

General  
Medical  
Council

# Council Meeting Supplementary

MEETING  
23 April 2020 09:00

PUBLISHED  
16 April 2020

*This reading pack provides supplementary detail in relation to paper M6, each section heading referring to the paragraph number of the main paper.*

**Summary of independent evaluation of Welcome to UK practice  
(paragraph 8 of main paper)**

- 1** In 2018, we engaged Newcastle University to undertake a full evaluation of the workshop's impact on attendees. The positive results provided evidence of both the short and long-term benefits to delegates of attending the workshop, this evidence is now utilised in stakeholder engagement and employer marketing activity.

*Short-term impact*

- 2** WtUKP was highly valued by internationally-qualified doctors and their supervisors. Attendees demonstrated statistically significant improved awareness and understanding of the ethical issues covered by WtUKP. Face-to-face delivery of the workshop was favoured by doctors; it being essential for interaction and providing the opportunity to ask questions and clarify understanding with their regulator.

*Long-term impact*

- 3** Many of the short-term improvements were sustained at the follow-up stage after three months. However, some decay was evident in a limited number of areas of the doctors' reported understanding of UK practice, as well their perceived ability to apply GMC guidance. Yet despite this learning decay, overall improvement in scores compared to the baseline was evident, particularly around how to apply GMC guidance.

*Influence on practice*

- 4** At the three-month stage almost two-thirds (62%) of doctors reported that they had made changes to their practice as a result of what they had learned in WtUKP.

*Improved perception of the GMC*

- 5** Although there were mixed views on the GMC from the doctors who took part, overall, they reported that WtUKP had improved their perceptions, particularly valuing the positive engagement with the GMC staff the workshop.

### **Target, definitions and cohort growth (paragraph 9 of main paper)**

- 6** The 2018-2020 corporate strategy set a target of increasing attendance at WtUKP to 80% of new IMG/EEA doctors by 2020.
- 7** The WtUKP expansion project began and refined the definition to:
  - 80% of doctors with an IMG/EEA primary medical qualification who gained their first Licence to Practise (LtP) in 2020 will attend WtUKP within a year of gaining that LtP.

By December 2021 we will know if we have achieved this target.

- 8** When the target was set in 2017, we projected a steady growth of EEA/IMG registrations (5% per year), based on previous trend data, with a forecasted 80% attendance target figure of 5,118 doctor in 2020.
- 9** However, there has been an unprecedented growth in EEA/IMG registrations. Forecasting from February 2020 shows that the potential 80% target has increased from 5,118 to 9,599 doctors. The statistical advice is to treat this figure with considerable caution as accurate forecasting requires an assumption of constant drivers in terms of incoming registrants, but there are many uncertainties/variables. However, as we are now entering 2020 and actual EEA/IMG registrations in 2019 were 11,994 we can have some confidence that the cohort this year will be significantly larger than estimated when the project was conceived.
- 10** With continued uncertainty in the operating environment and scale of cohort growth, it is not possible to reliably forecast if or when we can achieve the 80% ambition.

## **Performance of initiatives proposed to Council in April 2019 (paragraph 11 of main paper)**

**11** At April 2019's council we outlined the activities we proposed to deliver in the next 12 months to increase attendance. We have taken these forwards as follows:

### **a** Further attendance options

- *complete:* Sunday sessions – have had an average fill rate of 21.6% since their introduction in August 2019. In comparison, Saturday's had a 28.8% fill rate and weekday sessions (some of which have the added incentive of being paired with an ID check) had an average fill rate of 47.5% for the same period. We continued with Sunday sessions in Q1 and 2 of 2020 but now that we have a fuller data set we will review whether they're an efficient use of resource for Q3 and 4.
- *complete:* 'catchment area / regional workshops' – these collaborative workshops, delivered across the UK, were designed to improve the efficiency of running local workshops at individual health providers. In 2019, regular recording and evaluation were deprioritised due to staff turnover and capacity limitations. However, a superficial review of feedback suggests that an unsolicited invitation to doctors to attend a session at a neighbouring trust yielded poor results. This is in contrast to the success of our regional collaborations with HEE. In 2020, we'll focus more on making use of existing relationships and networks, such as those created by a link to the local HEE team, which already exist across sites to deliver collaborative local workshops.
- *complete:* joint ID check/workshop – workshops paired with an ID check appointment have consistently outperformed workshops without. This difference appears to be becoming starker over time. Since we began piloting joint sessions, the average number of attendees per session has been five higher but looking just at January 2020's data, joint sessions outperformed other sessions by 18 extra attendees. We need to study this trend over time and outside of the holiday period to understand the true potential of pairing workshops with ID checks, but early indications are that it's substantial.

