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## 5 – Outcome of Consultation on Review of *Tomorrow's Doctors* – Annex A

### Report on the Review of *Tomorrow's Doctors*

#### Background

1. The GMC sets outcomes required of UK medical graduates and standards for performance of medical schools.
2. These outcomes and standards are published under the title *Tomorrow's Doctors*. *Tomorrow's Doctors* was published first in 1993 and then in 2003.
3. To ensure that medical schools achieve the outcomes and standards, the GMC runs its programme of Quality Assurance of Basic Medical Education (QABME).

#### Changes since 2003

4. Since the drafting of the 2003 edition of *Tomorrow's Doctors*, there have been significant changes in UK medical education, training and practice. There has been a major expansion in student numbers. The UK-wide Foundation Programme has been established, setting a national curriculum for which UK medical graduates need to be prepared. Postgraduate education has been streamlined. The regulation of postgraduate training has been transformed by PMETB, which is to be merged with the GMC in 2010.
5. At the same time, medical practice has developed through technological change, changes in patients' health conditions and their expectations, and organisational and policy initiatives in health care, which are increasingly divergent across the four countries of the UK although a common theme is an increasing shift in care from the acute sector to primary care. Looking forward, the Darzi Review has emphasised the scope for improving the quality of care, developing partnership with patients and tackling the causes of ill-health.

## The *Tomorrow's Doctors* Review Group

6. The GMC therefore decided to review *Tomorrow's Doctors* and established a Review Group chaired by Professor Michael Farthing. Professor Farthing is Vice Chancellor of Sussex University, formerly Principal of St George's Medical School and a QABME team leader.

### *Tomorrow's Doctors* Review Group

<b>Interest group/organisation</b>	<b>Name</b>	<b>Representing</b>
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

7. While the CMO representatives are linked with their respective health departments, we have also recognised the need to work closely with organisations more directly involved in the employment of graduates including NHS Employers, the Association of UK University Hospitals and Skills for Health.

8. 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, a QABME visitor with particular expertise in course administration and curriculum development.

**Sources for the review of *Tomorrow's Doctors***

9. The review drew on five main sources: the findings from the GMC's Quality Assurance of Basic Medical Education; research; guidance published by the GMC since 2003; educational frameworks published by other bodies; and engagement with the GMC's key interest groups through meetings and correspondence.

10. The QABME reviews of medical schools report concerns about assessment arrangements at some medical schools as well as disputes with schools about the extent of student choice in curricula.

11. The GMC has commissioned a wide range of research relevant to its statutory duties. Most influential on the review of *Tomorrow's Doctors* is the report by Dr Jan Illing and others, *How prepared are medical graduates to begin practice?* This has been published on the GMC's website:

[http://www.gmc-uk.org/about/research/research\\_commissioned.asp](http://www.gmc-uk.org/about/research/research_commissioned.asp)

12. Dr Illing's key findings are:
- a. Graduates looked forward to 'being a doctor'.
  - b. While communication is a strong area at graduation, recent graduates were under-prepared for some complex communication tasks.
  - c. Other clinical skills are well practised, but not in contexts which sufficiently mimic the clinical environment.
  - d. Knowledge of non-clinical areas such as legal and ethical issues, and the operation of the NHS, was lacking at the start of the Foundation Programme following graduation.
  - e. Prescribing was a significant area of under-preparedness.
13. Dr Illing's key recommendation is that medical students' preparedness will be improved by more experiential learning in clinical practice and the report calls on the GMC to:
- a. Ensure that placements have more structure and consistency.
  - b. Ensure that students are given a greater role in medical teams.
  - c. Establish fuller and more prescriptive guidelines on shadowing.
  - d. Specify the limits of the role of doctors in their first year after graduation: F1 in the Foundation Programme.
  - e. Address particular weaknesses in prescribing.
14. The review of *Tomorrow's Doctors* has also taken account GMC publications since the 2003 edition. These include the 2006 edition of *Good Medical Practice*, the 2007 edition of *The New Doctor* and the guidance on *Medical students: Professional behaviour and fitness to practice* and on *Advising medical schools: encouraging disabled students*.
15. The Review Group has drawn on several frameworks for medical education and training including the Foundation Programme curriculum and the standards drawn up by the Postgraduate Medical Education and Training Board (PMETB) for the regulation of postgraduate training. The Group has considered the implications of the *Medical Leadership Competency Framework* published by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement. The Group has incorporated in its draft the competences drawn up by the Safe Prescribing Working Group that was established by the Medical Schools Council.
16. Before the consultation period started, and continuing through the consultation process, the Review Group has had extensive contact with the GMC's key interest groups: employers of doctors; patients and the public; medical schools and education providers; and the medical profession and students.
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## The consultation on *Tomorrow's Doctors*

