

Education and Registration Standards Committee 2 October 2014 Update on induction for international applicants

Classification Public

Purpose For noting

Issue The scoping of an induction programme for

internationally-qualified new registrants

Recommendation To note initial research regarding an induction

programme for internationally-qualified new registrants

and next steps

Financial and resourcing None arising from this paper

implications

Equality and diversity None arising from this paper

implications

Communications

implications

None arising from this paper

Annexes A. GOsC/OEI induction discussion paper, 17 September

2014

B. GMC 'Welcome to UK Practice Programme'

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Background

1. The GOsC's Business Plan 2014-15 identifies an activity to scope the possibility of an induction programme for internationally-qualified new registrants. This relates to the GOsC's Corporate Plan 2013-16 goal 'To work in partnership with the osteopathic profession to ensure that new osteopaths have access to appropriate support in their transition into practice'.

2. Following initial desk research, a discussion paper was prepared for the GOsC/OEI meeting on 17 September 2014. A summary of the desk research and discussion with OEIs is presented in this paper as an update for noting by ERSC.

Discussion

- 3. It has been identified in recent years that introducing new initiatives and resources can enable UK-trained practitioners to move effectively from education to practise. Work is underway to provide these in the osteopathic sector (for example, mentoring for new graduates). It is considered likely that internationally-qualified new registrants (both EU and non-EU qualified) may have particular needs in their transition to practise in the UK which could be best met with targeted support, for the benefit of themselves, patients and the wider sector.
- 4. Work has been undertaken by the General Medical Council (GMC) to induct new registrants to UK medical practice through their 'Welcome to UK Practice programme'. This programme focuses on ensuring registrants' familiarity with the UK health system and embedding an understanding of UK professional and ethical obligations. The Professional Standards Authority Performance Review Report 2012-13 commented that aspects of the pilot study of the GMC's work might be usefully adopted and adapted by other individual regulators.
- 5. Initial desk research has been undertaken by the GOsC to begin to explore existing work in this area. Some thought has been given to how existing GOsC and sector resources may be useful to provide induction support and which stakeholders might be interested in this work.

Discussion with OEIs

- 6. A paper was presented to the GOsC/OEI meeting on 17 September 2014 (Annex A) which summarised this initial research. A discussion followed about OEIs' perspectives about the possible needs for, value of, and approaches to an induction programme for internationally-qualified new registrants. The discussion was a useful step in beginning to undertake research with stakeholders and interested parties.
- 7. The OEIs agreed that scoping an induction programme was a worthwhile project. The possible needs of internationally-qualified new registrants which were outlined in the discussion paper (Annex A, paragraph 11) resonated with the OEIs. For example: gaps in familiarity with the *Osteopathic Practice*

Standards, fewer UK networks and contacts, and differences in culture and norms regarding professionalism compared with UK-trained osteopaths. It was agreed that these might have a range of impacts on practitioners, patients and the wider sector ranging from employment opportunities to potential fitness to practise matters.

- 8. It was suggested that perhaps a core set of information could address some of the differences in, for example, UK health sector knowledge. It was felt likely that some areas of support such as this would apply to all internationally-qualified new registrants. As outlined in the discussion paper, it is possible that existing GOsC resources could be utilised for this purpose (Annex A, paragraph 8).
- 9. It was felt that other areas of support would not be relevant to all individuals. For instance, OEIs felt that cultural differences in communication could significantly impact on practitioners, patients and the sector. However, it was commented that this issue would not apply to all internationally-qualified new registrants and so blanket support would not necessarily be required, or be appropriate.
- 10. It was also noted that some OEIs work with international students for a number of years and cultural differences such as communication can be addressed. However it was thought that this could be very challenging to achieve over a shorter timeframe.
- 11. It was agreed that looking at the GMC's experience in more detail could be instructive in taking this work further. The GMC has extended an invitation to the GOsC to attend one of their 'Welcome to UK Practice programme' sessions, which would be very useful for gaining insight into what, and how, support is delivered to meet different needs. It would be particularly useful to explore with the GMC which needs they feel can be addressed successfully at induction; and whether longer-term approaches would be beneficial to support more complex needs.
- 12. OEIs expressed some interest in participating in further discussions about this work. Other possible interested parties include internationally-qualified osteopaths working in the UK and registration assessors and reviewers.

Next steps

13. In summary, initial desk research and discussion with OEIs supports the further scoping of an induction programme for internationally-qualified new registrants. The following outline timetable will be followed:

Date	Activity
September 2014 to January 2015	Initial research with interested parties.

January 2015 to March 2015 Preparation of Scoping Report and suggested next steps.

Recommendation: to note initial research regarding an induction programme for internationally-qualified new registrants and next steps.

General Osteopathic Council / Osteopathic Educational Institutions (OEIs) 17 September 2014

Induction programme for internationally qualified new registrants

Purpose

1. To discuss the need for, value of and possible approaches to providing an induction programme (or alternative forms of support) for internationally-qualified new registrants to the UK.

