Evaluation of the General Medical Council's Learning Disabilities Website

Final Report – prepared for the General Medical Council

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ABOUT COMRES

ComRes provides specialist research and insight into reputation management, public policy and communications. It is a founding member of the British Polling Council, and its staff are members of the UK Market Research Society, committing it to the highest standards of research practice.

ComRes won the 2014 Market Research Society Award for Public Policy / Social Research for its innovative research into online communications.

The consultancy also conducts regular public research for organisations including The Independent, ITV News, the BBC, and other media outlets, as well as a wide range of public sector and corporate clients.

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EXECUTIVE SUMMARY

- Even before doctors see it, the concept of the Learning Disabilities website is well received. Doctors from a wide range of seniority levels and specialisms recognise that learning disabilities is an area in which they could improve their practice.
    - While doctors use a wide range of clinical information and guidance resources, both doctors and key stakeholders say that there is an unmet need in terms of the provision of resources relating to ethics and standards.
    - Encouragingly, the General Medical Council (GMC) is perceived to be well placed to produce resources providing information and guidance on specific issues related to standards and ethics.
    - As such, there is no barrier to use in terms of the GMC's perceived remit or reputation among registrants.
- Awareness of the learning disabilities website was low among doctors consulted for this project. Moreover, we know from the WebTrends analysis that usage among doctors appears to be low, and none of the doctors consulted had used the site.
    - That said, it is clear from the workshop that educators who use the resource get positive feedback from their audience.
    - As such, low use of the resource among doctors is likely to result from the low impact of promotional activities, rather than any active barriers to use.
- Looking at potential usage of the site, doctors note that while the information contained within it is useful and important, visiting it may not be a priority compared to taking part in training in clinical skills.
    - Doctors are already under immense time pressure, and given the limited time available to focus on improving their practice, training on learning disabilities can be seen as a desirable rather than essential element of their Continuing Professional Development (CPD) programme.
    - There is also a clear difference in terms of potential use by seniority and specialism – junior doctors are more likely to say that they would use the site, whereas those who are more senior tend to believe that they already understand the principles; and specialists can be put off by the lack of scenarios relating to their speciality.

- More broadly, there is a sense that the site does not effectively instil a sense of urgency in users, through clearly outlining objectives and incorporating a clear call to action.
    - Stakeholders suggest making the resource mandatory, linking it to other resources and encouraging advocacy among mentors, educators and other influential voices in the sector as ways to emphasise the importance of this issue among registrants.
- In terms of its visual appearance, the site is generally well-regarded; the GMC branding and colour scheme is said to reassure doctors that is it bona fide.
    - However, visual appearance is the least important aspect of the site for doctors, who say that they use resources even if they are not visually appealing.
- Doctors report that navigation is easy, and signposting is clear; however from observation and analysis of the most common user journey it is clear that there is a navigation loop to Interactive Learning which can mean doctors are less likely to discover other areas of the site.
    - While Interactive Learning is important to junior doctors, and therefore should be immediately visible, this can prevent doctors from findings other areas of interest, and may damage perceptions of usefulness among senior doctors who see this section as too simplistic.
    - Areas such as Consent and Capacity – which is regarded to be among the most important content – tend to be difficult to find, and doctors say that they would like clearer signposting of these areas.
- The content of the website is widely perceived to meet doctors' needs, and contains a large amount of helpful information. However, there are areas for improvement.
    - Interactive Learning is said to be insufficiently nuanced, particularly among senior doctors – many say that it should be amended to showcase best practice as well as illustrate what can go wrong.
    - More broadly, doctors highlight that the website provides detailed content which is useful for independent study, but not ideal for a quick review in a short space of time. It is critical that the site provides content that is useful in a practical context (such as between appointments), as well as for reflective study.

BACKGROUND

The General Medical Council (GMC) developed a website with the aim of contributing to addressing disparities in access to good quality care experienced by people with learning disabilities – this was prompted by Mencap's *Death by Indifference* report.

The project involved new ways of working within the GMC, as well as close partnership working with expert individuals and relevant organisations such as Mencap. This was the first time the GMC had used this approach.

The final website was launched in March 2012 and contained a number of sections including:

- Interactive Learning, based on a play about a young woman with Downs Syndrome and the problems she has accessing appropriate healthcare. Each of the four videos ends with a series of questions and learning points;
- The Issues, exploring areas seen as key to providing better healthcare for people with learning disabilities;
- Patient Perspectives, focussing on the lives and experiences of people with learning disabilities, as well as their carers;
- Into Practice, providing tips about how to improve consultations with people with learning disabilities;
- Resources, offering links to guidance, tools and documents around learning disabilities.

The website can be visited via: http://www.gmc-uk.org/learningdisabilities/default.aspx

OBJECTIVES

ComRes was commissioned by the GMC to conduct research around the Learning Disabilities website. The objectives of this research were as follows:

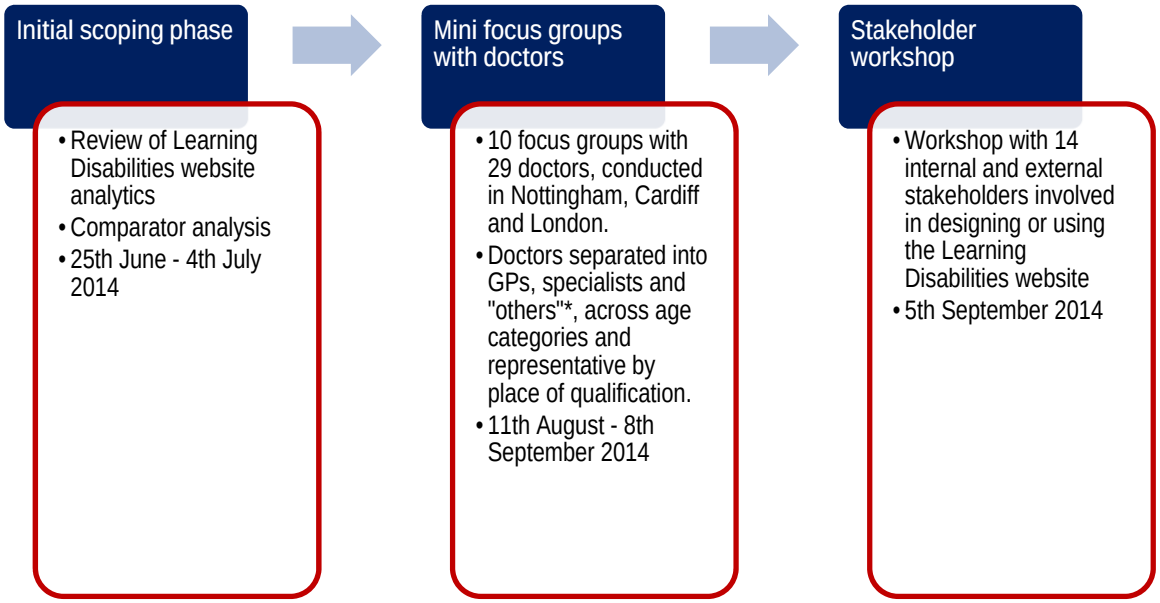
1. Understand in detail current use of the Learning Disabilities website;
2. Explore current awareness and detailed perceptions of the Learning Disabilities website relative to comparator resources.;
3. Assess the future value to doctors of the Learning Disabilities website with a view to updating it and, potentially, developing similar future resources;

4. Evaluate the perceived impact of the Learning Disabilities website and the factors driving this impact;

5. Identify the lessons to be learned from the process of developing the Learning Disabilities website, to understand how this could be improved when developing future resources.

METHODOLOGY

ComRes conducted a multiphase research project on behalf of the GMC between 25th June and 8th September 2014. This consisted of:



This report is based on findings from all three phases of the research.[1] ComRes is very grateful to all who participated in each stage of the research process.