17. The consultation was launched on 15 December 2008 and ran until 27 March 2009. A draft of the next edition of *Tomorrow's Doctors* was published along with an impact assessment and a full set of consultation questions. There was also a short questionnaire designed to elicit responses on some of the issues raised without requiring respondents to read the consultation draft.

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

19. Notification of the consultation launch was circulated by email, through the post and in newsletters, both directly by the GMC and through organisations including the Patients Forum, NHS Employers, the Academy of Medical Royal Colleges Patient/ Lay Group, the UK Foundation Programme Office, the Academy of Medical Educators and the Association for the Study of Medical Education.

20. The consultation was primarily web-based, with respondents able to complete either the full questionnaire or the short version on-line. In addition, the consultation documents were circulated by email and through the post on request.

21. 634 written responses to the proposals were received. That includes 132 responses to the full questionnaire and 373 responses to the short questionnaire. In addition, 109 respondents submitted written comments using neither questionnaire and a further 20 written responses were received after the end of the consultation.

### Respondents to *Tomorrow's Doctors* consultation

	Long questionnaire	Short questionnaire
<b>Organisations</b>		
Body representing doctors	9	5
Body representing medical schools	1	0
Body representing patients/the public	3	3
Government department	2	0
Medical school	13	4
NHS/HSC organisation	7	3
Postgraduate medical institution	5	6
Regulatory body	2	0
Other/unspecified	22	10
<b>Total organisations</b>	<b>64</b>	<b>31</b>
<b>Individuals</b>		
Doctor	32	41
Healthcare professional (not doctor)	1	1
Medical educator	21	22
Medical student	6	267
Member of public	5	9
Other/unspecified	3	2
<b>Total individuals</b>	<b>68</b>	<b>342</b>
<b>Total respondents</b>	<b>132</b>	<b>373</b>

22. In addition, Skills for Health carried out semi-structured interviews with 230 NHS staff across the UK.

23. On 2 March, 206 people attended a major conference held at the Royal College of Physicians in London. This was an opportunity to consider various perspectives on undergraduate education as well as evidence from QABME, research and a survey undertaken by Skills for Health. At break-out sessions participants expressed their own views which will be taken into account in developing the final text for the 2009 edition of *Tomorrow's Doctors*. More detail has been reported to the Undergraduate Board.

24. In addition, meetings were organised by the GMC's devolved offices on 11-12 March 2009 in Wales, 19 March 2009 in Scotland and 25 March 2009 in Northern Ireland. These meetings covered all the GMC's key interest groups.

25. On 24 March 2009 an event was held at Parliament to bring the consultation to the attention of MPs and peers.

26. Members of the *Tomorrow's Doctors* Review Group and GMC staff attended a range of bilateral meetings with key interest groups, often giving presentations on the proposals in the consultation. These meetings have involved:

*Employers of doctors*

The Association of UK University Hospitals.

The NHS Employers Medical Workforce Forum.

The NHS Institute for Innovation and Improvement.

NHS Medical Education England.

Skills for Health.

*Patients and the public*

Association of Welsh Community Health Councils.

The College of Emergency Medicine Lay Advisors Group.

The Royal College of Anaesthetists Patient Liaison Group.

*Medical schools and education providers*

The Association for the Study of Medical Education.

The Academy of Medical Royal Colleges.

The Conference of Postgraduate Medical Deans.

Foundation School Directors.

The Medical Schools Council (MSC).

The Northern Medical Schools Student Selected Components Consortium

*Medical profession and students*

The British Medical Association.

Skill: the National Bureau for Students with Disabilities.

*Other key interest groups*

The Commission for Healthcare Regulatory Excellence.

Department of Health (England) Medical Board.

The Equality and Human Rights Commission.

The Health Foundation.

The PLAB Board and panels (GMC).

Welsh Assembly Government – CMO and others.

