

Good Medical Practice: comparing the views of doctors and the general population

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Objectives To assess the views of the general public and general practitioners (GPs) on the General Medical Council's *Good Medical Practice*.

Methods A large national consumer survey organization (MORI) was commissioned to conduct a survey of a representative sample of the general public using quota sampling methods with randomly selected sampling points across Great Britain. A similar survey was carried out of GPs across Great Britain. Questions were asked of the general public about their perceptions on medical practitioners keeping their knowledge sufficiently up to date to do their job, on complaints being properly investigated, and about doctors being removed from the General Medical Council register if they failed to perform a specifically defined duty. The GPs were asked the same questions about duties. The general public was also asked whether they worked in the National Health Service (NHS), about any recent experiences as a patient in the NHS and whether they had ever complained about a doctor.

Results A total of 1949 people were interviewed in their homes along with 199 GPs. Over one-third either worked in the NHS or had friends or relatives who worked in the NHS. Eleven per cent felt they had reason to complain about a doctor although only 6% had made a formal or informal written or verbal complaint. The general public and GPs held similar views on reasons for doctors being removed from the register, although the public's threshold was somewhat lower than the doctors.

Conclusions GPs and the general public have similar views on good medical practice, although the degree of concern shown by the public is greater than that registered by doctors. Both groups show similar patterns of variation in their perception of the importance of some duties compared with others.

Keywords Complaints; duties; general practitioners; public

Medical Education 2001;35(Suppl. 1): 52–59

Introduction

The National Health Service (NHS) is embracing new national standards in the delivery of care, and these are inspected and monitored by the Commission for Health Improvement. Improved support to raise standards is an integral part of clinical governance, the framework through which NHS organizations will be accountable for the quality of their services and the environment in which clinical care is given.¹ The proposals in the new NHS are timely. Historically there have been few checks on a doctor's performance until

things went wrong, and after specializing it was possible for a doctor never to sit another examination or have to prove their competence for the remaining 30 or more years of their career. In the past 5 years, however, the number of complaints against doctors has trebled, to ≈3000 in 1998.² Of further concern to the public is their perception of how their complaints are being addressed.

A survey by *Which?* magazine³ found that out of 264 patients who had contacted the General Medical Council (GMC) about a complaint, in only six of these cases was any action taken against the doctor. Irrespective of whether it was the appropriate decision not to proceed in the other 258 cases, 82% of the complainants felt dissatisfied with the fairness of the process and 85% were left with a more negative impression of the GMC as a result of their experience. Another 616 people also responded to the organization's advertisement asking complainants to contact them, but this group had not contacted the GMC about their complaint.

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The GMC, with its commitment to promoting good medical practice, has a role in setting standards for competence, care and conduct, and principles of good practice. These standards and principles are expressed in the 14 duties of a doctor.⁴ They must be met by all medical practitioners registered with the GMC and registration is an essential prerequisite for practising medicine within the UK. The GMC also has a regulatory role with the maintenance of these standards and can enforce legislation through its powers to suspend or remove a doctor from its register.

This paper examines numbers and types of complaint made by the general public about doctors and the degree to which these complaints may be related to the public's own experience of the NHS. It also looks at the public's perceptions that complaints made against the medical profession will be properly investigated. Poor performance can generate complaints and the paper examines the public's opinion on doctors keeping up to date in their professional knowledge and whether they should be removed from the register for failing to perform appropriately in their duties as a doctor. The opinions of general practitioners (GPs) on failure to perform the same duties are also examined.

Methods

In August 1999 the GMC commissioned MORI to carry out two surveys among the general public and a sample of GPs in Great Britain. For the former, a quota sample, structured to be representative of the national population aged over 15, was taken across 165 constituency-based sampling points in Great Britain. Interviews were conducted using computer-assisted personal interviewing, face to face in respondents' homes. Respondents were asked eight short-answer questions. The first two questions provided a list of 17 different occupations in alphabetical order and asked the respondent about their level of agreement first with people in each occupation keeping up to date with knowledge required to do their job, second that a formal complaint, made to the appropriate regulating body, would be properly and independently investigated.

Answer options included: 'strongly agree', 'tend to agree', 'neither agree nor disagree', 'tend to disagree', 'strongly disagree' and 'don't know/no opinion'.

