18 July 2012

Council

To consider

Developing an Induction Programme for Doctors

Issue

1. An update on the progress of the induction project and outlining the high-level plans for piloting elements of an induction programme in late 2012.

Recommendation

2. To endorse the proposal to pilot elements of an induction programme that will promote a better understanding and application of Good Medical Practice (GMP) for doctors who are new to UK practice (paragraphs 7-25).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602.
Background

3. The recommendation in this paper supports Key Aims 1 and 4 of the 2012 Business Plan:
   a. To continue to register only those doctors that are properly qualified and fit to practise and to increase the utility of the medical register.
   b. To provide doctors with relevant up-to-date guidance on professional standards and ethics.

4. Council endorsed the three phase approach to the development of an induction programme for doctors new to the medical register in February 2012.

5. This paper presents a high-level summary of the induction programme progress to date and outlines the proposed induction programme pilot.

Discussion

Project progress

6. The induction programme team has undertaken a series of engagement activities throughout March, April and May, collecting views from key interests to help shape an induction pilot at the end of 2012. These have included:
   a. A survey of other national medical regulators; this showed that an induction programme for doctors new to practice was uncommon. Where any programmes exist they are generally aimed at International Medical Graduates’ clinical competence, pre-registration.
   b. A comprehensive literature review; this explored the challenges and barriers doctors face as they move into new employment, the induction programmes currently available and evidence for their effectiveness.
   c. A formal call for evidence; this sought to understand the challenges facing doctors new to UK practice, how an induction programme could support doctors through the transition and to identify areas of best practices. 78 responses were received.
   d. Further engagement with organisations representing educators, employers, doctors and patients, to develop and test emerging ideas and gather more information on existing programmes. This has included round table discussions in Scotland, Northern Ireland, England and Wales.
   e. Internal workshops across the GMC to test the emerging themes and ensure alignment with other GMC policies and projects.
7. The engagement process found that:

a. There is a general consensus that doctors, trained in the UK and overseas, would benefit from further support as they move into UK practice.

b. Although GMP is taught in UK medical schools and assessed through the Professional and Linguistic Assessment Board (PLAB) test, more could be done to support some doctors in applying the standards as they start UK practice.

c. There are specific issues that face doctors new to UK practice, around professional behaviours and attitudes. We have compiled a list of issues and themes from research, our call for evidence and consultation with key interest groups.

d. Many programmes supporting doctors new to UK practice use different forms of delivery, involving interactive face to face sessions coupled with online learning and support.

e. Self assessment is commonly used to inform the individual of their learning needs and provide a baseline for evaluation and reflection.

f. The induction programme would benefit from senior clinician leadership and buy in to drive the success of the programme.

Proposal for Pilot

8. Following our engagement and data gathering, we have developed a proposal to deliver a pilot induction programme by the end of 2012.

9. The development of the induction programme will be based on the following principles:

a. The contents of the programme will originate from the topics as outlined in GMP. All the key interests consulted recognised the importance of ensuring an understanding of professional standards. Although some suggested the scope could be broader, it was recognised this would duplicate local inductions or clinical training.

b. The induction programmes will address the issues that may face any doctor new to UK practice rather than assuming different cohorts of doctors have the same specific needs. Although doctors have varying learning styles it was agreed during our engagement period that understanding how to apply the standards of medical professionalism was relevant to all doctors, irrespective of background.

c. All doctors have a personal duty to ensure their skills and knowledge are up to date and they are practising in line with the GMP. The induction
programme will aim to support doctors new to practice in the UK to understand what is expected of them.

*Pilot Components*

10. The proposed pilot programme will consist of three components: self-evaluation, a face to face event and online support.

*Self-evaluation*

11. This will be an online self-evaluation of an individual’s understanding and application of the professional standards for UK practice as set out in the *GMP*. The evaluation will provide feedback to the individual which will guide further development and will include:
   a. An online tool using scenarios based on *GMP* in Action (GMPiA).
   b. A feedback mechanism that promotes reflective learning.
   c. Guidance on where further materials or support can be found

12. We do not propose to require doctors to log-in and they will be able to remain anonymous at this stage. This should remove a potential barrier to participation.

*Face to face event*

13. In the consultation exercise it was widely recognised that a face to face event was an ‘essential’ component. We propose that the event would introduce participants to the GMC, promote a better understanding and application of *GMP* and provide doctors with an opportunity to discuss the issues and form peer and wider support networks. The event will:

   a. Deliver a standardised programme that will be transferable to different locations and audiences

   b. Include content covering some of the key issues facing doctors new to UK practice. It is hoped this might include high level introductions to the GMC and the principles of *GMP* and lessons learnt from doctors who have successfully moved into UK practice

   c. Include, where possible, involvement from senior clinical staff who would be able to share experience and discussion with peers who may be able to provide relevant challenge.

14. We propose to deliver the pilot in collaboration with Trusts and Deaneries – this should help us assess the effectiveness of the programme and how it links with local initiatives.
15. Any pilot will need to evaluate the cost effectiveness of the intervention and how easily it could be implemented on a national scale.

**Online support**

16. We recognise that doctors will require continuing support as they move into UK practice. Providing learning materials online is one way of providing support to doctors who may not be able to attend an event.

17. Materials will be accessible according to the themes and issues identified for the induction programme.

18. We have still to draw up the technical specification which will be subject to an options review. We will also develop an appropriate system of quality assurance.

19. Although we have set the programme out here as a linear process, we expect the different components to be accessed at various points by different doctors. We will assess how these components work together.

20. We will need to consider how the programme will link with existing local and national induction systems. This will include making sure we use the right language to describe it - for example it may be better described as an introduction to *GMP*, to avoid confusion with local induction systems.

**Measuring success**

21. The pilot will be evaluated to assess the extent to which each of the proposed components support doctors new to UK practice to understand and apply *GMP*. We will develop detailed evaluation plans and present a report to Council in 2013.

**Engagement**

22. The engagement and support we have had from key interest groups has been invaluable. We plan to continue this work – it is important that our programme commands the confidence and support of our key interests.

23. We plan to implement the three components of the proposed pilot induction programme by the end of 2012.

24. Dependent on the evaluation we will develop options for wider implementation for 2013.

**Recommendation:** To endorse the proposal to pilot elements of an induction programme that will promote a better understanding and application of *Good Medical Practice* for doctors who are new to UK practice.
Resource implications

25. A budget of £0.75 million has been set for the induction pilot in 2012. Detailed costs will be developed as the components of the pilot are further defined.

Equality

26. The profile of doctors who will participate in the induction programme is likely to be diverse and span all the protected characteristics.

27. Our initial equality analysis suggests that the programme must take account of the different needs of the doctors taking part and the different levels of familiarity with GMP. We will need to make induction accessible to all doctors by ensuring that both the facilities and technology we use are capable of reasonable adjustments.

28. An equality analysis will be completed for the programme of work.