[1] "Other doctors" are those who sit on the GMC's register but are not on either the GP register or the Specialist register. These "others" do not form a homogeneous group – they may have been working as specialty doctors (previously known as staff grade doctors or as staff and associate specialist (SAS) grade doctors) or locum doctors, in private practice or academic research, or under one of several other titles designated by employers.

SECTION ONE: CURRENT USE OF THE WEBSITE AND COMPARATORS

Doctors' Use of Information and Guidance Resources

Doctors use a wide range of published resources for information and guidance in a professional context – these include:

- Formal advice and guidance provided by large regulatory and professional organisations and employers, such as NICE, relevant Royal Colleges and local Trusts;
- Resources provided by organisations other than professional and regulatory bodies, such as patient.co.uk, Medscape and Medline (via PubMed);
- Latest research, whether through academic journals or national and international conferences;
- CPD resources provided by organisations such as the BMA and Royal Colleges.

> *"In terms of online resources, for formal learning, I use BMJ learning quite a bit, doctors.net, which is quite useful. As far as medical and legal issues I've been to a few MPS workshops, MPS website there is some useful training modules on there." (GP, Cardiff)*

The online websites that doctors go to on a regular basis tend to be considered easy-to-use, in that doctors can find the information that they need quickly.

> *"We use a website called 'Up to Date' [...] and the beauty of this website is that when you click on one tumour type there are nice little summaries of bullet points adjacent to the big sections. So I could quite easily scroll through in five minutes." (Speciality registrar, London)*

Doctors say that they also value the ability to use online resources for the purpose of continuing professional development (CPD), or for evidencing their CPD work.

> *"The BMJ has a very good and increasingly useful educational site which I tend to use because they give certificates out. We need these for our annual appraisal to show we have engaged in ongoing learning. These are really useful bitesize chunks – you can pick what you need for whatever you have said in your previous appraisal." (Other, Cardiff)*

Doctors consulted for this project tend to use resources that they consider relevant and targeted to their specialism or level of seniority.

However, the GMC is rarely mentioned in the context of learning resources. While doctors are aware of their responsibilities as regulated professionals – and when probed, the GMC's guidance on the Duties of a Doctor and Good Medical Practice are regularly mentioned – the GMC is not seen primarily as a source of advice and guidance.

"My belief is the GMC is there to monitor us as a profession and if we step out of line, and are naughty, they're the guys that are going to be telling us off." (Other, Cardiff)

Rather, doctors use the GMC's resources to prepare themselves and, in the case of more senior doctors, their junior colleagues for appraisals and interviews.

"Interestingly, when people want to come to study medicine, they always look at the GMC [website] to see what they need to say for their interview." (Specialist, Nottingham)

In short, the GMC is currently viewed as a **regulator rather than an educator** by the sample of doctors consulted for this project.

"Well I've never really seen the GMC as a provider of these things [educational resources] but more a kind of overseer that people are doing the things they should be doing." (Speciality registrar, London)

The competitive marketplace of learning resources for doctors (on a wide range of topics relating to medical practice), and low awareness of the GMC in this context presents a potentially challenging environment for the GMC to publicise its learning resources.

Opportunity: Raising Awareness

In this context, one of the next steps for the GMC in **raising awareness** of the Learning Disabilities website and other resources which may be developed in future will be to **identify and capitalise on a wider variety of paths to use**.

"Why isn't GMC advertising it more widely? You get a lot of mail come [sic] through from the GMC, electronic and paper, and I'm surprised if it has been up and running for two or so years that I haven't heard of it." (Specialist, Nottingham)

Links from resources which doctors use regularly, as detailed above, may be one way of overcoming this – or more radically, to create a series of GMC-accredited CPD resources in partnership with a regularly used CPD provider such as the BMA, which are hosted by that organisation rather than on the main GMC site.

Demand for the Website

When the idea of a website on learning disabilities is first introduced (prior to introducing the website itself), **this is widely seen as potentially useful** because there are not any equivalent resources available on this particular subject:

"I think it would definitely be useful [...] if you know you've got that resource there I think that you would definitely go and use it. And if it's a good resource you'd probably go to it first time." (GP Trainee, London)

In particular, doctors often say that they do not feel confident about the latest guidance around learning disabilities (whether from the GMC or other potential providers of guidance, such as their local Trusts and Royal Colleges), which lends to the potential usefulness of the resource:

"I feel quite weak in that area actually because most of my stuff is in hospital [...] and I think I'm weaker once they're discharged." (Specialist, London)

In addition, doctors of all age groups tend to say that they have had very little training on this subject, either at medical school or subsequently during the course of their careers:

"I never had any training at medical school. At medical school you do speak about how to deal with angry patients, etc. but not patients with learning difficulties." (Trainee specialist, London)

The widespread agreement among doctors that there is scope for a website on learning disabilities, and the absence of any sentiment that this has already been covered elsewhere, indicates that there is a clear unmet need in relation to this subject.

Furthermore, perceptions of the GMC as a regulator rather than an educator are not seen as a barrier to use of the site by the large majority of doctors in our fieldwork – most agree that the subject matter fits well with the remit of the GMC:

"It definitely fits in with something the GMC would do." (GP Trainee, London)

More specifically, doctors say that given the GMC's wider role of fostering good medical practice, the organisation has a specialism in this and similar topics around communication, consent and capacity, and other related issues, and therefore is able to add to the debate around these areas:

"Also, I think it is good this kind of website is done by the GMC because it is considered to be a reliable source of information." (Trainee specialist, London)

A minority raised the question of whether the GMC would link their CPD results to their GMC number (which doctors are currently asked to provide when preparing a certificate at the end of the Interactive Learning section):

"If I can only log into it with my GMC number, they know I am accessing it [...] it's rather like getting the headmaster to mark your homework, isn't it? I am not sure how willing people would be to go to it." (GP, Cardiff)[2]

[2] Contrary to this doctor's assertions, the website is actually an open-access website, with no log-in details required to use it. Nonetheless, the presence of a space to include a GMC number on the certificate prompted concerns among a small number of doctors consulted about performance being monitored by the GMC.

However, this is very much a minority viewpoint, and is unlikely to be a significant barrier to use. On the whole, therefore, this is highly encouraging in the context of the GMC developing resources around learning disabilities – as well as there being a gap in the market, the GMC is widely seen as ideally placed to fill this gap. This underlines that there are no reputational factors which act as barriers to the GMC become involved in developing resources around learning disabilities.

However, while the website is considered potentially useful, doctors say that they might struggle to find time to use the website alongside other commitments. Specifically, doctors refer to their obligation to keep up-to-date with a wide variety of clinical specialisms, and often suggest that they would not prioritise a resource on learning disabilities over resources on issues that they encounter more frequently in their work:

> *"I'm pressurised with time so I haven't got any time any more to look through things that aren't my normal day-to-day job." (Specialist, Nottingham)*

A key challenge, therefore, is ensuring that people find (or make) time to visit the Learning Disabilities website – particularly given widespread agreement that it has the potential to be an extremely useful resource.

Opportunity: Making Non-Clinical Skills a Priority

The vast majority of the resources used by doctors, named above, are focussed on specific areas of clinical practice – from paediatrics to dermatology – rather than on perceived non-clinical skills such as communication with patients. As discussed above, there is therefore perceived to be a gap in the market for resources which focus on these skills – and the Learning Disabilities website is perceived to take the first steps towards filling this gap:

> *"I can think of two or three occasions in the last few months where I've seen patients with learning difficulties and I don't think we get much training on that really." (Speciality registrar, London)*

While a positive finding for the GMC, in that the resource is perceived to meet a need which is not currently being met, there is also a sense that given the time constraints that doctors experience, they are likely to prioritise clinical skills over non-clinical skills:

> *"Learning difficulties generally is an area which we can all do better at but it never becomes the top priority to learn about and if we had something coming from the GMC it will be in the essential and nice box…" (GP, Nottingham)*

This has the knock-on effect that the website appears unlikely to be used in the regular course of doctors' professional lives:

> *"It's a difficult one because these are not subjects that you would by choice spend your afternoon reading about. [...] So there has to be an incentive [...] and often that's a job interview which is the only time I get involved in this sort of stuff." (Speciality registrar, London)*

A key challenge, therefore, is making training on learning disabilities an area that doctors will prioritise.