The Yorkshire Medical Schools, Yorkshire and Humber Strategic Health Authority and NHS Trusts.

Other health professional regulatory bodies.

### **Themes in the responses to the consultation**

27. Where this report refers to percentages of respondents, it relates to the full questionnaire unless otherwise specified.

#### *General response*

28. The response to the consultation draft of *Tomorrow's Doctors* was generally encouraging but indicated room for improvement. The Medical Schools Council 'congratulates the GMC on the revised document and welcomes both the approach and the direction of travel'. NHS Employers said the consultation document effectively captured changes in the world of medicine. 'Responses from employers have been generally favourable and they have asked us to endorse your document accordingly.'

## Responses to the full questionnaire

Question	Yes	No	Not sure
Do you think that the draft <i>Tomorrow's Doctors</i> would promote high standards in medical education?	74%	5%	21%
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?	63%	14%	23%
Do the draft outcomes set out the knowledge, skills and behaviour that the public expects of doctors entering the profession?	55%	24%	21%
Would the draft <i>Tomorrow's Doctors</i> provide assurance that UK graduates will be robustly assessed against objective and consistent standards?	55%	19%	26%

29. We have analysed why only 63% of respondents said the draft outcomes met the needs of the workplace and the Foundation Programme. The picture is mixed. Several respondents were concerned about the level of generality in the articulation of the outcomes, some respondents finding them too generalised and others finding the list of practical procedures overly prescriptive, particularly when compared with the requirements relating to core clinical skills like diagnosis. Other respondents raised specific concerns about the list of practical procedures or suggested areas that should be covered or covered more fully. A couple of respondents pointed out that individual employers vary in their needs.

30. The consultation draft set out nine domains for the standards for delivery of teaching, learning and assessment, in line with a categorisation developed by the Postgraduate Medical Education and Training Board (PMETB) and used in *The New Doctor* to set standards for the Foundation Programme. The nine domains were welcomed by 84% of respondents to the full questionnaire.

31. The outcomes for graduates were set out in three categories. 84% of respondents to the short questionnaire thought that the three titles were appropriate.

32. The consultation draft put the standards before the outcomes which several respondents regarded as inappropriate. For example, the Department for Public Health and Health Professions (Wales) said: 'Front end should be more inspirational, emphasising and underpinning professional values and patient centred approach to work of a doctor'. The Medical Schools Council argued: 'The document should be reconfigured so that it begins by addressing all doctors, medical students and the general public and setting out the kind of good doctor the GMC expects the educators to produce'. This has now been addressed.

### *Overarching outcome*

33. The consultation draft included a summary statement to set out what is expected of a new medical graduate.

34. Respondents were divided on whether the overarching outcome was along the right lines. One medical education body supported the reference to *Good Medical Practice* which 'emphasises the concordance between education and practice'. The Acting Chief Medical Officer for Northern Ireland suggested:

'...There may also be value in elaborating on the overarching outcome to encompass the dual purpose of undergraduate medical education. In essence, that is equipping graduates with the values, skills and competencies to undertake the role of foundation year one doctors in the UK, together with the related, though broader, aim of instilling a set of values that will sustain them through a medical career.'

35. The overarching outcome has been amended to read: 'Medical students are tomorrow's doctors. In accordance with *Good Medical Practice*, graduates will make the care of patients their first concern, applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership and to analyse complex and uncertain situations.' The new Foreword set the detailed outcomes in *Tomorrow's Doctors* in the context of medical careers.

### *The doctor as a scholar and a scientist*

36. This section of the guidance sets out the scientific basis that graduates need for medical practice.

37. The response was favourable. Some respondents were concerned about the title and in particular found the term 'scholar' to be old-fashioned. 71% thought the draft outcomes appropriate in relation to applying scientific principles, with 11% disagreeing.

38. 42% thought there should be a more explicit expectation that students should acquire knowledge and understanding of science which was not of immediate and direct application to medical practice after graduation. They argued that science provided a foundation for a lifetime of learning requiring an understanding of principles that may not be used in the early years of practice. However, 36% disagreed, arguing for example that students should not be overloaded with redundant knowledge. The Department for Public Health and Health Professions (Wales) argued:

'Curriculum needs to spend more time on what will help young doctors in their overall medical careers and less on the detail of pure science. As an example, there is a reality that for 99% of doctors they are not going to need to know the chemical structure of acetylcholine, but almost all will see and need to be able to assess someone with dementia. Many medical schools will try to teach this together now but even then as the bulk of early training is taught by biochemists and pathologists not by clinicians, the balance may not be right.'

