**Executive Board - 1 March 2021**

**Agenda item 5**

**Annual research report 2020**

<table>
<thead>
<tr>
<th>Action</th>
<th>To note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>This paper presents the annual research report for 2020. It provides a brief overview of the research programme managed within the Data, Research and Insight Hub during 2020 highlighting selected key findings, impacts and ongoing work. A comprehensive list of all projects managed by the research function during 2020 is provided at Annex A.</td>
</tr>
<tr>
<td><strong>Decision trail</strong></td>
<td>The Board receives this paper annually.</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td>To note the annual research report.</td>
</tr>
</tbody>
</table>
| **Annexes** | Annex A: Full list of projects managed in 2020  
Annex B: Monitoring the quality and impact of our research |
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Annual Research Report 2020 - Introduction

1 The research programme provides those developing and deciding upon the GMC’s policies with robust, timely and useful evidence and insight by:

- improving our understanding of the risks and issues that we are responsible for – their nature, causes and potential solutions;
- providing evidence and insight regarding changes in our environment;
- identifying what is regarded as good practice and what has been assessed to be effective in our sector, or in other sectors that can inform our work;
- evaluating our current activities;
- exploring our key stakeholders’ views – eg their understanding and assessment of our activities, or their views on changes we are considering.

2 Up to 2020 (inclusive), the research programme has been planned on an annual basis with SMT deciding how the commissioning budget should be prioritised. The new business planning process will mean us working more flexibly to support emerging needs for evidence and insight. The exception is with respect to more longer term strategic research priorities where SMT will continue to prioritise.

3 2020 was, of course, a challenging year. We had to pause projects involving primary research during the height of the first pandemic wave to minimise burden on stakeholders, this then being reflected in the volume of work rolled over into 2021 (Annex A). We did so whilst maintaining positive relationships with contracted researchers, with only one instance of us providing additional funding (due to a specific employment impact).

4 Conversely, we commissioned, repurposed or supported new projects to enable us to gain timely insights into the impact of the pandemic and how we can recover from it. This report presents some key highlights from our research in 2020 (with a full list provided at Annex A). These are provided in relation to the new corporate strategy aims, albeit the work reported on here precedes the new strategy. Finally, an overview is provided of the feedback we have received on our performance from internal customers (fuller information provided at Annex B).

Highlights from 2020 research

Enabling professionals to provide safe care

5 In May we agreed to fund the upscaling of a Newcastle University project to understand the experience of medical graduates entering practice in 2020 in the
context of the COVID-19 pandemic, particularly those who have undertaken a FiY1 post. Findings were published in SoMEP. In May we also agreed to support the UK-REACH project, exploring the differential impact of Covid in relation to healthcare workers ethnicity. This is now providing findings directly to SAGE to inform the pandemic response. After careful consideration, we also ran the Barometer survey, adding key questions to understand specific pandemic impacts and sharing findings through SoMEP. Towards the conclusion of 2020 we commissioned research to help us understand the impact of the enhanced focus on wellbeing in restarted appraisals.

6 In addition to responding flexibly to the pandemic we have continued to progress longer term priorities, for instance through two in-house projects to support the review of GMP.

Developing a sustainable medical workforce

7 During the early months of the pandemic we were able to provide insights to stakeholders, including the Cabinet Office and HEE, regarding doctors who had left the register in recent years through our Completing the Picture survey. We also commissioned a project to help R&R to consider how post-graduate qualifications could be taken into account as part of the registration process to support recovery.

8 At the same time, we have been progressing work looking at graduate preparedness, migration drivers and employers’ perspectives on lifelong learning.

Making every interaction matter

9 To inform legislative reform, a small project made recommendations on redesigning FtP processes to take account of behavioural economics insights. An audit of the fairness of our FtP procedures, delayed by the pandemic, will deliver findings soon. More generally, an in-house project is underway to look at how we can ensure our behavioural change interventions with doctors are evidence based, whilst we are working with business planning colleagues to embed consistent, proportionate evaluation.

Investing in our people to deliver our ambitions

10 During 2020 considerable work has been undertaken to plan how we will monitor and assess progress with respect to our new corporate strategy. This work has spanned across the strategic aims, and has involved working closely with ED&I colleagues to identify how we will measure our ambitions in respect of investing in our people.
Monitoring the quality and impact of our research

Since 2019 a process has been in place to measure the success of every GMC research project using five core indicators: budget, timeliness, research management quality, research deliverable quality, and research impact. We have analysed the data from projects completed in 2020. Key findings:

- All projects were delivered within budget.
- Although half of the projects were not delivered according to the original timetable, delays in only one project resulted in significant consequences.
- The quality of project management by the GMC research manager and commissioned research teams was generally rated as good or very good.
- While the quality of the final deliverable was usually very good, in several externally commissioned research projects considerable time and effort was needed to get it up to standard from draft.
- Most projects completed Q3 2019-Q2 2020 have had at least a moderate impact, six months after delivery. However, impact of completed research does appear to have been limited by the pandemic in some cases e.g. planned work being put on hold.