Three questions assessed the person's use or experience of NHS services in the past year, namely through their GP surgery, a hospital outpatient appointment on their behalf or someone else, or as a hospital inpatient. Answer options ranged from 'no use', through 'once', '2-3 times', '4-5 times', '6-10 times', 'over 10 times',

'never', 'don't know/can't remember', for the first two questions (plus 'never' in question 2); and 'one', '2-3 days', '4-5 days', '6-10 days', '11-20 days', '20 plus days', 'none', 'never', 'don't know/can't remember', for the question about inpatient experience.

A further question asked the respondents' views on doctors being struck off the GMC register for failing to perform selected specified duties from *Good Medical Practice*. Answer options were 'yes, definitely should be struck off', 'possibly be struck off', 'no definitely not be struck off', 'don't know/no opinion'. Seven of the 14 duties of a doctor were presented, three of which had previously been classified on the basis of a factor analysis by one of the authors (ICM), as professional issues, three as interpersonal and one as having components of both⁵ (see Tables 4 and 5 later).

Whether the interviewee, or their friends and/or family, work for, or had worked for the NHS was recorded. Finally, the respondent was asked if they had ever complained about a doctor, either formally using written or verbal means, informally to other medical personnel or to friends, or thought they should have done but actually did nothing.

For the GP survey, face-to-face interviews were conducted, also in August 1999, among GPs sampled from 22 sampling points throughout Great Britain. GPs were asked their views on being struck off for failing to perform any of the same seven specifically selected duties, used in the general population survey.

Full details of the wording of questions, and tabulations of the frequencies of answers to all questions, are available on request from the authors.

Non-parametric statistics were used in all analyses. Complaints made were examined by age, sex, social class, and use or working experience of the NHS. The relationship between the respondent's agreement on professions keeping up to date, agreement on complaints being investigated, and agreement on doctors being struck off, with the respondent's experience of the NHS (use of services or through work contacts) was also examined. The opinions of GPs and the general public on being struck off for failing to observe the duties of a doctor were compared. For those questions in which answer options measured agreement, numbers of categories were reduced by combining 'strongly agree' and 'tend to agree' into one variable 'agree' and, similarly, combining the two disagree options into 'disagree'. Some of the use of services answer options were also combined. The sample tolerances for any question percentage response, for a population sample of the size used, is approximately $\pm 2\%$.

Results

A total of 1949 adults aged over 15 were interviewed. During the past year, 85% (*n* = 1648) of them had visited a GP surgery, 53% (*n* = 1031) had taken part in a hospital appointment and 17% (*n* = 319) had spent time as a hospital inpatient. Eleven per cent (*n* = 204) of those interviewed either worked or had worked in the NHS, and an additional 26% (*n* = 499) had family or friends who worked, or had worked in the NHS. While 79% (*n* = 1542) of interviewees considered that they had never experienced anything which would require a complaint about a doctor to an appropriate professional body, 7% (*n* = 126) had made either a formal or informal written or verbal complaint and a further 7% (*n* = 126) had complained to friends. Five per cent (*n* = 92) were dissatisfied but did nothing. The group that made the highest proportion of complaints was 25–44 age group, with 25% (*n* = 207) of all those surveyed complaining. Overall, nearly twice as many women (15%) as men (9%) complained and people in social class D and E complained most (formally and informally), while those in social class A, B or C were either less likely to have an experience that required a complaint or, when it did happen, they were more likely to tell their neighbours or friends (Table 1).

Making a complaint of any sort was positively associated with the number of contacts the person had experienced with the NHS in the past year (GP surgery visits $\chi^2 = 65.93$, d.f. = 25, *P* < 0.001; hospital appointments $\chi^2 = 41.79$, d.f. = 20, *P* = 0.003), but not as an inpatient (inpatient days $\chi^2 = 21.01$, d.f. = 15, *P* = 0.135). Similarly, working in the NHS was associated with more complaints ($\chi^2 = 53.39$, d.f. = 10, *P* < 0.001).

