General Medical Council

Regulating doctors
Ensuring good medical practice

Tomorrow's Doctors 2009: a draft for consultation

Background and consultation questions

15 December 2008 to 27 March 2009

Please return your responses by Friday 27 March 2009 to:

Tomorrow's Doctors 2009 Consultation
Education Section
General Medical Council
Regents Place
London NW1 3JN

Email: tomorrowsdoctors@gmc-uk.org

Telephone: 020 7189 5283

Your details

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How did you hear about this consultation? By email to our School contact.

Would you like to be contacted about GMC consultations in the future?

Yes ☑ No ☐

If you would like to know about upcoming GMC consultations, please let us know which areas of the GMC's work you are interested in:

Education ☑
Standards and Ethics ☑
Fitness to Practise ☑
Registration ☑
Licensing and revalidation ☑

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 information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box provided.

Please tick if you want us to treat your response as confidential ☐

Responding as an individual

Are you are 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 below.

Which of the following categories best describes you?

Doctor	☐
Medical educator (teaching, delivering or administrating)	☐
Medical student	☐
Member of the public	☐
Other healthcare professional	☐
Other (please give details)	☐ _____
	_____
	_____

What is your country of residence?

England	☐
Northern Ireland	☐
Scotland	☐
Wales	☐
Other – European Economic Area	☐
Other - rest of the world	☐ _____

We aim to consult as effectively as possible. To help ensure that our consultations are reflecting the view of the diverse community, please fill in the information below. Although we will use this information in our analysis of the consultation response, it will not be linked to your response.

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 consultation responses and hep us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may

provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

What is your age?

Under 24 ☐

25 – 34 ☐

35 – 44 ☐

45 – 54 ☐

55 – 64 ☐

65+ ☐

Are you:

Female ☐ Male ☐

Would you describe yourself as having a disability?

Yes ☐ No ☐

What is your ethnic origin? (Please tick one)

Asian or Asian British

Bangladeshi ☐

Indian ☐

Pakistani ☐

Any other Asian background, please specify ☐ _____

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 ☐

Irish ☐

Any other White background, please specify ☐ _____

Responding as an organisation

Are you are responding on behalf of an organisation?

Yes ☑ No ☐

If yes, please complete the following questions. If not, please complete the 'responding as an individual' section above.

Which of the following categories best describes your organisation?

Body representing doctors ☐

Body representing patients or public ☐

Government department ☐

Independent healthcare provider ☐

Medical School (undergraduate) ☑

Postgraduate medical institution ☐

NHS/HSC organisation ☐

Regulatory body ☐

Other (please give details) ☐ _____

_____

_____

In which country is your organisation based?

_____

UK wide	☐
England	☐
Scotland	☐
Northern Ireland	☐
Wales	☑
Other (European Economic Area)	☐
Other (rest of the world)	☐

In our consultation reports we often include quotes from respondents. Are you content for the comments you submit to be attributed to your organisation in our consultation reports?

Yes ☑ No ☐

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 consultation responses and hep us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

Consultation summary

The General Medical Council regulates undergraduate medical education. To do this, we set down standards and we ensure that those standards are met.

We are revising *Tomorrow's Doctors*, the standards for undergraduate medical education, and will publish a new edition in summer 2009. The document lists outcomes that graduates from UK medical schools must achieve in order to graduate, as well as standards for the delivery of teaching, learning and assessment.

The consultation will interest the public and patients who will be treated by tomorrow's doctors; employers of doctors; teachers in medical education, doctors and students; medical schools and other organisations providing medical education and training. The consultation closes on 27 March 2009.

Background

The Medical Act 1983 states that the main objective of the General Medical Council (GMC) is 'to protect, promote and maintain the health and safety of the public'. The GMC has the 'general function of promoting high standards of medical education and co-ordinating all stages of medical education'.[1] In particular, we regulate undergraduate medical education by setting standards and ensuring that those standards are met.

Working with the Postgraduate Medical Education and Training Board (PMETB), we also regulate the Foundation Programme which UK students enter after they graduate. The merger of PMETB with the GMC in 2010 will underline the importance of regulatory standards that help to deliver an effective continuum of medical education and training from the day students enter medical school until they cease to practise.

