21 November 2013

**Strategy and Policy Board**

General Medical Council

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**5**

*To consider*

# The Research implementation plan 2014-17

## Issue

**1** Development of the Research implementation plan 2014-2017.

## Recommendation

**2** The Strategy and Policy Board is asked to consider and approve the Research implementation plan, at Annex A.

# The Research implementation plan 2014-17

## Issue

**3** The current Research Strategy 2010-13 was agreed by Council at its meeting on 20 May 2010 and expires this year.

**4** Rather than develop a like for like replacement, earlier this year we proposed to develop a Research implementation plan, setting out a high level framework for the identification, prioritisation, delivery and evaluation of research.

**5** Our proposed approach was approved by the Strategy and Policy Board at its meeting on 15 July 2013.

**6** Within this paper, we present the finalised implementation plan (at Annex A) for approval.

*What the plan covers*

**7** We have proposed that research be redefined as the 'systematic gathering and analysis of evidence to test or generate hypotheses for the purpose of advancing our knowledge, practice and understanding'.

**8** Having defined research, the implementation plan goes on to set out a high level research programme, positioned to support the delivery of the Corporate Strategy 2014–17 and structured around the proposed strategic priorities.

**9** For each priority, we propose one or more core research themes. These high level themes signal our areas of research interest for the next four years, and serve as a basis for identifying specific research projects.

**10** Through the delivery of these topics, our aims are to:

- **a** provide an evidence based platform to inform our strategic direction
- **b** foster transparency and confidence in medical regulation (and the profession).
- **c** provide knowledge to inform policy making and regulatory development
- **d** improve our understanding of the profession
- **e** identify new initiatives to help bridge the gap between policy and practice.

**11** The research themes are provisional pending approval of our strategic priorities by Council. Any subsequent changes to the priorities may therefore require amendments to the corresponding themes. In this event, we will bring any changes to the Strategy and Policy Board for approval.

**12** We go onto set out high level guidance for how we will operationalise the implementation plan, taking into account prioritisation, publication, evaluation and governance.

**13** In addition, and in acknowledgement of the periodic requests we receive for GMC data and/or funding to support external research projects, we have proposed a set of criteria to inform how we decide which projects to support, providing a transparent and consistent platform for our decision making in this regard.

**14** Finally, we set out a process for reviewing the effectiveness of the implementation plan, and the research programme that this generates, through a series of outputs for both the Strategy and Policy Board and Council.

# Supporting information

### How this issue relates to the corporate strategy and business plan

**16** Our research programme relates to strategic aims 7 and 8 of the Corporate strategy and is keeping with our commitment to develop a stronger insight capability to better understand the profession and the effectiveness of our activities.

### How the issues support the principles of better regulation

**17** A coherent research programme will facilitate the delivery of the Corporate strategy, providing evidence to inform operational decision making and the development of a regulatory model which conforms to the principles of better regulation.

### How the action will be evaluated

**18** We have established a process for reviewing the effectiveness of the implementation plan, as set out in paragraph 31.

### What engagement approach has been used to inform the work (and what further communication and engagement is needed)

**19** The papers 'Developing a Research Implementation Plan' and 'Research Publication Policy' were approved by the SPB on the 14 July.

**20** Potential areas of research (the research themes) were identified by individual directorates (through the Research policy forum) and the Intelligence Unit during August and September 2013. The themes and the criteria for external research were discussed at the Research policy forum on the 15 October 2013.

**21** We propose to publish the research themes, criteria for external research and the research publication principles on our website. The remainder of the implementation plan will not be published.

**If you have any questions about this paper please contact: Thomas Jones, Research Policy Manager, Strategy and Communication, tjones@gmc-uk.org, 020 7189 5370**

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# Annex A

## Research implementation plan

### Introduction

**1** This Research implementation plan sets out the General Medical Council's (GMC) vision for future research activities for 2014 - 2017, and provides clarity on how we will select, develop and disseminate research products to inform the delivery and direction of our strategic, policy and operational priorities.

*Defining research*

**2** The Research Strategy 2010-13 defined research as: 'commissioned, systematic academic enquiry aiming to advance knowledge, practice and understanding. Research in this sense is part of our overall approach to gathering evidence to support Council's decision making'.

**3** Increasingly, our research has moved beyond the strictly 'academic' to embrace social research disciplines. Consequently, we have re-defined research as the 'systematic gathering and analysis of evidence to test or generate hypotheses for the purpose of advancing our knowledge, practice and understanding'.

**4** For the purpose of the implementation plan, we have taken this definition to include all of the work that falls under the governance structure and funding of our central research programme, including those projects which might otherwise be defined as evaluation, surveys and audit. External requests to undertake research will also fall under the implementation plan's remit.