Opinions on whether a formal complaint made about a GP, hospital doctor or surgeon would be properly investigated were not associated with the interviewee's own experience as a patient. However, they were related to work contact with the NHS. Those who had work contact with the NHS were significantly more likely to disagree that complaints for three main categories of medical professionals – GP, hospital doctors and surgeons – would be properly investigated compared with those who had no work contact with the NHS (Table 2). Similarly, people's opinions on whether individual medical professionals keep up to date with the knowledge required to do their job did not appear to be related to the individual's exposure to NHS services in the past year, but were again related to an individual's work contact with the NHS. Those who work in the NHS were, once again, about twice as likely to disagree

Table 1 Complaints about a doctor by sex, age and social class of surveyed population

	Sex		Age (years)					Social class					
	Male <i>n</i> (%)	Female <i>n</i> (%)	15–24 <i>n</i> (%)	25–34 <i>n</i> (%)	35–44 <i>n</i> (%)	45–54 <i>n</i> (%)	55+ <i>n</i> (%)	A <i>n</i> (%)	B <i>n</i> (%)	C1 <i>n</i> (%)	C2 <i>n</i> (%)	D <i>n</i> (%)	E <i>n</i> (%)
Made formal written and/or verbal complaint	28 (3)	36 (3)	10 (3)	15 (4)	22 (5)	9 (3)	8 (1)	2 (5)	14 (4)	12 (2)	11 (3)	11 (4)	14 (3)
Made informal complaint to work colleagues of doctor	20 (2)	44 (4)	4 (1)	14 (4)	19 (5)	8 (3)	19 (3)	0	9 (2)	20 (4)	9 (2)	12 (5)	14 (5)
Thought should have made complaint but told neighbours/friends	36 (4)	90 (8)	16 (5)	30 (9)	29 (7)	25 (8)	26 (5)	3 (7)	28 (8)	44 (8)	23 (6)	13 (5)	15 (5)
Thought should have made complaint but did nothing	43 (5)	50 (5)	15 (5)	25 (7)	27 (7)	12 (4)	14 (3)	2 (5)	13 (4)	25 (5)	15 (6)	11 (4)	11 (4)
Never experienced anything requiring a complaint	715 (83)	827 (76)	252 (82)	262 (74)	297 (72)	252 (80)	479 (85)	34 (81)	302 (81)	428 (79)	339 (81)	207 (77)	232 (76)
Don't know, can't remember	17 (2)	43 (4)	10 (3)	7 (2)	17 (4)	9 (3)	17 (3)	1 (2)	6 (2)	15 (3)	8 (2)	10 (4)	20 (7)
Totals (100%)	859	1090	307	353	411	315	563	42	372	544	417	268	306

$\chi^2 = 26.06$, d.f. = 5, *P* < 0.001
 $\chi^2 = 49.58$, d.f. = 20, *P* < 0.001
 $\chi^2 = 400.68$, d.f. = 25, *P* = 0.025

Note: Percentages are rounded to nearest whole number.

Table 2 Opinion that formal complaints would be investigated properly and independently by contact with the NHS as patient or worker in survey population. The public was asked whether 'Agree that if you were to make a formal complaint to the appropriate regulating body about someone working in this occupation, it would be properly and independently investigated'