The GMC has over time issued a series of standards for undergraduate medical education, to ensure that they remain appropriate. The standards were last published in 2003, as *Tomorrow's Doctors*. This document sets out in broad terms the outcomes or competences expected of new graduates as well as standards on the delivery of the curriculum, covering issues such as supervisory structures, assessment and student health and conduct. *Tomorrow's Doctors* does not lay down

[1] At the time of writing the 'general function' resides in the GMC's Education Committee; subject to Privy Council approval, this function lies with the General Medical Council as a whole from January 2009.

a national curriculum, but rather 'the framework that UK medical schools use to design detailed curricula and schemes of assessment'.[2]

Against the standards established by the 2003 edition of *Tomorrow's Doctors*, we have been reviewing the undergraduate medical education delivered at medical schools across the UK through the Quality Assurance of Basic Medical Education (QABME). At least twice every ten years, the GMC reviews each established medical school through information gathering and visits over an academic year. In addition, we have quality assured the development of the four new medical schools throughout the period leading to the graduation of their first cohort of students. During 2008-9 we will be completing a quality assurance cycle, having reviewed all the schools. The reports on each school are published on the GMC's website.

Developments

There have been many radical changes to medical education and training since the 2003 edition of *Tomorrow's Doctors* was prepared and the QABME reports and other new information have underlined the case for reviewing the standards. These developments include:

a. A significant expansion in medical education including the creation of four new schools.

b. Research commissioned by the GMC on the impact of *Tomorrow's Doctors*, the preparedness of UK graduates for medical practice and the prevalence, incidence and causes of prescribing errors.

c. The publication in 2006 of a new edition of *Good Medical Practice*, our core professional guidance to doctors.

d. The publication by the GMC and the Medical Schools Council of guidance for students and schools on *Medical students: Professional behaviour and fitness to practise*.

e. The establishment of the Foundation Programme with a national curriculum for which medical students must be prepared.

f. The creation of the Postgraduate Medical Education and Training Board (PMETB) which has published its own standards for postgraduate training. From 2010 the merger of PMETB with the GMC will further strengthen the need for a coherent and linked approach to standards for the continuum of medical education and training. Lord Patel is leading a review of the regulation of medical education and training in this context.

In addition, medical practice continues to develop. Technology continually expands the range of approaches to health care which graduates need to understand. Patients' expectations continue to grow as information has become more accessible and patients make more use of self care and complementary therapies. Health care

[2] Introduction to the 2003 edition of *Tomorrow's Doctors*. http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp

systems continue to change with increasingly divergent approaches across the four countries of the UK.

These developments and sources of information have contributed to the GMC's review of *Tomorrow's Doctors* and the preparation of the text for consultation. While wide-ranging changes to the standards are implied in the consultation text, these are some of the main issues that have been considered in the review so far:

a. Prescribing and patient exposure

There have been suggestions that prescribing errors and other shortcomings in practical skills among UK graduates could be linked to aspects of undergraduate medical education. Initial recommendations arising from research commissioned by the GMC suggest that medical students could benefit from more direct clinical contact with patients in order to develop practical skills.

b. Professionalism and leadership.

There has been considerable interest in the concepts of leadership and professionalism and how the development of skills in these areas should be addressed throughout the continuum of medical education and training. The Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement have jointly defined competences relating to leadership for various stages of medical education and training including undergraduate education. The Royal College of Physicians of London and the King's Fund have published reports on professionalism. The importance of student engagement with regulatory and ethical issues has been recognised in the debate about student registration.

c. Assessment.

Assessment at medical schools has repeatedly been raised in QABME visits and reports. The 2003 edition of *Tomorrow's Doctors* does not go into great detail in its standards for assessment and studies have confirmed a variation in approaches across UK medical education.

d. Quality management.

The quality mechanisms at medical schools have been another focus for QABME but without extensive coverage within *Tomorrow's Doctors* 2003.

e. Student Selected Components.

The 2003 edition of *Tomorrow's Doctors* states: 'in a standard five-year curriculum between 25% and 33% would normally be available for SSCs'. This has proved a significant issue in the GMC's quality assurance of medical schools.

f. Disability.

Disability discrimination legislation requires careful consideration of the competences required for graduation to ensure that they do not pose an unnecessary barrier to disabled individuals seeking a medical career.

The review of *Tomorrow's Doctors*

The consultation text has been developed by the *Tomorrow's Doctors* Review Group set up by the GMC and led by Professor Michael Farthing.

