES</td>
<td>29% YES</td>
</tr>
</tbody>
</table>

Other differences by ethnicity

13.51 Figure 13.14 indicates that based on UK qualified doctors only, other differences were also evident by ethnic group. Three quarters of white doctors (75%) agreed that the assessment process for speciality training was fair to everyone in comparison with just 56% of their BME counterparts. On the other hand, UK qualified BME doctors were more likely to agree that their undergraduate training adequately prepared them for their foundation post (83% agree vs. 73% White doctors).

Figure 13.14: Other differences by Ethnicity
14 Members of Parliament

14.1 This chapter covers Members’ of Parliament (MPs; across all four UK countries) views on the GMC. It first discusses MPs’ level of confidence in the medical profession. Not only are MPs generally confident in the medical profession, they are also confident in the way that the GMC regulates doctors and that doctors are properly trained and prepared for practice.

14.2 The survey examined what MPs perceived to be the most important duties of a doctor. Widely cited responses from MPs included patient care, being honest and acting with integrity and giving an accurate and quick diagnosis.

14.3 MPs also listed what they thought are the challenges that doctors currently face. The most common responses included a heavy and increasing workload, financial constraints/lack of funding and managing unrealistic patient expectations.

14.4 MPs were generally well aware of the GMC’s main roles and responsibilities. All MPs thought its main responsibilities centred on patient safety; more specifically in providing ethical and professional guidance in the medical profession. In addition, the large majority also thought that it is the GMC’s responsibility to act upon the concerns of doctors and set medical standards.

14.5 Some MPs had had contact with the GMC in the last twelve months, attending various presentations, briefings and seminars. A number of MPs requested that the GMC have more frequent communication with MPs, with the majority stating that they would prefer this to be through e-mail.

### Confidence in the medical profession

14.6 Members of Parliament (MPs) were asked to assess their level of confidence in the UK medical profession; specifically its ability to perform to the required standard and look after the best interests of patients. All MPs (19) replied that that was the case, with 13 stating that they have a great amount of confidence and six responding that they have a fair amount of confidence.

14.7 MPs also rated their confidence in the way that the GMC regulates doctors. Overall, 16 of the 19 MPs felt that they are confident in GMC regulation (6 with a great amount of confidence, and 10 with a fair amount of confidence). One MP was unable to assess their level of confidence, whilst 2 were not very confident in the way that the GMC regulates doctors.

14.8 The 2 MPs who were not very confident in the way that the GMC regulates doctors were asked why this was the case. One responded that this was because regulatory processes do not work. The second MP gave an explanation around a lack of perceived consistency.

### Most important duties of doctors

14.9 The survey examined (unprompted) what MPs perceived to be the most important duties of a doctor. When assessing the duties of doctors, MPs cited ‘to put patient care first / care for the patient / duty of care’ as one of doctors’ most important duties (8 out of 19 MPs selected this option). MPs also stated that the most important duties of doctors include being ‘honest and trustworthy – act with integrity’ (6 MPs), alongside giving ‘an accurate diagnosis / quick diagnosis’ (5 MPs).

14.10 Other popular responses concerning the most important duties of doctors included being ‘available / be able to offer appointments (including home visits)’ (5 MPs), ‘providing the correct and appropriate
14.11 MPs also listed other important duties of doctors, although only a few MPs felt these to be particularly relevant. These duties included having ‘broad medical / clinical knowledge’ (3), being able to ‘communicate effectively – explain information clearly and in layman’s terms’ (3) and providing ‘safe care / patient safety care’ (3). Other responses given by MPs included ‘adhere to Do No Harm, Hippocratic Oath, Ethics, Probity’ (2) and ‘to listen carefully to the patient’ (2).

Challenges currently faced by doctors

14.12 MPs were asked on an unprompted basis what they thought are the top three challenges that doctors face within their practice. The challenge most frequently reported by MPs was that of a heavy or increased workload for doctors (13). MPs also felt that financial constraints, a lack of funding and cutbacks on wages are another challenge that doctors face (11). Challenges relating to managing the demands and unrealistic expectations of patients, as well as having effective time management, were also cited by MPs as some of the most important challenges currently faced by doctors (each with 7 MPs stating that these were important).

