



Working with doctors to maintain and improve standards

Every patient should receive a high standard of care.

Our role is to help achieve that by setting the standards all doctors need to follow and working with them, and with others, to embed them into medical practice.

We work in many different ways to make this a reality. We engage directly with doctors to promote our guidance, we work to influence policy and we provide learning materials to support the use of these standards in daily practice, including through our mobile apps.

“ Extremely helpful and informative and completely answers my concerns. Thank you very much.

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Feedback from doctors using our ethical guidance enquiry service.

In 2017, for example, we ran a Welcome to UK practice⁶ session for over 20 refugees and asylum seekers looking to work as doctors in Scotland. The aim was to promote our guidance, explore some of the ethical issues they would face, and consider the differences of working in the UK compared to where they trained or worked. All participants rated the session very good or good and said it had helped them reflect on their practice. Almost all said their practice would change as a result.

During the course of 2017 we also took 148 calls and sent 425 written responses to doctors who contacted us with questions about our guidance and how they should apply it in the situations they are facing. The service was well received, with several doctors saying it provided the answers they needed.

And in December 2017 our office in Wales, in partnership with BMA Cymru Wales and the Welsh NHS Confederation, delivered a conference encouraging doctors to participate in quality improvement activity with their local healthcare organisation. Over 90 doctors attended and were provided with examples of the impact of quality improvement and the skills needed to engage themselves. Several delegates commented that it would change their practice.

These are just examples. The case studies below show in more detail the impact our work to help doctors maintain and improve standards can have on public safety.



Our app is helping to make standards more accessible

A growing number of doctors are making use of our MyGMP mobile application, which helps them access our ethical guidance more easily.

The tool, which is available on phone and tablet, was launched in 2016 and now has up to 2,000 visits a month. We added guidance for medical students in 2017. This way, doctors and students can access guidance during placements or on the go in a busy healthcare environment.

⁶ See www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice

Reaction to the changes has been very positive. One student said the app had been really useful – ‘its structured layout not only makes it very convenient, it also made me more aware of the range of guidance available.’

A medical student from the University of Glasgow found the app particularly helpful for her revision. ‘Having the MyGMP app on my phone has been useful for looking at clinical guidance whilst on the bus or train to placements,’ she said. ‘All of the guidelines are stored offline in one place and it made revising for the situational judgement test and future exams just that little bit easier.’

Providing support to international doctors

Our Regional Liaison Service (RLS), which supports doctors in England on a variety of subjects, met with 22,813 doctors in 2017 and has been closely involved in helping a group of international doctors prepare to begin work in the NHS.





Initially the RLS was approached by NHS England to provide support and information to a group of 30 European doctors who were based in Poland, where they were training before their move to Lincolnshire, where doctors are in great demand.

Using elements of our Welcome to UK practice course,⁷ designed to introduce international doctors to some aspects of medical practice in the UK, the service held two two-hour webinars with the doctors in March and June 2017. These webinars introduced the doctors to the GMC and our guidance and gave them some context about UK medical practice.

As both the doctors and NHS England representatives were extremely pleased with how this went, we then discussed how we could support the doctors once they moved to the UK. In addition to providing GMC guidance booklets as part of an induction pack, between October 2017 and February 2018 the RLS held dedicated half-day sessions with the doctors on confidentiality, raising concerns, the duty of candour, consent, end of life care, maintaining boundaries and professional use of social media. The reaction to this was again very positive, with the medical director for NHS England (Central Midlands) calling the final session 'exceptional'.



We are now considering further sessions on applying this guidance to primary care, looking specifically at areas such as consultations, referrals and service pressures. We are also keen to maintain contact with the group to help them with any ongoing challenges they may face. In addition, we are in discussions with NHS England and Health Education England on how we can support a programme of work to recruit 2,000 general practitioners (GPs) into England over the next three years.

⁷ See www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice

How we helped amend Scotland's Apologies Act to support proportionate regulation

Over the last three years we have worked with the Scottish Government and other healthcare regulators in Scotland to make sure Scotland's Apologies Act does not have unintended consequences for doctors and other healthcare professionals in the country.

The aim of the Act, which came into effect in 2016, is to change the culture around apologies by making sure that they can't be used as evidence of liability within civil proceedings.

Although supportive of this principle, we were concerned the legislation might have unintended consequences, meaning that a doctor who apologised for a mistake, for instance, could not use that as evidence of insight or contrition at a fitness to practise hearing.

We worked closely with ministers, officials and the Scottish Parliament to highlight our concerns and make sure they were taken into account as part of an amendment to the legislation. As a result, the Scottish Parliament voted in June 2017 to approve an exception to the Act designed to protect the work of the GMC and other professional regulators.

Our priority must always be to make sure doctors working in the UK have the capabilities to provide a good standard of medical practice and are supported in doing so throughout their career. Making sure our standards are understood and that legislative frameworks enable doctors to maintain them is key to this, as our case studies show.

Over the next three years we want to continue to invest in this area, in particular by:

- expanding our Welcome to UK practice sessions, aiming to cover 80% of new registrants from the current 33%
- developing plans for a new Medical Licensing Assessment exam by 2022
- increasing our investment in digital content and mobile apps to support good practice
- consistently speaking out where training or practice environments or culture jeopardise learners and doctors' ability to meet the standards we set for good medical practice
- extending the range of our services in each of the four UK countries (for example, identity checks and meetings with patients and complainants).