39. 78% thought the balance in the draft was about right between (a) education in scientific principles, method and knowledge and (b) training in medical practice, with 11% disagreeing.

40. The draft has been amended to incorporate in the main text a list of sciences that was previously included as a footnote. This is designed to reflect the importance of the scientific underpinning of medical practice.

### *The doctor as a practitioner*

41. This section sets outcomes for clinical practice that need to reflect the importance of doctors working in partnership with their patients. The section sets out the skills required of graduates in relation to prescribing, which have previously been a major area of concern. The section also refers to a list of practical procedures in which graduates must be competent. The GMC needs to be satisfied that competence in these procedures is necessary and therefore that medical careers will not be open to individuals who cannot perform these procedures.

42. 69% supported the requirements relating to communication skills and 23% did not agree with them. A body representing patients and the public argued: 'Patients' views should not only be listened to but also taken into consideration when making decisions about their treatment. This very much links with the aspiration to involve patients appropriately in decision-making around their care.' The text has been amended to lay greater stress on the importance of involving patients properly in their healthcare.

43. The requirements relating to prescribing skills were supported by 77% of respondents and opposed by just 13%. A medical school 'were very pleased to see the increased emphasis on clinical pharmacology and prescribing skills'.

44. 48% agreed that competence in all the procedures listed in the consultation document was necessary at the point of graduation and 30% disagreed. The questionnaire pointed out that some disabled students may have difficulties meeting some of the outcomes. In that context, 10% agreed that some of the outcomes should be omitted and 61% disagreed. An NHS organisation said: 'the outcomes should be written with patient safety in mind. If the outcomes are necessary for patient safety, then the needs of doctors – disabled or otherwise – are secondary'. A body representing doctors called for specific guidance 'on which outcomes need, and are open to, reasonable adjustment'. A doctor thought: 'some of the practical skills could be omitted provided the student accepted that certain specialities would be precluded from them'.

45. 62% of respondents to the short questionnaire thought that *Tomorrow's Doctors* should include a list of specific procedures in which graduates must be competent, even if that prevented some students from graduating. 23% disagreed and 15% were not sure.

46. We have also been mindful of the inquiry into patient safety by the House of Commons Health Select Committee which has considered issues relating to prescribing and diagnosis.

47. The description of necessary prescribing skills has not been changed from the consultation draft but more detail has been added regarding knowledge of drug actions. However, we have removed some of the practical procedures that were listed previously, namely measuring central venous pressure, sampling arterial blood, faecal occult blood testing, taking a cervical smear and insertion of nasogastric tube. We have strengthened the outcome relating to diagnosis.

### *The doctor as a professional*

48. Under this heading, the consultation draft set outcomes relating to awareness of legal and ethical issues, understanding of the NHS, leadership and teamworking, among other areas. A Royal College said: 'If there is not to be a system of student registration then this section...is critical to continued good medical practice'.

49. There was solid support for the title, with one NHS body pointing out that 'students must be aware they are entering a trusted profession and not abuse this position'. Only a patients' body was strongly critical of the title as they saw 'professionalism' as indicating 'status, power, influence' rather than skills to do the job necessary.

50. 74% of respondents agreed that it was appropriate to include leadership competences within this section while 14% disagreed. A doctor said: 'professionalism for doctors includes leadership, it is part of everyday life, and as such should be included in this section'. A postgraduate body thought: 'it is better at this stage to stress the understanding of a doctor's role within a team'.

51. 77% of respondents were content with the requirement in relation to knowledge of the NHS but 12% were not. NHS Employers said: 'It is essential to understand how the NHS works and the service challenges and pressures that inform how healthcare is delivered...' Similarly, a medical school 'think this is vital, not only that students are taught about the NHS and the associated systems (Social Services etc), but that they buy into the system as well'. But one medical educator thought that knowledge about the NHS was 'easy enough to pick up as one goes along' and a student said: 'we have more important things to learn about in a limited time'. The BMA pointed out: 'the practice of medicine in the four UK countries is becoming less homogenous. It is vital that graduates are aware of some of these differences'.

