General Medical Council

Building trust through upstream regulation: providing support for doctors new to the UK

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Working with doctors Working for patients

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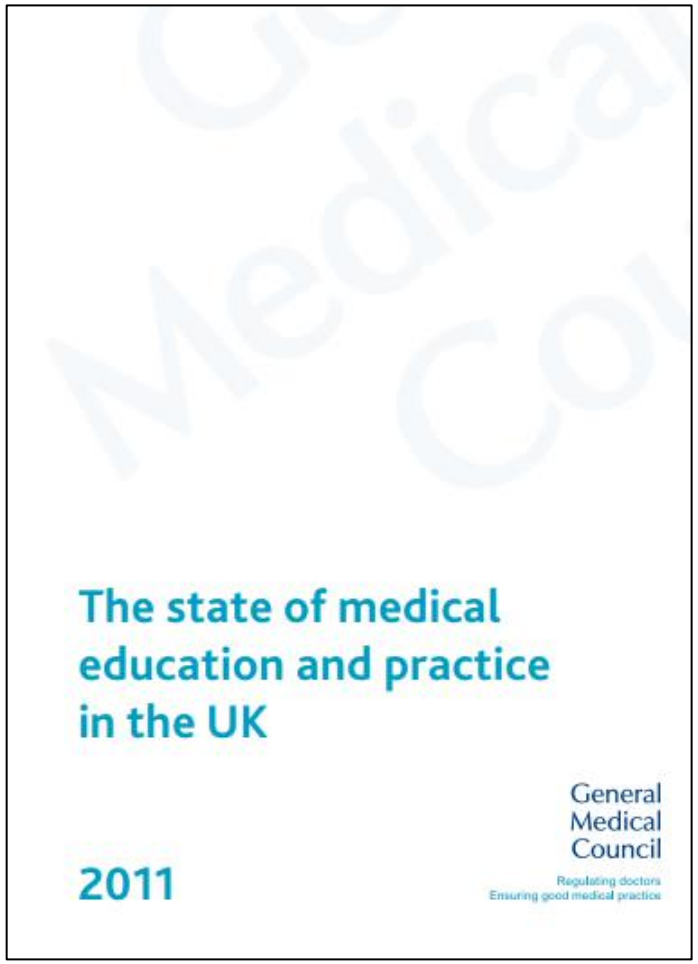
Background



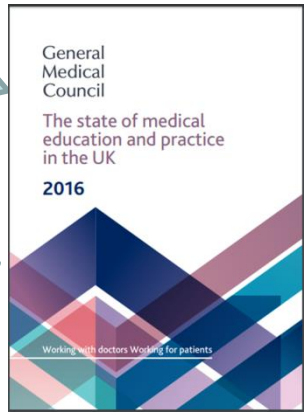
Patterns in our fitness to practise data indicate the need for further investigation of variations in practice between different groups of doctors as defined by gender, age and country of Primary Medical Qualification (PMQ)

Each year since 2011 we have interrogated our fitness to practice data further

Complaint data trends

BME and white EEA graduates more likely to receive a sanction or a warning than their counterparts who graduated elsewhere

