

Evaluating the impact of the Duties of a Doctor programme

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Overview of the Duties of a Doctor research

Duties of a Doctor: a professional development programme run by the Regional Liaison Service at the General Medical Council. It's a Trust-based outreach educational intervention delivering bespoke face-to-face teaching over several months which aims to increase doctors' knowledge and confidence in using GMC guidance.

Aims of the research: to explore the effects and effectiveness of the programme in changing doctors' attitudes and professional behaviours.

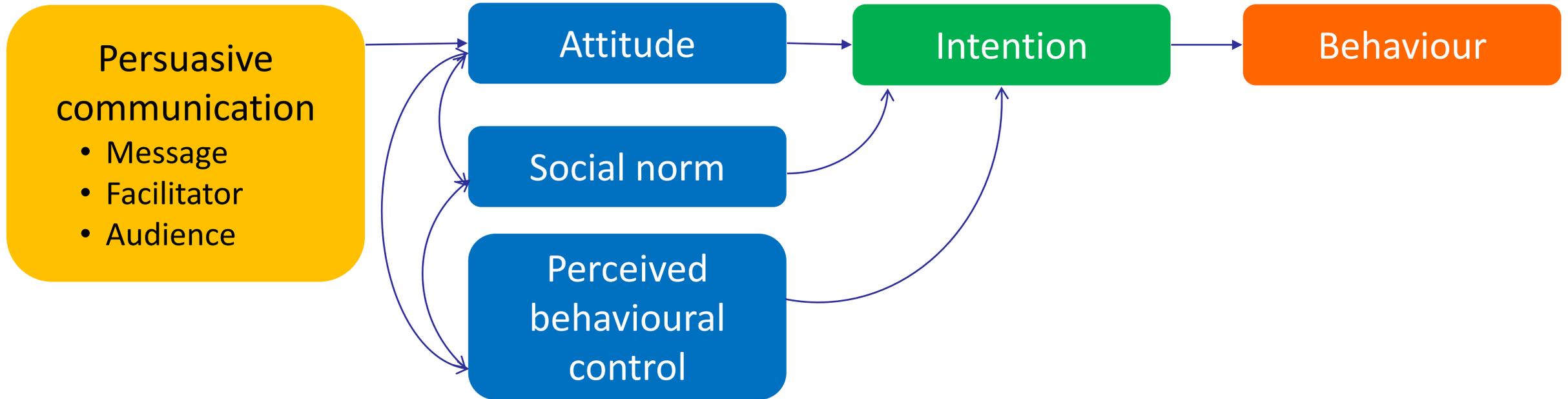


Research questions

1. Does the Duties of a Doctor programme improve participants' understanding of GMC practice, role and perceptions of the GMC?
2. Does the programme improve participants' awareness of wider GMC tools and resources and where they can be found?
3. Does the programme impact on professional attitudes and behaviours regarding:
 - Use of confidentiality guidance?
 - Raising concerns?
 - Reflection on practice?
4. Do participants use the programme as a peer-support network?

Persuasive Communication

Theory of Planned Behaviour



Phase 1

QUALITATIVE

- Regional Liaison Advisor interviews
- Observations of teaching sessions
- Participant interviews
- Documentary analysis
- Sampled across 7 Regional Liaison Service regions in England
- Various cohorts of doctors: foundation, consultants, GPs, SAS, international medical graduates

Phase 2

QUANTITATIVE

- Survey pre/post/3 months follow-up with Duties of a Doctor participants
- Survey pre/3 months follow-up with control group
- Survey both paper and online
- Sampled across 12 Regional Liaison Service regions in England

Phase 1

- January 2017-July 2017
 - 15 focus groups and 8 interviews with **42 participants**
 - Observations of **15 teaching sessions**
 - Interviews with **7 Regional Liaison Advisors**
- Interviews and focus groups cover:
 - General evaluation
 - Use of GMC confidentiality guidance
 - Raising concerns
 - Reflective practice

Phase 1 results

Research question 1: Does the programme improve participants' understanding of GMC practice, role and perceptions of the GMC?

- Perceptions improved over the sessions
- Regional Liaison Advisors credible teachers
- 'Friendly face' of the GMC
- GMC supportive of doctors

Research question 2: Does the programme improve participants' awareness of wider GMC tools and resources?