Further details on the assessment process and analysis of 2020 data can be found in Appendix B.
## Full list of projects managed in 2020

*Research projects delivered in 2020 but commissioned or begun earlier, alphabetically by title*

<table>
<thead>
<tr>
<th>Title</th>
<th>Purpose</th>
<th>Contractor</th>
<th>Total project cost</th>
<th>Key finding(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Corporate Strategy and Perceptions Tracking 2020</strong></td>
<td>Biennial survey helping us to understand progress on our corporate strategy and, more generally, key stakeholders’ perceptions of the GMC.</td>
<td>IFF</td>
<td>£134.9K</td>
<td>The percentage of doctors who report being confident in the way the GMC regulates doctors in 2020 has improved significantly since 2018 (45% v 34%) but is still below the level seen in 2016 (57%).</td>
</tr>
<tr>
<td><strong>Evaluating the trainer recognition framework</strong></td>
<td>To evaluate the trainer recognition framework, which became compulsory in 2016.</td>
<td>Newcastle University</td>
<td>£44.3K</td>
<td>It has helped to professionalise medical education and training, and been used as a lever to help secure time for recognised trainer roles. Application in undergraduate medical education may need further work.</td>
</tr>
<tr>
<td><strong>Everyday leadership</strong></td>
<td>Commissioned for use in SoMEP, to follow-up findings published the previous year.</td>
<td>Newcastle University From SoMEP budget</td>
<td>Doctors’ ability to take on additional leadership responsibilities was often impacted by changes to their clinical work and increased workloads. In some cases, this had a negative impact on their wellbeing. Employers can better aid the development of senior doctors by providing</td>
<td></td>
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</table>
### Executive Board, 1 March 2021

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<table>
<thead>
<tr>
<th>Project Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Behaviours and Patient Safety pilot evaluation</strong></td>
<td>To evaluate the pilot phase of the Professional Behaviours and Patient Safety Programme</td>
</tr>
<tr>
<td></td>
<td>N/A (in-house)</td>
</tr>
<tr>
<td></td>
<td>Attendees recognised a broader spectrum of behaviours as unprofessional and reported increased confidence challenging and escalating concerns about unprofessional behaviour after the PBPS workshop. Most attendees intended to use what they had learnt in practice. However, environmental barriers still perceived by attendees may be limiting the extent to which PBPS can be applied.</td>
</tr>
<tr>
<td><strong>Understanding patients’ experiences of referrals</strong></td>
<td>Commissioned for use in SoMEP, previous research informed us that unnecessary referrals have increased in recent years. In-depth research undertaken to help understand the impact on patients.</td>
</tr>
<tr>
<td></td>
<td>Trajectory From SoMEP budget</td>
</tr>
<tr>
<td></td>
<td>Overall, only 1 in 10 patients surveyed thought their referral was unnecessary and only 6% were dissatisfied. Problematic referrals can impact patients’ lives. Many patients revealed it wasn’t easy to attend multiple appointments and fit them around other commitments.</td>
</tr>
<tr>
<td><strong>Understanding the nature and scale of the issues associated with doctors’ induction</strong></td>
<td>As part of SPuP programme, to understand what issues were present and what good and bad practice looks like.</td>
</tr>
<tr>
<td></td>
<td>Community Research £53.6K</td>
</tr>
<tr>
<td></td>
<td>Most doctors could cite examples of good and bad experiences. Doctors found such factors as physical orientation in the workplaces and introduction to colleges most useful, with a focus on mandatory training and corporate policies least so.</td>
</tr>
</tbody>
</table>
What supported your success in training?

<table>
<thead>
<tr>
<th>Title</th>
<th>Purpose</th>
<th>Contractor</th>
<th>Total project cost</th>
<th>Key finding(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging registrant engagement in fitness to practise processes</td>
<td>Drawing on behavioural science to help us design a fitness to practise process that encourages maximum and meaningful early engagement from registrants (doctors and medical associate professionals) during an investigation.</td>
<td>Ice Creates Ltd</td>
<td>£19.1K</td>
<td>The research makes a number of recommendations as to how processes could take account of behavioural economics insights, for instance reduce ‘negativity bias’ by reframing the situation to prompt practitioners to give equal weight to all likely outcomes (e.g. no action, re-training).</td>
</tr>
<tr>
<td>Understanding how our professional standards for doctors are embedded in our regulatory functions across the GMC</td>
<td>To support the review of GMP by mapping which functions in the GMC use our professional standards, how and for what purposes. This is in order to understand the potential</td>
<td>N/A (in-house)</td>
<td>N/A</td>
<td>The report provides a detailed overview of the use of our guidance in different directorates, including particular passages that are particularly high-use, as well as colleagues’ views on the strengths and weaknesses of our current model.</td>
</tr>
</tbody>
</table>
The state of medical education and practice barometer survey 2020

Annual survey to keep track of workforce pressures and their impact. 2020 version included additional questions focused on the impact of the pandemic.