**5** We acknowledge that some projects meeting this definition of research, which may arise in response to specific issues, may fall outside of the funding and administration of the central research programme. In these cases the good practice processes of the project brief, handling plans and publication and dissemination procedures that are inherent in this strategy would be applied.

### The purpose of research

**6** Our overall aim with the implementation plan is to support the delivery of our proposed Strategic Aims. We will do this by undertaking the different types of

research activity set out in figure 1, for example, evidence gathering and performance monitoring. This will enable us to:

**a** identify new initiatives and interventions that serve to increase the utility and relevance of our guidance, helping to bridge the gap between policy and practice

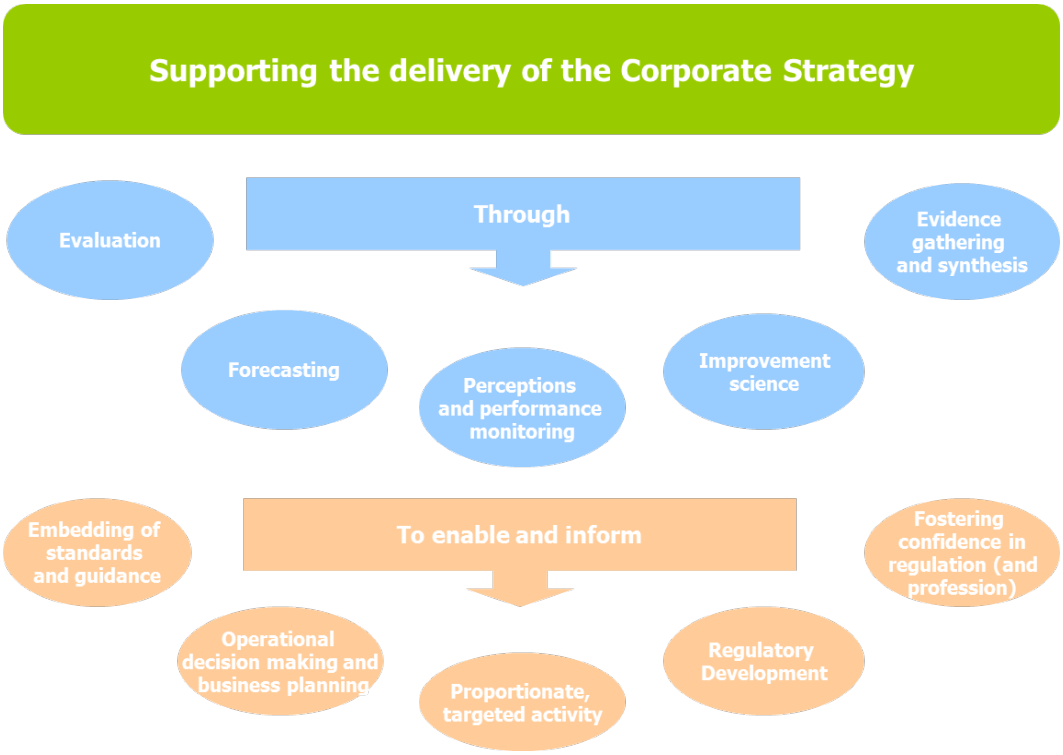
**b** develop an evidence base that informs the decisions we take to allocate resources and focus our regulatory attention

**c** identify or create knowledge that supports and informs our policy making and regulatory development

**d** improve our understanding of the profession so that our regulatory actions might be more proportionate, targeted and effective

**e** foster transparency and confidence in both the regulation of medical practice and the medical profession itself.

Figure 1: The purpose of research




## Key research themes

**7** Our proposed research programme is structured around the five emerging strategic priorities set out in the proposed Corporate Strategy 2014 – 17. For each priority, we have identified one or more overarching research themes and a number of research topics.

**8** The provisional research themes will be confirmed, and if necessary amended, following review of our strategic priorities by Council. Any changes to the

provisional themes will be communicated to the Strategy and Policy Board for approval.

**9** Whilst the research themes are intended to provide a firm indication of our longer term interests, the research topics should not be seen as exhaustive or committal. It may emerge that research will be valuable in other areas of our work. Our research topics will therefore be periodically reviewed to ensure that our research programme is responsive to needs as they arise, as well as addressing longer term issues.

**10** The proposed research themes and topics (Appendix A) draw on issues of interest to the General Medical Council, taking into account areas of future policy interest, the results of our programme of research and analysis (including findings from our research publication series The State of Medical Education and Practice) and key findings from external reports such as the Francis Inquiry[1] and the Berwick report[2].

