3 December 2014

Strategy and Policy Board

To note

Welcome to UK Practice

Issue
1. At its meeting on 1 April 2014, the Strategy and Policy Board endorsed the Welcome to UK Practice evaluation report and next steps, including a high-level implementation plan, towards implementing the programme for all doctors entering UK practice. Since then, the Regional Liaison Service (in England) and the Devolved Offices assumed responsibility for the delivery of the Welcome to UK Practice programme.

2. This paper provides an update on progress to date and suggested next steps for 2015 and beyond.

Recommendations
3. The Strategy and Policy Board is asked to note the:

   a. Progress made so far in 2014.

   b. High degree of positive feedback and demand for this programme.

   c. Future delivery options, and the dependency on growth bids being approved during the 2015 budget and business planning cycle.
Welcome to UK Practice

 Issue

4 Following the Strategy and Policy Board meeting on 1 April 2014, the Regional Liaison Service (RLS) in England and the Devolved Offices (DO) formally assumed delivery of the Welcome to UK Practice (WtUKP) programme.

5 The Board endorsed the proposed next steps, including as part of this process that the programme in 2014 would consist of cementing some of the gains from established WtUKP tools and resources through a series of “Quick Wins” and, the piloting and testing of alternative delivery methods through further evaluative piloting and a demand survey.

Progress on Quick Wins (as of time of writing - October 2014)

6 Progress against the seven “Quick Wins” is as follows:

<table>
<thead>
<tr>
<th>#</th>
<th>Quick Win</th>
<th>Progress</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>“Things I wish I’d known” film and Self-Assessment Tool sent to partner organisations</td>
<td>- Letter from Niall Dickson complete and promotional leaflet ready to be sent - signed off by Niall Dickson</td>
<td>ONGOING</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partner organisations identified for four countries</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Need to make decision about timing of roll-out linked to putting in place additional resources.</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>“WtUKP” film embedded on GMC WtUKP website</td>
<td>COMPLETE</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Use “WtUKP” film within formal ID Checks for Year 5 Med Students</td>
<td>COMPLETE</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>“WtUKP” film shown to all newly registered doctors who attend ID checks at the GMC offices.</td>
<td>COMPLETE</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Link to Self-Assessment Tool and “WtUKP” film inserted into PLAB guidance pages.</td>
<td>COMPLETE</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Link to Self-Assessment Tool and “WtUKP” film inserted into “Welcome to the register email”</td>
<td>COMPLETE</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Self-Assessment Tool to be used as part of pre-preparation for PLAB</td>
<td>Discussed with PLAB colleagues and an options paper has been produced which will be presented to the Director for Registration and Revalidation for consideration</td>
<td>ONGOING</td>
</tr>
<tr>
<td>6</td>
<td>Link to Self-Assessment Tool mentioned / signposted in FTP sanction letters</td>
<td>Ongoing discussions with FTP colleagues about this and other ‘professionalism’ resources being signposted in Sanctions and Warnings letters</td>
<td>ONGOING</td>
</tr>
<tr>
<td>7</td>
<td>Internal Comms activities to inform staff about success of the programme so far and how it will develop in 2014 and beyond</td>
<td>COMPLETE – Four staff sessions delivered</td>
<td></td>
</tr>
</tbody>
</table>
7 We have made strong progress against many of the Quick Wins but await decisions on 2015 resourcing and timing and continue to explore the outstanding actions. The details will be clear before the end of the year.

8 Web traffic data associated with the online WtUKP resources is at Annex A, which includes:

   a Since April 2014 over 10,000 visitors to the WtUKP webpage.
   b 70% of visitors to the WtUKP webpage are from overseas.
   c Over 6,500 visitors to the Self-Assessment Tool.
   d 67% of visitors to the Self-Assessment Tool are from overseas.

**Progress on Evaluative Pilots (as of time of writing - October 2014)**

9 The RLS and DO teams have delivered a range of pilot events, experimenting with the form and content of the original WtUKP facilitated learning events.