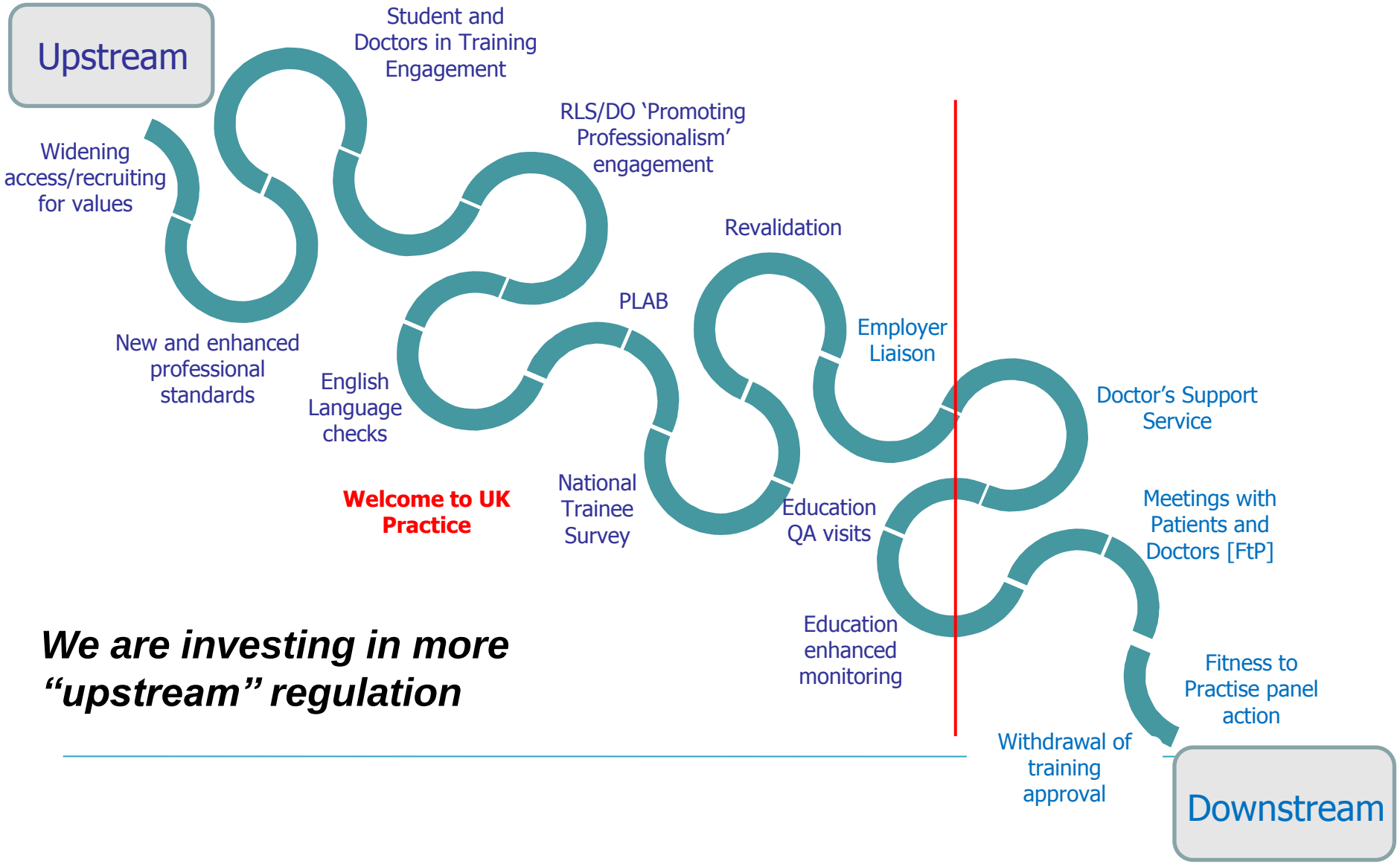
Doctors who graduated outside the UK have a higher proportion of complaints from employers



Specialists who are EEA doctors are at substantially higher risk of a sanction or a warning than IMGs and UK graduates

Higher risk of being complained about and at higher risk of a sanction or a warning include non-UK graduates (collectively EEA graduates and IMGs)

An increased focus 'upstream'



We are investing in more "upstream" regulation

Current intervention

- Welcome to UK practice programme (WTUKP) established in 2014
- Delivered 3 times monthly in GMC offices plus local delivery in trusts or other partners such as locum agencies on request
- Aim - To ensure doctors new to practice in the UK have better awareness and understanding of GMC guidance, to assist them practicing in a manner that protects patients.
- Focus on core aspects of GMC guidance and ethical dilemmas

Profile of participants

- In 2016 – 1600 doctors participated
- Range of place of Primary Medical Qualification
  - Pakistan
  - India
  - Nigeria
  - Egypt
  - Italy
  - China
  - Romania
  - Bangladesh
  - Greece
  - Nepal

