

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. 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

The Royal Pharmaceutical Society (RPS) believes all doctors new to practice in the UK, whether UK trained or trained overseas, will need an induction programme that ensures they are able to practice with consistency, expertise and appropriate specialist knowledge. Doctors trained outside the UK may not be familiar with UK legislation, the structure and functions of the NHS and UK ethical standards and cultural issues. Doctors trained within the UK may be more familiar with these yet will still require practical induction to ensure their knowledge of prescribing and medicines administration, formularies and local and national procedures and use of medical equipment is sufficient to ensure patient safety and care.

Issues may arise with doctors new to practise in the UK around the following areas

- multidisciplinary team working – doctors from other countries may work in a more hierarchical system and may not be used to a multidisciplinary team approach
- understanding of the roles of other NHS professionals e.g. clinical pharmacy, nurse-led care, discharge planning
- the NHS structure including how specialties link with each other and with GP/primary care or social services
- specific UK health challenges e.g. alcohol misuse, obesity etc
- UK drug nomenclature and medical terminology
- compliance and awareness of risk alerts, national and local guidelines and protocols
- regulatory and professional guidelines
- legal and ethical issues such as self-prescribing, confidentiality, harassment, professional relationships
- NHS differences by country or region in the UK e.g. Scotland, Wales, social inequality, inner city, rural practice etc
- UK law and ethics relating to medicines e.g. prescription only medicines, controlled drugs, licensing requirements etc
- local and national prescribing knowledge and how to access this
- knowledge of what to do when things go wrong

We are concerned that doctors from other countries, perhaps with hospital experience only in specific areas, are able to undertake other roles in the UK, e.g. out of hours cover, without prior experience. We believe an induction programme should also include some element of work shadowing to ensure doctors have the experience and knowledge necessary to ensure safe patient care.

We believe all doctors new to practice may be unaware of the role of pharmacists

and the role of the clinical pharmacy team. Pharmacists provide vital support to new doctors by advising on prescribing including choice of drug, dose, administration and formulation and also provide an essential safety check by identifying and preventing errors by new doctors. New doctors from other countries may not be used to working in a multidisciplinary environment and so may find this challenging particularly where the roles of pharmacy (and perhaps attitudes to female staff) are different in their country of origin. Negative reactions to this support can cause communication and patient care issues, causing consequences varying from delays and frustrations to direct patient harm and so we believe that it is important that this is addressed at the induction stage.

The RPS would be keen to work with the GMC on the development of an induction programme including training on

- the role of the pharmacist and pharmacy team including post take ward rounds, discharge planning, prescribing, admissions etc
- the different roles of pharmacists including consultant pharmacists
- the complementary roles of non medical prescribers including pharmacist prescribers
- drug charts and medical equipment
- specialist pharmacy services e.g. radiopharmaceuticals, chemotherapy etc
- medicines information services
- care across interfaces including discharge and transfer of care to other settings including care homes
- the requirements of medicines legislation e.g the Medicines Act, Misuse of Drugs Act etc
- the role of pharmacy in purchasing for safety e.g ready to use vials, prefilled syringes and standardised infusions

The RPS recommends that an induction programme includes these elements and ensures that new doctors are aware that input from pharmacists and the other members of the multidisciplinary team provides a positive contribution to patient safety.

Example

At University Hospital Southampton NHS Foundation Trust junior doctors are given a two day induction by the Trust. This includes specific talks about pharmacy and the role of clinical pharmacists including how clinical pharmacists support the practice of prescribers by providing guidelines, local support literature and feedback.

In Southampton pharmacists give a joint presentation with the risk managers in the Trust to show how medication errors are reported and how learning from these is used to redesign processes that reduce the risk of further errors.

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

The RPS recommends that all the requirements listed in Q1 should be supported by the GMC as part of its induction programme and we would be keen to work with the GMC on the pharmacy related aspects of a new induction programme.