52. 69% of respondents to the short questionnaire agreed that graduates should be able to demonstrate an understanding of the structures and functions of the NHS while 15% disagreed and 15% were not sure.

53. Dr Patricia Hamilton, Director of Medical Education England, has written to Professor Jim McKillop as Chair of the GMC Undergraduate Board: 'I recognise that children are included in a general paragraph on...protecting and promoting health but I do not feel that this either particularly or sufficiently addresses the specific child protection issues'.

54. The text has been amended to strengthen the provisions relating to multidisciplinary team working and to incorporate the ability to accept leadership by others. The text has also been enhanced in relation to understanding NHS priorities, responsibilities for raising concerns about safety and quality, taking action to protect children and other vulnerable people, and the principles of infection prevention and control.

#### *Standards for delivery of teaching, learning and assessment*

55. In areas such as clinical placements, assessment and the relationship between medical schools and employers, the proposed text sets out more detailed expectations than were included in previous editions of *Tomorrow's Doctors*. The text proposes a quantitative standard for the provision of Student Selected Components which is less demanding than previously. Equality and diversity has a discrete domain and also threads through the standards and outcomes more generally, with a particular emphasis on setting clear competence requirements and providing reasonable adjustments and support to students with disabilities.

56. Overall, respondents thought that the domains for the standards for delivery were appropriately prescriptive. This approval ranged from 59% for Domain 5 on the design and delivery of the curriculum to 79% for Domain 7 on the management of teaching, learning and assessment.

57. Specific changes have been incorporated in response to suggestions and feedback, but without any general intent to increase or decrease the degree of prescription to medical schools.

#### *Student Selected Components (SSCs)*

58. The consultation draft proposed to drop the requirement in the 2003 edition that: 'in a standard five-year curriculum between 25% and 33% would normally be available for SSCs'. Instead, the consultation draft said that 'sufficient' SSCs should be provided.

59. 51% of respondents were content with the draft's formulation, for example because it moved on from the 'previous rigidity'. A postgraduate body felt: 'If students are allowed greater choice they could avoid covering one aspect of health completely'. However, 26% were not content with the draft with some concerned that student choice would be marginalised without a specific quantitative requirement in *Tomorrow's Doctors*.

60. Similarly, 61% of respondents to the short questionnaire agreed that medical schools should be able to decide how much of their course is made up of SSCs. 27% disagreed and 11% were not sure.

61. The MSC argued: 'Student selected components certainly should not be dropped, but it might be helpful if schools were set a minimum level – for instance they could be required to provide a minimum of 10% of the curriculum as SSCs.'

62. The Academy for Higher Education Subject Centre for Medicine, Dentistry and Veterinary Medicine organised a conference on SSCs with delegates from 22 medical schools. They thought the distinction drawn in the 2003 *Tomorrow's Doctors* between SSCs and the 'core' curriculum was unhelpful. They recommended that a minimum time be defined – two-thirds of the delegates thought SSCs should take up at least 10-20% of the curriculum.

63. Following consideration of the response, the current text says that the curriculum must allow for student choice for a minimum of 10% of course time. The text no longer separates SSCs from the curricular 'core'.

### *Clinical experience*

64. The consultation draft was intended to enhance the clinical experience received by medical students while on placements and proposed the introduction of Student Assistantships, periods in which final year medical students undertake most of the duties of an F1 doctor. The draft also proposed: 'As part of the general induction provided for F1 doctors, they must work with the F1 in the post they will take up when they graduate'. The draft did not specifically cover arrangements for electives.

65. 59% believed that the standards in this regard would lead to medical students having more direct involvement in delivering patient care, while 11% disagreed. 83% said students having more direct involvement would prepare them better for practice without endangering patient safety and just 1% disagreed.

Patient body: 'Depends entirely on system of supervision...this is worryingly vague. Students are liable to be used to fill gaps in staffing thereby putting patients at risk.'

NHS body: '...It also stands to reason that appropriate, managed and graded introduction to responsibility at the undergraduate stage should protect patients when students become postgraduates.'

Medical school: '...more clinical tutors will have to be actively involved on each attachment. Adequate time will have to be allowed in job descriptions and teaching rewarded.'