IFF

£80K (+£19.9K from SoMEP budget)

81% of doctors report that changes to work resulting from the pandemic have been significant. 42% were redeployed. Doctors experienced positive changes across several areas of their work, which many felt could be retained in the future. However, the pandemic has also had concerning negative impacts, especially on doctors wellbeing and training opportunities.

*Published internally only*

Research projects commissioned in 2020 (or earlier) but not due for delivery until after the end of 2020, by projected completion date

<table>
<thead>
<tr>
<th>Title</th>
<th>Purpose</th>
<th>Contractor</th>
<th>Total project cost</th>
<th>Projected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mapping approaches to assessing post graduate qualifications for registration or membership</td>
<td>Identifying how and with what rationale other bodies (professional regulators, non-UK royal colleges, medical boards) assess PGQs and take into account practice history when considering applications for membership or registration from doctors.</td>
<td>UCL</td>
<td>£59.7K</td>
<td>Q1 2021</td>
</tr>
</tbody>
</table>
### Parliamentary and legislators perceptions survey 2021

- **Objective:** Omnibus survey to understand perceptions of the GMC and our role and compare them against the similar survey conducted in January 2020.
- **Funding:** £25.2K
- **Timeline:** Q1 2021

### Fairness audit of Fitness to Practise decisions

- **Objective:** To consider whether the decisions made by our staff at key stages of our investigation process are consistent with the guidance provided to them to help them reach these decisions.
- **Funding:** £100K
- **Timeline:** Q1 2021

### Drivers of international migration of doctors

- **Objective:** Explore the complex range of factors driving international migration of doctors, comparing the situation in the UK with other high-income countries.
- **Funding:** £48.2K
- **Timeline:** Q1 2021

### The impact of service change on doctors' training

- **Objective:** Exploring how service change can impact doctors' training. We hope that through this research we are better able to ensure that doctors' training is considered and protected within the planning and implementation of service change.
- **Funding:** £59K (original) £18K (extension)
- **Timeline:** Q1 2021

### Completing the picture survey (in-house)

- **Objective:** To better understand motivations of doctors who are no longer practising (in the UK) - why they stopped, if/when they will return to UK practice and what barriers/enablers exist
- **Funding:** N/A (in-house)
- **Timeline:** Q2 2021

### Adopting an evidence-based framework for developing GMC interventions phase 1 (in-house)

- **Objective:** Exploring how the GMC can apply evidence-based processes for developing behaviour change interventions to ensure GMC interventions are as effective as possible. Within this phase of the project we will focus on identifying a suitable framework and creating guidance/resources to apply it.
- **Funding:** N/A (in-house)
- **Timeline:** Q1 2021
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Summary</th>
<th>Responsible Institution</th>
<th>IFF</th>
<th>Quarter</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Understanding the role of the Resident Medical Officers (RMO)</strong></td>
<td>To understand the role of RMOs in the independent healthcare sector. The project will provide insight into the work of an RMO, the type of training and support they currently receive and determine whether they require additional support and guidance to provide good clinical care.</td>
<td>IFF</td>
<td>£29.6K</td>
<td>Q1 2021</td>
<td></td>
</tr>
<tr>
<td><strong>Developing a Taxonomy of UK Medical Practice</strong></td>
<td>To develop a taxonomy of UK medical practice that will support more effective medical regulation, clinical governance and workforce planning through a better understanding of licensed doctors’ scope of professional practice</td>
<td>Newcastle University</td>
<td>£52.9K</td>
<td>Q1 2021</td>
<td></td>
</tr>
<tr>
<td><strong>Understanding the impact of COVID-19 on 2020 graduates</strong></td>
<td>To understand the experience of new medical graduates entering practice in 2020 in the context of the COVID-19 pandemic. The particular focus will be those who have undertaken novel FiY1 posts, but also others starting practice in their usual Foundation Programme Year 1 (FY1) post in August.</td>
<td>Newcastle University</td>
<td>£60K</td>
<td>Q1 2021</td>
<td></td>
</tr>
<tr>
<td><strong>Understanding the experiences of and attitudes towards Medical Appraisal 2020</strong></td>
<td>To understand experiences of and attitudes towards Medical Appraisal 2020, including the advantages, challenges and implications of Medical Appraisal 2020.</td>
<td>Ice Creates Ltd</td>
<td>£39.3K</td>
<td>Q2 2021</td>
<td></td>
</tr>
<tr>
<td><strong>Preparedness of recent medical graduates to meet anticipated healthcare needs</strong></td>
<td>Exploring whether recent graduate doctors have the skills, capabilities and attributes to meet the needs identified within three focus themes: The changing-patient-doctor relationship, the doctor in a multi-disciplinary team, and complex clinical decision making.</td>
<td>Plymouth University</td>
<td>£94.7K</td>
<td>Q2 2021</td>
<td></td>
</tr>
<tr>
<td>How lifelong learning for doctors is valued, managed and supported in the UK</td>
<td>To understand how lifelong learning and Continuous Professional Development for doctors in the UK is valued, managed and supported by employers, those who contract doctors’ services and self-employed doctors.</td>
<td>Community Research</td>
<td>£39K</td>
<td>Q3 2021</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Differential Attainment – funding an intervention and subsequent evaluation</td>
<td>Via a grant we are supporting a joint intervention with HEE and RCPsych to identify and support two cohorts of Psychiatry trainees who are at risk of differential attainment, and evaluate the impact of that support.</td>
<td>N/A</td>
<td>£40K</td>
<td>Q4 2021</td>
<td></td>
</tr>
<tr>
<td>Corporate strategy evaluation</td>
<td>1) Identification of evidence which will help the organisation prioritise areas of focus for the strategy 2) Identify suitable measures/mechanisms which can be used to baseline and subsequently track the impact of the strategy.</td>
<td>N/A (in-house)</td>
<td>N/A</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>
Monitoring the quality and impact of our research