One way of doing this will be to make the need for training more urgent to doctors – many ask about the rationale behind the website:

> *"Have the GMC identified that there is a problem then with specific groups' like this [and their] access to health care?" (Other, Cardiff)*

If the GMC can present a compelling case on the homepage of the Learning Disabilities website (and in broader communications) about the reason why it has developed this resource and why doctors should update themselves on best practice in terms of learning disabilities, this may make doctors more likely to explore the resource more fully.

In addition, doctors say that they would be much more likely to consult the resource if it was incorporated into existing training structures:

> *"If one of my CPD learning points is to look into the new guidelines on dealing with learning disability patients then my prime learning resource will be GMC." (GP, Nottingham)*

This viewpoint is shared by stakeholders involved in using the website as an educational resource:

> *"The more it is built into structures, the greater the impact. Unfortunately, under a schedule, in a pressurised working environment, it tends to go some way in that direction [towards not being used]." (Stakeholder)*

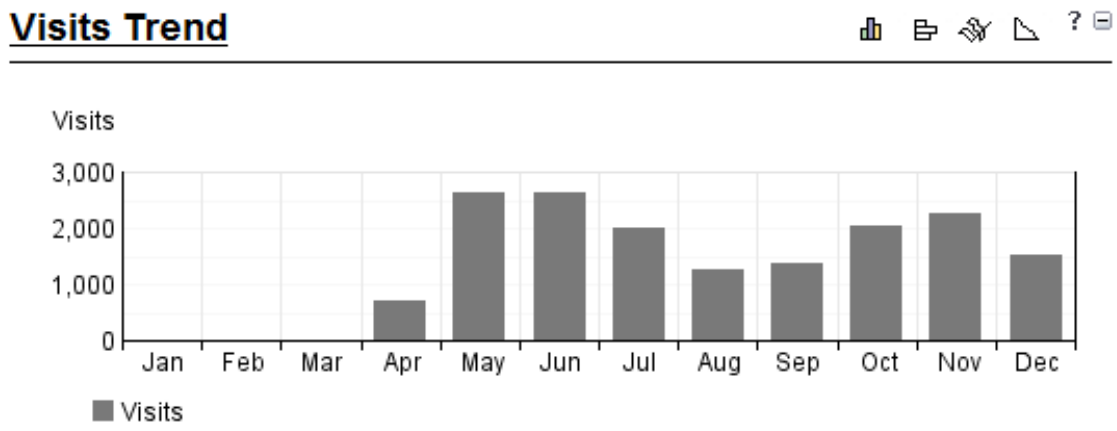
This may act as a passive barrier to use, and a number of doctors asked whether these non-clinical skills are likely to be made a compulsory part of their appraisal and revalidation process going forward. As discussed at the stakeholder workshop, the GMC could explore better promoting the website as a learning and development tool by saying that the care of people with learning disabilities is a recommended area for CPD. However, making this explicit link with CPD would carry some risk, if doctors who are already stretched in terms of capacity to undertake CPD and other development activities came to see this as an unreasonable imposition by the GMC.

Current Use of the Learning Disabilities Website

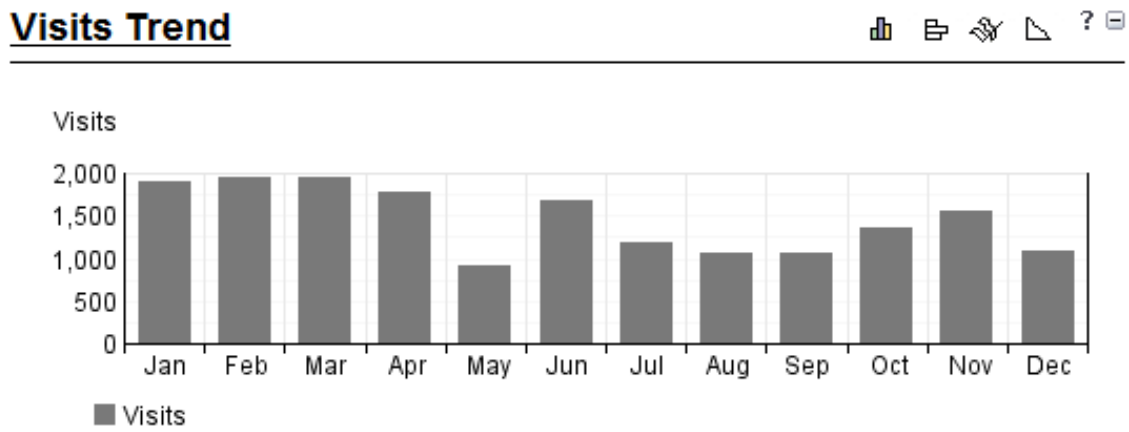
For the purposes of this study, we have analysed Webtrends data relating to the Learning Disabilities website.[3]

The Learning Disabilities website is **growing visitor numbers**. From April 2012 to the end of the calendar year, the website received 16,409 visits; this grew in 2013 to 17,512 visits (please note: this is an absolute growth in numbers, not like-for-like growth). In the first six months[4] of 2014, the website has attracted 11,323 visits, which indicates that total visits by the end of 2014 will exceed the 2013 total.

2012 monthly visits

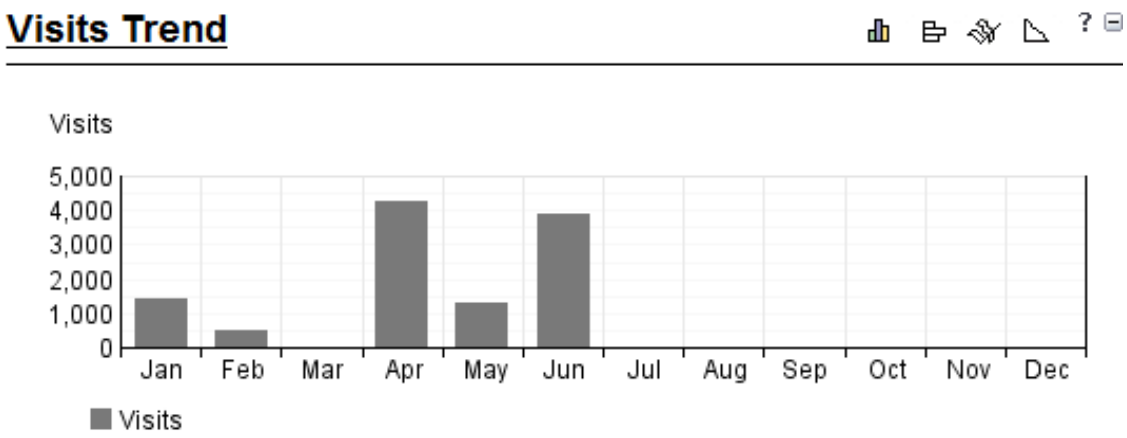


2013 monthly visits



[3] Webtrends is a widely available package that allows the analysis of visits to a website over time. The GMC has been using Webtrends as an analytics tool since before the Learning Disabilities website was launched.
[4] Note that the lack of data for March 2014 is believed to be due to an issue with Webtrends

2014 monthly visits



The remainder of this section is based on a more detailed analysis of the Webtrends data for the 12 month period between 1 July 2013 and 30 June 2014. This period is sufficiently long to get an understanding of overall website performance and should mitigate peaks and troughs caused by seasonal factors, conferences and other marketing activity.