**11** The provisional themes are therefore derived from a documentary review (focusing on the reports referred to above), supplemented with additional nominations from Research policy forum members (identified through discussions with their directorate colleagues). The consolidated list that resulted from these discussions was shared with the Research policy forum for comment and approval in October 2013, with the resulting output set out in Appendix A.

## How we will work

*Prioritising topics for the annual research programme*

**12** Our research, whether delivered internally or externally by academic or other providers, is subject to resource constraints, and good governance requires that we should have an agreed process for prioritising proposals to undertake research.

**13** Research topics should, in the majority of cases, map directly to the themes set out in this implementation plan. Proposed topics will be prioritised by the Research policy forum on the basis of their alignment to this plan, business need, feasibility and potential impact. The resulting annual research plan will be shared with the Strategy and Policy Board for approval.

[1] Francis, Robert (2010). The Mid Staffordshire NHS Foundation Trust Inquiry (2010). Independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005–March 2009, Volumes I & II. London: The Stationery Office.
[2] National Advisory Group on the Safety of Patients in England (August 2013). A promise to learn – a commitment to act. Improving the Safety of Patients in England. London: The Stationery Office.

**14** We acknowledge that requirements for research are likely to change as additional priorities emerge-in year. Therefore, additional requests will be considered periodically by the Research policy forum.

**15** We expect the majority of research topics to be driven by the needs and requirements of our directorates. In addition, following discussion at the Research policy forum, the Intelligence Unit will lead a strategic programme of research that will focus on the following themes during the period of the Corporate strategy:

**a** understanding the working conditions and environments that create risks to patient safety

**b** reviewing how we communicate information about the medical profession to our key interest groups

**c** improving our understanding of the medical workforce

**d** promoting professionalism

**e** evaluating our services and functions.

**16** Our collective research programme will be delivered through a mixed methods approach encompassing in-house research and analysis, commissioned projects and calls for research around specific questions.

**17** In addition, where our respective research interests align, and where there are both clear economic and practical reasons for doing so, we will pursue opportunities for collaborative research with other bodies.

*External research*

**18** We occasionally receive requests to either fund or provide data for external research. While we are keen to support these in principle, provided they focus on issues of mutual interest, the criteria set out in Appendix B should be used to inform our decision making in this regard.

**19** These criteria do not extend to PhD projects. Although we recognise the value and benefits of PhD research, consideration needs to be given to the resources required to support research of this nature (with regard to identifying and collating the relevant data). We will therefore explore how we might support PhD research that furthers the delivery of our core research themes, however it is unlikely to be a significant part of our research programme.

*Development, scoping and evaluation*

**20** To ensure the most appropriate use of our resources, it is essential that we focus our efforts on those studies that address a clearly defined problem and have the potential to make a meaningful contribution to our work.

**21** To help us do this, prior to commissioning, each new project will require the completion of the GMC Research project brief, which would be signed off by both the Director of Strategy and Communication, having taken advice from the Intelligence Unit, and the sponsoring Assistant Director or Director.

**22** The project brief asks the policy lead to think about the potential findings that may arise from the study and the implications of these for the GMC (with regard to how this may inform our work). The project brief also sets out a proposed methodology, our publication decision (in accordance with our research publication policy) and any key risks and issues.

**23** We will introduce a project review process to assess the impact of completed studies and in doing so review whether the benefits justified the investment. The reviews, to be shared with the Strategy and Policy Board, will be undertaken between six and twelve months after publication and would focus on the following areas

**a** our actions in relation to each recommendation / key finding (even if we have decided to do nothing)

**b** the study objectives and an assessment of the extent to which these were met

**c** project costs and an assessment of value for money.

*Publication and dissemination*

**24** We will publish completed research reports on our website unless exceptional circumstances apply, as defined by our Research Publication Policy (Appendix C).

**25** Findings of completed research projects will be discussed at the Research Policy Forum and escalated to the Strategy and Policy Board where any of the following conditions apply:

**a** the research recommends or suggests a new way of working

**b** the research is likely to have a significant impact on our ability to regulate effectively

**c** the research is likely to have a significant impact on our relationship with key interest groups.

**26** Internally, we will disseminate and discuss the practical application of completed research through the convening of one-off project meetings for those parts of the organisation that are either affected by, or interested in, the project findings. We anticipate that these meetings would be organised by the Intelligence Unit and would involve the policy sponsor together with relevant Heads of Section and Assistant Directors.

**27** Externally, we will seek opportunities to disseminate project findings through relevant conferences (for example, the Patient Safety Congress, International Forum on Quality and Safety in Healthcare and the International Association of Medical Regulatory Authorities) and sharing with other regulators.