66. 75% agreed with Student Assistantships while 5% did not. 37% would have liked more prescriptive standards about Student Assistantships but 39% did not want more prescriptive standards in this regard. Respondents to the short questionnaire were even more enthusiastic about the proposal: 91% agreed that medical schools should be required to provide its students with at least one Student Assistantship while 4% disagreed and 6% were not sure.

Healthcare body: 'Properly planned this attachment can help to prepare for practice; assuming responsibility for aspects of patient care is a powerful catalyst for learning.'

Doctor: 'it should not be left to the junior doctor to have responsibility for the assistant. In the old days you were there as a locum because the HO was on holiday. And so the Reg supervised you. The more senior members of the medical team must be involved.'

Medical Schools Council: 'strongly support the development of the Student Assistantship, although we believe that further guidance will be important in the early stages of their development...'

NHS Employers: 'give qualified support for this proposal...training capacity is an issue for the service...there need to be clear lines of responsibility, and clear definitions of measurable outcomes expected from these assistantship periods.'

67. 65% welcomed the proposed requirement that students work with the F1 in the post they will take up while 13% did not: there was some concern about whether this could always be achieved. A postgraduate body said: 'Geographical flexibility must continue to be allowed'. A doctor thought: 'Spending time on the ward prior to working as an F1 allows at least a fighting chance to being a useful asset to the team from day one.' The BMA said: 'It is not clear who would be responsible for meeting this requirement. More guidance on this should be given. The GMC should take a more prescriptive approach to ensure implementation of this requirement.'

68. Following consideration of the response, the current text removes the suggestion in the consultation draft that Student Assistants would be supervised specifically by the junior doctors they assist. It draws clear distinctions between Student Assistantships, periods spent shadowing F1 doctors and general induction. It states that students must work with the F1 in the post they will take up 'wherever practicable'.

69. 45% said that *Tomorrow's Doctors* should include requirements relating to electives, periods of clinical experience that are chosen by students and are often taken outside the UK. 35% disagreed and 10% were not sure. A preliminary report was submitted of research into dilemmas faced by students overseas: 'The most common dilemma appears to be one in which students find themselves in a situation requiring them to perform procedures beyond their level of competency...students often behave in ways that flout current GMC guidance for behaviour in the UK' with 'potential risks to patient safety'. But others argued that it was inappropriate to be prescriptive about electives: 'Leave them alone!'. The current text does not specifically address electives.

## Assessment

70. The consultation draft proposed standards on assessment that were more detailed than those in the 2003 edition. The draft stated: 'Students must be assessed on all the outcomes for graduates set out in this document...' It said that schools 'should' have mechanisms to ensure comparability of standards and that the duties and powers of external examiners 'must' be explicit.

71. 67% of respondents thought that the section on assessment was appropriate in content and level of detail and 13% disagreed.

72. 57% thought the draft was appropriately prescriptive on external examiners but 25% disagreed, for example because they thought the use of external examiners should be compulsory.

73. 30% thought it should be a requirement that medical students demonstrate every outcome and skill in a summative assessment and 43% disagreed. One medical school requested 'clarification on the definition and scope of a learning outcome' in this context. One respondent said: 'These competences should be demonstrated in a properly assessed and validated portfolio...'. The Medical Schools Council said:

'as long as these are formally assessed during the course, all outcomes and skills need not be included in a summative assessment. The 12 core competences represent necessary hurdles to be overcome before graduating. The assessment process should cover a representative sample of the required attributes. Nevertheless, to reassure the public and future employers, we believe it is desirable to identify a smaller number of core skills (for example around prescribing) that must always be assessed prior to graduation (and, ideally, prior to Foundation Programme application).'

74. The BMA commented: 'Many skills do not lend themselves to summative assessment and focusing on these skills through formative assessment is required as they are vital elements to becoming a rounded medical practitioner'. NHS Employers stated that employers would expect to see comparable standards between medical schools 'and that all graduates have demonstrated competence in all the outcomes. The GMC will wish to be assured that these outcomes are evidenced in practice.' A patient body said: 'Patients need to be reassured about consistency and quality of outcomes.'

75. The current text states that medical schools 'must' have mechanisms to ensure comparability of assessment with other schools including the appointment of external examiners. The text specifies what counts as an outcome in this context and requires 'summative assessments during the course that cumulatively demonstrate achievement of each outcome'. Compared to the 2003 edition of *Tomorrow's Doctors*, the current text is more explicit and specific in the outcomes to be demonstrated and in the requirements for both summative and formative assessment.

