To consider

Establishing a scoping project for a Standards app

Issue

1 There is strong and growing demand for our standards and guidance material. We believe we can increase the impact of our guidance in maintaining and improving the standard of medical practice by developing a mobile device application to make our content more readily accessible.

Recommendation

2 The Strategy and Policy Board is asked to approve a scoping project for a standards mobile device application.
Establishing a scoping project for a Standards app

Issue

Background to the demand for our standards

3  Our standards are held in high regard in the UK and internationally, and demand for our guidance is significant and rising. One sixth of all our website users are visiting the guidance section, which is 20% higher year-on-year for the third quarter of 2014. Many doctors also call the contact centre for guidance materials, and the Standards Team also deals with around 700-800 more individual enquiries each year.

4  Demand is partly as a result of working more closely with doctors, for example through the Regional Liaison Service (RLS), which has shown that doctors still lack awareness of our guidance and cannot access it easily when they need it. We should expect further growth in demand as our engagement with doctors raises awareness of the range of our guidance and learning materials, and our expectation that they should be used to improve practice.

5  The Standards Review undertaken in 2014 recommended a ‘fundamental overhaul of the way we organise and present our guidance’, and raised the possibility of focusing more on decision support tools such as flowcharts for explanatory guidance. This is something we have done with the development of GMP in Action and other learning materials including case studies (confidentiality, child protection), flow charts (end of life care), anonymised fitness to practise cases (linked to Good medical practice principles) and interactive decision tools (raising concerns and the learning disabilities website), all of which have been well received.

6  Doctors tell us through the RLS and other contact we make that there would be significant demand for any standards product that gave easy access to our interactive tools and flowcharts, such as those we have developed for our guidance on Raising concerns and end of life care. Doctors also say that they would value a smartphone or tablet mobile application (app) that would work without needing an internet connection.

7  Such an app would exploit new technology to provide an additional, convenient means for doctors to access our guidance when they need it, and by broadening the number of ways in which doctors can access the guidance, would also broaden engagement with our guidance overall.

Background to how doctors use information

8  Doctors need to access the right material quickly and concisely. Reflecting advances in technology that supports this, they are increasingly turning to mobile electronic
sources for professional information and decision-making tools, and in particular they are using apps.

9 For doctors seeking information, apps offer distinct advantages over mobile web browsing in that content can be rapidly accessed without needing an internet connection or a compatible web browser. This is important because many doctors don't have easy access to the internet in their workplaces or while they are out in the community.

An app for our standards

10 A successful standards app would make our guidance accessible to doctors in a range of circumstances in which doctors have told us they use it, including at the point of care, teaching or preparing for interviews/exams. A specific scenario for this could include a doctor in training who needs to make a decision about cardiopulmonary resuscitation on a ward in the middle of the night, or a General Practitioner on a home visit who must make a complex decision about capacity. Although we already have guidance (and learning materials) covering these scenarios, an app would significantly improve access to the guidance for the doctor in that instance.

11 We will work with doctors to determine the requirements for a standards app but we will also consolidate what we already know. For example, we know that doctors would expect at a minimum an app to bring together our guidance in a readily searchable form, together with some case studies and toolkits. Consultation feedback provided to the former Promoting Professionalism Board in 2013 illustrated doctors’ interest in an app that could provide guidance material such as flowcharts. We note with particular interest that doctors expressed this interest even when they had no interest in an app based on the high-level principles in Good medical practice.

12 GPs expressed a particular interest in flowcharts and the utility of an app to provide instant advice for complex issues around end of life care and confidentiality, out of normal hours. Some doctors commented that a standards app would be more useful to more junior trainees. Foundation doctors gave feedback that they felt all GMC guidance should be available in a single app, with flowcharts, as that would be a product that they would expect to use.

13 Medical students and doctors in training represent the future of the medical profession, and it is these groups who are the heaviest users of apps, in their working and private lives. A standards app could be strongly promoted to these groups, and help build a lasting positive engagement with them.

