

# **Call for Evidence on induction for doctors new to practising in the UK**

05 March – 02 April 2012

## Summary

The GMC wants to help all doctors new to UK practice understand the ethical and professional standards they are expected to meet. We are exploring the feasibility of establishing an induction programme to achieve this.

To develop an effective programme, we first need to understand the current situation and how an induction programme could support doctors. We are therefore asking for your views on a variety of issues, including:

- the induction requirements of a doctor new to UK practice
- best practice examples of induction programmes
- methods of delivery
- ways of measuring the effectiveness of induction programmes

This call for evidence runs from 05 March to 02 April 2012.

## Background

Our research shows that before starting work, doctors trained in the UK may be uncertain about the boundaries of their responsibilities and some of the cultural behaviours expected of them. Similarly, some doctors trained outside the UK may not receive enough information on the structure of the NHS and on the legal, ethical and social context in which they are expected to practise. A basic induction programme that complements existing local induction programmes for doctors starting employment will help to address these issues.

We are keen to collect information, data and opinion from a variety of organisations and individuals. We are also completing a literature review of existing research and evidence. In the next few months, we will arrange meetings and workshops with interested parties. These activities will help us develop and test the emerging ideas and principles that will underpin the induction programme.

We aim to test the induction programme in late 2012, and to roll out the tested and updated programme in 2013.

## How can I respond to the call for evidence?

Please answer the questions below, using as much space as you need. The questionnaire is separated into three parts:

- part A asks five specific questions about the potential induction programme
- part B asks for supporting evidence or documents
- part C asks about you or your organisation.

## How can I send my response?

You can email your response to the questionnaire, or any queries, to [induction@gmc-uk.org](mailto:induction@gmc-uk.org). Please make sure that the file is unlocked and the data can be analysed (please don't send your response in PDF).

If you are unable to email your response, please post it to:

Robert Bowen  
General Medical Council  
350 Euston Road

London NW1 3JN.

We will not be able to consider responses received after 02 April.

## Part A: Questions about our proposed induction programme

### 1. What induction does a doctor new to practice in the UK require?

You might want to consider:

- how prepared doctors are for practising in the UK
- doctors' awareness of the ethical standards required and cultural issues impacting UK practice
- how the requirements might differ by country or region in the UK

For UK graduates, we feel that where possible the GMC should make available generic induction materials to UK undergraduates to assist with the professionalism of undergraduates and to reduce duplication of effort.

From our perspective, induction requirements for all doctors new to practice in the UK, are:

- Information on their specific responsibilities as an F1 doctor and the limits of these responsibilities
- Understanding of the expectations (e.g. professionalism, ethical issues) of doctors new to the UK (*i.e. Tomorrow's Doctors, Good Medical Practice*)
- Local induction on the specific organisation of the Trust in which they are going to work
- Information on how to access support and help for clinical, ethical and organisational issues
- Prescription competencies

Additional induction requirements for doctors trained outside the UK, from our perspective are:

- Information on the structure of the NHS, the culture of the service and the culture of the population area in which they are going to work
- Use of colloquial English (local variations in how English is used, how English is used in relation to health)
- Cultural aspects of communication with patients and their families

## **2. Which aspects of the requirements that you listed in Q1 should be supported by the GMC as part of its induction programme?**

You might want to consider:

- the scope of other induction programmes and where there might be gaps
- how the GMC programme would feed into local programmes
- the role of the GMC to develop and foster standards of good medical practice

GMC role

- We see the GMC's role as upholding standards as opposed to direct educational delivery
- Therefore, alignment with other induction processes is crucial

### **Alignment with complimentary processes and initiatives**

Local programmes

- Where possible GMC induction elements should be integrated into local programmes rather than being stand alone
- Central resources such as e-learning tools and forums (see Q4) would be valuable to address gaps in local programmes

Undergraduate curriculum

- As outlined in Q1, generic induction materials should be provided at the undergraduate stage for UK medical students where possible

In addition, there should be consideration of how a GMC induction will align with other complimentary processes and initiatives. For example:

- Compulsory shadowing period
- Prescribing Skills Assessment (PSA) being developed by the Medical Schools Council and British Pharmacological Society
- An assessment of clinical communications proficiency (ACCP) being developed on behalf of Medical Schools Council.

