Lessons from the evaluation of GMC interventions aimed at supporting doctors

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The General Medical Council

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Working with doctors Working for patients

Introduction

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[Welcome to UK practice]

[Duties of a doctor]

Evaluation lessons

1. **Knowledge and skill decay**
2. **Measuring the intangible: professionalism**
3. **Estimating the counterfactual**
4. **Measuring long-term impact**

Knowledge and skill decay

Item (7=high)	Pre WtUKP	Post WtUKP		3 month
I understand the role of the GMC	5.83	6.45	-0.35*	6.11
When I have a professional dilemma, I will consult GMC guidance	5.88	6.57	-0.45*	6.12
I understand how to apply GMC guidance on consent	5.17	6.33	-0.33*	6.00
I understand how to apply GMC guidance on how to raise a patient safety concern	5.17	6.30	-0.24*	6.06

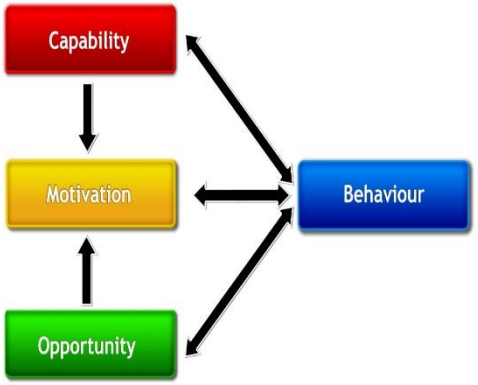
Item	Pre DoaD	Post DoaD		3 month
Approachability and understanding of the role of the GMC	4.28	4.70	-0.21*	4.49

Knowledge and skill decay

- Why is knowledge and skill decay happening?
  - An element of expected decay in all training interventions
  - Environmental factors
  - Lack of opportunity to reflect and reinforce

Source: Kehoe (2017)

- How can we mitigate it?
  - Engaging/intervening with the system
  - Follow-up opportunities to reflect and reinforce e.g.
    - learning logs, online tool/e-learning, refresher sessions
  - Targeting doctors at different points within their careers



Source: Michie et al. (2011)

Measuring the intangible: professionalism

- Professionalism and ethical practice
  - Global constructs or individual traits
- Over reliance on self-report item scales
  - Inaccurate assessment of own confidence – over and under estimation
  - Difficulty drawing context free conclusions
- Alternative options – a combined approach

Triangulating views from other sources e.g. supervisors, peers and patients

Observations of simulated or real life behaviour

Objective knowledge or situation judgement tests

Measuring the intangible: professionalism

(+) More objective

(+) Able to provide some context

(-) Still lacks realism

1. Mr Jacobs is 80 years old. He was diagnosed about a year ago as being in the early stages of Alzheimer's. He lives independently but his condition has begun to deteriorate in the last few months, and his daughter, Mary, is concerned about his future care.

Mr Jacobs has come to see his GP, Dr Taylor, with his daughter. He has been suffering with stomach pain for many weeks which has now worsened. Dr Taylor has carried out a physical examination.

Dr Taylor: I think we're going to need to refer you for further investigation. How have you been coping since our last appointment?

What should the doctor do next...? (Circle A, B or C)

A: Refer Mr Jacobs for the ultrasound scan with his daughter's consent?

B: Politely ask Mary to leave the consulting room so that he can talk to Mr Jacobs alone to establish what his wishes might be, and whether he has capacity to consent to the referral?

C: Decide on the basis of this consultation so far that Mr Jacobs - because of his Alzheimer's - does not have capacity to give consent for the referral and refer him for the ultrasound scan because it would be in his best interest?

Mr Jacobs: The pain's not too bad. It'll go...

Mary: Oh Dad you know that's not true! You didn't sleep at all last night. You just don't remember. Make the referral please doctor. I'll make sure he goes.

	Pre WtUKP		**Post WtUKP**
Duty of candour (admitting mistakes and communicating to the patient)	85.1%	+9.1%*	94.2%

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Estimating the counterfactual

- Complex environments with many confounding factors
- Ethical, political and practical challenges when identifying an appropriate comparison group

WtUKP	DoaD
Consulted with no-show group but ended up opting for a non-experimental design	Quasi-experimental design with a matched comparison group within same hospital

- Interventions may be having mitigating/protecting effect

Item	Time 1		Time 2	
Intentions to use GMC confidentiality guidance	5.10 (control)	↓	4.74 (control)	p = .047
	5.46 (DoaD)	↑	5.74 (DoaD)	p = .030