- Participants reported increased awareness of online resources, the GMC app, and GMC guidance
- Regional Liaison Advisors used case-based discussions, reported 'seeing the penny drop'

Phase 1 results

Research question 3(i): Does the programme impact behaviours and attitudes regarding use of confidentiality guidance?

- Largely positive attitudes
- Negative attitudes due to length
- ‘Everybody approves’
- Participants reported being more likely to refer to it in future

Research question 3(ii): Does the programme impact behaviours and attitudes regarding raising concerns?

- Considered an appropriate behaviour
- Unease about doing so in practice
- Barriers at individual (workload), interpersonal (worry about colleagues), and organisational (whistleblowing) levels

Phase 1 results

Research question 3(iii): Does the programme impact behaviours and attitudes regarding reflective practice?

- Positive attitudes, improving performance and patient care
- Negative attitudes around formal mandatory reflection, ‘tick-box’
- Barriers to reflecting included a lack of time, feedback, and training, and negative workplace cultures

Research question 4: Do participants use the programme as a peer support network?

- Participants increasingly engaged with each other during sessions and reported developing relationships
- Participants reported not forming peer support networks beyond the sessions
- Would contact each other if needed

Phase 2

- September 2017-February 2019
- Analysis of theoretical factors and perceptions of the GMC and GMC guidance

		Control	DoaD
Gender	Male	48 (51.1%)	44 (40.0%)
	Female	45 (47.9%)	66 (60.0%)
	Prefer not to say	1 (1.1%)	-
Ethnicity	White	80 (85.1%)	61 (55.0%)
	BME	12 (12.8%)	43 (38.7%)
	Prefer not to say/other	2 (2.1%)	7 (6.3%)
PMQ	UK	80 (85.1%)	52 (46.8%)
	Non-UK	14 (14.9%)	59 (53.2%)
Role	Consultant	67 (71.3%)	33 (29.7%)
	Trainee on an HEE training programme	16 (17.0%)	20 (18.0%)
	Other (e.g. Staff Grade, Associate Specialist, Trust Grade, etc.)	11 (11.7%)	58 (52.3%)
Experience working as a doctor in the UK (years)	<1	3 (3.2%)	32 (28.8%)
	1-4	8 (8.5%)	21 (18.9%)
	5-10	9 (9.6%)	13 (11.7%)
	11-20	28 (29.8%)	29 (26.1%)
	>21	46 (48.9%)	16 (14.4%)
Total number		94	111

Research Question 1. *Does the Duties of a Doctor programme improve participants' understanding of GMC practice, role and perceptions of the GMC?*

Group	Time point	Marginal Mean scores	Marginal Mean difference (T-2 - T-1)	PMQ	Marginal Mean scores	Marginal Mean difference (intervention-control)	Marginal Mean difference (T2 - T1)	Covariate effect of # of years of experience	Main effect of PMQ	Main effect of Group	Interaction effect of Group X Time	Interaction effect of Group x Time x PMQ
Control	Time-1	3.96	-0.157 (F = 1.755, p = .187, $\eta^2 = .009$)	UK	4.01	UK T-1: 0.185 (F = 0.820, p = .366, $\eta^2 = .004$) UK T-2: 0.878 (F = 19.137, p < .001, $\eta^2 = .088$) Non-UK T-1: 0.932 (F = 7.032, p = .009, $\eta^2 = .034$) Non-UK T-2: 1.151 (F = 11.063, p = .001, $\eta^2 = .053$)	UK: -0.273 (F = 7.875, p = .006, $\eta^2 = .038$) Non-UK: -0.040 (F = 0.036, p = .851, $\eta^2 < .001$)	F(1,198) = 2.425, p = .121, $\eta^2 = .012$	F(1,198) = 1.800, p = .181, $\eta^2 = .009$	F(1,198) = 16.668, p < .001, $\eta^2 = .078$	F(1,198) = 9.436, p = .002, $\eta^2 = .045$	F(1,198) = 2.817, p = .095, $\eta^2 = .014$
	Time-2	3.80		UK	3.74							
		Non-UK		3.90	4.83							
				3.86	5.01							
Intervention	Time-1	4.51	0.299 (F = 13.484, p < .001, $\eta^2 = .064$)	UK	4.20	UK: 0.420 (F = 13.882, p < .001, $\eta^2 = .066$) Non-UK: 0.178 (F = 2.032, p = .156, $\eta^2 = .010$)	UK: 0.420 (F = 13.882, p < .001, $\eta^2 = .066$) Non-UK: 0.178 (F = 2.032, p = .156, $\eta^2 = .010$)	F(1,198) = 2.425, p = .121, $\eta^2 = .012$	F(1,198) = 1.800, p = .181, $\eta^2 = .009$	F(1,198) = 16.668, p < .001, $\eta^2 = .078$	F(1,198) = 9.436, p = .002, $\eta^2 = .045$	F(1,198) = 2.817, p = .095, $\eta^2 = .014$
	Time-2	4.81		UK	4.62							
		Non-UK		4.51	4.83							
				4.81	5.01							