In 2019 we developed a process to measure the quality and impact of GMC research projects. We identified five core success indicators:

1. Budget (delivered within budget)
2. Timeliness (delivered on time)
3. Research project management quality
4. Quality of the research deliverables
5. Impact of the research (focussing primarily within this process on informing policy)

The assessment happens through face-to-face meetings with the primary GMC policy customers - a debrief meeting to assess quality soon after delivery of the research, with an impact meeting taking place around six months later. During the meetings policy customers are asked to consider the various elements of each indicator and provide an agreed score against the measures.

Below we have summarised data from the quality and impact assessment of projects completed in 2020. 10 projects in total (8 externally commissioned, 2 in-house)

**Indicator 1: Budget**

10/10 delivered within budget\(^1\)

**Indicator 2: Timeliness**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivered on time (original timetable)</td>
<td>5</td>
</tr>
<tr>
<td>Significant consequences as a result of delays</td>
<td>1</td>
</tr>
</tbody>
</table>

\(^1\) This includes situations where further funds were secured in order to deliver pre-agreed work additional to what was in the original proposal.
Factors contributing to delays:

- Delays due to the Covid-19 pandemic
- Delays signing off research materials
- Poor standard first draft report (externally commissioned research)
- Staff changes in research team (externally commissioned research)
- Publication delays
- Ambitious timetable

Indicator 3: Research project management quality

<table>
<thead>
<tr>
<th></th>
<th>Very poor</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC Manager (n=9)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Commissioned team (n=8)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Key aspects of good quality project management:

- Proactive in progressing the project
- Effective communication with the policy client
- Flexibility
- Knowledgeable about the subject
- Familiarity with the GMC’s wider role and aims (commissioned teams).

Factors leading to project management issues:

- Fragmented team with poor internal communication (commissioned teams)
- Lack of continuity in project team (commissioned teams)
Indicator 4: Quality of deliverables

<table>
<thead>
<tr>
<th></th>
<th>Very poor</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>First draft</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Final deliverable</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

Factors relating to poorer quality first drafts:

- Overly technical language
- Too much detail/report too long
- Low quality design e.g. figures/graphs, layout etc.
- Multiple authors without oversight to provide a ‘single voice’
- An inflexible approach not tailored to GMC readership
- Significant work and time needed to get it to the final version

Strategies that help mitigate this:

- Report writing guidance (although this requires updating)
- Agree a report skeleton structure beforehand

Indicator 5: Level of impact

The impact of research projects is assessed separately, around six months after completion of the research. Therefore, the impact scores below are based on the eight projects that were delivered Q3 2019 – Q2 2020.

<table>
<thead>
<tr>
<th></th>
<th>No impact</th>
<th>Minor impact</th>
<th>Moderate impact</th>
<th>Major impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>
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Areas of impact:

- Underpinned policy decisions
- Informed new programmes/initiatives
- Highlighted or raised the profile of an issue
- Good external reach (which can also help build relationships)

Impact limiting factors:

- Planned work put on hold due to COVID-19
- Lack of a project sponsor/internal ownership needed to drive implementation of the research
- Not enough time for full impact to be realised