14.13 MPs cited other challenges that they felt doctors face; however, these were not highlighted by the majority of respondents. Such challenges included staying focused and delivering a good quality service (6), complying with regulatory requirements and processes (such as government standards and GMC involvement) (6), coping with limited resources (5), adjusting to and making time for new training needs (5), and dealing with increasing administrative work (4).

14.14 Less frequently cited challenges that doctors face included working under pressure and dealing with increased stress levels (3), responding to the challenges presented by complex and unique medical conditions (3), adjusting to new and restructured systems and methods of service delivery (3) and coping with low staff levels and issues relating to recruitment and retention (2).

Confidence/ Awareness in the GMC

14.15 The survey asked MPs to select the main roles and responsibilities they thought are associated with the GMC from a pre-coded list.

14.16 All MPs thought the GMC’s main responsibilities revolve around patient safety, providing ethical and professional guidance for the medical profession, along with determining who can practice medicine in the UK. Eighteen MPs felt that it is also the GMC’s responsibility to investigate and act upon concerns about doctors, as well as to make sure doctors keep their knowledge and skills up to date. Most MPs also felt that one of the GMC’s main roles is to set the standards of medical practice in the UK (17), along with setting the standards for medical education and training in the UK (14).

14.17 Some MPs additionally felt that it is the GMC’s responsibility to help doctors raise concerns about patient safety (13), and also to help patients raise concerns about doctors’ practice (13). A significant number of MPs (10) felt one of the GMC’s main roles is serving as an independent membership body for doctors, while 6 felt campaigning on issues that are important to patients was a role.

14.18 MPs were asked further detail about the extent to which they agreed that the GMC successfully undertakes particular responsibilities.
14.19 One such area of investigation was whether MPs agreed that the GMC is committed to excellence in everything it does. All bar one of the MPs agreed, with 6 strongly agreeing and 12 agreeing to a more limited extent. One MP gave a neutral response.

14.20 MPs were also asked to assess the extent to which they felt the GMC treats everyone fairly. Again, the majority of MPs (15) were able to agree to at least some extent; with 4 strongly agreeing and 11 generally agreeing. Whilst one MP gave a neutral response, 3 were unable to pass judgement.

14.21 The survey additionally asked MPs to assess the extent to which they agree that the GMC is honest, open and transparent. A large proportion of MPs agreed (14); 3 strongly agreeing and 11 agreeing to a more general extent. Two MPs disagreed that the GMC is honest, open and transparent, whilst 3 were unable to pass judgement.

14.22 MPs were lastly asked to comment on the extent to which they agree that the GMC is a listening and learning organisation. A majority (14) agreed, with 5 strongly agreeing and 9 mostly agreeing. One MP gave a neutral response and 4 were unable to comment upon the extent to which they agreed.

Education and Training

14.23 MPs were asked to assess how confident they were that new graduate doctors are properly trained and prepared for practice. Overall, all MPs (19) stated that they were confident that this was the case, with 5 stating that they were very confident and 14 stating that they were fairly confident.

Revalidation

14.24 MPs were asked to assess their awareness of revalidation, the process by which doctors periodically demonstrate that their knowledge and skills are up to date and they are fit to practise. Overall, 17 out of 19 MPs had at least heard of revalidation; with eight stating that they were very familiar with it, three stating their they were fairly familiar with it, four stating that knew a little about it, and two stating that they had heard of it but knew nothing beyond that.