10 A full session is now approximately three hours, which reflects the limited available time in education and training schedules across the UK, but can be scaled up to half a day where there is interest. It includes an introduction to the GMC, the healthcare system the doctor will work in (country specific) and multiple ethical scenarios aimed at introducing/improving and strengthening ethical awareness and skills. To date we have delivered six full sessions and five partial sessions across the UK. We have a further nine full sessions planned for the remainder of 2014 and expressions of interest logged for 2015 dates too.

11 Due to resource constraints in some geographies we have used a mixed economy of delivery whereby some sessions are organised by the GMC using the register to invite attendees. However, the majority of sessions have seen us able to share logistics and registration to healthcare partners so the GMC can concentrate energies on session delivery. This is our preferred model and a useful lesson from piloting.

**Session evaluation**

12 Full details on delivered sessions can be found at Annex A.

13 77% of the 110 doctors undertaking the programme so far have self-declared as having a primary medical qualification (PMQ) from outside of the UK.

14 The headline feedback from delegates is that:
a 97% of doctors felt they had a better understanding of ethical and professional standards following the session.

b 90% of doctors said they would change their practice as a result of the session.

c 98% of doctors felt able to use the ethical and professional guidance and frameworks discussed, in their practice.

Demand

15 Without promoting the events through the web or any kind of concerted communication campaign, demand has been strong for delivery of these events.

16 We have also noted a particular interest in the programme from the south west of England and there has been a strong interest across the UK in ‘all doctor’ and Foundation Programme audiences as well as the more traditional International Medical Graduate groups.

17 An example of the interest in and demand for this programme is the response of key interest groups in Scotland: the Scottish Government’s workforce team agree that there is a need for WtUKP and have noted that they will support us to work with Health Boards to integrate this offering into their inductions; we have submitted a proposal for consideration to the Scottish Association of Medical Directors to drive buy-in from employers; there is clear interest from some Royal Colleges in Scotland as well as BMA Scotland and the Scottish Government’s GP Returners Committee.

18 Through these additional pilots we have also developed strong working relationships with Royal College Medical Training Initiative schemes where we are seeing strong demand. We have already delivered jointly with the Royal College of Physicians (including a speaking role for the College President). We have also been able, through referral from Vicky Osgood, Assistant Director of Postgraduate Education, to secure a place on the new HEE International Medical Graduate A&E Consultants induction for November 2014.

19 We have also been approached by Pulse locum agency to potentially deliver WtUKP sessions on a commercial basis as part of their overseas recruitment programme.

20 A separate online demand survey generated responses from 33 organisations across the UK’s acute, primary and healthcare education sectors.

21 Key headlines from online demand survey reveal:

a 100% of respondents thought WtUKP would be useful for doctors new to practice.

b 94% of respondents strongly agreed or agreed that there is a need for the GMC to provide a specialist session for doctors new to practice.
c 94% of those giving feedback strongly agreed or agreed that such a session could lead to improvements in the practice of doctors they work with.

d 52% of those giving feedback thought such a session could be part of their organisations induction or training programme and 42% did not.

2015 planning

22 As part of the business planning and budgeting cycle we have submitted a joint growth bid for both the RLS and DOs to help us to deliver against what we expect to be significant demand for delivery of this programme across the UK. As noted above there is already a pipeline of demand to service in 2015.

23 Initial demand modelling suggests that RLAs and DOs could see a ~20%+ increase in their current/potential Promoting Professionalism workload under a full UK roll-out of WtUKP and this would require extra resource.
Supporting information

How this issue relates to the corporate strategy and business plan

24 Strategic aim 1: To make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.

25 Strategic aim 2: To help raise standards in medical education and practice.

26 Strategic aim 4: To work more closely with doctors, medical students and patients on the frontline of care (WtUKP is noted as one of the main delivery mechanisms).

27 The programme also has various links to the Business Plan as a way of helping to deliver outcomes around the Professional and Linguistic Assessments Board test, our Equality and Diversity Strategy, and risk based regulation.