	Profession					
	GP		Hospital doctor		Surgeon	
	Agree <i>n</i> (%)	Disagree <i>n</i> (%)	Agree <i>n</i> (%)	Disagree <i>n</i> (%)	Agree <i>n</i> (%)	Disagree <i>n</i> (%)
Visits to GP surgery in past year						
0	204 (70)	43 (15)	208 (72)	38 (13)	203 (70)	38 (13)
1	171 (65)	42 (16)	174 (66)	42 (16)	173 (66)	41 (16)
2-3	349 (75)	62 (13)	341 (73)	70 (15)	336 (72)	65 (14)
4-5	183 (72)	39 (15)	180 (71)	38 (15)	172 (68)	43 (17)
6-10	195 (71)	38 (14)	185 (67)	46 (17)	177 (64)	50 (18)
> 10	296 (76)	54 (14)	297 (76)	49 (13)	280 (72)	53 (14)
	$\chi^2 = 20.60$, d.f. = 15, $P = 0.015$		$\chi^2 = 22.46$, d.f. = 15, $P = 0.096$		$\chi^2 = 14.59$, d.f. = 15, $P = 0.48$	
Appointment with hospital doctor in past year (self or with someone)						
Never had	88 (63)	20 (14)	88 (63)	17 (12)	87 (63)	18 (13)
0	554 (72)	109 (14)	544 (71)	111 (15)	554 (72)	100 (13)
1-3	452 (72)	100 (16)	451 (71)	104 (17)	417 (66)	120 (19)
≥ 4	304 (76)	48 (12)	302 (76)	50 (13)	283 (71)	51 (13)
	$\chi^2 = 15.82$, d.f. = 9, $P = 0.071$		$\chi^2 = 21.78$, d.f. = 9, $P = 0.01$		$\chi^2 = 24.06$, d.f. = 9, $P = 0.004$	
Days as hospital inpatient in past year						
Never been	160 (67)	34 (14)	162 (68)	32 (13)	160 (67)	30 (13)
0	1007 (73)	203 (15)	994 (72)	207 (15)	955 (69)	222 (16)
1-3	128 (78)	16 (10)	122 (74)	22 (13)	122 (74)	17 (10)
≥ 4	105 (68)	25 (16)	109 (71)	22 (14)	106 (69)	21 (14)
	$\chi^2 = 19.71$, d.f. = 9, $P = 0.02$		$\chi^2 = 13.40$, d.f. = 9, $P = 0.145$		$\chi^2 = 14.54$, d.f. = 9, $P = 0.104$	
Work contact with NHS						
Self, now or in past	141 (69)	35 (17)	141 (69)	33 (16)	135 (66)	39 (19)
Family and/or friends, now or in past	342 (69)	91 (18)	342 (69)	88 (18)	328 (66)	91 (18)
No work contact	894 (73)	152 (12)	894 (73)	162 (13)	873 (71)	158 (13)
	$\chi^2 = 19.15$, d.f. = 6, $P = 0.004$		$\chi^2 = 18.82$, d.f. = 6, $P = 0.004$		$\chi^2 = 23.35$, d.f. = 6, $P = 0.001$	

Note: Percentages are rounded to nearest whole number.

that such professionals do keep up to date as those without contact of the NHS through work (Table 3).

The public's views that doctors should definitely be 'struck off' the register for repeatedly failing to perform a duty ranged from 9% (not giving patients information in a way that they can understand) to 53% (not respecting and protecting confidential information). Opinions on definitely being removed from the register were higher for the three duties relating to professional values (33-53%) compared with those relating to interpersonal values (9-24%) (Table 4, Fig. 1). The public's opinions on doctors being removed for not carrying out their duties as a doctor showed no obvious pattern or relationship with use of health services (all $P > 0.05$). However, there appears to be a trend,

statistically significant in four cases, whereby those who work in the NHS are more likely to consider that doctors should definitely not be removed compared with those with no work contact with the NHS (Table 5).

The views of the 199 interviewed GPs that doctors should definitely be 'struck off' ranged from 0% (for not giving patients information in a way that they can understand) to 35% (not respecting confidential information). For each of the seven duties given, the percentage of GPs in favour of removal from the register for neglect of that duty was lower than that in the general public. Conversely, the percentage of GPs of the opinion that doctors should not be removed from the register was higher than that in the public, with the

Table 3 Opinion on clinicians keeping up to date with the knowledge required to do their job by contact with the NHS as patient or worker in survey population. The public was asked whether 'Agree that people in these occupations actually do keep up to date with the knowledge required to do their job or practice their profession'