***Tomorrow's Doctors* Review Group**

Interest group/ organisation	**Name**	**Representing**
GMC Education Committee	Professor Michael Farthing (Chair)	GMC Education Committee QABME Team Leader
GMC Education Committee	Dr Joan Martin	GMC Council GMC Education Committee
GMC Education Committee	Professor Debbie Sharp	GMC Education Committee
Patients	Mr Alan Hartley	Chair of GMC Patient and Public Reference Group
Public	Ms Elaine Brock, Mr Graham Bruce	Public members of GMC Patient and Public Reference Group
Postgraduate Education	Dr Mike Watson	Director of Medicine, NHS Education for Scotland
Medical Educators & Schools	Professor Tony Weetman	Medical Schools Council GMC Education Committee QABME Team Leader
Medical Educators & Schools	Professor Sam Leinster	Medical Schools Council QABME Team Leader
Medical Educators & Schools	Prof Derek Gallen	Postgraduate Dean Wales Conference of Postgraduate Medical Deans (CoPMED) UK Foundation Programme Office
Medical Educators & Schools	Dr Ed Neville	Chair of Academy Foundation Programme Committee
Students	Mr Ian Noble	BMA Medical Students Committee
Junior Doctors	Dr Johann Malawana	BMA Junior Doctors Committee
Educationalist	Professor Allan Cumming	Medical educationalists Scottish Deans' Medical Curriculum Group
GMC – internal consistency & integration	Mr Rob Slack	GMC Council GMC Education Committee GMC Registration Committee
GMC – internal consistency & integration	Dr John Jenkins	GMC Council GMC Standards Committee PMETB

Representatives of Chief Medical Officers:

England	Dr Donal O'Donoghue	Director, Renal Services
Wales	Professor Michael Harmer	Deputy Chief Medical Officer for Wales
Scotland	Dr Aileen Keel	Deputy Chief Medical Officer for Scotland
Northern Ireland	Dr Paddy Woods	Senior Medical Officer for Northern Ireland

The detailed drafting work has been overseen through a smaller sub-group including Professor Michael Farthing, Professor Allan Cumming, Dr John Jenkins and Professor Sam Leinster, with additional attendance at meetings of other experts on a one-off basis. The outcomes for graduates are based on drafts prepared by Professor Cumming, Dr Jenkins and Professor Leinster. The standards for the delivery of medical education are based on a draft prepared by Philip Brown.

The drafting process has involved careful consideration of a wide range of submissions, perspectives and publications. An Issues Log of more than 90 separate items has been developed and considered by members of the Review Group, linked to a collection of more than 70 publications and documents.

The membership of the Review Group and of the Education Committee has ensured that the review of *Tomorrow's Doctors* has reflected a wide range of perspectives. The Issues Log has recorded approaches made to the GMC.

In addition, we have pursued a strategy of engagement in the period leading up to the formal consultation. This has involved the circulation of a bulletin and a backgrounder document, and meetings with key healthcare organisations, medical students and representatives of patients and the public.

Purpose

The overall purpose of the consultation is to ensure that a full range of perspectives and information sources is considered in the revision of the standards for undergraduate medical education.

The desired outcome is an edition of *Tomorrow's Doctors* published in 2009 which:

a. Contributes to the effective regulation of medical schools without avoidable burden or restriction on innovation and diversity.

b. Is fit for purpose in the changing context of medical education and healthcare.

c. Meets the needs and responds to the aspirations of the NHS and other employers of doctors and providers of health care.

d. Meets the needs and responds to the aspirations of patients and the public.

e. Is consistent with other GMC guidance including the revised edition of *Good Medical Practice* (2006) and *The New Doctor* (2007); and with standards issued by PMETB for specialist training.

f. Takes account of different landscapes from all four countries of the UK – England, Northern Ireland, Scotland and Wales.

g. Promotes equality and values diversity and human rights.

h. Underlines and reinforces the continuum of medical education and training.

i. Correctly defines outcomes necessary to be fit to practise and to be prepared for practice and Foundation Programme training.

j. Provides a solid foundation for the GMC's Quality Assurance of Basic Medical Education.

We have invited many organisations and individuals to participate in the consultation, including:

a. Members of the profession, medical students and representative bodies.
b. Medical schools and other providers of medical education and training.
c. The organisations that provide healthcare and employ doctors.
d. Bodies representing patients and the public.

This includes equality and diversity organisations.

The consultation is open to anyone who wishes to respond. We hope that there will be widespread enthusiasm for taking part in the consultation.

Implementation

The consultation runs until 27 March 2009. We will analyse and report on the response to the consultation with a view to publishing the revised edition in summer 2009.

Subject to the result of the consultation, medical schools will be expected to map and revise curricula during 2009/10 so that the 2010 intake is admitted to a course that will be compliant from the start with the outcomes and standards. The revised *Tomorrow's Doctors* will apply from 2010/11.

During 2008/9, we will complete the cycle of quality assurance (QABME) reviews of established medical schools against the standards in the 2003 edition of *Tomorrow's Doctors*.

During 2009/10, medical schools will need by law to satisfy the standards in the 2003 edition while preparing for implementation of the 2009 standards. In 2009/10, our review activities will be focused on supporting medical schools as they consider how to implement the 2009 standards. (However, we retain the option of quality assuring individual schools in 2009/10, for example to consider the adequacy of steps taken by schools arising from previous QABME reviews.)

