

The Medical Schools Council Response to the GMC's consultation on a review of the Future Regulation of Medical Education and Training

Approach to education and training

- 1 The review welcomes the priority placed on protecting the public within the GMC's recent strategic plan. The GMC should set out how the merger of the GMC and PMETB will benefit patients and what steps are in place to realise these benefits within a fully integrated regulatory framework for doctors.

AGREE

- 2 In integrating education and training into the regulatory framework the GMC should demonstrate robust engagement mechanisms with the public.

AGREE - However there are dangers in this engagement related to the higher educational aspects of undergraduate medical education as against the pure training aspects.

- 3 Following the merger the GMC should clarify and strengthen its relationships with education and training providers and the system regulators to ensure that it can fulfil its new responsibilities to be a robust and effective regulator across all stages of education and training.

AGREE

Understanding the 'continuum of medical education and training'

- 4 The GMC should establish a national working group of key interests to address issues arising from the transitions between the different stages of education and training, including the steps it might take with others to facilitate the more effective transfer and co-ordination of information about curricula, assessments and individuals across the different stages.

AGREE - Addressing the transition points between undergraduate and foundation training and between foundation and postgraduate training would be helpful. The report reads as if this is a problem with the undergraduate programme but a significant part of this discontinuity and problem with transition relates to a lack of appreciation of the undergraduate programme in the development of foundation programme competencies and assessments.

It should be noted that a Transition Group to address issues affecting this transition between different stages of education and training has already met. It includes representatives from undergraduate and postgraduate medical education across the UK including the GMC.

- 5 The GMC should work with others to identify and collect nationally agreed data sets to inform its processes and validate the outcomes of its regulatory activities. It should also consider how technology might be used to support this.

AGREE

Begin at the beginning: selection into medical school

6 The GMC should not seek to extend its regulatory role into selection for undergraduate training.

AGREE - This decision is particularly welcomed by the Medical Schools Council. As set out in the report the GMC should continue to satisfy itself that selection processes used by Schools are appropriate, fair and transparent.

Undergraduate years

7 The GMC should evaluate the effectiveness of its existing arrangements for engaging with students and patients.

AGREE- Engagement with students needs to be done in collaboration with Medical Schools. There is a view that it would be helpful for students to be registered with the GMC. We would argue however, that this is not necessary at this time. As the main driver for student registration relates to the mechanisms involved in identifying, reporting and sharing information on incidents, mechanisms that are being looked at by the GMC and the Medical Schools Council. The issue of student registration may need to be revisited if the combined efforts of the MSC and GMC do not have the desired results.

Outcomes and entering the profession

8 The GMC should evaluate the impact of the 2009 revision of Tomorrow's Doctors with a view to considering the need to enhance the consistency of outputs from undergraduate medical education and, if appropriate, how that should be achieved. It should also consider whether the changes introduced in undergraduate training as a consequence of Tomorrow's Doctors have impacted on the needs and requirements of Foundation training.

AGREE – In relation to methods of assessing and ensuring the consistency of outputs from undergraduate medical education the Medical Schools Council is against a single national exam, however in addition to medical schools' involvement in the QABME process, the MSC is engaged in two projects aimed at providing just such assurance.

- Medical schools have agreed to draw a minimum of 15% of questions for finals from a common question bank, in response to a request by the GMC in 2006 to take this action. The MSC Assessment Alliance bank will be an expansion of an existing bank of questions run by UMAP. These questions are being mapped against the outcomes in Tomorrow's Doctors 2009. If successful the Alliance will extend the work to include shared OSCE stations and other assessments.
- The Medical Schools Council is working with the British Pharmacological Society to develop a national assessment in Prescribing Skills to assess the outcomes relating to prescribing outlined in Tomorrow's Doctors 2009.

Foundation training

9 Having brought the regulation of the foundation years under one regulator, the GMC should review the quality assurance process to ensure the benefits of the merger are given effect in the Foundation Programme.

AGREE - This is the opportunity to sort out the anomalies related to current responsibilities in the first and second year of the foundation programme

10 The GMC should consider whether further steps are required to ensure that processes for signing off trainees for full registration are robust.

AGREE - As part of its considerations the GMC should take into account the proportion of F1s training in posts away from their graduating medical school, estimated to be as much as 40% of the 2010 intake. Robust sharing of information and feedback on the performance of graduates

are difficult to achieve currently, although these two issues are being addressed by the Transition Group.

- 11 Subject to the outcome of the current review of the Foundation Programme, the GMC should define the outcomes required to complete the second year of the Programme, in the same way as it defines outcomes for undergraduate medical education.

AGREE - This should relate to the current MEE review of the foundation programme and not be brought in temporarily in advance of the review.

Postgraduate education and training

- 12 Having implemented the standards for trainers and evaluated their role and effect, the GMC should develop a framework for the accreditation of trainers.