If you would like more information about the PSA and ACCP please contact us.

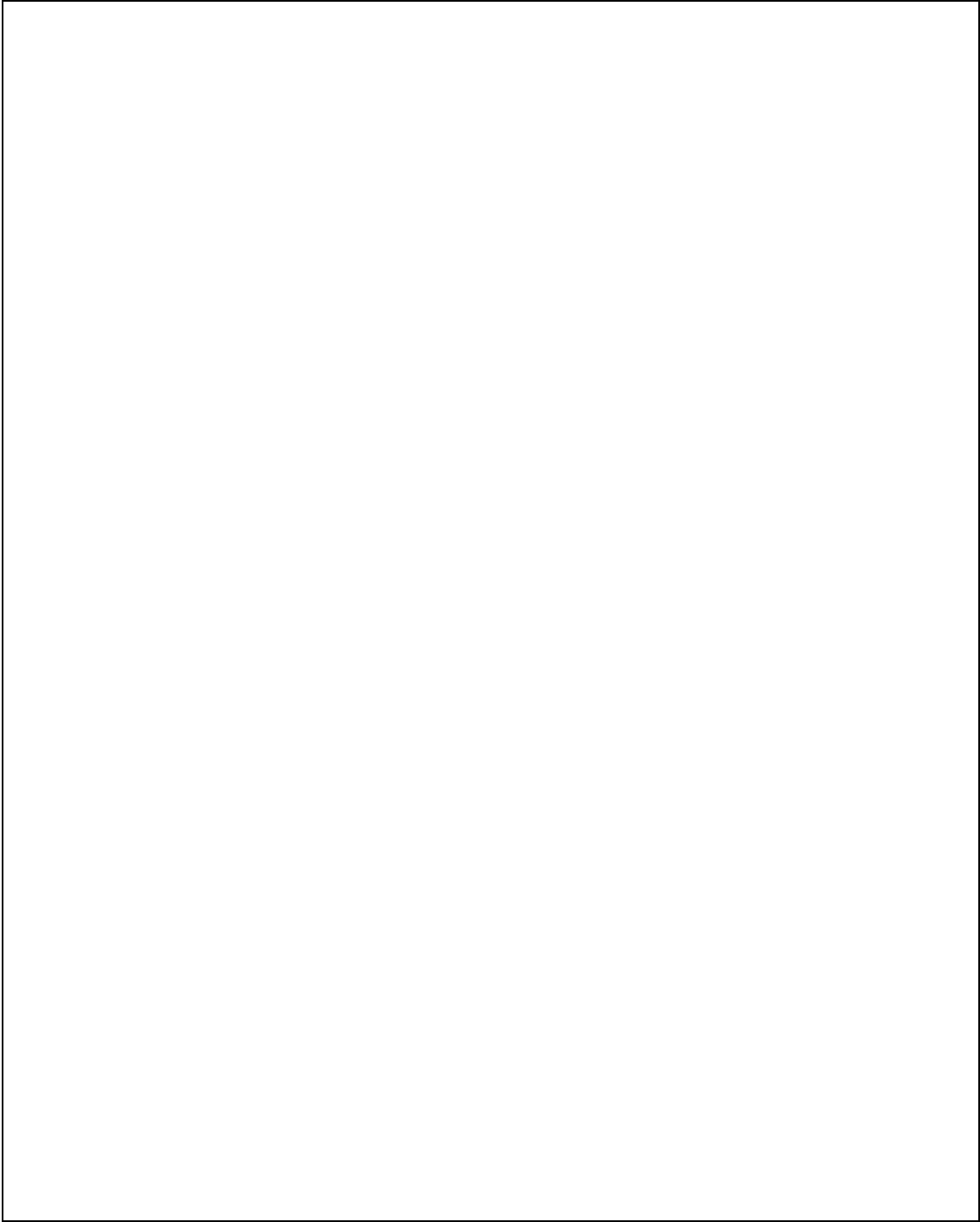
**3. What examples of best practice that you are aware of might the GMC use to support the induction of doctors new into UK practice?**