According to Webtrends, around three in five visitors to the Learning Disabilities website (57%) are new, while the remainder are returning visitors. These statistics ought to be taken lightly because the Learning Disabilities and GMC websites are hosted on the same main URL and deploy the same cookies. As such, there is a possibility that people who have visited the GMC website are tracked by Webtrends as returning visitors, even if they have not visited the Learning Disabilities website before. There are some anomalies in the Webtrends data that suggest this is happening – for example, Webtrends estimates the number of people who visited the website more than once is 2,316 but calculates the total number of returning visitors at 9,843. This is puzzling as there is really no difference between these metrics – they capture the same information and should therefore be very similar. This anomaly should be addressed to enable a better understanding of returning visitors. We cannot say with confidence what is causing this anomaly, but this error does not invalidate or affect wider Webtrends data, only data referring to new and returning visits.

A fifth of all traffic during the reporting period came from either iOS or Android devices. When comparing the platforms people used to visit the website in June 2013 and June 2014, we learn that iPhone visits went up 1,425%, iPad visits rose by 469% and Android visits increased by 427%. These are startlingly large growth numbers but not untypical as people increasingly switch to 'mobile-first' browsing outside of time spent within office environments. It is likely that in 12 months' time, the number of people using mobile devices to visit the learning disabilities website will continue to grow strongly.

Bounce rates, or single page visits, are a metric that shows how many people visited a website and left without going to any pages other than the one they landed on. One in five visits (20%) to the website's homepage resulted in a single page visit. This is not unusually high and for a resource such as the Learning Disabilities website, this is not a cause for concern.

Source of Visits

From the period 1 July 2013 to 30 June 2014, three in five visits to the website (42%) were made by people who went direct to it, rather than arriving at the website via a search engine. This implies a significant proportion of users have either bookmarked the website or saved a link to it in another manner and have used it to access the site.

The websites that refer the most traffic to the Learning Disabilities website are Google and the GMC's own website. Google's UK search engine drives 30% of visits; its other search sites (i.e. google.com, google.au, etc.) refer a further 4% of traffic. The GMC's main website refers 8% of visits.

The following medical and related websites were among the top 20 referrers of traffic to the GMC's Learning Disabilities website:

- GMC own intranet for staff
- Royal College of Psychiatrists (rcpsych.ac.uk)
- Doctors' emails (webapp.doctors.org.uk)
- NHS (nhs.uk)
- Royal College of Nursing (rcn.org.uk)
- University of Birmingham (bcu.ac.uk)

It should be noted that these sites collectively generated fewer than 500 visits in the past 12 months, representing around 2% of the total visits to the Learning Disabilities website.

Typical User Journey

By analysing user behaviour as they move through the website, we have identified one specific user journey that represents the 'path most trodden'. It should be noted that other than the homepage, visits across the website are very spread. Notable numbers head towards Interactive Learning and Consent and Capacity, but beyond that there is a lot of noise as visits spread broadly across the site. This is consistent with the focus groups among doctors, where we found that the Interactive Learning section of the website tends to be the initial port-of-call for many new visitors to the site. Consent and Capacity was widely seen as one of the most challenging issues in relation to treating patients with learning difficulties, and therefore particularly valued by doctors.

Users typically start from the homepage, then move to the Interactive Learning section, view the scenes in order and then go to the certificate before exiting (see illustration below). The focus groups also demonstrated that doctors sometimes become stuck in a loop around the Interactive Learning section, and return to it from other sections of the website, even when looking for other information.

The interactive videos (such as 'Scene 1' and 'Scene 2') require Flash software so there is no available data on the number of views. Similarly, the certificate is generated using java script so there is no data on the number of certificates downloaded. However, using the time spent on these pages as a proxy metric for video views and form completion, we can deduce that those visiting these pages are engaging with them. For example, the average visitor spent 3m 46s on the certificate completion page, ample time to complete and download the certificate.

In regard to how engaged users are through the journey that we have identified, it is clear that after watching the second scene, users are highly engaged with the content. From this point forward, at least two in five of those remaining continue to the next stage of the journey. A sensible conclusion would be that people who have viewed two scenes are then committed to completing the process in order to complete the certificate as part of their CPD.

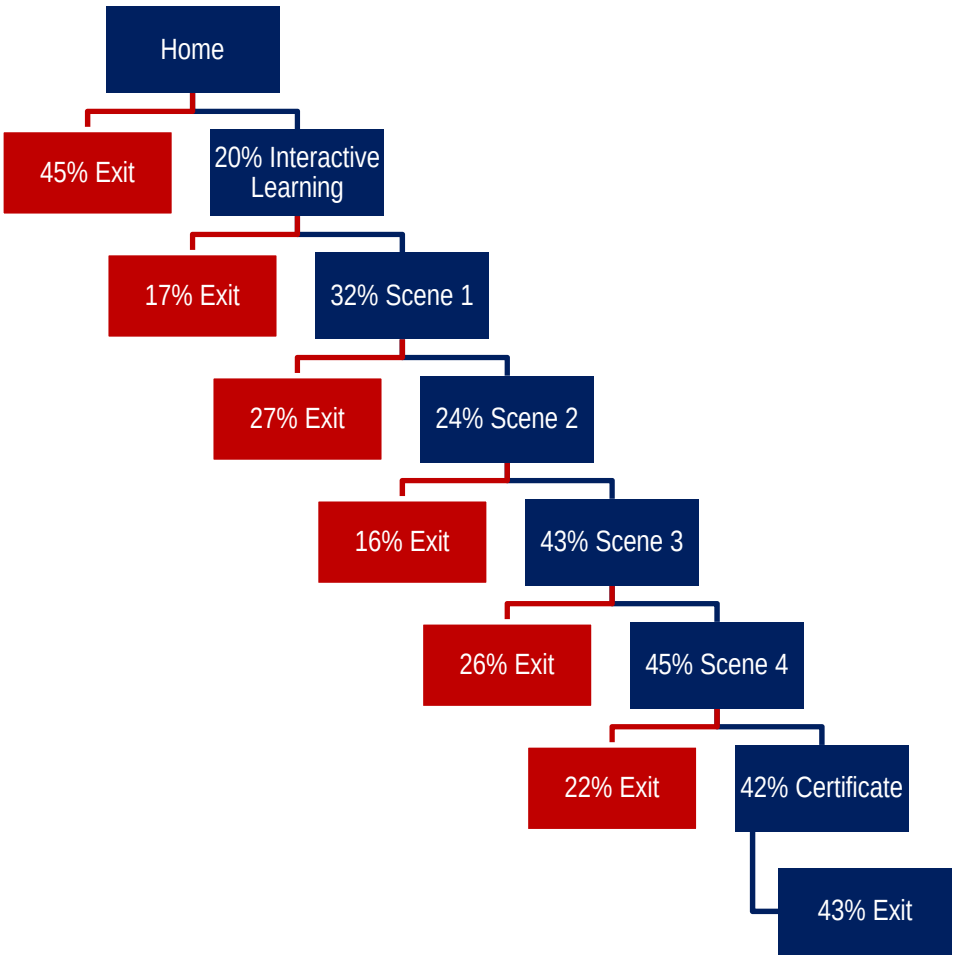


Fig. 1. Map of typical user journey. Figures show % of people from previous stage who proceed to next stage (others go to other pages of the website).

NOTE: The path identified shows a greater number of people leaving the homepage than the bounce rate mentioned in the high level analysis. This disparity occurs because Webtrends shows forward paths from a page and not forward paths from entry to the website. As such, the exits from the path include people who may have visited another page prior to going to the homepage and then taking the typical user journey.

Other Pages of Interest

In addition to the Interactive Learning section, a number of visitors were interested in the Consent and Capacity, and Communication with Patients sections – this is consistent with the focus groups among doctors, which indicated that consent and capacity is widely considered a major challenge in this area by doctors of all seniorities, and communication with patients is particularly valued by junior doctors. Both sections contain a lot of video content and, with an average visit time of 3m 26s each, it is likely that a combination of video and words are being consumed. Although the use of Flash

prohibits analysis of whether the videos are being watched, the average time on the page does indicate that the average user is not spending enough time on these pages to watch all the video content.

It is worth noting that Consent and Capacity and Communication with Patients are not directly accessible from the homepage, indicating that users are exploring for these specific pages.