	Profession					
	GP		Hospital doctor		Surgeon	
	Agree <i>n</i> (%)	Disagree <i>n</i> (%)	Agree <i>n</i> (%)	Disagree <i>n</i> (%)	Agree <i>n</i> (%)	Disagree <i>n</i> (%)
Visits to GP surgery in past year						
0	225 (77)	27 (9)	248 (85)	12 (4)	245 (84)	6 (2)
1	216 (82)	16 (6)	225 (86)	11 (4)	234 (89)	6 (2)
2-3	373 (80)	39 (8)	408 (87)	25 (5)	432 (93)	14 (3)
4-5	211 (83)	19 (8)	221 (87)	9 (4)	226 (87)	8 (3)
6-10	225 (82)	23 (8)	228 (83)	13 (5)	237 (86)	6 (2)
> 10	331 (85)	28 (7)	343 (88)	23 (6)	361 (93)	10 (3)
	$\chi^2 = 18.63$, d.f. = 15, $P = 0.23$		$\chi^2 = 18.73$, d.f. = 15, $P = 0.23$		$\chi^2 = 36.00$, d.f. = 15, $P = 0.002$	
Appointment with hospital doctor in past year (self or with someone)						
Never had	118 (85)	6 (4)	125 (90)	3 (2)	130 (94)	3 (2)
0	627 (82)	60 (8)	659 (86)	33 (4)	680 (89)	25 (4)
1-3	503 (80)	51 (8)	542 (86)	32 (5)	557 (88)	8 (2)
≥ 4	334 (84)	35 (9)	348 (87)	25 (6)	369 (93)	14 (2)
	$\chi^2 = 13.5$, d.f. = 9, $P = 0.14$		$\chi^2 = 14.28$, d.f. = 9, $P = 0.11$		$\chi^2 = 16.39$, d.f. = 9, $P = 0.059$	
Days as hospital inpatient in past year						
Never been	189 (79)	14 (6)	205 (86)	62 (5)	1236 (89)	37 (3)
0	1130 (82)	114 (8)	1202 (87)	13 (8)	148 (90)	6 (4)
1-3	140 (85)	11 (7)	140 (85)	9 (6)	138 (90)	6 (4)
≥ 4	123 (80)	13 (3)	127 (83)	14 (7)	172 (84)	16 (8)
	$\chi^2 = 13.88$, d.f. = 9, $P = 0.13$		$\chi^2 = 14.43$, d.f. = 9, $P = 0.11$		$\chi^2 = 7.55$, d.f. = 9, $P = 0.58$	
Work contact in NHS						
Self now or in past	155 (76)	26 (13)	170 (83)	14 (7)	172 (84)	16 (8)
Family and/or friends now or in past	401 (80)	49 (10)	428 (86)	32 (6)	453 (91)	8 (2)
No work contact	1018 (83)	77 (6)	1069 (87)	47 (4)	1105 (90)	26 (2)
	$\chi^2 = 20.78$, d.f. = 6, $P = 0.002$		$\chi^2 = 14.40$, d.f. = 6, $P = 0.025$		$\chi^2 = 34.14$, d.f. = 6, $P < 0.001$	

Note: Percentages are rounded to nearest whole number.

exception of one duty (not respecting and protecting confidential information) (Table 4). For both groups, 'no opinion/don't know' answers ranged from 3 to 6%.

A similar hierarchy of opinion was seen in the GPs for professional value duties compared with interpersonal values (Fig. 1).

Figure 1 compares the percentage of public and GPs agreeing that failure on a duty provides a basis for being struck off in the present survey, as well as similar data collected in 1997 for a larger, nationally representative sample of GPs and hospital doctors⁵ (there were very slight differences of wording and three instead of four response categories in the earlier study). The rank order of duties is very similar in the all doctor sample and the GPs (Spearman's $\rho = 0.929$, $n = 7$, $P = 0.003$). The rank order of the general public also correlated closely

with the GPs and all doctors samples (Spearman's $\rho = 0.857$, $n = 7$, $P = 0.014$ in each case). The public were more likely to agree that failure on each individual duty provided a basis for being struck off than were the GPs (mean = 76 vs. 55% across all duties; $P = 0.028$).

Discussion

As public debate continues about variations in performance of medical practitioners, this paper provides a useful overview on performance from the general public's perspective. This perspective reflects not only the degree to which the public considers behaviour to be unacceptable within the duties of a doctor, but it also provides a measure of the complaints generated,

Table 4 Opinions on being struck off for not observing the duties of a doctor by general public and GPs

Do you think doctors should be struck off for	Opinion	Public n = 1949 (%)	GPs n = 199 (%)	Significance χ^2 , d.f., P
Not respecting patients' dignity and privacy (interpersonal factor)	Yes definitely should	24	12	17.14, 3, 0.001
	No definitely not	20	26	
Not working with colleagues in ways that best serve patients' interests (professional and interpersonal factors)	Yes definitely should	14	1	69.33, 3, <0.001
	No definitely not	26	53	
Not keeping their professional knowledge and skills up-to-date (professional factor)	Yes definitely should	33	6	82.16, 3, <0.001
	No definitely not	17	35	
Not giving patients information in a way that they can understand (interpersonal factor)	Yes definitely should	9	0	83.40, 3, <0.001
	No definitely not	51	83	
Their personal beliefs prejudicing the care of their patients (interpersonal factor)	Yes definitely should	36	7	87.64, 3, <0.001
	No definitely not	17	37	
Not respecting the rights of patients to be fully involved in decisions about their care (professional factor)	Yes definitely should	23	3	154.77, 3, <0.001
	No definitely not	23	62	
Not respecting and protecting confidential information (professional factor)	Yes definitely should	53	35	33.18, 3, <0.001
	No definitely not	8	4	

Note: Percentages are rounded to nearest whole number. Other answer options omitted.