Welcome to UK practice

Andrew

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Video: Andrew part 1

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Qualitative data

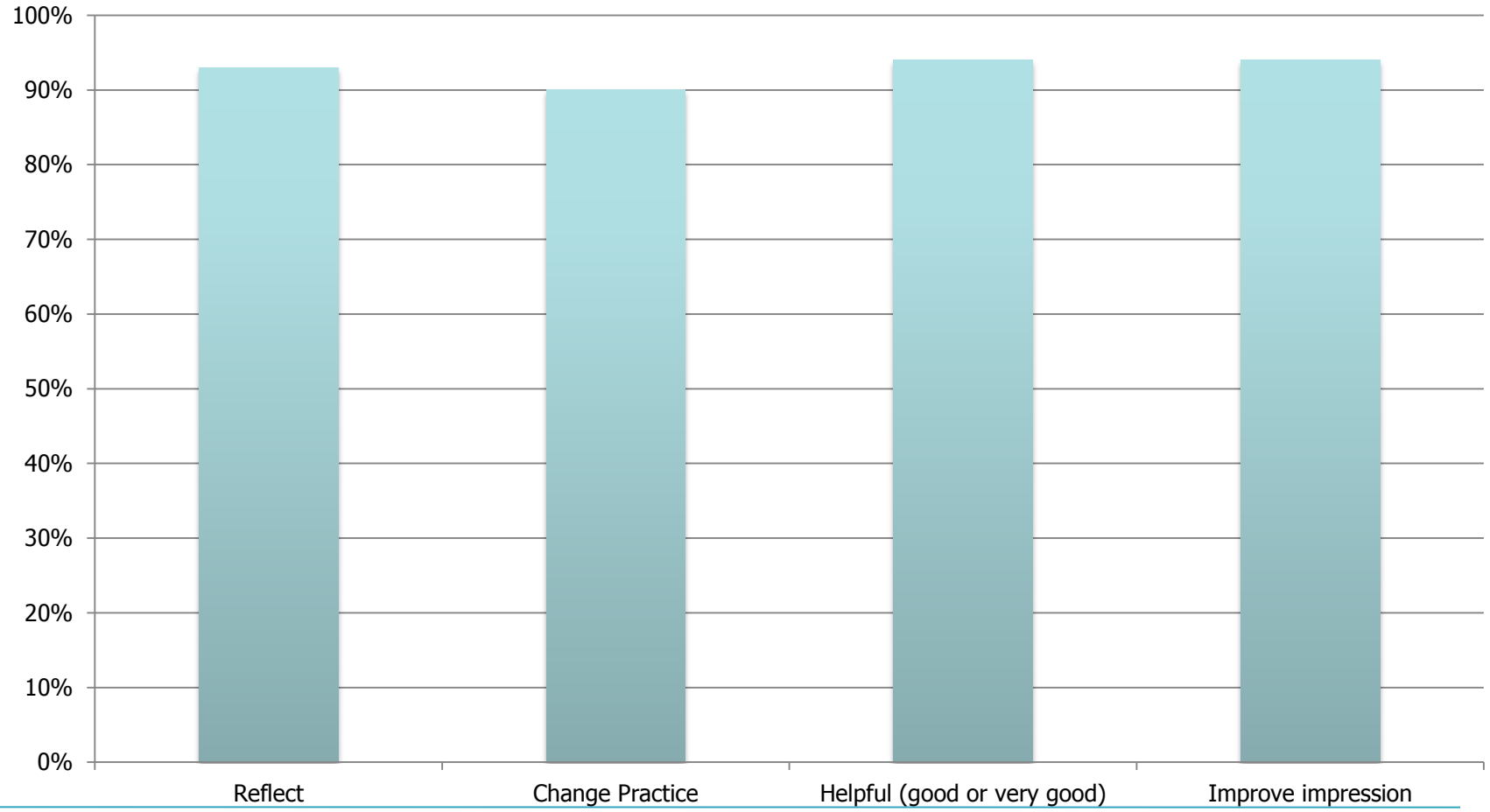
It has been one of the most interesting courses/educational days I have ever attended