Summary

- 2. This paper suggests that it is likely that internationally-qualified new registrants (both EU and non-EU qualified) may have particular needs in their transition to practise in the UK which could be best met with targeted support, for the benefit of themselves, patients and the wider sector.
- 3. Work has been undertaken by the General Medical Council to induct new registrants to UK medical practice through their 'Welcome to UK Practice programme' (a summary of which is provided in Annex A). This programme focuses on ensuring registrants' familiarity with the UK health system and embedding an understanding of UK professional and ethical obligations. The Professional Standards Authority Performance Review Report 2012-13 commented that aspects of the pilot study of the GMC's work might be usefully adopted and adapted by other individual regulators.
- 4. It may be possible that existing GOsC and sector resources which support the commencement of practice and ongoing adherence to standards could be utilised as part of a GOsC induction programme.
- 5. The possibility of developing and delivering an induction programme has not yet been discussed in any detail. OEIs are asked at this early stage to consider the contextual information and prompting questions at paragraph 12 and discuss the need for and value of an induction programme (or related alternative), and next steps.

Detail

- 6. The GOsC's Corporate Plan 2013-16 states a goal 'To work in partnership with the osteopathic profession to ensure that new osteopaths have access to appropriate support in their transition into practice'. It has been identified in recent years that introducing new initiatives and resources can enable UK-trained practitioners to move effectively from education to practise. Work is underway to provide these (for example, mentoring for new graduates).
- 7. Work is also in progress to support the profession where issues of variability in the understanding and application of professional standards and behaviours have been identified (for example, developing shared values that explicitly underpin standards). These activities aim to ensure that patient safety is maintained and to further develop the profession.

8. It is recognised, therefore, that additional initiatives and resources may support practitioners to successfully enter the profession and to practise in accordance with UK standards: even though all individuals already hold equivalent or UK-recognised qualifications. Some examples are provided below in table 1.

Table 1

Example of identified need to be addressed	Overview of activity/resource in development
Gaps reported by UK-trained new registrants in business and entrepreneurial skills, patient management skills and interpersonal and communication skills (Source: New Graduates Preparedness to Practise, Freeth et al.)	The Osteopathic Development Group's (ODG) mentoring project. The initial phase of the mentoring programme will be available, on a voluntary basis, to new graduates (e.g. less than 5 years qualified) to help to meet these needs.
Variability regarding the interpretation of standards	E-learning modules, e.g. exploring ethical dilemmas in practice through applying the OPS to scenarios. Development of shared framework of values and their explicit inclusion in standards documentation.
Networks for CPD provision, networking and skills exchange	The ODG's work with the regional osteopathic societies to identify how they can grow their activities and membership to support the delivery of CPD and act as a local community hub.

Internationally-qualified new registrants

- 9. Internationally-qualified practitioners who are successful in registering with the GOsC have been assessed¹ to have undertaken equivalent training to those recognised in the UK and/or to have met the required standards for registration and they are therefore deemed fit to practise. As outlined above, it is recognised that work is needed to support practitioners following their education and this would apply to internationally-qualified as well as UK-qualified new registrants.
- 10. However, it is possible that some specific support may be valuable for internationally-qualified registrants to assist with their effective transition to practise in the UK perhaps due to factors particular to this group. For example,

¹ Note that a review of registration assessments is planned for spring 2015 to determine whether they remain fit for purpose, but the present paper is concerned with an induction programme or equivalent to follow the current registration assessments.

differences in culture and norms in different countries and perhaps also specific knowledge, such as how the health system works in the four countries of the UK.

- 11. Specific support for this group could aim to benefit the individual practitioner to transition into practice in the UK more effectively as well as the patient population and wider sector. Consideration of an induction programme, or some alternative form of targeted support, for internationally-qualified applicants could be informed by the following observations:
 - a. Internationally-qualified registrants' education was not directly shaped by the UK *Osteopathic Practice Standards* there may therefore be gaps in their familiarity with specific UK standards compared with those who trained in the UK;
 - b. There is some evidence from other healthcare professions that shows a correlation between the location of training and the number and severity of fitness to practise cases. For example, Humphrey et al. (2011) found that doctors qualified outside the UK are more likely to be associated with higher impact decisions at each stage of the fitness to practice process. The reasons for this are not clear but it may be due to differences in culture and norms regarding professionalism (such differences have been identified by, amongst others, Roff, 2014).
 - c. Internationally-qualified registrants would have had less exposure to information regarding requirements for maintaining registration compared with their UK-qualified counterparts (for instance, whilst they do receive the standard welcome pack of documentation when they register but they would not have received presentations from the GOsC whilst training) so they may be less likely to be aware of or how to identify and address CPD requirements, for instance;
 - d. It is likely that internationally-qualified new registrants may have fewer UK networks and contacts than their UK-qualified counterparts this might, for example, lead to segmentation of employment opportunities;
 - e. It is possible that some individuals who trained in another language may experience some difficulties practising in English (for instance, possible challenges in acquiring technical language);
 - f. Experience in other healthcare professions has identified needs for support and demonstrated value from providing induction materials (see Annex A for a summary of the GMC's 'Welcome to UK Practice programme' this is available to all registered doctors but it is acknowledged that it may be of most benefit to those who qualified outside of the UK);
 - g. It is possible that the new European Directive will lead to an increase in the internationally-qualified registrant population of osteopaths in the UK.

