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To consider

Response to the Review of the Future Regulation of Medical Education and Training

Issue

1. The GMC response to the final report of the review of the future regulation of medical education and training.

Recommendation

2. To endorse the response to the Patel Report at Annex A (paragraph 9).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 9236602.

Background

4. Strategic Aim Three in the 2010 Business Plan is to provide an integrated approach to the regulation of medical education and training through all stages of a doctor's career. This includes establishing work programmes to consider the recommendations of the review of the future regulation of medical education and training, led by Lord Patel.
5. In 2007, in the final report of his independent inquiry into Modernising Medical Careers, Sir John Tooke recommended that 'PMETB should be assimilated in a regulatory structure with the GMC that oversees the continuum of undergraduate and postgraduate medical education and training, continuing professional development, quality assurance and enhancement'. The merger took effect from 1 April 2010.
6. Although the merger transferred regulatory responsibility for the whole of medical education and training to the GMC, we recognised that this consolidation of functions would not, in itself, achieve the full benefits envisaged by Sir John Tooke's report.
7. To help realise these benefits, the GMC, with support from PMETB, invited Lord Naren Patel to lead a review of the current arrangements for the regulation of medical education and training, and make recommendations that would inform future policy developments by the GMC.
8. Following a public consultation on his draft report between January and March 2010, Lord Patel's final report was submitted to Council on 31 March 2010. The report contained 27 recommendations covering the full extent of doctors' education and training, from the time they enter medical school until the end of their careers. Council warmly welcomed the report and undertook to provide a detailed response to the recommendations at a subsequent meeting.

Discussion

9. The response to Lord Patel's report and recommendations is at Annex A.

Recommendation: To endorse the response to the Patel Report at Annex A.

Next steps

10. It would be helpful for members and for our key interests for us to report periodically on progress in implementing recommendations in the Patel Report. We propose to do so through the regular benefits realisation reports to the Postgraduate Board, and then to Council as necessary.

Resource implications

11. Action on a number of the recommendations contained in the report is already underway and will have minimal additional resource implications. For example, we are part of the Medical Schools Council transitions group so this will not impose further burdens. Other initiatives are addressed within current plans and budgets, such as the review of Continuing Professional Development (Patel recommendation 20).

12. Overall, the main constraint on our capacity to take forward the work programmes arising from the report is member and staff time. Discussions with Council in informal session in May 2010, and at the Undergraduate and Postgraduate Boards, have helped us work towards a clear set of priorities for the benefit of our key interests so that changes can be planned and delivered in an orderly way. These will be presented to Council on 7 September 2010 as part of our overall draft strategy for education and training, preparatory to the conference of key interests in October 2010.

Equality

13. The Patel report recommendations touch on a number of areas with significant equality and diversity implications. They include, for example, the need for a regulatory framework for the education and training of doctors in career posts (a disproportionate number of whom are women or from minority groups), the need to examine the processes leading to the award of Certificates of Eligibility for Specialist Registration, and the arrangements for the inclusion of EEA doctors in the specialist register or GP register. Any reforms in these areas will need further detailed policy work, informed by equality impact assessments, to establish the way forward.

14. We have already undertaken equality impact assessments in respect of existing work programmes, including *Tomorrow's Doctors*. We will undertake further impact assessments as further work programmes develop.

15. Domain 4 of *Tomorrow's Doctors 2009* sets out requirements relating to the selection of medical students. They include the need for selection policies and procedures to be based on recognised best practice. However, there is wide variation between medical school selection processes because there is as yet no consensus on what best practice looks like. A number of medical schools have widening access programmes, intended to encourage applications from under-represented groups in medicine such as black males or those from disadvantaged socio-economic groups. We are involved in work to take forward recommendations in the report *Unleashing Aspiration*. The Patel report has not resolved what role the GMC should play in wider issues around student selection, but in our response to the report we indicate a need to undertake further research and indicate good practice, and we are developing plans to take that forward.