You might want to consider:

- international and domestic examples from medicine and other professions
- programmes and methodologies for delivering cultural and ethical perspectives
- programmes that lay the foundation for local induction
- barriers to implementing best practice and how might we overcome them.

Examples of good practice can be found in:

- Postgraduate deaneries' 'overseas doctors induction programmes'
- Medical school approaches to international medical students.
  - o For example, a number of medical schools have a specific tutor for international students joining their programme. These tutors provide support throughout the programme, which is additional to that provided by academic and pastoral tutor systems



#### **4. What formats of delivery might be used to support the induction of doctors new into UK practice?**

You might want to consider:

- links with other aspects of career development
- methods of providing ongoing support
- the role of web-based delivery versus physical attendance
- lessons learnt from other national programmes.

The following formats would be beneficial:

- Observation of practice
- Workshops
- E-learning:
  - Where at all possible e-learning should be used, particularly for generic information. For example, to provide ongoing support, it would be helpful to have an interactive forum to allow problems to be addressed beyond workshops. Also, online assessment could be facilitated through this resource.
- Mentorship schemes at each organisation may go some way to providing ongoing support.



## **5. How might the effectiveness of any induction programme be measured?**

You might want to consider:

- short-term measures versus long-term success factors
- how the success of other induction programmes is quantified
- who has access to the most relevant data.

We would suggest the following measures:

- Feedback from employers and if possible patients and their families
- Evaluation from trainers and from trainees (potentially at the end of F1 and end of F2).

Measures should align with the intended outcomes (see Q1) and allow opportunities for reflection on lessons learnt from the programme. Evaluation should be both short and long term.

## Part B: Supporting evidence or documents

Please list or attach any supporting information you would like us to consider. Where possible, please summarise the key points of the evidence or document in your answer to the relevant question in part B.

If the document is publicly available, please fill out the table below.

Title	Author(s)	Publication	Web link

## Part C: About you

### Your details

Name	Oliver Watson
Job title (if responding on behalf of an organisation)	Policy Officer
Organisation (if responding on behalf of an organisation)	Medical Schools Council
Address	
Woburn House, 20 Tavistock Square, London WC1H 9HD	
Email	<a href="mailto:Oliver.watson@medschools.ac.uk">Oliver.watson@medschools.ac.uk</a>
Contact telephone number	0207 419 5492

#### Confidentiality – if you are responding as an individual

Do you consent for your name to appear in the index of responses in any GMC published report on induction?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Do you consent for your response to be quoted in any GMC published report on induction?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

#### Confidentiality – if you are responding on behalf of an organisation

Do you consent for your name to appear in the index of responses in any GMC published report on induction?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
Do you consent for your response to be quoted in any GMC published report on induction?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>

## Responding as an individual

We are committed to valuing diversity and promoting equality of opportunity. To help ensure that our calls for evidence reflect the views of the diverse UK population, we aim to monitor the types of responses we receive. This will help us to understand better if particular groups of people have similar views on induction. Although we will use this information in the analysis of the consultation, it will not be linked to your response in the reporting process. Answering these questions is optional and any information collected will be held securely

**Are you responding as an individual?**

Yes

No

If yes, please complete the following questions. If not, please complete the 'responding on behalf of an organisation' section.

