The Association of
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AUKUH Response to -

GMC 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** – The regulatory framework also needs to recognise that doctors are being trained to work predominantly in the NHS. As an employer the NHS has expectations of behaviour (engagement, facilitating change, working within resources) that should be part of professionalism. The GMC should also identify how it will benefit the public and the employers.
2	In integrating education and training into the regulatory framework the GMC should demonstrate robust engagement mechanisms with the public. **AGREE**
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** - However the recommendation could be more explicit, for example by stating that – '*Where regulatory functions have been delegated to the undergraduate schools and postgraduate deaneries and local education providers, there must be clear lines of responsibility and accountability'* (as in Para 41 of the report). The regulatory landscape for medicine has become increasingly complex; better clarity is needed as to where the regulatory boundaries between the GMC and other organisations are. The NHS is increasingly focussed on service delivery and education and training are likely to come second as funding comes under threat (Para 42). The EWTD, waiting time targets and 9 + 1 are all examples of issues that are impacting on teaching delivery. Whilst much of this is outside the GMC's remit, the GMC should be promoting the education agenda vigorously with the respective DOHs, particularly in relation to any reviews of funding.

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** – However care needs to be taken to co-ordinate rather than duplicate the work of the various stakeholder organisations looking at these issues. Addressing the transition points between undergraduate and Foundation training and between Foundation and postgraduate training would be helpful. Consideration is required as to what information is kept, how this information is kept (as part of or separate from a learning portfolio) and how it is used. A useful approach would be to start with what is needed excellent health service provision, and then work back from this to identify what training and education is needed to achieve the necessary outcomes.
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 - It is well recognised that those that have difficulty (behavioural) as an undergraduate are more likely to be under review or suspension as a trained practitioner. Maintaining a record and transferring information for the duration of a medical career through a nationally agreed dataset is an excellent way of identifying those in need of additional support. For it to be useful very specific information would need to be recorded – this will raise a number of sensitive issues regarding access, purpose and implications on career opportunities. Would this be separate from existing databases kept by Universities, Deaneries and Colleges (usually as portfolios)? If so this may have implications on the relationship between trainees and their mentors / tutors / supervisors.

It should be recognised that Trusts are already under a significant amount of administrative burden. AUKUH would recommend that the GMC work with other bodies with an interest in these data to develop a single data collection process and a core data set that meets all stakeholders' needs.

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 – 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- The report talks of engaging students in ideas around professionalism which would be positive. However the GMC should go even further. Trusts can have difficulty in implementing change in this area through consultants due to lack of activity or engagement. A culture of behaving professionally as an employee and that employee – employer relationship should be as important as the doctor – patient one. There should also be regulation on the employers' expectations i.e. stopping employers from demanding behaviours that contradict that of the GMC's Good Medical Practice.

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 – Evaluation of the implementation of the revised Tomorrow's Doctors is crucial, as is ensuring that the outcomes map on to what is required of a Foundation Doctor on day one. The outcomes for undergraduate medical education need to be specific and also allow for medical schools to recognise when someone is not suitable to be a doctor (universities are not just providing a degree but a skill set). There should also be a limit to multiple attempts at passing finals.

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- AUKUH believes that a review of the QA processes for the Foundation Programme is essential. 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. This has particular implications for those who are likely to need additional support, both in terms of the transfer of information between the graduating school and receiving foundation school and ensuring that the appropriate support structures are in place in the receiving foundation school.

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 - There should be a minimum generic set of standards. This should relate to the review of the foundation programme and not be brought in temporarily in advance of the review. There should not be a mode of 'pushing students' through to the Foundation Programme.

An evaluation of clinical placements is also required. A mapping process as to whether clinical placements can meet these standards should occur prior to the approval of these placements.

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

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 – The GMC should have as one of its aims **-** to minimise the beaucracy of regulation as much as possible.

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 – As well as regulation for doctors to use CPD to meet standards of practice there needs to be regulation of employers to support the CPD of their employees. Any accreditation of trainers should be linked to appraisal and revalidation as with the areas of clinical expertise of doctors. It is essential that any regulation of trainers and assessors does not become an additional bureaucratic burden which does not add any value or improve the quality of training and assessment.

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 – Currently these processes are not fit for purpose and involve a great deal of work for Trusts.

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 - Absolutely crucial. We believe that article 14 is not fit for purpose. Any approach should be mindful of its consequences for international and EU medical graduates and their potential UK employers. We do not want to create barriers that would prevent the most experienced EU and international doctors from working in the UK. Registers are only really of relevance to the recently qualified. In this regard the Specialist and GP registers should be viewed as historical documents, it is the license to practise that is relevant, and can be issued to perform a particular job in specified organisation, for a specified amount of time. Employers have a role in and responsibility for assessing and ensuring that their employees are fit for the purpose for which they are being employed.

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.

DISAGREE – Whilst we appreciate that there is a need for better monitoring of locums, this is a separate issue and one that is not addressed by this recommendation.
For the reasons outlined in our answer to question 18, we do not believe that the Specialist and GP registers are fit for the purpose of quality assuring doctors employed as locums. We are aware of the current delays (eg article 14) faced by highly skilled overseas doctors that we may wish to recruit to UK institutions (for example clinical academics) – the inability to also offer these individuals locum posts might have an adverse effect on recruitment. We are also not clear how this proposal might affect trainees who wish to undertake a consultant locum before entry onto the specialist register.

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

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 –The current focus on regulation of process and outcome not on individual trainees, should be looked at and reconsidered, but we would again warn against any changes that would add to the administrative workload of those involved in training processes.

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

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 – however commissioners also need to be involved in this process, and separate visits from the regulator and commissioner avoided.

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

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, or the taxpayer? AUKUH would also argue that post GMC – PMETB merger the GMC should be looking at achieving economies of scale.