Communications with the GMC

14.25 MPs were asked about any direct contact they had had with GMC over the last 12 months. Whilst 8 MPs had not had direct contact with the GMC in the last 12 months, the 11 MPs who had were asked what prompted them to contact the GMC. Among those MPs who had contacted the GMC, 3 had been invited to a presentation or briefing by the GMC, and 2 had attended a seminar with a GMC presence. Individual MPs also contacted the GMC regarding queries from a doctor, queries about Scottish independence and the NHS, and regarding NHS staffing (one MP contacted the GMC for each). One MP answered that they had had direct contact with the GMC due to their regular contact with the Chief Executive, and 3 MPs cited their reasons for contact as ‘other’.

14.26 MPs were also asked to name one thing that the GMC could do to improve its communication and contact with them.

14.27 Although 2 MPs responded that they thought GMC communications were fine as they were, the most frequently cited suggestion for improvement was for the GMC to ensure communication through regular e-mails or newsletters (4). Other suggestions included increasing awareness of activities (2), offering more frequent communication and updates (2), sending more relevant, customised and personal communication (1) and offering more advice and information (1).

14.28 MPs were also asked (unprompted) about the channels through which they would prefer to receive information from the GMC in the future. The most popular channel by far was e-mail, with 18 MPs...
stating that they would prefer to receive information through this channel. Written correspondence was also another popular channel for receiving information from the GMC (7). Less popular methods of communication cited by MPs included telephone (2), face-to-face contact and meetings (2), social media (2), text or SMS message (1) and a newsletter (1).

14.29 The survey asked MPs to assess the extent to which they agreed or disagreed that the GMC is focusing on the right issues as a regulator. Over half of the MPs surveyed agreed, with 8 stating that they strongly agreed and 6 generally agreeing. Four MPs were unable to provide an opinion, answering that they neither agreed nor disagreed, while only one MP disagreed with the claim that the GMC focuses on the right issues as a regulator.

Additional Comments

14.30 During the survey, MPs were also given the opportunity to offer any further comments or thoughts. 6 MPs said they felt they were happy with the GMC, whilst one stated that they thought it is improving.

'I think it just needs to continue with the agenda it’s got, providing leadership to other professions allied to the profession.'

'If they're helping the community and easing people’s pain and suffering, I support them.'

14.31 Some MPs also provided further suggestions for improvement, with one MP suggesting that the GMC should focus on remaining independent and unbiased.

14.32 One MP stated that the GMC needs to promote best practice and quality of care to a greater extent.

14.33 An MP also remarked that the GMC should speed up its investigations, whilst another suggested that the GMC should be more supportive of doctors, especially during investigations.

'I think [the GMC] needs to ensure that the process of remediation for doctors which results from revalidation is fit for purpose.'

'[The GMC] need to make sure the disciplinary procedures are as speedy as possible as it can ruin a doctor’s reputation.'

14.34 Another MP felt that the GMC should make greater efforts to ensure doctors from overseas speak good English.
Appendices

Appendix 1: Sampling Strategy

Pilot

14.35 Prior to the main stage of fieldwork, a small-scale pilot was undertaken with four of the audiences in order to test the length of the survey and to test whether questions were clear and intelligible. Using the original version of the questionnaire, 11 members of the general public and 5 employers were interviewed as part of the exercise. Throughout the pilot period, interviewers provided feedback about the comprehensibility of the questions, identifying any areas of confusion or difficulty.

14.36 Additionally, 4 registered doctors and 1 final year medical student were invited to complete the proposed online questionnaire. Members of the IFF Research team then contacted respondents for their feedback on how well the questionnaire worked.

14.37 IFF submitted a report to the GMC suggesting specific recommendations regarding question amendments based on respondents’ feedback. The proposed changes were carefully considered and, where appropriate, revisions were made to the questionnaire to produce the final versions.

Doctors

14.38 The doctors’ sample was derived from the GMC’s database of registered practitioners (the initial register). Records were only provided where the GMC held an email address for the individual and their address was registered in the UK. Doctors were excluded if they were only registered on a temporary basis, if a Fitness to Practise Inquiry was in process, or the individual had recently taken part in the perception survey; ‘Fairness and the GMC: Doctors views’; (2014).