Below is a table of the five most visited pages on the website.

Page	Visits
Home	6,851
Consent and Capacity (The issues)	3,235
Interactive Learning	3,222
Communication with Patients (Resources)	2,986
Communication with Patients (Into practice)	2,314

In terms of the less popular pages on the website, the spread is quite large. Indeed, when looking at pages that are rarely visited, there is little merit in differentiating between pages as a large number have a small number of visits.

SECTION TWO: IMPRESSIONS OF THE WEBSITE

Relevance to Doctors

There are clear differences in perceptions of the relevance of the GMC Learning Disabilities website between specialists and GPs, and dependent on seniority.

Broadly, GPs are more likely than specialists to say that this would be relevant to them in a professional context, as they see a much wider range of patients than specialists. In comparison, specialists find the site particularly frustrating as it is not tailored to their professional context – for example, by not including case studies which include a condition which they might encounter:

> *"They all look like scenarios related to adult patients; therefore I wouldn't just look at them because they won't be relevant for my practice." (Specialist, Nottingham)*

Specialists therefore suggest creating and signposting specific sections that are relevant to particular specialisms:

> *"I think if you put sub-categories of 'learning difficulties and oncology', 'learning difficulties and surgical consent' [...] and specific things like that will actually grab me." (Speciality registrar, London)*

However, specialists also have more time for CPD more broadly, which may indicate that if they did view the site as relevant to them, they might be more likely to actually use it. In short, it seems that specialists have more time and less inclination to use the site, and GPs have more inclination but less time. While resource constraints may mean that an approach targeted to particular specialisms is not possible, the GMC could perhaps consider dividing the website into sections that are targeted to different types and seniorities of doctors, to make it more appealing to a wider variety of doctors.

Unsurprisingly, senior doctors are less likely than junior doctors to say that the site would be useful for them personally. Their long years of experience in the profession mean that a majority feel that they understand the basics of patient care, including when treating patients with learning disabilities, and therefore feel able to apply these broad principles and avoid the common concerns and pitfalls without external advice and guidance:

> *"I think we're now at a level where we've been through that quite a lot of times." (Specialist, London)*

In particular, the perception among senior doctors (often derived from exploration of the Interactive Learning section of the website) that the website focuses primarily on communications skills and less on other areas is potentially damaging to the perceived usefulness of the website to these doctors:

> *"Specifically this bit [video] refers more to communication skills rather than learning difficulties, and I haven't seen anything which refers specifically to her disabilities." (Specialist, London)*

The GMC should explore the potential to make this resource more appealing to senior doctors. One way of doing this may simply be to signpost different sections of the website as appropriate for different levels / types of doctors – this viewpoint is shared by stakeholders involved in developing and using the website:

> *"I don't think the content of what people need to learn is any different for juniors or seniors, so it is how you make this information come across to both. Maybe the access point of the website might be around 'Who are you and what do you do?' And then you are getting access to the same information, but maybe just presented in a different way, maybe with different contexts relating to your level of experience." (Stakeholder)*

At the same time, providing more challenging resources which are specifically targeted to more senior doctors would be well received:

> *"What I would find really useful would be how to deal with really challenging situations; there might be a teenager with autism who has screamed the place off for reasons that will be clear to them [...]. I find that very difficult and very challenging." (Specialist, Nottingham)*

In addition to providing additional content, simply framing sections of the website in the context of topics that are likely to be seen as challenging by senior doctors may also make this more relevant to them. By shifting the emphasis in headings and section titles from what are seen as basic skills (such as communications) to more complex areas (such as consent), it may be possible to make this more appealing to senior doctors.

In contrast to senior doctors, junior doctors are comparatively more likely to say that the site would be useful for them – these doctors believe that the information is pitched at the right level for them:

> *"For me it's spot on because it's not going into what the specialists are going to need to know. [...] You want something that's going to be useful for you when you're practising [...] and that seems to be exactly what it's catered for." (GP Trainee, London)*

Interestingly, some senior doctors say that they are more likely to use the resource for training and mentoring than for their own knowledge:

> *"If you have the website up you could use it to mentor junior colleagues because I can't think of any other way that you would use that information." (Specialist, Nottingham)*

The GMC should therefore think about the context in which resources are used when developing any future learning resources. Specifically, the fact that many doctors see a potential use for this resource in training scenarios suggests that making resources within the website which are targeted towards use in the context of training may increase its usefulness to some practitioners.

Visual Appearance

Initial reactions from doctors to the GMC's Learning Disabilities website are positive – it is perceived to be visually pleasing, and the use of images and multimedia content alongside text is praised, particularly in comparison to the GMC's main website:

> *"From a non-medical stance, I think the actual site looks good, very clear." (Other, Cardiff)*

The colour scheme is inoffensive and chimes with the GMC branding, reassuring doctors that it is indeed a bona-fide resource, and therefore that the information can be trusted.

Upon more detailed exploration of the website, however, some doctors suggest that the level of text in some sections is excessive and would make them less likely to use the resource:

> *"On a more practical level I find it very wordy and too many videos. I think if you want some sort of advice I would want something more concise maybe." (Specialist, London)*

Opinions vary on the use of videos on the website – while some say that they would be unlikely to click on them, others say that they think the videos add valuable detail and insight to the website. Retaining a mixture of content (videos, text, images) will be important in the development of any future resources.

Doctors say that the amount of text and detail on the website makes it less likely to be used as a resource when they have very limited time and are looking for concise information.

> *"You could probably get your teeth into it if you decided you were going to spend a couple of hours doing it!" (GP, Cardiff)*

As discussed at the stakeholder workshop, future resources will need to present more clearly succinct summaries of key information, to meet the need for it as a "go-to" resource when doctors are under time pressure.

> *"It could be interesting to have on the website a "how to do" page with top tips. Something like that can sometimes be a way into discussion." (Stakeholder)*

The viewpoint that a 'top tips' page would not only serve a purpose for those looking for information under time pressure, but also as an addition to those using the website in a more structured learning environment, indicates that this could potentially be a valuable addition to any future resources.

More broadly, however, the visual appearance of the site is less important to doctors than the information it contains. Doctors say that they tend to use resources which they consider to be poor in terms of layout (e.g. patient.co.uk), because they know that they contain valuable information.

"So to me the website layout doesn't really matter that much, it's more just not viewing it [the GMC's Learning Disabilities website] as being something that offers what perhaps I need to read." (Speciality registrar, London)

While visual appearance will always be a key factor in perceptions of any communications material, this should not be the priority in developing future resources – doctors are far more likely to respond well to a website that contains what they see as relevant and useful information than to one which is visually striking.

Navigation

In terms of navigating the site, doctors tend to state that they are able to find what they want, and that the headings at the top of the page are clear and sufficiently descriptive:

"It's well laid out – I mean [from] the home page it was easy to find where you wanted to go. And it's not monotone so it catches your interest [and] it's easy to go between different points on it as well."(GP Trainee, London)

However, in our observation of their browsing, it is clear that the paths to some sections of the site could be made clearer. Specifically, doctors tend to loop around to the Interactive Learning section on a regular basis, even when they are looking for other information. When given tasks to find information or resources which would help in a particular context, they are often unsure whether they have found the most useful part of the site. Certain areas, such as the sections on consent and capacity, and the resources list, are not immediately found – indeed, the former is not signposted on the homepage – but are perceived to be some of the most useful parts of the site when explored.

In addition, doctors say that they would be far more likely to use the various elements of the website (and particularly the Interactive Learning section of the website) if they knew how long that they would need to commit to them:

"One of the things they never do is put on the estimated amount of time things will take, but I haven't got much time; you start doing something then a bleep goes off." (Specialist, London)

Some doctors say that their favourite resources provide estimates of the time needed for visiting or completing specific sections of the website (particularly in relation to interactive learning). Although this information is currently provided on the Learning Disabilities website, the doctors consulted do not tend to see it – making this more prominent is likely to be well received by this audience.