Next steps

Views on scoping an induction programme for internationally-qualified new registrants

12. Questions to consider:

- a. What are the particular needs amongst newly-registered internationally qualified practitioners from the OEIs' perspectives? (Including, different or additional to those outlined above in this paper.)
- b. Do any OEIs currently, or plan to, provide support to newly-registered internationally-qualified practitioners? If so what?
- c. How might support be delivered? Could existing resources or methods be valuable, e.g. the e-learning *OPS* and fitness to practise modules, membership of Regional Network Groups, Return to Practise-type mentoring meetings etc?
- d. What might the challenges be in designing and delivering an induction programme (or equivalent)? For instance:
 - Internationally-qualified new registrants may join the register at any time during the year
 - Internationally-qualified new registrants are not a homogenous group How might these, and other issues, be overcome?
- e. Do OEIs think that there is value in further exploring an induction programme for newly-registered internationally qualified practitioners?
- f. Who else may have an interest in this work?

Next steps

Date	Activity
September 2014to January 2015	Initial research with interested parties.
January 2015 to March 2015	Preparation of Scoping Report and suggested next steps.

General Medical Council 'Welcome to UK Practice programme'

This summary has been drawn from the GMC's Welcome to UK Practice evaluation and implementation report, April 2014 (http://www.gmc-uk.org/7 Welcome to UK Practice evaluation and implementation.pdf 5643231 0.pdf)

- 1. The General Medical Council (GMC) piloted their 'Welcome to UK Practice programme' (WtUKP) from 2013. It aims to help doctors understand what is expected of them and where they can access support and advice. The WtUKP programme is targeted at doctors new to UK practice, wherever they have trained. The programme is needs-based and therefore any registered doctor can participate if they feel they need support in any of the areas addressed by the programme. However, the programme acknowledges that those trained overseas may benefit more from the support offered.
- 2. The programme was developed based on a literature review of relevant GMC commissioned and independent research to explore the challenges faced by doctors who are new to UK practice. Research (The Warwick Report, 2009) found that while UK and non-UK trained doctors experience similar issues when they transition into practice, providing an introduction to standards and the ethical context for practising in the UK is likely to be of particular benefit to overseas qualified doctors.
- 3. The GMC undertook a month-long 'Call for Evidence' process and held meetings to understand the views of key interest groups regarding providing an induction programme. In its pilot phase the following resources were delivered:

GMC 'Welcome to UK Practice programme' resource	Description
Developed in phase of	ne:
Scenario-based self- assessment tool – available online	Designed to help doctors assess their knowledge and application of GMC core guidance <i>Good Medical Practice</i> and to provide signposting to further information and advice. Themes covered include: raising concerns, understanding the wider health system, ongoing learning and maintaining professional performance.
'Welcome to UK practice' and 'Things I wished I'd known'	The films were edited from interviews with doctors from diverse geographical and medical backgrounds who are at different stages of their careers in the UK.
films - shown at events and also available online	'Welcome to UK practice' highlights the role of the GMC, and the principles and values required of doctors practising in UK.
	'Things I wished I'd known' features doctors sharing their experience of starting practice in the UK. For

	example, one doctor highlighted the different working relationship in the UK between doctors and nurses and another explained how she had struggled with the different medical jargon and the plethora of acronyms.	
Ethical scenario films – used at training sessions interactively.	Seven filmed ethical scenarios for use in interactive training sessions, covering issues such as equal access to care, communication, team relationships, confidentiality, and respect for patients.	
WtUKP events – interactive events.	One day engagement/training events including interactive training sessions designed to explore how to apply the values and principles of <i>Good Medical Practice</i> in daily practice; includes viewings of films listed above. Enabled networking.	
Developed in phase two:		
'The importance of communication' – training session.	This uses theory and practical exercises to raise awareness of how important communication is to good medical practice. This session was developed in response to feedback and evidence gathered in phase one of the project that highlighted understanding effective communication as key to enabling a doctor to effectively transition into UK practice.	

4. In brief, the evaluation of the pilot phases found that the resources were successful and the programme has been signed off by the GMC Executive for further development and roll out. To reduce the administrative and financial costs of the programme, the GMC is looking at how healthcare/education partners can help to deliver WtUKP. For example, by using partner facilities and standing meetings, rather than organising standalone events.