How the issues support the principles of better regulation

28 The WtUKP programme helps the GMC to target interventions on ethical and professional practice to groups of doctors who need help to adapt to practice in the UK – be that those coming from abroad or those new or returning to practice from the UK. This has been evidenced by GMC research and through anecdotal feedback from partner organisations.

If you have any questions about this paper please contact: Shane Carmichael, Assistant Director - Strategy and Communication, SCarmichael@gmc-uk.org, 0207 189 5259.
Welcome to UK Practice Feedback Report 2014
Welcome to UK Practice Feedback Report 2014

24 October 2014

Working with doctors Working for patients
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Introduction</td>
</tr>
<tr>
<td>4</td>
<td>2014 Events</td>
</tr>
<tr>
<td>5</td>
<td>2015 Booked Events</td>
</tr>
<tr>
<td>6</td>
<td>Volume of feedback forms</td>
</tr>
<tr>
<td>7</td>
<td>WtUKP Event Feedback</td>
</tr>
<tr>
<td>12</td>
<td>WtUKP Qualitative Feedback</td>
</tr>
<tr>
<td>15</td>
<td>WtUKP Interest Survey</td>
</tr>
<tr>
<td>17</td>
<td>WtUKP Web Statistics</td>
</tr>
</tbody>
</table>
Introduction

This is the feedback report for the Welcome to UK Practice Programme delivered by the Regional Liaison Service and Devolved Offices. The report relates to the data collected between the below dates:

• Event feedback statistics: 05/06/2014 – 04/10/2014
• Interest Survey: 28/07/2014 - 08/10/2014
• Web statistics: 01/04/2014 – 06/09/2014

Event feedback
Feedback received from RLS and DO WtUKP events.

Interest Survey
An online survey sent to key contacts the RLAs and DOs work closely with to organise events and engagement activities.
## WtUKP 2014 events

<table>
<thead>
<tr>
<th>Organisation</th>
<th>RLA/DO</th>
<th>Date</th>
<th>Full or partial session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Education North Central and East London, Health Education North West London and Health Education South London</td>
<td>Kim Tolley</td>
<td>05/06/2014</td>
<td>Partial</td>
</tr>
<tr>
<td>International Medical Graduates, East Midlands Conference</td>
<td>Kim Tolley and Darren Mercieca</td>
<td>12/06/2014</td>
<td>Partial</td>
</tr>
<tr>
<td>Central Manchester FT International Doctors' Event</td>
<td>Tista Chakravarty-Gannon</td>
<td>01/07/2014</td>
<td>Partial</td>
</tr>
<tr>
<td>Isle of Wight NHS Trust</td>
<td>Howard Lewis</td>
<td>10/07/2014</td>
<td>Partial</td>
</tr>
<tr>
<td>Royal College of Physicians, London</td>
<td>Kim Tolley</td>
<td>29/08/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Somerset Trust</td>
<td>Sabina Khan</td>
<td>29/09/2014</td>
<td>Full</td>
</tr>
<tr>
<td>South Devon Trust</td>
<td>Sabina Khan</td>
<td>30/09/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Royal College of Paediatrics and Child Health</td>
<td>Kim Tolley</td>
<td>02/10/2014</td>
<td>Partial</td>
</tr>
<tr>
<td>GMC event working with assistance of Wales Medical Workforce Managers Group</td>
<td>Gareth Williams</td>
<td>04/10/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Devon Partnership Trust</td>
<td>Sabina Khan</td>
<td>06/10/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Royal Devon and Exeter Trust</td>
<td>Sabina Khan</td>
<td>29/10/2014</td>
<td>Full</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>Achyut Valluri</td>
<td>29/10/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Blackpool Fylde and Wyre FT</td>
<td>Tista Chakravarty-Gannon</td>
<td>03/11/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Royal College of Physicians</td>
<td>Kim Tolley</td>
<td>12/11/2014</td>
<td>Full</td>
</tr>
<tr>
<td>North Devon annual SAS conference</td>
<td>Sabina Khan</td>
<td>13/11/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Great Western NHS Trust (Swindon)</td>
<td>Sabina Khan</td>
<td>14/11/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Northern Devon Healthcare Trust</td>
<td>Sabina Khan</td>
<td>03/12/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Health Education North East</td>
<td>Rachel Woodall</td>
<td>11/12/2014</td>
<td>Full</td>
</tr>
<tr>
<td>Derriford hospital (FY1)</td>
<td>Sabina Khan</td>
<td>16/12/2014</td>
<td>Full</td>
</tr>
</tbody>
</table>
# WtUKP 2015 booked events