**Which of the following categories best describes you?**

Doctor

Medical student

Other healthcare professional

Medical educator (teaching, delivering or administrating)

Academic with special interest in examination or assessment methodology

Member of the public

Other (please give details)

**If you are a doctor, where did you graduate?**

England

Northern Ireland

Scotland

Wales

Other – European Economic Area

Other – rest of the world

**What is your country of residence?**

England

Northern Ireland

Scotland

Wales

Other – European Economic Area

Other – rest of the world

**What is your age?**

0–18

19–24

25–34

35–44

45–54

55–64

Over 65

Prefer not to say

**Are you:**

Female

Male

**What is your ethnic origin? (Please tick one)**

Asian or Asian British

Asian or Asian British

Bangladeshi

Indian

Pakistani

Any other Asian background, please specify

Black or Black British

Black or Black British

African

Caribbean

Any other Black background, please specify

Chinese or other ethnic group

Chinese

Any other background, please specify

Mixed

White and Asian

White and Black African

White and Black Caribbean

Any other mixed background, please specify

White

British

English

Gypsy or Irish traveller

Irish

Northern Irish

Scottish

Welsh

Any other white background, please specify

Other ethnic group

Arab

Any other ethnic group, please specify

Prefer not to say

**What is your religious background?**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Christian Protestant<br>(including the Churches of<br>England, Scotland, Wales<br>and Ireland plus all other<br>Protestant Christian<br>denominations) | <input type="checkbox"/> Christian Roman<br>Catholic |
| <input type="checkbox"/> Buddhist    | <input type="checkbox"/> Hindu  | <input type="checkbox"/> Jewish                      |
| <input type="checkbox"/> Muslim      | <input type="checkbox"/> Sikh   | <input type="checkbox"/> Prefer not to say           |

**How would you best describe your sexual orientation?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bisexual man or<br>woman                    | <input type="checkbox"/> Gay man           | <input type="checkbox"/> Gay woman or<br>lesbian |
| <input type="checkbox"/> Heterosexual or<br>straight man or<br>woman | <input type="checkbox"/> Prefer not to say |  |

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out day-to-day activities.

**Would you describe yourself as having a disability?**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

**If you describe yourself as disabled, it would be helpful to know if one or more of the following categories apply to you:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Physical impairment<br>(such as difficulty<br>using your arms) | <input type="checkbox"/> Visual impairment   | <input type="checkbox"/> Hearing impairment   |
| <input type="checkbox"/> Mental health<br>condition (such as<br>depression)             | <input type="checkbox"/> Learning disability or<br>difficulty (such as<br>Down's syndrome) | <input type="checkbox"/> Specific learning<br>disability (such as<br>dyslexia) or<br>cognitive impairment<br>(such as autism) |
| <input type="checkbox"/> Illness or health condition (such as cancer, HIV or epilepsy)  |  |   |
| <input type="checkbox"/> Other (please<br>specify)                                      | <input type="text"/>   |   |

## Responding on behalf of an organisation

Are you responding as an organisation?

Yes

No

If yes, please complete the following questions. If not, please complete the 'responding as an individual' section.

Which of the following categories best describes your organisation?

Body representing doctors

Government department

Medical school (undergraduate)

NHS organisation

Body representing patients or public

Independent healthcare provider

Postgraduate medical institution

UK regulatory body

Overseas regulatory or licensing authority

Medical royal college

Other (please specify)

Body representing medical schools

In which country is your organisation based?

UK wide

England

Northern Ireland

Scotland

Wales

Other (European Economic Area)

Other (rest of the world)



# Privacy statement

Please read this privacy statement before submitting your response. You will need to tell us if you want your response to be treated as confidential.

## **Freedom of information**

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to, for example, information provided in confidence and information to which the Data Protection Act 1998 applies. Please tell us if you would like us to treat your response as confidential. We will take this into account if a request for your response is made under the Freedom of Information Act 2000.

## **Data protection**

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the responses to the call for evidence. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the call for evidence to third parties for quality assurance or approved research projects on request.