I learnt more about how the NHS works and will adapt my practice to Good Medical Practice, especially concerning mental health, consent and confidentiality

There are huge differences in practising medicine in my home country and the UK, and this session helped me to realise that

Useful from start to end. I gained confidence and my awareness increased

Evaluation data



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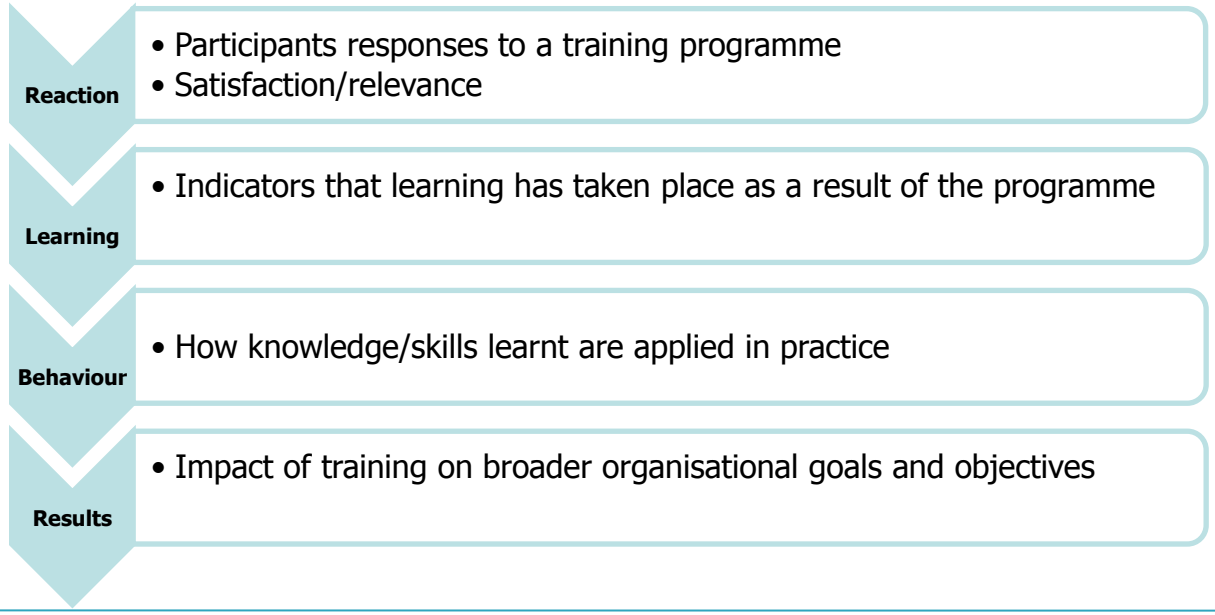
Research proposal

- Aim:
  - Undertake an educational evaluation to measure the effectiveness of the WTUKP programme in preparing overseas qualified doctors for UK practice

- Results will be used to:
  - Inform further development of the WTUKP programme
  - Identify other interventions for this group with the aim of impacting on the number and nature of complaints received about these doctors

Methodology

- Purposive sample of 200 doctors who have undertaken the WTUKP programme
- Educational evaluation based on Kirkpatrick (1994) evaluation model



Methods of data collection

1. Reaction: Questionnaire focussing on the teaching methods and their effectiveness

2. Learning: questionnaire will be completed as a baseline, prior to the programme and on completion of training.

3. Behaviour: Short online questionnaire sent to all participants 6 months after programme completion and in–depth interviews with a sample of these doctors

4. Results: Analysed quantitatively using statistical data from the questionnaires and qualitatively using thematic analysis

Methods of data analysis

- Statistical analysis will be applied to quantitative data collected via questionnaires

- Thematic analysis will be used to extrapolate themes from in the qualitative data collected

Conclusion

It is anticipated that any new knowledge gained will contribute to building trust using this intervention, which is an example of upstream regulation.

Thank You

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