During 2009/10 we will also review our quality assurance process to develop an appropriate framework for the cycle of reviews starting in 2010/11. The quality assurance framework will be developed in light of the review of the regulation of education and training led by Lord Naren Patel. We aim to consult on proposals for the revised quality assurance framework in 2010.

The GMC will quality assure medical schools against the 2009 edition of *Tomorrow's Doctors* from 2010/11, in a reasonable manner that recognises that some schools may find it difficult immediately to meet some of the new requirements.

Key dates for Implementation of Standards	
QABME cycle 2008/09	Schools assessed against *Tomorrow's Doctors* 2003
Summer 2009	GMC publishes revised edition of *Tomorrow's Doctors*
Academic year 2009/10	Schools map and revise curricula
Autumn 2009 – Spring 2010	GMC supports medical schools on implementation of 2009 *Tomorrow's Doctors* and engages and engages them in the development of a revised model for the new QABME cycle from 2010/11
Autumn 2010	Model and visit plan for QABME confirmed
By end 2010	New QABME cycle begins

Consultation process

The consultation is web-based – we hope that most respondents will submit their returns through the consultation pages that can be accessed through the GMC website: www.gmc-uk.org. Alternatively, responses can be submitted to the GMC on paper or can be emailed to tomorrowsdoctors@gmc-uk.org

On the website you will find:

a. this consultation document including consultation questions
b. the consultation draft of *Tomorrow's Doctors*
c. an impact assessment.

A series of consultation events is also being organised.

If you would like to receive future issues of the e-bulletin about the progress of the review, please email tomorrowsdoctors@gmc-uk.org.

Equality and diversity

We are committed to valuing diversity and promoting equality throughout the GMC and to ensuring our processes and procedures are fair, objective, transparent and free from unlawful discrimination. We would be grateful for your views on the equality and diversity implications of the draft standards.

As you answer the questions, please consider whether the standards could have an adverse impact on members of particular communities or groups. We would welcome any comments you might wish to make as you go through the questionnaire. When commenting, please also mention anything you can think of that might mitigate any adverse impact.

Consultation questions

Standards for delivery of teaching, learning and assessment (pages 6-29 of the revised draft of *Tomorrow's Doctors).*

The standards for delivery of medical education set out what the GMC expects of medical schools particularly in relation to teaching, learning and assessment.

1. (a) Are the draft standards appropriate to ensure that medical education is delivered effectively?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

See continuation pages.

2. (a) Is the structure of the standards helpful?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

Overall, the draft Tomorrow's Doctors 2009 is more explicit than the 2003 version and the format of Standard, Criteria and Evidence is clear and logical to follow.

3. Please state for each Domain whether you believe that it is appropriately prescriptive…

Domain 1 – Patient safety

Too Prescriptive	☐	Appropriately prescriptive	☐	Insufficiently Prescriptive	☐	Not Sure	☑

Domain 2 – Quality assurance, review and evaluation

Too Prescriptive	☐	Appropriately prescriptive	☑	Insufficiently Prescriptive	☐	Not Sure	☐

Domain 3 – Equality, diversity and opportunity

Too Prescriptive	☐	Appropriately prescriptive	☐	Insufficiently Prescriptive	☑	Not Sure	☐

Domain 4 – Student selection

Too Prescriptive	☐	Appropriately prescriptive	☐	Insufficiently Prescriptive	☑	Not Sure	☐

Domain 5 – Design and delivery of curriculum including assessment

Too Prescriptive	☐	Appropriately prescriptive	☑	Insufficiently Prescriptive	☐	Not Sure	☐

Domain 6 – Support and development of students, teachers and local faculty

Too Prescriptive	☐	Appropriately prescriptive	☐	Insufficiently Prescriptive	☐	Not Sure	☑

Domain 7 – Management of teaching, learning and assessment

Too Prescriptive	☐	Appropriately prescriptive	☐	Insufficiently Prescriptive	☐	Not Sure	☑

Domain 8 – Educational resources and capacity

Too Prescriptive	☐	Appropriately prescriptive	☐	Insufficiently Prescriptive	☐	Not Sure	☑

Domain 9 – Outcomes

Too Prescriptive	☐	Appropriately prescriptive	☑	Insufficiently Prescriptive	☐	Not Sure	☐

4. (a) Do you think that Domain 2 sets appropriate standards for quality assurance, review and evaluation?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

We welcome the more explicit expectations in relation to quality assurance, review and evaluation in the new document.