14 We already have much of the material for this available, but it would of course need to be tailored to fit the needs of doctors and the app based on our research and user testing. Ultimately, directing doctors to advice in the form of an app would be likely to ease some of the pressure on the standards team to respond to the enquiries.
Development of the Continuing Professional Development app

15 In July 2013 the former Promoting Professionalism Board approved the development of a mobile app to help doctors record their Continuing Professional Development (CPD) to supplement our existing tools and resources to promote professionalism. This app was designed to pilot a new way to encourage and support reflective practice, and the process of commissioning and developing a mobile app. The app is being built by a third party contractor following testing of a prototype with a reference group of doctors, and should be ready for release early in 2015.

16 For initial release, the app will prompt and facilitate doctors to align their CPD with Good medical practice and we will promote our guidance through use of a ‘Hot topics’ feature, but the app will not store significant standards content for offline use.

Next steps

17 We propose to explore the development of the content that doctors want either as a stand-alone product, or by broadening the CPD app to be a GMC professionalism app which has the functionality both to support CPD activity/reflection and access to our guidance and learning materials.

18 Whether we develop a stand-alone app or consolidate this into a single GMC app, the standards app function would perform a very different task (content storage and delivery) to that which the CPD app is currently being built to provide (data input and secure data storage).

19 The proposed project aims to establish the functional requirements for a product that doctors will find useful in accessing and using our guidance. To do this we will form a reference group of doctors, as we did with the CPD app. These functional requirements will determine which of the two approaches outlined above would be preferable for a standards app.

20 The scoping project will address four key questions:

a What would doctors want from a standards app?

b What resources would be required to produce the content for an app?

c What are the advantages and disadvantages for the two app development options presented above, including the relative resources required?

d How could the development of a standards app also help develop guidance resources more generally, for doctors who do not want to use an app.

21 The project also aims to inform our more general strategy regarding the relative merits of producing stand-alone apps and adding additional functions to an existing
single GMC app. We aim to report back to the Strategy and Policy Board in early 2015.

Resource and financial implications

22 This project would primarily need support from Corporate Communications, Media Relations, Education, Standards and Information Systems teams.

23 The more complicated and technically challenging CPD app will cost £170,000 to build over 2 years, with £10,000 additional annual support.

24 A standards app should be considerably cheaper to develop than the CPD app. Additionally we expect significantly faster progress to develop a standards app based on our learning from the CPD app project.

25 £77,000 has been requested in 2015 for the development of a standards app.

26 We believe that providing more accessible guidance to doctors will reduce or at least slow growth in the number of individual requests for guidance received by both the contact centre and the Standards and Ethics Team.

Risks

27 Developing an app is relatively low risk for the organisation. There is a risk that we invest in a resource that has little take-up, but we have mitigated this by consulting with doctors about what they would find useful and will continue to do this.
Supporting information

How this issue relates to the corporate strategy and business plan

29 Our second strategic priority is to ‘help raise standards in medical education and practice’. Our Corporate Strategy says ‘We must make sure that our guidance is relevant to the everyday work of frontline doctors and is provided in practical ways that help these doctors put patient safety first, even in difficult situations’.

30 Our fourth strategic priority is to ‘Work more closely with doctors, medical students and patients on the frontline of care’. Our plan of work for this includes ‘Exploit new technology to make our professional standards easier to access and to target messages more specifically to the variety of doctors' roles. This will include developing a smartphone application to help communicate our guidance’.

What we know about app use by doctors and in the general population

31 The makers of Epocrates, a clinical information app, say they have more than one million active users worldwide, including half of U.S. physicians. Another information app, Medscape, has a similar number of users.

32 The National Institute for Health and Care Excellence’s clinical guidelines app and British National Formulary app (a prescribing aid) have both been downloaded between 50-100,000 times on the Android platform alone. When users of Apple’s iPhone and iPad are included, the number of downloads of each of these apps is likely to be higher than 200,000.

33 This reflects a broader trend in the general population. Market research in the public domain has identified a clear preference for use of apps rather than Web browsers on mobile devices. The average U.S. consumer spends more than four times as much time using apps as mobile browsers,* and uses many apps (27 per month†).

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