Interactive Learning

The Interactive Learning section prompts mixed responses among doctors, who tend to visit this section first when invited to explore the website. On visiting it the majority watch one of the videos related to the 'Wood for the Trees' play – often selecting the one set in the context of their own practice, rather than working through them in order – and complete the associated tasks. The videos are widely

agreed to present a simplistic picture of the realities of everyday practice. However, opinions on whether this is positive or negative are mixed:

> *"I suppose it gets the message across and we would all know that anyway, but it gets the message across. I wonder if it is too simplistic, that doesn't make any sense to me, that scenario, clearly you wouldn't do that because you wouldn't get anywhere." (Specialist, Nottingham)*

Some say that by simplifying the process, the videos effectively boost awareness of the *principles* of caring for people with learning disabilities, and prompt reflection on their own practice.

> *"If someone has been doing it [practising as a doctor] for a fair, long time, looking at that snapshot, they may look at it to be a bit patronising because the role of the receptionist and the family and the carer along with the GP, that would be done without thinking … one could turn around and say "a bit simplistic, a bit patronising" but it gets the message across." (GP, Nottingham)*

This is particularly common among more junior doctors, who say that it is helpful to take these principles to their logical extreme to aid learning.

> *"The fact the scenario that they presented attracted a fair bit of criticism from us is better than you going 'Yeah…click…yeah…click', so it gets you thinking – in some respects it might be quite useful." (Other, Cardiff)*

However, other doctors state that they would struggle to take anything away from the videos because they err on the side of simplicity. Doctors feel that the principles taught are the same across all patient groups, and they do not learn anything from the videos which they could apply in their own practice – for example, about how to care for a patient with a learning disability in the context of a ten minute appointment or about more nuanced, less clear-cut scenarios:

> *"It is not terribly subtle, it is obvious. It is a bit over-acted; it loses an awful lot by being over-acted […]. It might be good if there was a nuance that the patient wasn't being well managed and that the mother [sic] was gently challenging." (Specialist, Nottingham)*

As a result, it can feel for some doctors as though the test is simply "going through the motions" and doesn't necessarily prompt detailed reflection on individuals' own practice. In contrast, the presence of pre- and post-testing on the BMJ learning website is widely considered to be effective and to add urgency to individuals' own learning. The risk with the prominence of the Interactive Learning section and the perception that it is too simplistic is that this could threaten the perceived usefulness of the website overall:

> *"Having seen it [the website] now, to be honest with you I wouldn't necessarily be looking it up." (Specialist, Nottingham)*

Future resources should look to provide a greater separation between the Interactive Learning feature and the remainder of the website. By signposting any challenging, more complex content more prominently on the homepage of the website, the resource can be made more appealing to more senior doctors as well as to their junior counterparts.

The certificate available through the Interactive Learning section of the website is perceived positively:

> *"I've never seen such a good format of a certificate before, that's really good!" (Specialist, Nottingham)*

However, it is not always immediately apparent that this is a potential outcome of going through the interactive learning process:

> *"It was not obvious [that I would get a certificate] I thought this kind of test with interaction on the website; I was not aiming for a course certificate when I was doing that." (Other, Nottingham)*

Respondents question whether there is some sort of evidence which they can share at their appraisals and use as evidence of training, and also whether it would count towards their CPD points systems – doctors say that people would be far more likely to use the website if they knew that they could use it to fulfil training or revalidation requirements:

> *"If people knew they were able to print that [the certificate] out, then you'd get people rushing to it, definitely." (Specialist, Nottingham)*

More pronounced advertising of the ability to get a certificate for using the Interactive Learning feature and further information about the technicalities of using the resource for CPD or revalidation purposes – for example, as part of an introductory screen as part of each video – may prompt more use of the resource.

The Issues and Into Practice

Consent and capacity is widely perceived to be a critical element of the process of working with people with learning disabilities – indeed, many say that this is the biggest issue which they face in their practice. As such, those who come across this section as part of the guided browsing session react exceptionally positively, saying that they would use the information in their day-to-day practice.

> *"Knowing who you can take consent for is critical because that is a major problem. For example today I saw a child who came, who is blind and has education problems and she lives in care and her carer [was] there and her mother came too. I have had to do procedures before and get consent and knowing who can sign the consent, it's a major problem because people might think they can sign consent but they may not actually be legally able to." (Specialist, Nottingham)*

The importance of consent and capacity is also acknowledged by stakeholders involved in developing and using the website, who say that the section could have been given greater prominence on the website:

> *"Consent and capacity was definitely an area that was always going to be of concern." (Stakeholder)*

Indeed, stakeholders highlight that framing other sections of the website in terms of consent and capacity may make them more appealing to senior doctors:

> *"It is interesting the difference between how we might frame issues and how doctors might frame them. We might frame it as being effective communication but doctors might frame it as being about consent and capacity; then our job is to be able to engage effectively." (Stakeholder)*

Consistent with the findings around consent and capacity, doctors say that Working with Carers is also a potentially extremely valuable resource. This is seen to be both useful and applicable in a practical sense. Feeding into the broader issues around consent and capacity, this part of working with patients with learning disabilities is an area where doctors feel that they could improve their practice, and therefore appreciate the practical guidance given.

It is telling, therefore, that not all of the focus groups found these sections, either in their free-browsing, or as a part of the tasks set:

> *"When I clicked on 'The Issues' and then 'The Same as You', basically I thought it would be a lot more clear and concise. I thought it would be more about learning disabilities and I was slightly losing concentration." (GP Trainee, London)*

This is consistent with the Webtrends analysis, where the Working with Carers page did not appear prominently in the review of the most visited areas of the site. These key sections are not flagged on the home-page, and are split across two sections – Into Practice and The Issues – which could partly explain lower levels of usage. As such, it may be worth considering listing Consent and Capacity and Working with Carers as main headings on the homepage, in order to ensure that doctors are easily able to find this useful information.

> *"I think 'consent and capacity' should be separated because as soon as I am confronted with a difficult case, 'capacity' is what comes to my mind." (Trainee specialist, London)*

As discussed above, this is particularly important in terms of attracting more senior doctors, who are likely to be put off by what they perceive to be simplistic content.

Of the other sections of The Issues and Into Practice, it is interesting that Communication with Patients and Discrimination are very rarely clicked on. Based on broader feedback on the website, it may be that doctors are discounting these as the titles suggest that they are less specific to patients with learning disabilities, as compared to dealing with all vulnerable patients. As such, doctors may feel more confident in these areas, and less in need of guidance. The content itself belies this assumption, as some of the topics covered here, such as diagnostic overshadowing, are identified by participants themselves as being important issues in the context of caring for patients with learning disabilities.

Resources

The section on resources is on the whole **well received by all doctors**, and specifically senior doctors. They appreciate having a 'one stop shop' for information about learning disabilities:

> *"I think it is very useful for having an idea of the people and services that you can contact." (Speciality registrar, London)*

Indeed, many doctors said that if they decided to focus on improving their practice in this area, they would use this section as a starting point.

However, there are some gaps in the resources presented – for example, doctors would like to see **information specific to their areas of clinical practice**, such as how to treat a child with learning disabilities; and **local resources** for help and support, such as links to local social care services if required. There is therefore significant opportunity to broaden the resources section to take this into account.

Other Sections

In addition to the sections discussed above, there are a number of sections which are **rarely visited** as a part of the guided browsing session. For example, Patient Perspectives is rarely visited, despite some of the content – such as the case studies of what happens when things go wrong in the care process – actually being flagged by participants as content which they would like to see:

> "*It is important because I think with learning difficulties patients when treating them, there are a lot more social aspects involved to get the answer than with other patients." (GP Trainee, London)*

This is a critical finding, as it suggests that **the description of the Patient Perspectives section does not chime with what doctors feel to be relevant** to them, and as such, they are unlikely to visit. It may therefore be worth reconsidering the signposting of these sections, in order to ensure that doctors are able to find the content which is relevant to them with ease, thereby further engaging with these time-poor stakeholders.