Research Question 1. *Does the Duties of a Doctor programme improve participants' understanding of GMC practice, role and perceptions of the GMC?*

Item	Mean score Time-1	Mean score Time-2	Mean score Time-3	Post	3 months
Approachability and understanding of the role of the GMC	4.28	4.70	4.49		

Research Question 2. *Does the programme improve participants' awareness of wider GMC tools and resources and where they can be found?*

Item	Mean score Time-1	Mean score Time-2	Mean score Time-3	Post	3 months
Awareness of the GMC resources/services	1.81	2.17	2.18		
Frequency of referring to the GMC professional guidance	2.03	2.49	2.43		
Attitudes towards the GMC guidance	5.42	5.79	5.74		
Understanding and use of the GMC guidance	3.51	4.40	4.23		
Frequency of using the GMC confidentiality guidance (App, Paper, Online)	1.82	2.03	1.99		

Research Question 3. *Does the Duties of a Doctor programme impact on professional attitudes and behaviours regarding: (i) Use of confidentially guidance?*

Item	Mean score Time-1	Mean score Time-2	Mean score Time-3	Post	3 months
Attitudes	4.42	4.97	4.85		
Social norms	4.02	4.42	4.37		
Perceived behaviour control	4.29	4.92	4.68		
Intentions	5.15	5.45	5.45		

Research Question 3. *Does the Duties of a Doctor programme impact on professional attitudes and behaviours regarding: **(ii) Raising concerns?***

Item	Mean score Time-1	Mean score Time-2	Mean score Time-3	Post	3 months
Attitudes	4.13	4.64	4.20		
Social norms	4.78	4.76	4.84		
Perceived behaviour control	5.20	5.30	5.11		
Intentions	5.50	5.58	5.46		

Research Question 3. *Does the Duties of a Doctor programme impact on professional attitudes and behaviours regarding: (iii) Reflection on practice?*

Item	Mean score Time-1	Mean score Time-2	Mean score Time-3	Post	3 months
Attitudes	5.24	5.38	5.27		
Social norms	4.50	4.91	4.88		
Perceived behaviour control	4.95	5.21	4.79		
Intentions	5.96	6.29	5.94		
Frequency of carrying out written reflection	2.74	2.85	2.97		

Research Question 4. *Do participants use the programme as a peer-support network?*