<table>
<thead>
<tr>
<th>Organisation</th>
<th>RLA/DO</th>
<th>Date</th>
<th>Full or partial session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelsea and Westminster hospital</td>
<td>Ian McNeill</td>
<td>2015</td>
<td>Full</td>
</tr>
<tr>
<td>Western Sussex Hospitals NHS Foundation Trust - Worthing</td>
<td>Howard Lewis</td>
<td>2015</td>
<td>Full</td>
</tr>
<tr>
<td>Western Sussex Hospitals NHS Foundation Trust - Chichester</td>
<td>Howard Lewis</td>
<td>2015</td>
<td>Full</td>
</tr>
<tr>
<td>Potential Scotland 2015 events as per S&amp;PB Paper</td>
<td>TBD</td>
<td>2015</td>
<td>Full</td>
</tr>
</tbody>
</table>
**Volume of feedback forms – 2014**

**WtUKP Event Feedback**
Total number of sessions - 9*
Total number of forms - 110

**WtUKP Demand Survey**
Total number of online forms completed - 33

*Events up until 04/10/14 included in this paper*
45% of the doctors who gave feedback were doctors in training.

77% of the doctors who gave feedback gained their PMQ from outside the UK.

95% of the doctors who gave feedback felt the session objectives were met.

N.B. some percentage figures do not total 100% as not all respondents filled in all questions.
97% of doctors felt they had a better understanding of the ethical and professional standards following the WtUKP session.

95% of doctors who filled in the feedback said the session had facilitated them to reflect on their practice.

90% of doctors who filled in the feedback said they would change their practice as a result of the session.

N.B. some percentage figures do not total 100% as not all respondents filled in all questions
5% of doctors who filled in the feedback did not feel they needed to change their practice once they had reflected on it.

93% of doctors who filled in the feedback said their knowledge of the GMC had improved following the session.

98% of doctors who filled in the feedback felt able to use the ethical and professional guidance and frameworks discussed, in their practice.

N.B. some percentage figures do not total 100% as not all respondents filled in all questions.
83% of doctors who filled in the feedback said their impression of the GMC had improved following the session [they might already have had a good impression, however]

96% of doctors who filled in the feedback thought the session would be useful for doctors new to UK practice.

94% of doctors who filled in the feedback would recommend this session to their colleagues.

N.B. some percentage figures do not total 100% as not all respondents filled in all questions
Qualitative Feedback from written responses on feedback sheets received from Doctors included:

- The scenarios and following discussions showed that the GMC guidance must be read, understood and applied.
- It helps a doctor new to UK practice to know more about UK culture and subtle differences in medical practice from home country.
- The case scenarios were illuminating and stimulating causing me to rethink GMP.
- It was a good session for people starting their career for the first time in UK.
- Good chance to apply knowledge, promote discussion with colleagues.
- I am determined to improve my practise to meet standards.
- Refreshing to learn that I am not the only one to first experience the ‘cultural shock’.
- I travelled 145 miles started at 4am but every second I spent here is damn worth it, thank you to the whole team for a wonderful day.
- I will recommend attendance of similar sessions to colleagues because it helps to erase the tensions and frustrations of working in a completely new environment.
100% of respondents thought WtUKP sessions would be useful for doctors new to practice.

94% of those giving feedback strongly agreed or agreed that there is a need for the GMC to provide a specialist session for doctors new to practice.

94% of those giving feedback strongly agreed or agreed that such a session could lead to improvements in the practice of doctors they work with.