SECTION THREE: DEVELOPING FUTURE RESOURCES

At the workshop attended by internal and external audiences involved in developing the content for the website and in using the website in a formal educational setting, stakeholders identify a number of specific ways in which future resources could learn lessons from the development of the GMC Learning Disabilities website.

The Development Process

Broadly, those involved in the web development process say that it worked relatively well – each had a clear understanding of their role in the process, and there was no specific negative feedback on their relationships with the GMC during the development cycle. However, there are two key pieces of feedback on the process which it will be important to take into consideration when developing future resources:

1. The need for clear aims and objectives for the site – having a clear vision of what it is trying to achieve before bringing in external partners, and developing this in light of feedback from partnership organisations.

2. A more holistic approach to development, ensuring that all key organisations are identified as part of the objectives development process, and involving them at an early stage to ensure that the resource meets their needs.

More specifically, feedback from participants from the GMC indicated that some of the original objectives of the site were not met for a variety of reasons, including the scope of available resources and the additional work needed to finalise materials, which had not been anticipated. It is also clear that, more widely, respondents brought their own personal objectives for the site to the workshop, rather than settling on a unified vision for what the site should achieve. This lack of clarity among the group could potentially have contributed to some of the issues with the final product described in the following section.

> *"I think there is a need to be clearer about the vision of any particular project before starting. Maybe before settling on this one it would have been good to think more broadly about the issue of how it can be done before actually getting into the process of developing." (Stakeholder)*

With regards to the broader approach to development of the site, there was an acknowledgement among GMC stakeholders that the process of developing a website in this way was entirely new to the GMC. There was also a sense among some external stakeholders that they had been 'flown in' to consult on specific sections, rather than involved throughout the process of development. While participants were happy with that being the case, it may represent a missed opportunity to gain organisational buy-in to the site, ensuring that it is promoted as widely as possible by a range of organisations in the sector. Involving interested parties from the kick-off phase is likely to produce a

clearer set of objectives, and ultimately, therefore, a more targeted and impactful resource, with a clearer call to action which crosscuts individual sections.

> *"I know it doesn't answer to the question but in all our discussions we seem to be coming back to an underlying theme, which is something about what is it that the GMC wants to achieve? Is it mainly about having better trained doctors or is it mainly about not killing so many patients? I know the two things are related but I think we need to make that clear in terms of the future of the website." (Stakeholder)*

More specifically, there was a consensus that any educational resource of this type works best when it is disseminated through multiple channels – whether these are educators, NHS Trusts, Royal Colleges, or other influential organisations. Involving stakeholders from these organisations in the process of development at an early stage is one way to ensure that resources are targeted to their own needs, and therefore boost the chances of them acting as advocates for the resource.

> *"When this opportunity came along, it seemed like a great means of taking that information to where it would have an impact and to put it into the hands of the best possible trainers and reach GPs. In other words, be a channel." (Stakeholder)*

Finally, there is a clear appetite for more co-creation of the resource, covering not only external stakeholder organisations, but also doctors and patients. Once again, there may be an argument for ensuring that this process of co-creation begins earlier in the development process. For example, GMC participants mentioned that the user group testing, while helpful, may have happened at too late a stage in the process, with the knock-on impact that it was difficult to make significant changes to the site at that stage.

> *"Maybe, because so much learning is done online nowadays, there could be a process of trying to learn from other bodies, from Royal Colleges and other organisations. It would be good to ask them what they have found that works to get people interested." (Stakeholder)*

As such, earlier involvement of all stakeholders in the website development process may well lead to a better overall outcome.

The Final Website

Overall the website is perceived positively by stakeholders, with a sense that it covers the most important topic areas and provides sufficient detail to allow for a nuanced and balanced exploration of the issues at hand. One of the main frustrations for participants is that the site is not sufficiently widely used, and awareness of it is low across the medical community.

As a result of the relatively low use of the website, stakeholders tend to believe that the impact of the website since its launch has been limited. However, some say that the quality of training which incorporates this website is higher than training provided to doctors which does not incorporate the Learning Disabilities website. Stakeholders therefore say that, where the website has been used in a

formal learning environment, it has had a noticeable impact on medical students' understanding and application of guidance around treating patients with learning disabilities:

> *"When I did get involved, one of the things we did discover was the number of foundation doctors who came to these workshops who had no training at all in working with patients with learning disabilities, apart from those from [medical school where Learning Disabilities website has been used as part of training]." (Stakeholder)*

Among stakeholders, there is therefore a widespread perception that the resource itself is valuable as an educational resource for doctors.

However, the apparently low impact of promotional activities at the time of the website launch has had an impact on uptake and usage of the resource. As such, the site has **failed to achieve its full potential** in the sector.

Barrier to use (passive): doctors do not come across the website in a professional context.

Potential solutions:

Build on existing relationships to encourage other voices and thought leaders within the sector to **promote and link to the site** – including educators, common CPD portals, and NHS Trusts.

> *"Can you plug it into Doctors.net or BMJ for example? Because then it is part of a bigger package. Because currently we know most people choose to follow only one platform." (Stakeholder)*

Take advantage of the changing context of information provision to **publicise the site through multiple channels** including social media and mobile apps.

> *"It's not new: the website doesn't sell itself. Even in the time between developing the website and where we are now, media have changed so much. It feels like it is time to have another go." (Stakeholder)*

Tap into existing modes of learning – both formally and informally – by:

- Encouraging educational providers to integrate this and future resources into **training courses** offered through universities and other educators;
- Signposting GMC-designed resources to doctors, appraisers and those involved in the revalidation process, highlighting their potential value;
- Encouraging greater use of the of the content by outward-facing teams at the GMC, such as the Regional Liaison Service;
- Capitalise on the value doctors place on peer-to-peer learning by adding a **forum space** to prompt discussion of best practice and drive improvements in practice.

> *"I think it is also nice to have a place where there is a kind of peer-to-peer support, where we can see a peer had a challenge and share personal stories." (Stakeholder)*

The lack of awareness of the site is exacerbated by the need for doctors to prioritise their workload, and the fact that this issue is not always seen to be a priority in the context of a wide range of clinical skills which they are required to keep up-to-date. Workshop participants recognise that doctors are operating in a time-pressured context, and say that the website does not necessarily provide as strong a call to action as it could. It was clear during the workshop that there was genuine passion for improving standards of care for people with learning disabilities, and that there is hard evidence for making this a priority. However, the focus groups with doctors confirm that this evidence does not come through from an initial review of the website. One way of rectifying this could be a stronger focus on objectives and rationale at the development phase, as described above. More specifically, there are a number of ways in which this could be rectified.

Barrier to use (active): doctors don't view the issue as a priority in the context of limited time

Potential solutions:

Make the rationale behind the site more explicit using hard facts and figures, and include a clearer call to action for doctors, ensuring that the tone reflects the aim to support rather than criticise doctors.

> *"I think it would also be good to be clearer with people on why you need to know this." (Stakeholder)*

Consider fronting the site with spokespeople who doctors can identify with, such as a figurehead from the GMC, to emphasise the importance of this rationale.

Specific messages could potentially include:

- People with learning disabilities die sooner than the general population;
- Comorbidity presents specific clinical issues and can delay diagnosis among people with learning disabilities;
- There is a crisis of care among people with learning disabilities;

Doctors and stakeholders also thought it would help to include information about Fitness to Practise cases which involved patients with learning disabilities, as further incentive to engage with the site.

Explain the relevance to doctors' own practice of care for people with learning disabilities by

providing context which challenges the perception that they are unlikely to come into contact with such patients:

- Outline the proportion of the population who have a learning disability;
- Explain the diversity of learning disabilities, and the fact that they are not always visible;
- Provide a prominent definition of learning disabilities (for example, as compared to learning difficulties).

Where possible, relate the issue to national targets across the NHS, demonstrating how engaging with the site will help doctors to meet their own hard targets.