5. (a) The draft standards drop the requirement in the 2003 edition of *Tomorrow's Doctors* that 25-30 per cent of a standard curriculum should normally be available for Student Selected Components. Do you agree that this requirement should be dropped?

Yes ☑ No ☐ Not sure ☐

(b)Are you content with what the draft standards say about Student Selected Components? (Domain 5, especially paragraphs 65 and 77-80)

Yes ☐ No ☑ Not sure ☐

(c) Can you explain why?

See continuation sheet.

6. (a) The standards state at paragraph 82: 'The structure and content of courses and clinical attachments should integrate learning about basic medical sciences and clinical sciences. Students should wherever possible learn in a context relevant to medical practice, and re-visit topics at different stages and levels to reinforce understanding and develop skills.' Do you agree?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

7. (a) The standards state at paragraph 83: 'Medical schools should provide opportunities for students to work and learn with other health and social care professionals. This will help students understand the importance of teamwork in providing care.' Do you agree?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

8. Do you believe that the standards in Domain 5 would lead to medical students having more direct involvement than currently in delivering patient care?

Yes ☐ No ☐ Not sure ☑

9. (a) We believe that students having more direct involvement in patient care would prepare them better for practice after they graduate, without endangering patient safety while they are students. Do you agree? (Domain 5, especially paragraphs 67 and 84-91)

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

Encouraging students to be more involved in patient care will emphasise the need to be precise about decisions they make, to check things carefully and have an opinion. Students will need to be carefully supervised on a one to one basis.

Probably most people would agree, throughout the course, with the need to be involved in direct patient care and for students to be active members rather than passive members of the team, but we have to be careful as to how we "package it" and whether we could accomplish this for all in the earlier clinical year's e.g. with constraints regarding EWTD and sheer numbers of students.

10. (a) The standards propose Student Assistantships. Do you agree? (Domain 5, paragraphs 67 and 90)

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

This is the only way students will learn exactly what is involved as a foundation doctor; working hours, ongoing responsibility and being available.

(c) Should the standards be more prescriptive about Student Assistantship?

Yes ☐ No ☑ Not sure ☐

(d) Can you explain why?

11. (a) Do you agree that: 'As part of the general induction provided for FY1 doctors, they must work with the FY1 in the post they will take up when they graduate'? (Domain 5, paragraph 91)

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

We have required our students to undertake this type of shadowing for many years, it has proved extremelty useful to them in preparation for their final exams and in preparation for their role as FY1 doctors.

(c) Should the standards be more prescriptive about responsibility for meeting this requirement?

Yes ☐ No ☑ Not sure ☐

(d) Can you explain why?

The arrangements in place should meet the local needs of the student/FY1 doctor, the future employer, the PG Deanery and the UG medical school.

12. (a) Do you think that *Tomorrow's Doctors* should include requirements relating to 'electives'?

Yes ☐ No ☑ Not sure ☐

(b) Can you explain why?

We feel they are not required as long as the key outcomes in relation to the electives are met. Such requirements could be too restrictive and inflexible and may be counterproductive as they may stifle innovation.

(c) If so, what should these requirements be?

13. (a) Do you think that the paragraphs on feedback and assessment are appropriate in content and level of detail? (Domain 5, especially paragraphs 68-73 and 92-101)

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

We would not want things more prescriptive e.g. numbers of assessments, when and what type as we think that these would be too constraining and would not allow development or initiative.

14. (a) Do you believe the draft guidance is appropriately prescriptive in relation to external examiners? (Domain 5, paragraph 97)

Too Prescriptive	Appropriately prescriptive	Insufficiently Prescriptive	Not Sure
☐	☑	☐	☐

(b) Can you explain why?

Our institution has in place robust processes for the appointment and engagement of external examiners. We also include the engagement of those outside our organisation in other quality enhancement mechanisms.

15. (a) Do you believe that *Tomorrow's Doctors* should encourage the use of pooled question banks for examinations?.

Yes	No	Not sure
☑	☐	☐

(b) Can you explain why?

It would be helpful to have access to a bank, but each School should continue to develop their questions as appropriate to their curriculum.

16. (a) Should it be a requirement that medical students demonstrate every outcome and skill in a summative assessment?

Yes ☐ No ☑ Not sure ☐

(b) Can you explain why?

Summative assessment should select a number of skills to assess. Students should however be assessed formatively on different skills throughout the course.

17. (a) Do you think that the draft standards appropriately involve patients and the public in the design and delivery of medical education?

Yes ☐ No ☐ Not sure ☑

(b) How could that involvement be deepened?

18. (a) Do you think that the draft standards appropriately involve employers of doctors and providers of health care in the design and delivery of medical education?