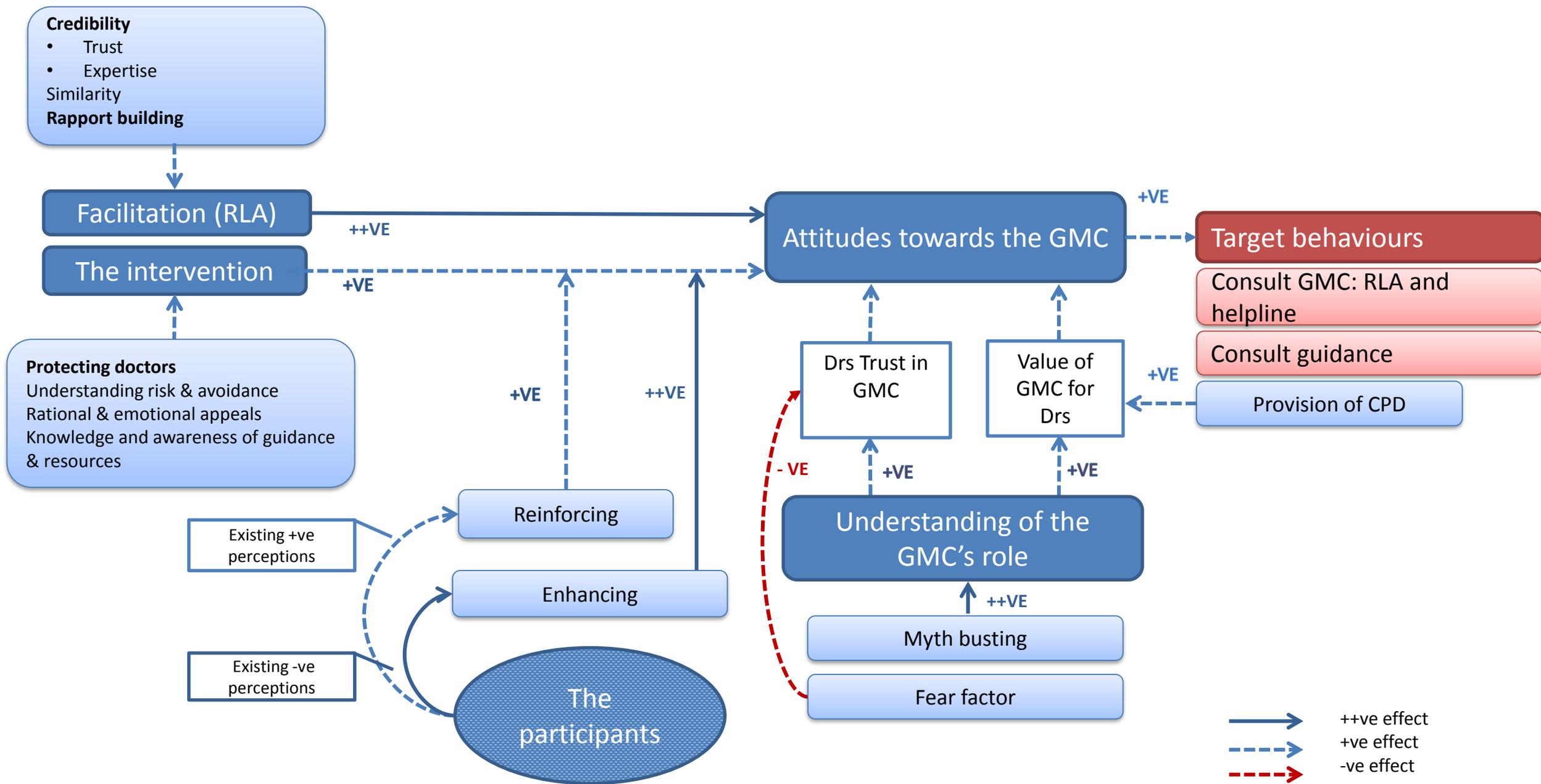
Item	Mean score Time-1	Mean score Time-2	Mean score Time-3	Post	3 months
Peer support network at work	5.38	5.86	5.57		

Discussion

- The programme significantly improved the following compared to the control group:
 - Approachability and understanding of the role of the GMC
 - Awareness of the GMC resources/services
 - Understanding and use of the GMC guidance
 - Use of confidentiality guidance – all factors
 - Raising concerns – all aspects except intentions
 - Reflection – only subjective norms
- There was no positive effect for forming peer support networks

Discussion

- The programme significantly improved the following compared to the control group:
 - Approachability and understanding of the role of the GMC
 - Awareness of the GMC resources/services
 - Understanding and use of the GMC guidance
 - Use of confidentiality guidance – all factors
 - Raising concerns – all aspects except intentions
 - Reflection – only subjective norms  **Why is this the case?**
- There was no positive effect for forming peer support networks



Credibility

- Trust
- Expertise
- Similarity
- Rapport building**

Facilitation (RLA)

The intervention

Protecting doctors

- Understanding risk & avoidance
- Rational & emotional appeals
- Knowledge and awareness of guidance & resources