Barrier to use (passive): doctors only have limited time for CPD and education activities

Potential solutions:

Include a 'true and false' or 'question and answer' section which focusses on addressing particular myths and misunderstandings in bite size chunks.

Providing practical 'quick tips' for caring for patients with learning disabilities.

Consider developing a mobile app to convey these bite size learning points, and as a route in to more detailed use of the site.

Moreover, there is an overall sense that while the content is strong, it is not always easy for those unfamiliar with the site to find the most relevant information fast, and there is potential for a more instinctive system of navigation. Specifically, there is a large amount of content contained within the site, and while this is in many ways a benefit as it enables immersive learning, it can also make it difficult to tell what is suited for which situations.

Crucial pieces of content are perceived to get lost in the density of the text. This chimes with findings from the focus groups, where doctors did not always find what they were looking for, or were uncertain whether the content they had found was the most relevant available on the site.

Barrier to use (active): doctors can't find the content which is most relevant to them

Potential solutions:

Provide a more structured system of signposting – a range of routes for users depending on their

needs at that stage – which quickly and easily identifies content which is most useful for:

- Formal training in a one-to-one or group session, as compared to independent learning;
- Content targeted to specialists compared to content targeted to generalists;
- Sections suitable for all levels, compared to content which is more appropriate for senior doctors and consultants;
- Bite size content which is suitable for use between appointments or in a short space of time, as opposed to detailed insight for immersive learning.

In order to achieve the above objectives, it may be necessary to produce some specific pieces of more targeted content. In particular, the findings from the focus groups among doctors show that specialists and senior doctors are less likely to say that the resource is useful for them personally. Given that stakeholders say that these people are the very group who are most likely to need training, help and support, there is a strong argument for ensuring that the site immediately appears relevant to their own professional context and priorities.

> *"It is very difficult, painful stuff that is happening: how do we get that message across to the doctors who were thinking 'it's nothing to do with me'? … We knew that the challenge on the website was getting people to use it and see it is relevant and give time to it." (Stakeholder)*

In this context, workshop participants comment that there is insufficient 'good news' content which demonstrates how barriers to good patient care can be overcome and common mistakes can be rectified. This can prompt a defensive reaction which can act as a barrier to learning, and may in part reflect the reaction from senior doctors and specialists described above. This is particularly relevant in the case of the Interactive Learning section, which can be seen to overemphasise the negative experiences some patients with learning disabilities experience, while not presenting a clear picture of what best practice looks like on a day-to-day basis.

Some specific examples of how a more targeted approach could be achieved are provided below – however, it may be worth considering additional research for future resources to explore the areas of practice where doctors encounter the biggest barriers to care with a specific patient group, and targeting content to address these.

Barrier to use (active): doctors don't believe that the content is relevant to them

Potential solutions:

Include more practical examples of situations doctors might encounter when treating a patient with learning disabilities, and how to address common pitfalls and barriers. Specific examples given throughout the research include:

- Taking blood, giving an injection or inserting an IV;
- DNACPR orders;
- Running an effective best interest meeting;
- Sedation.

> *"I think for junior doctors here, there are things they have to do like learn CPR, do blood tests, etc. those are simple things they have to do day-in day-out and if you have to operate on someone who doesn't have capacity it can be quite tricky." (Stakeholder)*

Develop individual specialist sections or guides for specialist areas such as paediatrics, mental health, and obstetrics and gynaecology which raise specific issues with regards to consent and capacity, dealing with carers, and other relevant issues.

> *"Broadly speaking, how do you hook doctors who have a huge diversity of specialities, what are the hooks that will get people interested or realise that it is relevant to them." (Stakeholder)*

Provision of case studies voiced by doctors explaining the issues they have faced when dealing with patients with learning disabilities, and how they overcame these may be one way of doing this and effectively prompting viewers to reflect on their own practice, as well as examples of best practice. Alternatively, there is a clear appetite to include the voices of people with learning disabilities in the site, and as such, case studies from patients where they explain their own experiences, the main pitfalls and issues, and how best to overcome these, may be another option.

> *"You could have for example a senior doctor talking about issues and experiences because if I was a senior doctor, what would draw me in, given that I am assuming I have a lot of experience and knowledge, would be to be able to share my experience." (Stakeholder)*

Frame the content in terms of issues that are seen as 'challenging' or relevant for more senior doctors – such as capacity – and make this more prominent on the home page.

Finally, stakeholders raise the point that the site will not only improve practice among people with learning disabilities, but also that these learnings could be extrapolated to other vulnerable patient groups. In order to broaden the appeal of the site, it may be worth considering inviting healthcare professionals (HCPs) to make this link themselves. Looking forward, the GMC may wish to consider providing similar sites which cover other vulnerable groups, providing a holistic approach to ethical and professional standards.

> *"Skills are transferable to different patient groups." (Stakeholder)*

> *"You organise and develop that bank of resources with a focus on learning disabilities because as a group they are rich in terms of the challenges they present, particularly about communication, but these resources could be redirected to serve other markets". (Stakeholder)*

RECOMMENDATIONS FOR FUTURE RESOURCES

Aims and objectives

- Set clear aims and objectives prior to embarking on the website development process, and ensure that these are clearly communicated to all stakeholders involved.
- Involve key stakeholders in this objective-setting process, ensuring buy-in and encouraging advocacy among this core group.
- Communicate these aims and objectives clearly on the homepage, instilling a sense of urgency in doctors who visit the site, and providing a clear call to action.

Working with others

- Partner or consult with market-leading CPD providers and educators during development and after the launch to share best practice and ensure that the resource has maximum impact on doctors' behaviour, and to build advocacy among these groups.
- Begin co-creation and consultation with all relevant stakeholders – including doctors, patients, educators, senior opinion formers and technical partners – at an early stage in the development process.
- Engage with influential voices in the sector to encourage them to link to and promote GMC resources on their own sites and in person, through both formal and informal methods of learning and training.

Promoting the resources

- Make use of social media and apps to maximise the channels through which doctors can access GMC content.
- Lead with a spokesperson from the GMC or another similarly influential organisation to emphasise the importance of doctors using this resource.

Driving usage

- Clearly state the rationale for the site, and where possible, relate the issue to national targets, emphasising the importance of this subject to doctors' own professional objectives.
- Provide a definition and estimate of incidence of the specific patient group, to challenge the idea that the content is only relevant to some doctors.

- Signpost types of usage, clearly distinguishing between resources intended for independent study as compared to group study; in-depth and 'bite-size' information; resources targeted at specialists and generalists; and resources targeted at senior and junior doctors.

- Include 'true or false' or 'question and answer' sections to myth-bust common mistakes or misunderstandings.

- Provide practical examples of situations relevant to providing care to that specific patient group, covering a range of contexts and specialisms.

- Provide real-life case studies from doctors and patients to allow for sharing of best practice and emphasise the relevance of the resource to a wide range of professionals.

Audience building

- Future microsites should retain a focus on building a consistent user experience. Some of the uncertainty about different sections of the Learning Disabilities website will decrease as users become more familiar with it. By using consistent titles and navigation across all futures websites, your core audience will become trained to understand and engage with GMC learning portals over time.

- Building an audience either costs money or requires the support of a community who will promote your resources. From the co-creation phase right through to launch and continued promotion, the GMC should build a wide base of support for its learning resources and encourage partners and its community to promote them. Such a strategy will require reciprocity so the GMC must be certain it can legitimately support others' goals without compromising its position.

NEXT STEPS

ComRes recommends the following research to provide insight to support with the development of future resources:

1. Incorporate questions about the most challenging patient groups into the GMC's existing annual survey of registrants to ensure that future resources are targeted to doctors' needs.

2. Conduct qualitative research during the development phase of future resources, to explore doctors' attitudes to the concept and provide insight into the types of content which would be most helpful to them in that context.

3. Continue to evaluate future resources, to ensure ongoing improvement and make sure that resources keep up with changes in doctors' day-to-day practice and with technological advancements.

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