



Medical Schools Council Response to the Law Commission Consultation on the Regulation of the Health Professions May 2012

1. The Medical Schools Council represents the interests and ambitions of UK medical schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine. The following response offers a medical school view on the proposals put forward in the Law Commission Consultation on the Regulation of the Health Professions, with reference to the relevant parts, proposals and questions in the consultation document.

The structure of reform and accountability (with reference to part 2 of the consultation)

2. We support the principle of a single Act of Parliament to provide the legal framework for all the health and social care regulators and replace all the existing governing statutes and orders. We believe the common legislative framework and the default powers for Government to intervene will help deliver greater consistency and improvements across healthcare regulation, whilst also increasing autonomy for individual regulators to respond to the specific needs of a particular profession.

Main duty and general functions of the regulators (with reference to part 3 of the consultation)

3. Notwithstanding the importance of the GMC's role to protect the public, promote and maintain health, we believe that the GMC's responsibility to maintain confidence in the medical profession is central to its role as a health professional regulator. For this reason, in response to **Question 3.1** we recommend that the statute specify the paramount duty of the regulators and the CHRE is to: (2) protect, promote and maintain the health, safety and well-being of the public and maintain confidence in the profession, by ensuring proper standards for safe and effective practice.

The governance arrangements of the regulators, including the size and composition of Councils (with reference to part 4 of the consultation)

4. The Medical Schools Council recently responded to the Department of Health on the GMC and GDC constitutions, with a focus on the size and composition of council. In our response we highlighted our concern that, at least in the case of the GMC, a smaller council would mean reduced representation from clinical and clinical academic groups and that this would limit Council's ability to be responsive to developments in health, medicine and medical education. We believe that eight members would be too small to be a fully working Council and that between 12 and 16 is required to ensure the necessary range of expertise. Eight might also be too small to cope with the considerable workload and responsibility required.
5. The Medical Schools Council is also of the view that appropriate inclusion of clinical and clinical academic members is essential and that the Chair of the GMC should be a medically qualified clinician.

6. In relation to **Question 4.6** any of the three proposals could result in a Council of sufficient size and appropriate composition. If the statute was to specify a ceiling for a size of the Councils and proportion of lay/registrant members (option 1) we would strongly recommend that this ceiling be closer to 16 than eight, and that the statute also recognises the importance of clinical academic input in terms of composition.

The registration and renewal of registration of professionals, student registers, registration appeals (with reference to part 5 of the consultation)

7. We note **Provisional Proposal 5-4**: The Government should be given a regulation-making power to introduce compulsory student registration in relation to any of the regulated professions. On the related **Question 5.5**, we recognise that student registration and the wider issue of how best to embed professionalism in pre-registration education and training is an area of interest for all the health professional regulators. We believe that a common approach to student registration and professionalism in healthcare is worth pursuing however we do not think government imposed compulsory student registration is necessarily the solution.
8. In medicine, the main driver for student registration relates to a need for better mechanisms involved in identifying, reporting and sharing information on fitness to practise incidents. The GMC, the Medical Schools Council and other stakeholders have been working closely together to develop such mechanisms, both with respect to sharing information of students excluded from medical school for fitness to practise concerns and to support the sharing of fitness to practise related information across the undergraduate- postgraduate transition.
9. We suggest that the legal framework should encourage regulators to work with education providers to develop mechanisms for identifying, reporting and sharing information relating to fitness to practise incidents. This should allow for the issue of student registration to be revisited should this joint work not produce the desired results. It should also be noted that joint working across the professions in this area would support regulators to share information relating to healthcare students with each other when required which is a desirable outcome.

How the regulators oversee the quality of pre-registration and post-registration education and training (with reference to part 6 of the consultation)

10. The Medical Schools Council welcomes the provisional proposals on the regulators' oversight of the quality of pre-registration and post-registration training. Broadly speaking these proposals reflect the current responsibilities and duties of the GMC with respect to education and training. In reference to **Question 6.1**, we do not think that the proposals need to go any further in encouraging a more streamlined and coordinated approach to regulation in the areas of education, conduct and practice.
11. In reference to **Question 6.5**, the potential extension of the powers of the regulators into areas that are currently the responsibility of universities such as assessment needs to be treated with caution. It is right that the regulator sets the standards for registration (and provisional registration in the case of medicine) and seeks assurance that these standards are being met, and it is acknowledged that a national exam is an example of a tool that regulators may look to for this assurance. However, undergraduate medical education is more than just a means of achieving provisional registration; it aims to provide medical students with opportunities to demonstrate excellence in a range of clinical and academic domains as well as competence in those core skills and competencies required for provisional registration. Different medical schools place

greater emphasis on some of these domains than others and enforcing greater conformity in assessment risks losing the richness and diversity of UK medical education and graduates. It is largely on this basis that the Medical Schools Council is against a single comprehensive national exam, particularly one imposed on UK medical schools from outside.

12. We do however believe that certain specific areas merit having a method of applying an agreed common standard such as is the case with advanced life support. Another area we feel warrants this approach is prescribing skills, and as such we are working with the British Pharmacological Society to develop the Prescribing Skills Assessmentⁱ, to assess the prescribing competencies expected of a foundation doctor on day one. We also recognise the GMC's interest in mechanisms to demonstrate equivalence in passing standards and to this end the MSC Assessment Allianceⁱⁱ is working to provide reassurance to the GMC in this regard. We therefore suggest that any power to introduce a national exam should be coupled with a responsibility to engage and collaborate with universities.
13. Furthermore, in reference to **Question 6.6**, we believe that the GMC and indeed the other regulators should not seek to extend their regulatory role into selection for undergraduate education and training. The GMC should however, continue to satisfy itself that selection processes used by schools are appropriate, fair and transparent. To this end we are aware that the GMC is in the process of commissioning a literature review of existing evidence of the efficacy of selection methods and widening access initiatives. We are committed to working closely with the GMC on a joint programme of work on selection, following the publication of this literature review.
14. In reference to **Question 6-8**, guidance issued by the GMC is generally very useful and importantly medical schools have been appropriately involved in developing it, either through effective and thorough consultation processes or in some cases co-production of guidance. In terms of **Provisional Proposal 6-10** we are doubtful that it will be possible to simply separate existing and future guidance into two distinct tiers of guidance. In practice it is likely that most guidance documents will include statements that must be complied with unless there are good reasons for not doing so, *and* statements that do not necessarily require compliance but should be taken into account and given due weight.
15. In the area of fitness to practise and professional ethics the medical schools have benefited from useful dialogue and guidance from the GMC. This includes guidance for medical schools and students on professional values and fitness to practise, produced jointly by the GMC and Medical Schools Council.

Overlap issues; duty to co-operate and collaborate with relevant organisations and with other regulatory systems (with reference to part 12 of the consultation)

16. We endorse the proposals for the statute to impose both general (**Provisional Proposal 12.6**) and specific (**Provisional Proposal 12.8**) duties to cooperate. We believe that cooperation with relevant organisations including those involved in the education and training of registrants is a core part of the regulators' role. In response to **Question 12.7** we would suggest that it may be helpful for the statute to give examples of the types of arrangements that could be made under provisional proposal 12.6, however these should be illustrative rather than mandatory.

ⁱ For more information about the Prescribing Skills Assessment please see: <http://www.prescribe.ac.uk/psa/>

ⁱⁱ For more information about the Medical Schools Council Assessment Alliance (MSC-AA) please see the MSC website: <http://www.medschools.ac.uk/MSC-AA/Pages/default.aspx>