Attitudes towards the GMC

Drs Trust in GMC

Value of GMC for Drs

Understanding of the GMC's role

Myth busting

Fear factor

Reinforcing

Enhancing

The participants

Existing +ve perceptions

Existing -ve perceptions

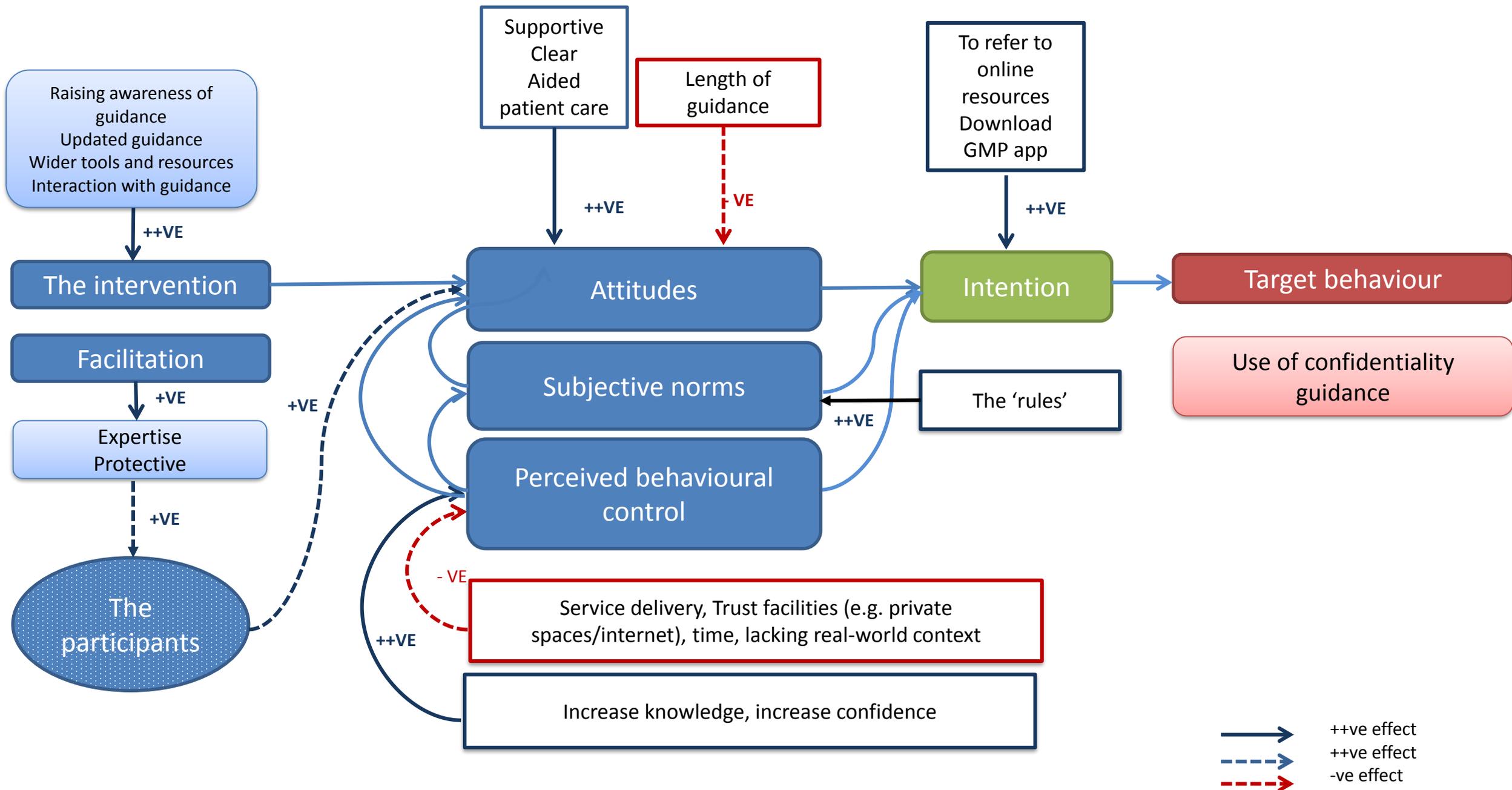
Target behaviours

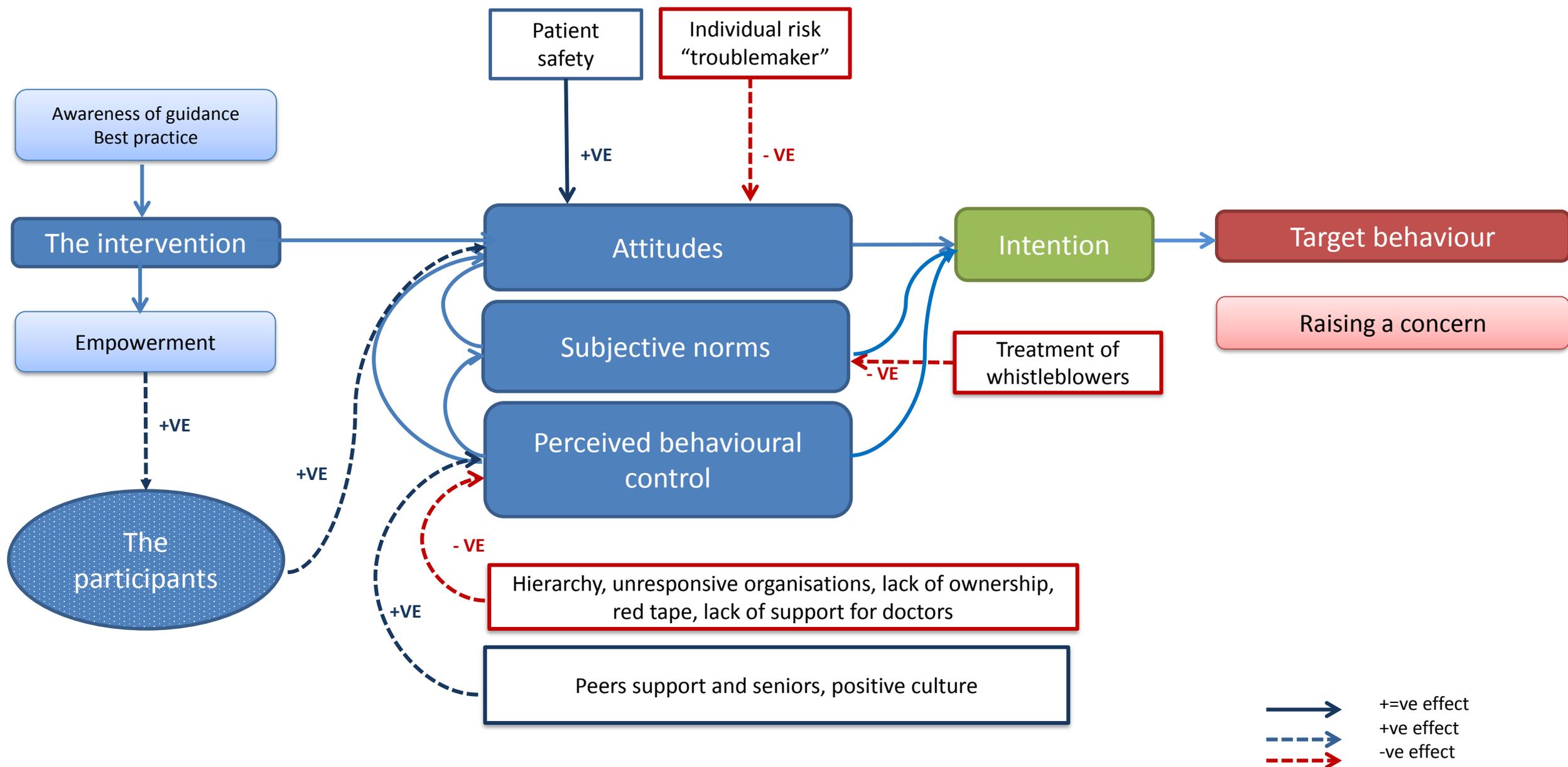
Consult GMC: RLA and helpline

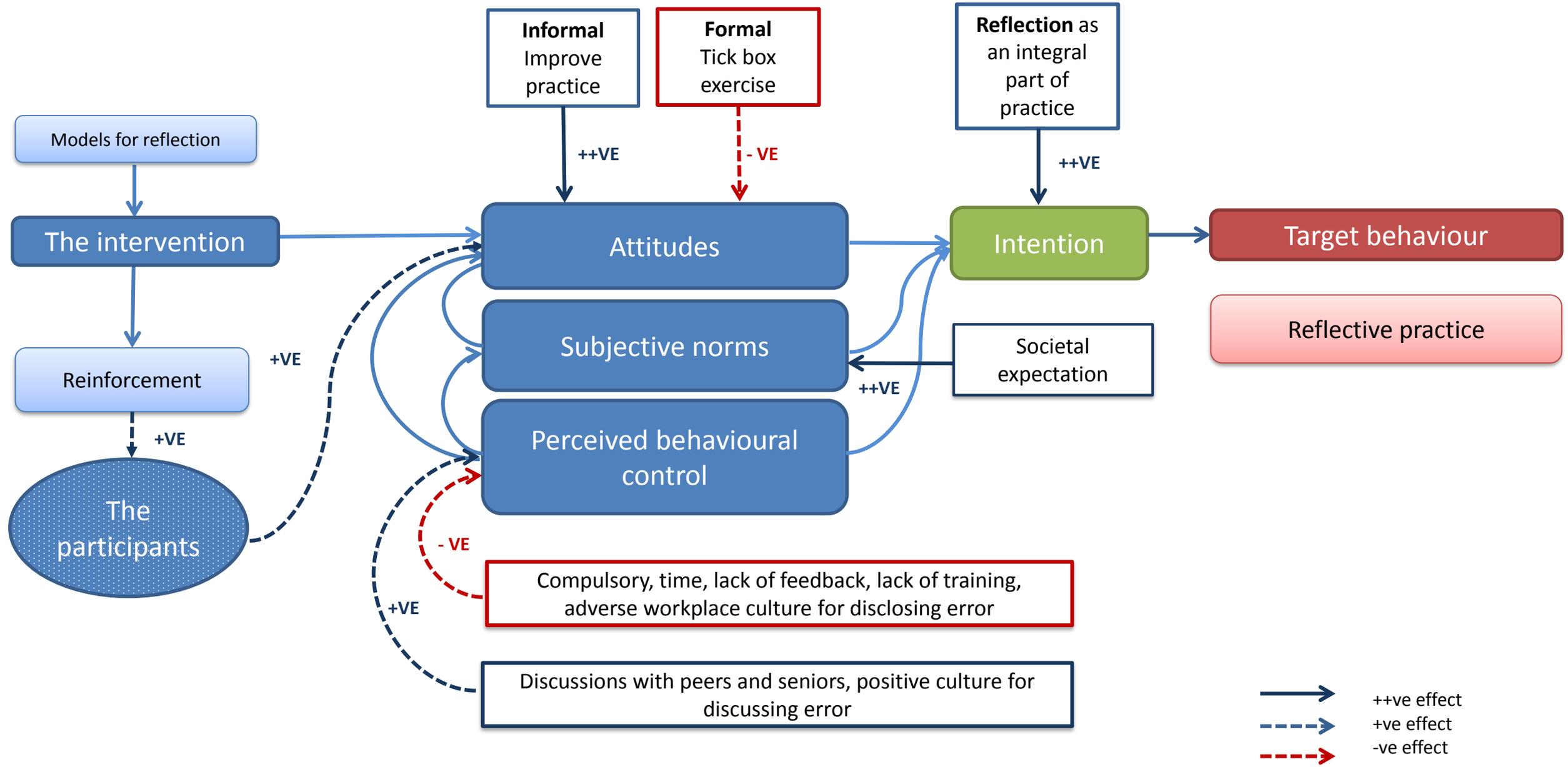
Consult guidance

Provision of CPD

→ ++ve effect
 - - - → +ve effect
 - - - - - → -ve effect







Conclusion

- The Duties of a Doctor programme appears to improve participants' knowledge, confidence, and attitudes
- There are barriers hampering participants' ability to engage with professional behaviours, despite their positive attitudes towards them
- Issues of culture and workload at the organisational level are significant factors constraining participants' engagement with professional behaviours



Thank you

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Thanks also to the other members of the research team who cannot join us today:

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Dr Antonia Rich

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