The RPS recommends that the induction programme should include elements that are relevant for doctors trained within the UK as well as outside the UK. Induction for new doctors practising in the community, e.g. as GP locums or out of hours cover, also needs to be considered. Doctors trained within or outside the UK may have limited or no knowledge of relevant medicines legislation, NHS contracts, drug licensing requirements, legal requirements when prescribing controlled drugs, confidentiality and ethical requirements which are all essential for safe and effective practice. We believe that induction is essential for new doctors at all levels including consultants who are new to UK practice.

The RPS recommends that the GMC should emphasise the close collaboration between medical consultants and pharmacists that is a common feature of UK practice to ensure that pharmacists' support and feedback is considered in a constructive way to achieve the common aims of quality patient care. The GMC's support in ensuring adequate time and resources for induction, including an assessment of prescribing, would be useful. The RPS believes it is vital that the GMC leads on developing a national induction programme, which links with NHS training programmes and local programmes, to ensure that new doctors in all localities are able to practice safely and effectively.

The RPS would welcome the opportunity to work with the GMC to take these ideas forward.

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.

Within pharmacy, there is a prescribed route involving additional training for non EEA pharmacists wishing to practice within Great Britain, and further details are available from the General Pharmaceutical Council (GPhC). There may also be useful comparisons with other professions, e.g nursing, where there is experience over many years of staff from other countries practising in the UK.

Consideration of prescribing e-learning and prescribing support software and how this could support induction may also be useful.

Example

Kent, Surrey and Sussex are introducing a regional prescribing exam for F1s. Some trusts who have had prescribing exams for some time consider their use for all medical staff new to the NHS and this could be a useful feature to consider as part of an induction programme.

The RPS would welcome the opportunity to work with the GMC to take these ideas forward.

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.

Formats of delivery could include a combination of IT based solutions including online and hand held platforms accessible from multiple locations as well as face to face learning and work shadowing. A group setting or virtual network to share experiences with doctors who have made the transition from other countries themselves could also be considered.

We believe ongoing assessment of prescribing competency throughout and beyond induction is important and induction should align with revalidation and other aspects of career development.

Example

Worthing hospital is planning a regional prescribing assessment including an online assessment and a written assessment.

The RPS would welcome the opportunity to work with the GMC to take these ideas forward.

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.

Effectiveness of the induction programme could be measured by

- measuring outcomes, including patient outcomes
- the number of interventions, errors pre and post induction
- evidence of multidisciplinary working
- e- learning assessments
- portfolios of evidence including 360 degree feedback from other healthcare professionals e.g. pharmacists can provide feedback on prescribing
- satisfaction surveys and questionnaires from inductees
- knowledge survey pre and post induction
- complaints/incident reporting

The RPS would welcome the opportunity to work with the GMC to take these ideas forward.

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
Annual pharmacist intervention surveys	M Tomlin	Moloney N, Hogg J, Tomlin M (2001) Monitoring the risk management contribution of Pharmacy European Journal Hospital Pharmacy; 7(3):	
		Tomlin M. (1999) Medication Risk Management – the pharmacist’s role. Hospital Pharmacist; 6: 314	

Part C: About you

Your details

Name	Catherine Duggan
Job title (if responding on behalf of an organisation)	Director of Professional Development and Support
Organisation (if responding on behalf of an organisation)	Royal Pharmaceutical Society
Address	
1 Lambeth High Street London SE1 7JN	
Email	catherine.duggan@rpharms.com
Contact telephone number	020 7572 2358

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
(including the Churches of
England, Scotland, Wales
and Ireland plus all other
Protestant Christian
denominations) | <input type="checkbox"/> Christian Roman
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
woman | <input type="checkbox"/> Gay man | <input type="checkbox"/> Gay woman or
lesbian |
| <input type="checkbox"/> Heterosexual or
straight man or
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
(such as difficulty
using your arms) | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Mental health
condition (such as
depression) | <input type="checkbox"/> Learning disability or
difficulty (such as
Down's syndrome) | <input type="checkbox"/> Specific learning
disability (such as
dyslexia) or
cognitive impairment
(such as autism) |
| <input type="checkbox"/> Illness or health condition (such as cancer, HIV or epilepsy) | | |
| <input type="checkbox"/> Other (please
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)

Professional Body for Pharmacists

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.