*Governance*

**28** The Strategy and Policy Board will retain overall responsibility for the delivery of the implementation plan. The Research policy forum, Chaired by the Director of Strategy and Communication and made up of individuals with an interest in research from each directorate, will provide advice and support activity through the year.

**29** The forum will prioritise research requests, produce the annual programme, consider in-year requests for research and further develop as necessary the systems and processes required to deliver our research function.

**30** The Strategy and Policy Board will approve the research programme and will receive periodic updates on its implementation. Policy sponsors will be accountable to the Strategy and Policy Board for the delivery of any actions agreed upon completion of the study, with progress against these (and resulting impact) reported to the Board through the project review process.

*Review of implementation plan*

**31** The Research Implementation Plan will be reviewed periodically to produce the following outputs:

- **a** Annually: Report to the Strategy and Policy Board, providing an overview of progress.
- **b** Biannually: Report to Council, detailing summary of progress to date and highlighting:
  - **i** key findings for each research theme
  - **ii** research spend
  - **iii** overview of the impact of our research (detailing findings from the project review process)

**iv** overview of our external dissemination activities

**v** identification of any new research topics and themes for 2016-17.

**c** End of 2017: Evaluation of the Research Implementation Plan taking into account key criteria, examples of which may include:

**i** coverage of each research theme (and strategic priority)

**ii** contribution and impact of new knowledge acquired through the research programme

**iii** improved internal awareness of internal research activities

**iv** improved external awareness of research activities (volume of dissemination activities)

## Appendix A – Provisional research themes and suggested topics for research

| Proposed strategic Priority | Provisional theme | Potential topics |
|---|---|---|
| **Identifying and acting on risks to patients** | Understanding the working conditions and environments that create risks to patient safety | Exploratory analysis to explore the relationships between system data (at a specialty or service level) and professional performance |
| | Improving our understanding of risks to the profession | Improving our understanding of specific risks, issues and patterns of complaint that characterise each stage of a doctor's career (including doctors in training) |
| | Identifying key themes in commonly occurring incidents | Descriptive statistical analysis to identify the types of fitness to practise activity declared upon registration by cohort of doctor |
| | | Exploratory analysis to identify factors and risks associated with commonly occurring fitness to practise cases, for example, cases relating to clinical performance, health or probity. |
| **Maximising the relevance and impact of our work** | Understanding the opinions , experiences and needs of our key interest groups in terms of patient safety and medical regulation | Through a programme of surveys, investigate how well the services we provide are understood, perceived and valued by those using them |
| | Reviewing how we communicate information about the medical profession to our key | Investigating how the List of Registered Medical Practitioners (LRMP) is perceived and valued by those audiences using it (and how, through reference to comparators, its utility could be |

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| | interest groups | increased) |
| | Analysing best practice around the teaching of quality and patient safety sciences and practices | Assessing how key patient safety and quality concepts are taught across medical education and training, focusing specifically on handover practices, compassion and empathy, and raising concerns |
| | | Explore how the core competencies prescribed in our medical education and training guidance compare to those employed by medical regulators in other jurisdictions |
| | Improving our understanding of the medical workforce | Exploring regional and temporal variations in the profiles of the medical workforce by age, gender, primary medical qualifications and specialty |
| | Improving our understanding of the barriers and enablers to career progression amongst doctors | Further academic research into preparedness for practice: to what extent are the competencies prescribed in our medical education and training guidance applicable to daily practice |
| | | Gathering evidence to explore what characterises a positive training environment |
| **Enhancing local effectiveness** | Driving improvements in local complaints handling | Reviewing why stream two cases are referred back to the employer to identify lessons to support improved local complaints handling |
| | | Academic research to explore local processes for managing poor performance and the trigger points for referring a case to the GMC |
| **Raising professional standards in medical practice** | Promoting professionalism | Investigating which interventions and initiatives best effect behavioural change to support medical professionalism |
| | Rehabilitating doctors | Gathering evidence on the effectiveness of different regulatory interventions to support remediation for doctors |

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| | Supporting doctors to improve their capability | Improving our understanding of how doctors gain insight into their practice and use it to inform their development |
| | Identifying the characteristics of an effective reporting culture | Drawing on a range of sources (including the GMC's confidential hotline), gathering evidence on how the disclosure of incidents and errors by medical practitioners can be best supported |
| **Working better together** | Promoting fairness | Academic research to explore the relative representation of doctor cohorts in our fitness to practise procedures |
| | | Improving our understanding of those characteristics that are associated with the risk of doctor burn out |
| | | Investigate which factors relate to progression in training (and to explore whether there is evidence of differential impact) |
| | Analysing best practice in assessment methodology for medical education and training | Developing an evidence base to consider the case for a national licensing examination and potential amendments to our standards for curricula and assessment systems |
| | Delivering value for money: ensuring that our resources are used efficiently and effectively | Undertaking a programme of evaluation to assess the impact of key programmes and policies, for example, revalidation and the whistleblowing hotline |