Yes ☑ No ☐ Not sure ☐

(b) How could that involvement be deepened?

In order to deliver the curriculum it is important to involve employers and providers in discussions about curriculum developments and changes as they will be responsible for delivering the School's compliance.

Outcomes at graduation

The outcomes set out the knowledge, skills and behaviours required of students at the point of graduation. They should be sufficient to prepare new graduates for practice and training in the Foundation Programme; and they should not pose unnecessary or discriminatory obstacles to graduation. Compared to the 2003 edition of *Tomorrow's Doctors*, we propose to extend and be more explicit about the practical skills which we expect of new medical graduates.

General questions on the outcomes

19. (a) Do the draft outcomes set out the knowledge, skills and behaviour that the public expects of doctors entering the profession?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

20. (a) Do the draft outcomes set out the knowledge, skills and behaviour that providers and employers need from graduates entering the workplace and the Foundation Programme?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

21. (a) Do the draft outcomes prepare students for practice in an ageing population where many people have a range of health problems?

Yes ☐ No ☑ Not sure ☐

(b) Can you explain why?

The demographic changes resulting in an ageing population require that all doctors are aware of the special needs of older people consequential to the decline in physiological reserve, atypical presentation of disease and multiple pathologies. There is a need for the draft document to include outcomes particularly linked to the knowledge and skills when caring for older people so that medical schools incorporate them in their curriculum plan.

22. (a) Some disabled students may have difficulties meeting some of the outcomes. Should any of the outcomes therefore be omitted?

Yes ☐ No ☑ Not sure ☐

(b) Can you explain why?

The outcomes should remain as they are, but it should be made clear that disabled students need careful assessment of their ability to carry out their medical duties with reasonable adjustments to allow them to undertake their duties. Safety for patients and duty towards patients is paramount. If a student is unable to carry out essential work, he/she may not be fit to practise and this needs to be carefully assessed.

23. (a) Should the wording for any of the outcomes be rephrased to clarify what could count as a 'reasonable adjustment' for disabled students?

Yes ☑ No ☐ Not sure ☐

(b) If so, please give details.

The outcomes should remain as they are, as they should apply to every student, but item 42 in Domain 3 (equality and diversity domain) should be made more explicit, as what 'reasonable adjustments' really means.

Consideration needs to be given to students who have a physical disability (say they can't see or hear well, or have a problem with walking) and the type of assessment that should be carried out to ensure both that the student remains safe and well, and that patient safety and care is not compromised. The method of this assessment needs to be clarified – who should carry it out, should Occupational Health depts be involved in the assessment, and who should make the final decision as to whether the student is fit to practise or not. Similar considerations apply to students with mental health problems.

The doctor as a scholar and a scientist

24. (a) Do you think the title of this section is appropriate?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

25. (a) Do you think the draft outcomes are appropriate in relation to applying scientific principles?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

26. (a) Should there be a more explicit expectation that students should acquire knowledge and understanding of science which is not of immediate and direct application to medical practice after graduation?

Yes ☐ No ☑ Not sure ☐

(b) Can you explain why?

The text in the document is clear enough.

The doctor as a practitioner

27. (a) Do you think the title of this section is appropriate?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

28. (a) Do you agree with the requirements in relation to communication skills (paragraph 159)?

Yes ☐ No ☐ Not sure ☑

(b) If not, what would you change?

29. (a) Do you agree with the requirements in relation to immediate care of medical emergencies (paragraph 160)?

Yes ☑ No ☐ Not sure ☐

(b) If not, what would you change?

Although the graduate will have been trained to do this they would not be expected to be fully competent in acute care as they will be performing all of these as F1 doctors under supervision and we would not want them to be working outside their competencies. They will be improving their skills and learning acute management throughout their foundation years too.

30. (a) The 2003 edition of *Tomorrow's Doctors* states at paragraph 19m: 'Demonstrate competence in cardiopulmonary resuscitation and advanced life-support skills.' Graduates can 'demonstrate competence in cardiopulmonary resuscitation' by telling others what to do, rather than doing it themselves. The draft paragraph 160d states instead: 'Provide Immediate Life Support and cardio-pulmonary resuscitation equivalent to current UK standards'.

Do you agree with the proposed 160d?

Yes ☑ No ☐ Not sure ☐

(b) If not, what would you change?

31. (a) Do you agree with the requirements in relation to prescribing skills (paragraph 161)?

Yes ☑ No ☐ Not sure ☐

(b) If not, what would you change?

The draft Box 1 lists practical procedures that new graduates must be able to perform. We need to be confident that competence in each procedure is necessary.

32. (a) Do you agree that competence in all the procedures in Box 1 is necessary at the point of graduation?