N.B. some percentage figures do not total 100% as not all respondents filled in all questions.
21% of those giving feedback thought such a session would be required once every 6 months. [Although there is not much percentage difference between all options]

18% of those giving feedback selected ‘other’ when answering how often doctors would require this kind of session

18% of those giving feedback thought such a session could be part of their organisation induction or training programme and 42% did not.

N.B. some percentage figures do not total 100% as not all respondents filled in all questions
27% of those giving feedback organisations run their training or induction programmes every 6 months, but the responses are varied across the year.

27% of those giving feedback selected ‘other’ when answering how often their organisations run their training or induction programmes.

55% of those giving feedback stated 30 plus doctors attending their organisation induction or training programmes.

N.B. some percentage figures do not total 100% as not all respondents filled in all questions.
NHS has never been good at supporting doctors and also training doctors in preventing harm to patients and teaching patient safety, medical errors, why doctors make mistakes and so on. It is important that non-EU and Non-UK EU doctors have proper induction to NHS. This is very important.

I think the session would be very important for new doctors specifically new Non-UK qualified doctors. I believe UK qualified doctors are provided with lots of information & tutor led discussion about these issues in their medical school, so for them GMC session might not be that crucial.

But it shouldn't be necessary to take it out of the employers time.

Some of this could be linked to PLAB - teamwork is a core part of clinical work. Evidence of non-technical skills for the NHS should be tested (which would lead to applicants learning these areas as do our medical students).

Most non-EU doctors do not know about NHS working, structure, duty of doctors, patient empowerment, patient safety, Defence Organisations and so on. They are socially isolated have no friends or someone to guide and hence important to have induction. I have been doing this for more than 20 years.

This would be valuable for our new Medical Training Initiative doctors who have not worked in the UK before.

This would be good for all new doctors, but isn’t this the medical school’s responsibility for UK graduates? They need to be accountable for the doctors they produce. For overseas doctors, I can see why it would be solely the GMC’s responsibility.

New to UK probably best at F2 level not F1 as too many other issues for them at the start of their career. Answers to next question are positive but not necessarily for the GMC to run.

I think that they need this when they first join trusts.
### Organisations Responding

- Velindre NHS Trust
- Oxleas Foundation Trust
- IOW NHS Trust
- Tameside Hospital NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- Wrightington Wigan and Leigh FT
- The Pennine Acute Hospitals NHS Trust
- Mid Cheshire NHS Foundation Trust
- Milton Keynes Hospital
- BHNFT
- Poole
- Pulse UK
- The Hillingdon Hospital NHS Foundation Trust
- Leeds THT
- STH
- UHMB
- NELFT
- CAPS, PSU, Professional Support Unit, NWL, LETB HEE
- RBH
- Yorkshire Deanery
- West Middlesex Hosp
- Mid-Yorkshire Hospitals NHS Trust
- Doncaster and Bassetlaw NHS Foundation Trust
- Royal College of Physicians
- North East London NHS FT
- Shrewsbury & Telford Hospital
- Chelsea and Westminster
- Salford Royal NHS Foundation Trust
- Health Education West Midlands
- Royal College of Anaesthetists
- Pulse doctors
- St George's Healthcare NHS Trust
There has been over 11,000 visits* to the WtUKP webpage.

95% of visitors to the webpage were one time visitors and 86% on the online tool.

*Visits – number of times the website has been visited

**Visitors – number of people who have visited the web page (there may be more visits then visitors)

***Views – number of times the page has been viewed within a visit (can be multiple)
There were over 850 views to the ‘licence to practise’ section of the GMC website, following their visit to the WtUKP webpage.

Over 1,100 views came from the ‘registration and licensing’ section of the GMC website before visiting the WtUKP webpage.

67% of visitors to the online tool were from overseas and 70% for the WtUKP webpage.

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*Visits – number of times the website has been visited  
**Visitors – number of people who have visited the web page (there may be more visits then visitors)  
***Views – number of times the page has been viewed within a visit (can be multiple)