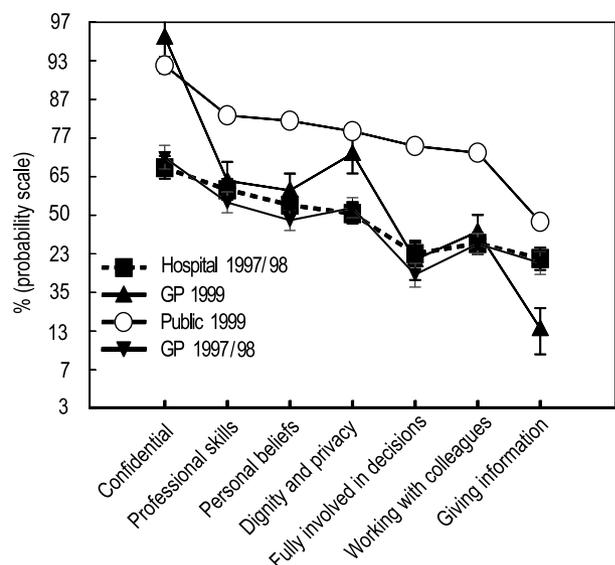


Figure 1 The percentage of the general public and GPs who responded that a doctor 'who repeatedly fails to perform [a particular] duty should definitely be struck off, or possibly struck off. [as opposed to definitely not be struck off]', and the percentage in 1997/98 of hospital doctors and GPs⁵ who 'definitely agreed' that failure on a duty provided a basis for restriction or removal of registration. 95% confidence intervals are shown where they are larger than the size of datapoints. Columns are sorted on the basis of the responses by the public. The ordinate is on a probability (probit) scale to facilitate comparison between groups and across questions. Note that in the 1997/98 study there were four response categories, whereas in the 1999 study there were only three response categories, and that categories have been combined to make the studies as comparable as possible in overall level of responding.

for whatever reason, by them as consumers of a service that has obviously failed to meet their expectations. While these expectations are unknown, they are unlikely to be just because of a clinical incident.^{6,7} In a recent survey of senior NHS professionals the most common performance problems reported related to consultation skills, although consistent and serious errors in prescribing, diagnosis and management, and outcome were perceived as most serious.⁸

Only one-quarter (27%) of complainants in the *Which?* survey³ wanted the doctor to be removed from the register, most being concerned with preventing the same mistake from happening again and receiving formal recognition that a mistake had been made. The most common complaint was for poor attitude/rudeness, although in almost half of these (46%), other problems were also raised, including poor standards of care and dissatisfaction with treatment.

The fact that more complaints were generated by those who used the service most, whether at a primary or secondary care level, is probably understandable, but the reasons behind the greater numbers of complainants among those who work, or who have worked in the NHS, are less clear. Working in the NHS also provided a consistent, possibly more informed view, that disagreed with the premise that three specifically identified medical professional groups were likely to keep up to date with knowledge needed for professional practice or that any complaints against such people would be properly investigated. However, these same NHS employees did not feel nearly so

Table 5 Opinions on being struck off for not observing the duties of a doctor by work contact with the NHS