### *Relationship between medical schools and employers*

76. The consultation draft was intended to strengthen the relationship between medical schools and the employers of new graduates who also often provide placements for medical students.

77. 54% stated that the draft appropriately involved employers of doctors in the design and delivery of medical education but 18% disagreed.

78. 67% of respondents to the short questionnaire agreed that medical schools should involve employers in the design and delivery of medical education. 13% disagreed and 20% were not sure.

79. The MSC said that future employers of graduates 'should have a significant stake in determining the curriculum. Although the guidance goes some way to addressing this we believe that more could be done.' The BMA suggested: 'There is not a great deal of clarity on this, and this could possibly be expanded in terms of employer input and responsibility.' NHS Employers said employers 'must be included in the design and delivery...Employers' views and service needs should seek to influence educators, as well as regulators and service commissioners, better than hitherto'. In the survey conducted by Skills for Health, several senior NHS staff expressed frustrated at their lack of influence on the training of doctors and were keen to be more involved.

80. The introductory section setting out respective responsibilities now states that NHS organisations are responsible for: 'Supporting medical schools in complying with *Tomorrow's Doctors*.' Domain 7 now says that employers will be closely involved in curriculum planning and management. Domain 9 says medical schools' quality management will use information about the knowledge, skills and behaviour, and the progression, of their graduates.

### *Regulatory impact*

81. A draft impact assessment was included in the consultation documentation. The draft considered the resource implications for medical schools of the proposals in six areas:

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

82. The impact assessment also included sections relating to the impact of the proposals on privacy and on equality and diversity.

83. Given the difficulties inherent in assessing the impact of new standards, the response was encouraging. 45% said we had correctly identified the aspects likely to have the greatest impact, 20% said not and 35% were not sure. 56% said we had adequately represented the impact on equality and diversity, 6% said not and 38% were not sure. 73% agreed with the proposals in relation to collecting and using personal information, 2% did not and 24% were not sure.

84. More generally, 76% of respondents thought that the draft was written at the right level of generality/specificity, while 17% thought not and 7% were not sure. The MSC is 'agreed that the guidance is clearer than the previous two versions. Sufficient flexibility is still provided in the document and that there is little of significant concern to members'. The BMA stated: 'The draft is appropriately prescriptive in that it is specific enough to not be too ambiguous but open enough to apply to all UK medical schools, with their differing styles of teaching.'

85. The version of the impact assessment at Annex C reflects the feedback received during the consultation, combining the sections relating to disability and equality and diversity more generally.

86. The consultation response indicates that the outcomes and standards in the proposed text are proportionate and appropriate in their level of generality given the changing context of medical practice and medical education and training. They provide an explicit basis for the GMC's Quality Assurance of Basic Medical Education, helping to make the GMC's regulation of medical schools both accountable and transparent. The text is targeted on the key issues relating to the preparedness of UK graduates such as prescribing skills and partnership with patients and the educational value of clinical placements. The outcomes and standards ensure that medical schools will face consistent requirements that fit well with the regulatory regime for postgraduate medical training.

### **Consultation analysis and closure of the review**

87. After the consultation closed on 27 March 2009, the GMC analysed the responses received in relation to each section of the draft *Tomorrow's Doctors*. The full analyses were then circulated to the drafting sub-group of the Review Group and members of the GMC Undergraduate Board, along with a composite list of recommendations for textual changes. Following their feedback, a first post-consultation redraft was prepared and circulated to the full Review Group and Undergraduate Board, and to others, for their comment. The redraft was also reviewed by GMC legal and equalities staff and by a plain English consultant.

88. On 18 May 2009, a meeting of the drafting sub-group and members of the Board considered points that still needed to be resolved. The decisions of that meeting and the feedback relating to plain English and legal and equalities considerations were then reflected in a second post-consultation redraft. That redraft was then sent for a second review from plain English, legal and equalities perspectives.

89. In light of the second review, a further post-consultation redraft was prepared and circulated to the Undergraduate Board, the Equality and Diversity Reference Group and the full *Tomorrow's Doctors* Review Group.

90. The Undergraduate Board considered the third redraft on 25 June 2009 and agreed that a text be presented for approval by the Council of the GMC on 8 July 2009.