14.39 Following the exclusion process, the database contained approximately 187,500 records. IFF then extracted approximately 19,000 records from the file. In England, Scotland and Wales, records were selected to ensure that the sample file reflected the wider population of doctors (in terms of age, gender, ethnicity, registration status, and where the doctors’ Primary Medical Qualification (PMQ) was achieved). Where the number of doctors from BME groups constituted a particularly low proportion of the sample (i.e. less than 3%), the number was boosted by an additional 300 records to ensure enough responses would be achieved to conduct sub-group analysis sufficiently. Due to a limited amount of sample available in Northern Ireland, a census approach was adopted and all records were included. Aside from stratification, the selection of records was undertaken on a random basis.

14.40 The file was then cross-referenced against the list of doctors that had decided to opt out of the research.

Medical Students

14.41 The GMC supplied a database of all final year medical students where an email address was held; the file contained approximately 8,000 records. 2,000 records were extracted from this file to be used as the sample base; 1550 records represented English educational institutions and 150 records represented each of the devolved administrations. Records were selected to ensure that the sample file reflected the wider population of final year medical students (in terms of age, gender and ethnicity).

This applied to Black/Black British, Mixed and Other
Employers

14.42 The employer sample was provided by a specialist healthcare database provider who supplied records of employers working in both HR and Medical capacities. Figures were unavailable regarding the breakdown of the UK employer population and the selection of records was also constrained by a limited sample frame. However, as much as possible, records were selected to ensure a mix of Public/Private sector representatives and a spread across those working in Acute Care, Mental Health or on Health Boards. An even split was achieved between HR and Medical employers.

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

Educators

14.43 The GMC provided the records for the educator strand of the research. The limited amount of sample (58 useable records) available entailed that a census approach was adopted and all records were utilised.

Stakeholders

14.44 For the online stakeholder survey, the GMC provided the records of senior persons from various patient and doctor representative groups. All persons listed had had prior contact or involvement with the GMC. Again, a census approach was adopted due to the limited sample size (57 useable records) and all records were utilised.

MPs

14.45 The GMC also provided a list of parliamentarians from across the four UK countries. All persons listed had been in contact or had previously had some involvement with the GMC. Due to the limited size of the sample (96 records), a census approach was adopted and all records were screened during fieldwork.

Patients and General Public

14.46 A random sample approach was adopted; telephone numbers were randomly generated and provided to IFF by UK Changes. Therefore every household in the UK with a landline had an equal chance of being contacted. Each number was called up to six times at different times of the day and at weekends to maximise the chance of response.

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44 The following job titles were categorised as “HR Employers”: HR Directors, Accountable Officers, Director of Personnel or People Development, Chief Executives, Director of Governance, Trust Secretary. The following job titles were categorised as “Medical Employers”: Medical Directors, Clinical Leads

45 56 records were retained in doctors’ file and removed from the employers’

46 A range of job titles were listed in the file but most prominently Dean, Postgraduate Dean and Head of Medical School.

47 A range of job titles were listed, but most prominently Chief Executive, Chair or Director
Appendix 2: Weighting Strategy

Doctors

14.47 In total, 2722 doctors completed the online survey. Results were then weighted to reflect the population of medical practitioners (age and gender by region) based on figures provided by the GMC\(^\text{48}\).

Medical Students

14.48 267 medical students completed the online survey and like doctors, results were weighted to reflect the wider population of students (age, gender by region) based on information provided by the GMC. Age was weighted according to two groups only (25 and under and 26+).

Employers

14.49 Due to an absence of available information outlining the respective employer population, data was weighted to be representative of region only.

Patients and General Public

14.50 In total, 1,500 patients and members of the general public completed the telephone interview. These results were weighted to reflect the general population figures (age, gender by region) as per Office for National Statistics.

\(^{48}\) Records with no age (<2%) were excluded when population counts were derived
### Appendix 3: Breakdown of Topics Covered by Audience and Approximation of Survey Length

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<th>Topic</th>
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<th>Educators</th>
<th>General Public and Patients</th>
<th>Stakeholders</th>
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