Yes ☐ No ☑ Not sure ☐

(b) If not, in which procedures in Box 1 do you think competence is not necessary?

Measuring Central Venous Pressure may not be necessary as this is usually done using electronic systems.

All other procedures are appropriate.

33. (a) Should the wording or the description for any of the procedures in Box 1 be rephrased to clarify what could count as a 'reasonable adjustment' for disabled students?

Yes ☐ No ☑ Not sure ☐

(b)If so, please give details.

It would be helpful to add a footnote stating that reasonable adjustments should be made to allow students with a disability to complete the procedures.

34. Please list any additional practical procedures which you think should be included in Box 1.

Basic Life Support

35. (a) Do you think that we should say that the list of practical procedures at Box 1 is not exhaustive and that medical schools may require students to demonstrate competence in additional procedures?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

To allow Medical Schools to respond more readily to any changes in employer expectations, WAG/DoH guidance, etc.

The doctor as a professional

36. (a)Do you think the title of this section is appropriate?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

Item 165 (d) should include reference to developing cultural sensitivity, and thereby cultural safety – it defines what the student should be aiming for. Item 165 (e) should include reference to a working knowledge of the laws against discrimination – and human rights legislation. Many professionals don't recognise discrimination when it is occurring in a large organisation, unless they are aware of the definitions and understand what they mean. Item 165 should also contain reference to 'professional behaviour' – in terms of appearance, punctuality and due process of implementing medical management for patients – i.e. not behaving like a 'shift worker' and shelving duties for the next doctor to pick up when coming to the end of shift, or not turning up to do a locum and then stating that you don't want to do any visits that day!

37. (a) We have debated whether there should be a separate, additional section on 'The doctor as a leader'. However, we think it would be unhelpful to separate leadership from other aspects of professionalism.

Is it appropriate to include the leadership competencies required of new graduates within this section on 'The doctor as a professional'?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

We think this is entirely appropriate, because while being able to work in team is vital, doctors almost inevitably end up in leadership roles as they take ultimate responsibility in many medical situations. While they may not need to take leadership roles as new graduates, it is something they need to understand so that they can be prepared for this later.

38. (a) Do you agree with the requirement in relation to knowledge of the NHS (paragraph 168b)?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

We think this is vital, not only that students are taught about the NHS and associated systems (Social Services etc), but that they buy into the system as well. Otherwise, there is a danger that they don't use the systems effectively to the benefit of patients e.g. in drug prescribing decisions, gatekeeper roles for GPs, rationing decisions with finite resources. This is definitely part of professional behaviour.

Impact and implementation

An impact assessment has been published alongside this consultation. The assessment identifies some aspects of the new guidance that might have most impact on medical schools, the NHS and other bodies, covering costs and benefits and implications for equality and for privacy. We are seeking your advice on whether we have identified the aspects with most impact.

39. (a) Do you think the impact assessment is an adequate representation of the impact the guidance would have in relation to equality and diversity?

Yes ☐ No ☐ Not sure ☑

(b) What have we missed out?

40. (a) Do you think the revised *Tomorrow's Doctors* would pose any difficulties or barriers for particular communities or groups, such as disabled people or people from ethnic minorities or of particular religions and beliefs?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

The revised draft does pose some problems, particularly for students who can't comply with the expectations of behaviour and performance of the document.
One example would be disabled students – we have outlined above what measures we feel should be in place to assess these students and make decisions on their fitness to practice, bearing in mind safety and care for patients.
A second example would be students observing certain religious practices – for example some male Moslem students may feel unable to touch or examine female patients (this is a fairly extreme example, as most Moslems would not feel this way and would agree that they need to conform to the host nations' practices and behaviours).

(c) Should changes be made to address these difficulties or barriers, and if so, what?

Aspects of the revised *Tomorrow's Doctors* relevant to privacy are:

a. Encouraging student involvement in patient care requiring patients' consent and effective arrangements for sharing information about students' progress between medical schools and NHS/other providers of placements.

b. Encouraging the sharing of information about students' areas of relative weakness between medical schools and the Foundation Programme.

c. Collecting and using information about students' disabilities in line with the *Gateways to the Professions* guidance published by the GMC and other organisations.

d. Collecting and using information about students' fitness to practise in line with *Medical Students: Professional Behaviour and Fitness to Practise*, published by the GMC and the Medical Schools Council.

41. (a) Do you agree with the proposals in the revised *Tomorrow's Doctors* as they relate to collecting and using personal information?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

Personal information about student progress is subject to the Data Protection Act and individual permission has to be obtained before it can be released on a strictly need to know basis. Whilst some Hospital Honorary Senior Lecturers may find this information helpful, practically, this will be challenging to deliver and comply with data protection legislation. The risk of this information being shared with non appropriate individuals in a hospital is probably quite high and will potentially place the University in a vulnerable position.