### **Next steps**

91. Subject to any textual amendments agreed by Council, we plan to launch and publish *Tomorrow's Doctors* as a booklet and as pages on the GMC website in September 2009.

92. The consultation document issued with the draft text stated: '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.'

93. 45% of respondents said that medical schools would be able to apply the revised *Tomorrow's Doctors* from 2010/11. 3% did not agree and 53% were not sure. The Medical Schools Council said: 'We believe that there should be a longer implementation period for some elements, particularly Student Assistantships, as they may take some time to implement across all schools.'

94. Respondents to the Skills for Health survey were positive about the consultation proposals and felt that these should produce doctors that meet the needs of the NHS if implemented across the UK. Strong doubts were, however, expressed about the extent to which the requirements will be implemented in practice due to other pressures on and priorities within the health service.

95. Events organised by the GMC's Communications Directorate in Belfast, Cardiff and Swansea, and Edinburgh have helped to demonstrate that the proposals are appropriate across the UK despite practical difference in the organisation and delivery of medical practice and education. The Skills for Health survey has also indicated that interest in the preparedness of graduates is UK-wide.

96. Given the concerns about feasibility, it would be appropriate to require medical schools to incorporate changes to the curricula by 2011/12 rather than 2010/11. In quality assuring medical schools, the GMC will be aware that it may be difficult to ensure that all students already enrolled have demonstrated achievement of all the outcomes by 2011/12; and also that NHS commitment will be required to satisfy the new requirements relating to clinical experience.

97. The GMC will continue to work closely with the NHS to ensure full implementation of the requirements set out in *Tomorrow's Doctors*. On 2 April 2009, Paul Buckley, Director for Education and Revalidation, presented to the Medical Board of the Department of Health (England) (DH(E)), who supported the proposals in the draft and did not envisage significant difficulty in securing their implementation. On 18 May, Paul Buckley and Professor Jim McKillop wrote to Professor Sir Bruce Keogh, NHS Medical Director for DH(E), to stress the importance of a clear steer from the NHS centrally on the implementation of the new standards, covering all four countries of the UK.

98. The impact of the new *Tomorrow's Doctors* will be evaluated through the Quality Assurance of Basic Medical Education. Medical schools will be required to complete an Annual Return for 2009/10 that will generate qualitative information about schools' progress and plans for implementation as well as quantitative and comparable data for benchmarking. The GMC will also organise a series of regional workshops, primarily in April-May 2010, to provide opportunities for medical schools, employers and postgraduate deaneries, among others, to discuss collaboration to date, challenges and responses, and plans or opportunities for joint working to implement *Tomorrow's Doctors*. We will also develop for consultation a set of options for the systematic quality assurance of medical schools from 2010 and a measures tool to extrapolate the requirements in *Tomorrow's Doctors* and set out how the GMC will test whether each standard is being met.

99. The review raised several issues that could not be fully resolved through changes to the text of *Tomorrow's Doctors*. Potential projects and topics for further consideration include:

- a. The development of a list of common conditions likely to be encountered by Foundation Programme doctors to be covered in curricula.
- b. The development of supplementary guidance on assessment and on external examiners, research into the assessment of professionalism and the consideration of other options for ensuring appropriate consistency in assessment.
- c. The development of supplementary guidance on Student Selected Components.
- d. The development of supplementary guidance on reasonable adjustments to the competences set out in *Tomorrow's Doctors*, analysis of the competences required of F1 doctors, policy development in relation to the competences that may be required in specific rotations in the Foundation Programme and consideration of the statutory framework for medical education and training in relation to individuals with disabilities.
- e. The development of supplementary guidance on supervision, Student Assistantships and electives.
- f. The development of supplementary guidance setting out standards for undergraduate teachers and trainers.

- g. Research into how best to develop effective team-working.
  - h. Consideration of options for a greater GMC role in relation to student selection and widening participation.
  - i. The development of guidance on shadowing and induction into the Foundation Programme and the NHS and support for UK-wide arrangements for periods in which final year students can shadow the F1 doctor in the post they will take up.
  - j. Review of the information that should be shared between educational providers, graduates' employers and the GMC in relation to individuals' knowledge, skills and behaviour, and the confidentiality safeguards that should apply.
100. In due course, we will bring to Council proposals to address these issues.