Do you think doctors should be struck off for	Opinion	Self work(ed) in NHS n (%)	Family and/or friends work(ed) in NHS n (%)	No work contact with NHS n (%)	Significance χ^2 , d.f., P
Not respecting patients' dignity and privacy? (interpersonal factor)	Yes definitely should	40 (20)	125 (25)	298 (24)	15.30, 6, 0.018
	No definitely not	60 (29)	98 (20)	227 (19)	
Not working with colleagues in ways that best serve patients' interests? (professional and interpersonal factors)	Yes definitely should	27 (13)	59 (12)	180 (15)	16.042, 6, 0.014
	No definitely not	66 (32)	147 (30)	286 (23)	
Not keeping their professional knowledge and skills up-to-date? (professional factor)	Yes definitely should	65 (32)	155 (31)	423 (34)	12.66, 6, 0.049
	No definitely not	47 (23)	79 (16)	197 (16)	
Not giving patients information in a way that they can understand? (interpersonal factor)	Yes definitely should	17 (8)	44 (9)	118 (10)	10.88, 6, 0.092
	No definitely not	122 (60)	264 (53)	597 (49)	
Their personal beliefs prejudicing the care of their patients? (interpersonal factor)	Yes definitely should	58 (28)	199 (40)	693 (36)	13.79, 6, 0.032
	No definitely not	48 (24)	80 (16)	333 (17)	
Not respecting the rights of patients to be fully involved in decisions about their care? (professional factor)	Yes definitely should	32 (16)	120 (24)	291 (24)	8.90, 6, 0.18
	No definitely not	58 (28)	117 (23)	275 (22)	
Not respecting and protecting confidential information? (professional factor)	Yes definitely should	107 (53)	289 (58)	1016 (53)	11.002, 3, 0.088
	No definitely not	15 (7)	26 (5)	145 (8)	
Totals		204 (100)	499 (100)	1228 (100)	

Note: Percentages are rounded to nearest whole number. Two other answer options omitted.

strongly that doctors should be removed for failing to meet at least six of the seven of their listed duties. Both responses may be a reflection of being on the 'inside' and knowing what should and can happen, and the problems that can sometimes arise in the current climate of the NHS with its resource limitations, a potential contributory factor to the detriment of achieving good practice. Overall, complainants did not appear to hold opinions on performance distinguishable from non-complainants.

A further interesting finding from the present study is the variation in responses seen to the seven duties of a doctor for which the public was asked for an opinion. Time and potential responder fatigue precluded invited responses to all 14 duties. Factor analysis of previous survey responses from doctors has shown that the 14 duties dichotomize into six that can be loosely described as relating to professional practice, six that are oriented more towards interpersonal skills and two that have components of both.⁵ Further, the two groups of duties were treated differently by doctors in terms of the severity of punishment that should be rendered for any mismanagement within them. The general public's perceptions and that of the GPs in this study mirror those in the McManus *et al.* study,⁵ in that the numbers

agreeing that doctors should definitely be removed from the register were far higher for those three duties that were professionally focused compared with those that relate to interpersonal skills. This dichotomy of opinion was irrespective of the public's experience of the NHS in terms of service use or work, or as a complainant.

*A First Class Service: Quality in the NHS*⁹ focuses on developing and delivering a quality health service through the use of prescribed standards of care (national service frameworks), and clinical guidelines delivered by local health improvement plans and monitored by the Commission for Health Improvement, together with quality control through clinical governance using clinical audit, and continuing professional development. Six per cent of the general public had been moved to make a formal written or verbal complaint about one or more of their experiences of the NHS in its broadest sense. However, this represents only the tip of the level of dissatisfaction in that, overall, 21% of the population surveyed had an experience that they considered merited a complaint, albeit 15% of them opted out of taking the formal complaint route. The general public not only has a right to the provision of good medical care, they have an

opinion on what constitutes or contributes to such care, and recent highly publicized events indicate that in some instances such standards have not been met.

This survey was conducted while an enquiry was under way into high death rates among infant heart patients at the Bristol Royal Infirmary in the late 1980s and early 1990s, but before the trial of Harold Shipman.¹⁰ It will be interesting to see if recent policy developments address the issues that generated the dissatisfaction when using NHS services in at least one-fifth of the general public surveyed. Policy developments include the strengthening of the GMC's regulatory role with the introduction of the new Performance Procedures (1997). Clinical governance and professional self-regulation are key features of the government's *A First Class Service*⁹ and are addressed further in 'Supporting doctors, protecting patients'.¹ The Royal College of General Practitioners has also been working on its own guidelines for good medical practice^{11,12} and is developing a methodology on revalidation.¹³ Recently the government announced a new agency, the National Clinical Assessment Authority that will work with doctors and employers to address under-performance and incompetence.¹⁴ It remains to be seen whether these government reforms address the problem and reduce the public's level of concern regarding clinical practice.

Conflict of interest

ICM and AH were members of the GMC Performance Procedures Evaluation Group which commissioned this study.

Acknowledgements

The MORI poll survey was funded by the General Medical Council's Performance Procedures Evaluation

Group of which AH and ICM were members. We thank Peter Richards and Charles Vincent for helpful comments during the design of the studies.

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