### **b** Using data more intelligently

- *complete:* develop a Siebel release – this has enabled doctors to book using the same platform as the rest of their registration journey for the first time. Completing this extensive task has allowed us to link a booking to a doctor’s individual record, enabling improved communication with the doctor and more in-depth reporting capabilities. We can now automate invitation, reminder and follow-up emails and populate reporting dashboards to provide regular insight into performance. From 1 March, when historic data migration was completed, we have begun to observe what impact the integration has had on booking figures and to learn about booking behaviour. We will also be able to brief Contact Centre colleagues on a new flag on a doctor’s Siebel record, so they can ‘cross-sell’ WtUKP when the doctor calls about another topic.
- *paused until 2020:* target our offer of local workshops, engage with employers and promote catchment area workshops; and expand our pilot of proactive calling of eligible doctors – the success of these workstreams will rely on the accuracy of our data so was paused until the Siebel launch and related data migration was completed in February 2020.

#### c Marketing

- *complete:* new branding and materials aimed specifically at doctors within our target cohort – we have finalised and deployed these materials featuring real attendees at events and extended the rebrand to develop materials for employers too. These are being deployed in online advertising and promotion, including Facebook Ads and Facebook Live sessions. We’ve also added another marketing email and expanded to LinkedIn ads.
- *complete:* text message reminders – the initial analysis of our pilot did not show an obvious impact on attendance rates. As the sample size was small we have opted to continue sending them and review their success in May 2020.

#### d Engagement

- *complete:* build on buy-in from key stakeholders who can influence doctors to attend – in April 2019 we identified the following key stakeholders: the Academy of Medical Royal Colleges, Royal Colleges, medical workforce forums, Health Education England (HEE), NHS Employers, National Association of Medical Personnel Specialists

(NAMPS), British Association of Physicians of Indian Origin (Scotland) and the British Medical Association. In 2019 we engaged with each of them and this important work continues into 2020 when we hope to formalise larger scale commitments to collaborate on delivery.

- *complete*: attend at least 11 key national conferences to promote WtUKP through stands and taster sessions.
- *paused until 2020*: explore options for appropriate collaboration with the Medical Defence Organisations (MDOs) – this activity was deprioritised due to staff turnover and capacity limitations.

e Aligning with routes to registration:

- *complete*: explore embedding WtUKP within the sponsorship (MTI) route to registration – we now run annual events for new and continuing sponsors at which we present about WtUKP and we added information about the workshop to the email and guidance sent to new sponsors. We are contributing to the review of our sponsorship route which is currently in progress. We'll consider whether we can recommend that all sponsors provide and promote the opportunity for their doctors to attend the workshop.

## **2020 marketing strategy (paragraph 19 of main paper)**

**12** Building on our progress in 2019, particularly our digital advertising pilots, we will:

- a Increase targeted digital advertising, extending this to Google search and display advertising and YouTube, and introducing a reporting dashboard.
- b Produce new digital collateral to promote the workshop, including a video targeted at employers and other digital and physical materials for use at events and through our channels more generally.
- c Enhance promotion at external events focussing on conferences for those who educate, recruit or provide a community for internationally-qualified doctors.
- d Review and improve the email campaigns delivered through our Siebel system.

- e Develop the cross-selling activities carried out by our Contact Centre and introduce proactive calling of eligible doctors.

### **Engagement strategy for NES Healthcare and UHB (paragraph 27 of main paper)**

#### *NES Healthcare*

**13** We plan to engage NES Healthcare this year by:

- Commissioning the relevant Employer Liaison Adviser to contact the RO to make them aware of the workshop, its benefits and how doctors can access it.
- We'll ask the agency to collaborate with us to include the workshop in a centralised induction, if they run one, and/or develop customised marketing containing their recommendation of the workshop and email it to their doctors.

#### *University Hospitals Birmingham (UHB)*

**14** We plan to engage UHB NHS FT this year by:

- Commissioning the Head of GMC Midlands and East England to meet with the Medical Director to make them aware of the workshop, its benefits and how doctors can access it.
- Making a series of locally-delivered workshops available to their doctors from end of Q2 2020.
- Collaborating with UHB to identify barriers to attendance and supporting doctors who no-show to attend an alternate date.

### **Potential for growth in link to ID check (paragraph 40 of main paper)**

**15** Initially, just 7% of our total ID check capacity in 2020 was reserved to link to WtUKP (based on the assumption that we're offering at least the same number of appointments as in 2019), this is enough to offer places to 10% of our forecasted WtUKP cohort. We are collaborating with Registration colleagues to increase this capacity.

**16** Since July 2019, PLAB 2 candidates have completed their ID check on their assessment day. In doing so, we've linked two mandatory steps on the registration journey. There is an opportunity to link a mandatory step to our optional workshop instead and capture the audience that that would generate.

- 17** Last year we completed 9,169 PLAB ID checks but registered 4,615 doctors via PLAB. Linking ID checks with PLAB there is a risk that we are utilising resource to check doctors who may never gain registration (some may complete registration in 2020).
  
- 18** If all the doctors who gained registration via the PLAB route in 2019 had been able to, and had opted to, link their ID check to the workshop instead of the assessment, we could have more than doubled workshop attendance to 68% of eligible doctors.