AGREE- This system should look at educators/trainers across the continuum and not be limited to graduate training

- 13 The GMC should explore the benefits and weaknesses of accrediting or approving the education and training environment in addition to approving posts and programmes.

AGREE- This should all be part of the process of approving posts and programmes, as it has been in the past.

- 14 The GMC should develop a regulatory framework for education and training for doctors in career posts and not currently in specialist (including general practice) training programmes leading to a CCT.

AGREE

- 15 Following merger, the GMC should review the processes leading to the award of CESRs and CEGPRs to ensure they are fair, efficient and fit for purpose, and that the processes continue to ensure standards are maintained.

AGREE

- 16 The GMC should note the recommendations of the Selection into Specialty Training Working Group report.

AGREE

- 17 The GMC should consider the outcomes of PMETB's review of subspecialties once its Subspecialty Training Task and Finish Group has completed its work.

AGREE

EU and international medical graduates

- 18 To provide the public and employers with greater confidence in the fitness for purpose of the registers, and in the fitness to practise of the doctors on the registers, the GMC should explore how it might ensure greater equivalence in the standards of doctors entering the specialist and GP registers and the uncoupling of this from the certification process.

AGREE – This is absolutely crucial, however the review seems to duck the question of EU graduates. While it records doubts about UK graduates and sets out ways this might be addressed in undergraduate training it fails to address this adequately for EU graduates passing

all the responsibility on to employers. The GMC should consider whether it should push commissioners to challenge the EU PMQ standard.

The Medical Schools Council would also argue for a test of clinical communication for non-UK graduates, which we have been advised is permissible within EU law. If non-UK graduates were required to take a communications test and prescribing skills assessment (referred to in our answer to question 8) this would mean the end to multiple un-validated employer based tests prior to the commencement of FY1.

Locums

- 19 Subject to consideration of the recommendation in section 13, any doctor undertaking a locum consultant post in the UK health services should have been accepted on to the specialist register. This should also ensure that there is consistency between specialist and GP registration.

AGREE- Strongly agree with recommendation; however it may not be achievable.

Continuing practice

- 20 The GMC should update its 2004 CPD guidance and re-examine how the regulatory role in CPD should be exercised so as to support doctors in meeting the requirements of revalidation and providing high quality care for their patients, whilst preserving the value of CPD for individual professionals.

AGREE

Quality assurance

- 21 The GMC should have greater legislative flexibility in the way it is able to satisfy itself that standards and outcomes are being met.

AGREE

- 22 The GMC should consider whether the existing mechanisms for identifying and addressing emerging problems between QABME visits could be enhanced.

AGREE -This area has changed with the new annual letter related to the new Tomorrow's Doctors and will also be affected by the changes which are inevitable in the NHS and Universities as a result of the economic downturn. Medical Schools Council is keen to work with the GMC to identify obstacles to the rapid introduction of the new version of Tomorrow's Doctors. Any enhancements to QABME should be considered carefully prior to introduction, in terms of the burden they will pose on Schools and the costs they will incur.

- 23 The GMC should consider further whether the current focus of its quality assurance activities upon institutional processes provides sufficient assurance of the quality of outcomes and individual trainees produced by those processes, and of their progress through training.

AGREE

- 24 The GMC should consider the implications of the changes to *Tomorrow's Doctors* for the future focus and methodology of its QABME programmes.

AGREE- This would normally follow from such changes as the new Tomorrow's Doctors.

- 25 The GMC should work with the systems regulators to ensure that those organisations providing education and training are held to account for meeting the required standards and outcomes.

AGREE

- 26 For there to be confidence in quality assurance processes and outcomes, representatives of all key stakeholders must be involved. As the main recipient of trainees from medical school, the UK health services have an important role in the quality assurance of medical education and training.

AGREE - An important but subsidiary role – the NHS does take almost all UK medical graduates and so is a key stakeholder. Medical Schools should be following a NHS+ model – i.e. aim to produce graduates that are fit for service in the NHS with additional skills, such as research skills.

Co-opting NHS involvement in QA processes is most likely to involve a process of re-badging those already involved in the process rather than actively recruiting from the NHS. It is important that those representing the NHS in these processes also have the relevant knowledge expertise and interest in medical education and training.

- 27 The merger of PMETB with GMC will necessitate a review of the funding arrangements for the quality assurance of medical education and training. The starting point for that review should be the principle that “the beneficiary pays”.

AGREE- However who the beneficiaries are needs defining- the NHS, the doctor, the patient? The implication of the report is that doctors themselves are the beneficiaries while central government is not. The opposite argument could and should be made, namely that well trained medical students are a benefit to the nation. We would also wish to highlight the ‘hidden’ costs of regulation currently carried by medical schools through their involvement in QABME, and would therefore argue that the direct costs of QABME should not fall on medical schools.