Grey Areas
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION
SML Steinecke Maciura LeBlanc Barristers & Solicitors

Evaluation of Orientation Course for International Practitioners

by Bernie LeBlanc
September 2019 - No. 239

The regulator for physicians in the UK, the General Medical Council (GMC), offers a free course to international practitioners on practising in the UK. This well-recognized initiative attempts to connect physicians trained elsewhere with others in similar circumstances, to provide an overview of how the health system works in the UK and to provide insight into ethical issues they might encounter in the UK that might be handled differently in diverse practice cultures. It is promoted as follows: "Get practical guidance around a series of real‑life ethical scenarios, including areas where you'll encounter differences in the UK, such as consent, confidentiality, raising concerns, care for children and young people, and prescribing."

An evaluation report of this Welcome to the UK Practice (WtUKP) program by a team from Newcastle University was recently released and contains valuable information for any regulator considering a similar program: https://www.gmc-uk.org/-/media/documents/evaluation-of-gmc-welcome-to-uk-practice---january-2019_pdf-79429900.pdf.

Some of the key findings were as follows:

1. **The short term impact of the course was positive**. "Attendees reported significantly improved awareness and understanding of the ethical issues covered in WtUKP, GMC guidance and UK practice in general. Scores on validated scales measuring doctors' patient centeredness and communication self-efficacy also improved."
2. **The longer term impact was mixed.** "Many of the short term improvements were sustained at the follow up stage after three months. However, decay was evident in some areas of the doctors reported understanding of UK practice as well their perceived ability to apply GMC guidance….[*The authors noted that there was little difference in the results between physicians taking the program before starting practice and those who had already been in practice when taking the program.*] Yet despite some decay, improvement in scores compared to baseline was evident, particularly around applying GMC guidance. Almost two-thirds (62%) of doctors reported that they had made changes to their practice as a result of what they learned in WtUKP."
3. **The perception of the regulator by practitioners was enhanced.** "Although there were mixed views on the GMC, overall doctors reported that WtUKP had improved their perceptions of the GMC, particularly valuing the positive engagement with the GMC staff delivering WtUKP."
4. A surprising finding, perhaps, was that **attendees taking the course who were already in practice did not perform better**. "Alongside having similar awareness and understanding prior to WtUKP, those in practice did not demonstrate any greater improvement post WtUKP in the areas tested compared to those not yet in practice. This highlights that the content of WtUKP is not necessarily acquired during practice …."
5. The evaluation noted that **integrating international practitioners required much**

FOR MORE INFORMATION
This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867,
E-Mail: info@sml-law.com

more than this course. It required systematic changes within the health care system. "The evidence from this evaluation has highlighted a general lack of support for overseas doctors when they are in practice. The majority of supervisors were unaware of WtUKP and none of them knew that their supervisees had attended. Negative experiences interacting with colleagues and undermining behaviours (including bullying) were also reported. These doctors also highlighted a lack of confidence to ask questions, raise concerns, and challenge senior colleagues when required, which reflected a negative learning environment." This finding is consistent with the Fair to Refer Report, also published by the GMC, found at: https://www.gmc-uk.org/-/media/documents/fair-to-refer-report_pdf-79011677.pdf.

Some recommendations flowing from the evaluation included the following:

a. **The course should continue to be offered in person, rather than online**, not only for the effectiveness of that presentation format, but also because of the significant benefits accruing to practitioners who were able to meet colleagues in a similar position. In fact, additional informal networking opportunities (e.g., at the end of the program) was suggested.
b. **Marketing the program.** Given the findings about those in practice performing the same as those who had not yet begun practice in the UK, in terms of knowledge about the regulator and understanding about UK practice, and lack of knowledge of the program by key segments of the health care system, the regulator should promote the program more aggressively (e.g., offering it at different locations and on weekends; tying it in with other registration activities such as presenting their ID to the regulator). Perhaps the program should even be made mandatory.
c. **Expanding the impact of the program.** The evaluation recommended that the program's reach be expanded including by making the basic program longer, offering a follow-up program after practitioners had been in practice for a while, more vigorously encouraging attendees (and their supervisors) to use the log-book to record learnings from the program and issues arising in practice, and making attendees more aware of the online resources provided by the regulator.

One aspect of the program that was particularly highly regarded was the use of scenarios that required attendees to identify competing considerations and apply the most appropriate principles to the facts. One scenario cited in the evaluation, which tied into the UK duty of candour, illustrates the benefits of the program. The scenario, set out in the Appendix below, might be helpful for practitioners coming from a more hierarchical professional culture.

Regulators should consider whether such a program would prove useful for their profession and, if so, learn from the experience of the GMC.

Appendix – Duty of Candour Scenario

(See p. 56 of the Evaluation Report)

James Thompson is a 48 year old man. He has become angry with practice staff in the past and has

always had a poor relationship with his main GP, Dr Wood.

James attended the surgery three days ago with a chest infection and was mistakenly given penicillin which he'd had a reaction to in the past. He now has an appointment with Dr Isreb.

> James: Thanks for the emergency appointment. I don't know why this thing isn't shifting. I feel just as bad as I did when I last came in and I've got this itchy rash.
>
> Dr Isreb: Well I've checked your records, Mr Thompson, and I'm afraid Dr Wood shouldn't have prescribed you penicillin. Your records show you've had a bad reaction to it in the past...
>
> James: And he just went ahead and prescribed it to me anyway? Why didn't he check my records? That's just incompetence! This place is useless!!!!

What should the doctor do next...?

(Circle A, B or C).

A. Tell Mr Thompson that you will launch an investigation and report to him in a few days.
B. Offer to make an appointment for him to see Dr Wood when he returns from leave so he can explain and apologise to James himself?
C. Apologise on Dr Woods' behalf and explain what is likely to happen now in terms of symptoms and the best treatment?

See what the doctor did

Dr Isreb apologises for the mistake and talks James through its likely consequences. Although Dr Isreb is wary of James's aggressive manner (and aware that he may be justified in ending the consultation in accordance with the NHS non-physical assault policy), he can understand why James is angry. He tells him this and hopes that apologising for the mistake will calm James down. He also tells him that the incident will be discussed at the next practice meeting to ensure they learn from it. James leaves calmer but determined to make a complaint about Dr Wood's incompetence so he can be stopped from working 'before he kills someone'.

References

You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you must:

a. Put matters right (if that is possible)
b. Offer an apology
c. Explain fully and promptly what has happened and the likely short-term and long-term effects. (Good Medical Practice paragraph 55)