42. (a) Do you believe that the proposals relating to collecting and using personal information include appropriate detail?

Too much detail ☐ Appropriate detail ☐ Insufficient detail ☐ Not sure ☑

(b) Can you explain why?

See response to question 41.

43. (a) Do you believe medical schools and other education providers have documented governance arrangements to ensure that personal information would be properly collected and used?

Yes ☐ No ☐ Not sure ☑

(b) If not, why not?

See response to question 41 above.

The impact assessment discusses the resource implications that the revised *Tomorrow's Doctors* might have in six areas:

a. Prescribing and patient exposure.
b. Professionalism and leadership.
c. Assessment.
d. Quality management.
e. Student Selected Components.
f. Disability.

44. For each of these six aspects of the revised *Tomorrow's Doctors*, please describe any practical steps that you expect will be necessary for its implementation and say if you have any evidence or concerns about the likely costs or impact.

(a) Prescribing and patient exposure.

Increasing clinical placement time in Year 1 and 2 will be challenging in terms of finding spare time in the curriculum timetable and may be at the expense of other teaching. 'More effectively supervised' may be different from current practice and place increasing demands on the clinical team. In addition, there are resource issues that would require consideration when implementing any increase in placement time e.g. SIFT funding implications.

The introduction of studentships and greater emphasis on prescribing need careful development and close supervision on a one-to-one basis.

(b) Professionalism and leadership.

We think there are serious implications for resources – to teach in this area properly, we need to consider small group work and this means more teachers, rooms for teaching and the development of teaching materials. It also means finding ways of assessing professionalism.

(c) Assessment.

(d) Quality management.

In response to the more explicit requirements of the new guidance the School will wish to make it's quality management mechanisms more explicit, this will inevitably incurr compliance costs.

The School is concerned that there appears to be a requirement for very detailed Service Level Agreements with each placement provider. If this is the case this will involve significant workload demands, potentially requiring additional resource.

(e) Student Selected Components.

None.

(f) Disability.

To be able to cater for different types of disability may impinge on resources – for example, needing to run an additional circuit at OSCE exams to cater for longer times at each station, or to provide an emanuensis or nurse to help students who are disabled.

45. (a) Do you think that we have correctly identified the six aspects of the revised *Tomorrow's Doctors* likely to have the greatest impact on medical schools, the NHS and other bodies?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

(c) If not, please say what additional aspects you would have covered and what practical steps, evidence or concerns would be involved in their implementation.

Subject to the result of the consultation, medical schools will be expected to map and revise curricula during 2009/10 and the revised *Tomorrow's Doctors* will apply from 2010/11. The GMC will quality assure medical schools against the revised *Tomorrow's Doctors* from 2010/11, in a reasonable manner that recognises that some schools may find it difficult immediately to meet some of the new requirements.

46. (a) Will medical schools be able to apply the revised *Tomorrow's Doctors* from 2010/11?

Yes ☐ No ☐ Not sure ☑

(b) If not, when should the revised *Tomorrow's Doctors* apply to medical schools?

See continuation pages.

(c) Which requirements in the revised *Tomorrow's Doctors* will pose the biggest challenge for medical schools?

General

47. (a) Is the balance in the draft *Tomorrow's Doctors* about right between (a) education in scientific principles, methods and knowledge and (b) training in medical practice?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

48. (a) Do you think that the draft *Tomorrow's Doctors* is written at the right level of generality/specificity?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

49. (a) Readers of the draft *Tomorrow's Doctors* can look at the list of useful reading at Appendix 1 if they want more specific details about particular aspects of undergraduate education. Is this a good approach?

Yes ☐ No ☐ Not sure ☑

(b) What documents have we omitted that should be included?

50. (a) Do you think that the draft *Tomorrow's Doctors* would promote high standards in medical education?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

51. (a) Do you think the draft *Tomorrow's Doctors* would allow the General Medical Council to develop and implement an appropriate quality assurance framework for medical schools?

Yes ☑ No ☐ Not sure ☐

(b) Can you explain why?

The new guidance contains more explicit requirements in relation to quality assurance and the management of medical education that seeks to embed a culture of quality within the management structure of medical schools; we welcome this.

52. (a) Would the draft *Tomorrow's Doctors* provide assurance that UK graduates will be robustly assessed against objective and consistent standards?

Yes ☐ No ☐ Not sure ☑

(b) Can you explain why?

53. Do you have any other comments on the draft *Tomorrow's Doctors*?

No.