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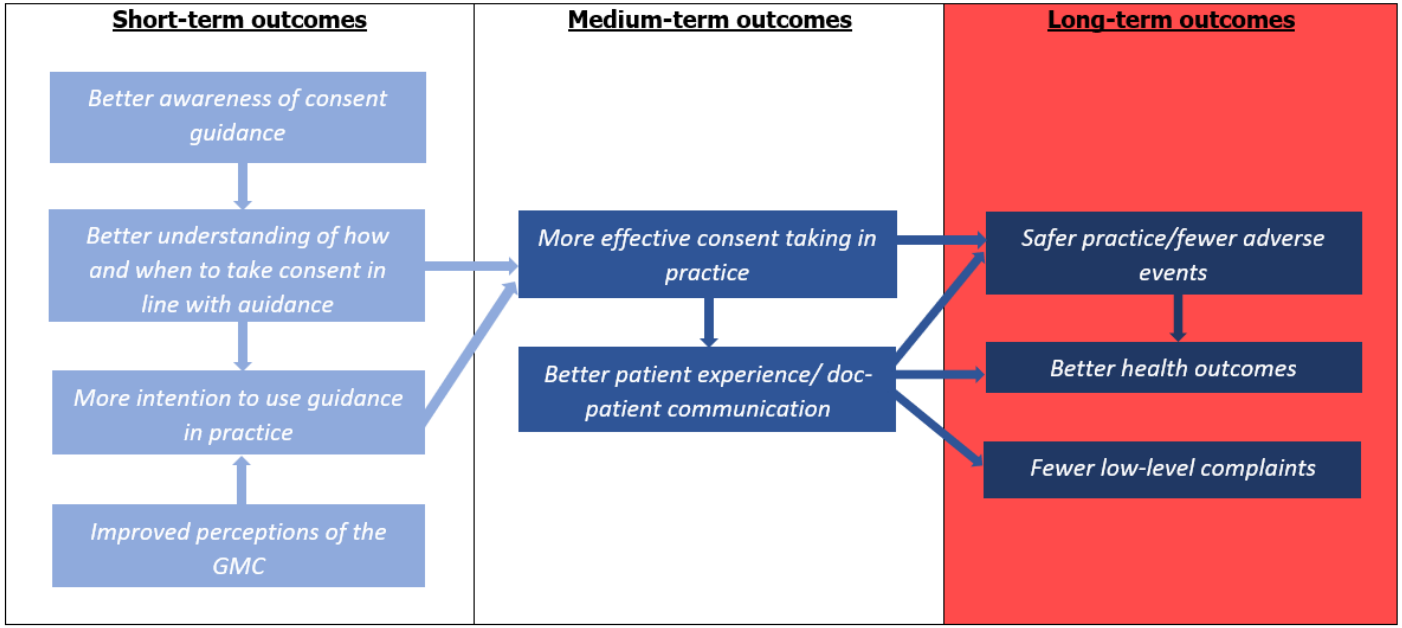
Measuring long term impact

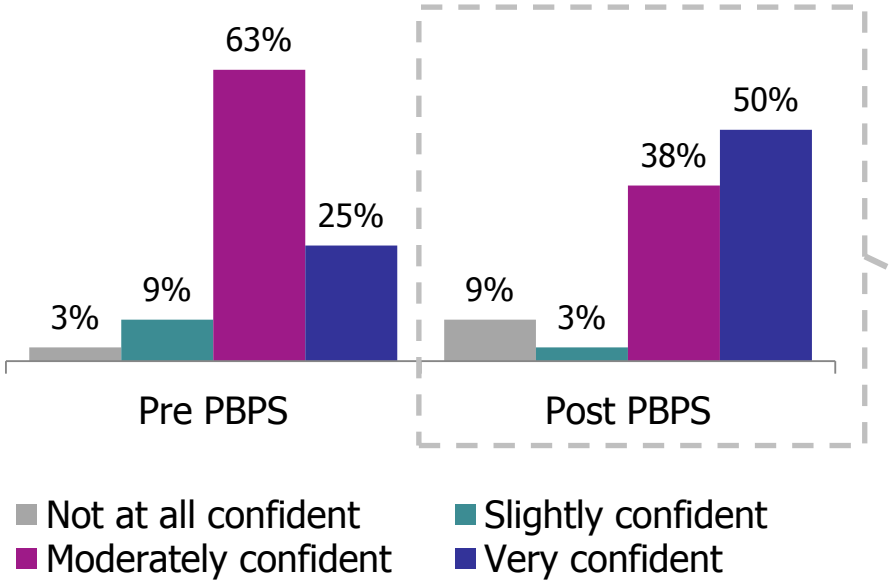
A logic model for a typical GMC training intervention



- Evaluations often too short to explore long-term outcomes
- Tracking impact longer-term using naturally occurring data
- However, it will always be difficult to attribute long-term change

Reporting evaluation data

	Pre PBPS		Post PBPS
How confident do you feel recognising when behaviour is unprofessional (1= not at all, 4=very confident)	3.13	+0.12	3.25



Reported score dropped	Reported score the same	Reported score increased
13%	49%	38%

Any questions?