## Appendix B – External Research Criteria

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| Criteria | Notes |
|---|---|
| The purpose of the request is both clear and supportive of the GMC's strategic priorities | Where a study is not aligned with our strategic priorities, consideration should be given to approving the request if it aids an understanding of improving patient safety. |
| Generation of the data is cost-justified and can be provided in a timeframe without jeopardising other operational needs | Focuses on the amount of time required to assemble the data for the request and whether this is proportionate to the purpose and benefit of the proposed study. |
| The researcher belongs to a legitimate research organisation | Legitimate organisations would include academic institutions, consultancies and market research organisations (all of which are likely to conform to research codes of conduct). |
| The researcher has relevant experience and expertise in the proposed field of study | |
| Publication of the research findings is not likely to disrupt / adversely impact upon related internal programmes of work | |
| The requested information is capable of being provided in an anonymised / pseudonomised format that will not lead to the identification of individuals | Where requests are for registrant contact details or for unanonymised information, consent will need to be obtained from individual registrants. Consideration will need to be given to whether the time required to do this is proportionate to the nature of the request. |
| The research does not set out to comment on / review the effectiveness or operating of our processes and procedures | We will not support research where this is the case on account of wanting to be assured that the project has been appropriately scoped with the right party selected through a formal procurement process. |
| The study has received ethical approval (if required) | If not mentioned, we will clarify with the researchers whether this is required and if not, seek their rationale for this decision. |
| The researcher is willing to sign an information sharing agreement (which would require the GMC to be sighted of any articles in advance of publication) | The GMC will be sighted of articles and will be able to veto any publication where the findings are factually inaccurate (with regard to the functioning of the GMC) |

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| | or insufficiently backed up by evidence. |
| **IF FUNDING IS REQUIRED:** In addition to the above, the research outputs are likely to directly inform GMC work / products and will not replicate research work that is already underway | We should be able to clearly demonstrate how the proposed study will inform GMC work, and the action we expect to take as a result. |
| **IF FUNDING IS REQUIRED:** The research proposal must be aligned with the GMC's strategic priorities | |

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**Principle 1:** The GMC will publish all final research reports except when any of the conditions set out in principle 2 apply.

**Principle 2:** The GMC will withhold publication if this is required as a result of the publication test, to be undertaken at the start of the commissioning process, or because of the legal and / or quality issues set out below.

**1** Prior to commissioning the research study, a 'publication test' will be applied to assess the risks and benefits of publication. We will publish finalised reports where the benefits outweigh the risks.

**2** Upon completion of the study, the final report would be published in accordance with the publication test unless any of the following legal or quality issues apply:

- **a** the report discloses personal identifiable data
- **b** there are legal reasons that preclude disclosure (for example, the report includes confidential material)
- **c** the report does not conform with research ethics (for example, the study failed to obtain informed consent from study participants)
- **d** the report does not address the required aims and objectives, as set out in the research specification
- **e** the report findings are not credible (i.e. recommendations and key findings are not supported by evidence)
- **f** the study is factually incorrect (with specific reference to the function and working of the GMC).

**Principle 3:** The research report will be published within 3 months of the GMC receiving the final draft of the research report unless the research is part of a wider GMC review / programme of work (in which case publication would be deferred until completion of the review / programme).

**Principle 4:** The GMC will support secondary publication within peer reviewed journals (provided this follows primary publication by the GMC).

**3** The supplier is required to provide the GMC with a copy of the proposed article at least 30 days in advance of submission. We retain the right to refuse any proposed publication that is factually inaccurate (including with regard to the role, structure and function of the GMC) or misinterprets / contradicts the project findings, as set out in the final project report to the GMC.

**4** Where individuals have requested access to GMC data to pursue specific research projects (those that have not been commissioned by the GMC), we will support publication of the resulting findings. In this case, the researcher(s) would be required to provide us with a copy of the article, with the GMC cited as the data source, at least 30 days in advance of submission. As above, we retain the right to refuse any publication that is either factually inaccurate (with regard to the role, structure and function of the GMC) or has incorrectly interpreted GMC data.

**Principle 5:** Requests to publish within a peer reviewed journal will only be granted on condition that an equivalent article is submitted to an open-access journal / within 12 months of publication.