To consider

Engaging with Medical Students

Issue

1. Enhancing engagement with medical students

Recommendation

2. To agree the objectives for the 2009 programme of student engagement (paragraphs 13-16).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602
Background

4. The Government’s White Paper, Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, was published in February 2007. This stated:

‘Both Good Doctors, Safer Patients and The Regulation of the Non-medical Healthcare Professions raised the issue of whether students and trainees should have closer relationships with their future regulators prior to qualification. There was a range of views in consultation on this issue and there is no clear uniform solution across all professions. While many agreed that student registration would help to instil a clear sense of professional responsibilities at an early stage in practitioners’ careers, there were mixed views on whether this would be proportionate for all professions. There may be other ways for students to achieve a greater understanding of the purpose of regulation, the procedures of the regulators and the role this will play in their professional careers. One option could be to require teaching on these issues in all pre-registration professional education and training.

‘The Government believes that each regulator should consider this issue on the basis of the risk presented to patients by trainees and students in particular professions. The Department will ask the regulators to report back with proposals by January 2008’ (paragraphs 6.6 to 6.7).

5. In September 2007, the Education Committee and Council considered the terms of its response to the Department. They agreed that in seeking a closer relationship with medical students the GMC should have three aims:

   a. Instilling in medical students a professional commitment and an understanding of medical regulation, including personal regulation;

   b. Having robust and consistent procedures to respond to concerns about the conduct or health of individual students;

   c. Achieving a good fit between the approach taken by medical schools in relation to medical students and the approach taken by the GMC in relation to doctors.

6. Council considered whether student registration would be an effective mechanism through which to achieve these aims. It concluded, taking a risk-based and proportionate approach, that the potential benefits of student registration were outweighed by the costs. It agreed that a more appropriate mechanism would be through an enhanced programme of engagement with medical students. The GMC responded to the Department in these terms in January 2008.

7. Throughout 2008 we have undertaken a variety of activities to engage with medical students in support of our identified aims.
8. In partnership with the King’s Fund and the Royal College of Physicians London, we hosted four pilot student roadshows at medical schools. The purpose of these roadshows was to promote and encourage debate about the concept of professionalism. Each roadshow included a panel of high profile speakers, including the GMC Chair and the President of the Royal College of Physicians London and the editor of The Lancet, with an opportunity for students to ask questions of the panel, and discuss specific issues in smaller groups.

9. In April 2008 we held a student forum, which was attended by representatives from all medical schools across the UK. Students were provided with information about the role and functions of the GMC and invited to discuss the review of Tomorrow’s Doctors. The forum also provided us with an opportunity to explore the mechanisms through which we might most effectively engage with medical students. The feedback we received was extremely positive, with attendees finding the event an effective way through which to engage with the GMC.

10. Following the publication of Medical Students: professional values and fitness to practise in 2007, we have worked with the Medical Schools Council and others to review the scope, effectiveness and implementation of the guidance. A revised version of the guidance was published on 9 March 2009.

11. In light of the positive reception the guidance received and requests we have had for support in implementing the guidance, we have developed a training package for medical schools. This package is intended to foster a more consistent approach to decision-making within and between medical schools. The package takes account of the large body of guidance and experience within the GMC’s Fitness to Practise procedures as well as ongoing work by the Registration Directorate. To date we have held three training days for medical schools, all of which have had positive feedback.

12. Students have been involved throughout the review of Tomorrow’s Doctors, for example through representation on the review group. In addition to discussion at the student forum in April, a specific event was held in August 2008 to obtain opinions and feedback on the direction given to medical schools on which they base their curricula.

Discussion

Objectives

13. We are now seeking to build on the success of the work undertaken in 2008. As a first step we have identified a number of objectives to underpin the work programme for 2009. These objectives will help to ensure we have a clear purpose for our engagement activities and enable us to evaluate their success.

14. The draft objectives move the emphasis of our engagement activity away from issues connected to fitness to practise, and towards our role as a standards setting body, while continuing to promote an understanding of professionalism. In light of the merger of PMETB with the GMC, they also seek to reflect the ongoing relationship that the medical students will have with us, throughout their careers.
15. The draft objectives also recognise that engagement should not be a one-way process, and acknowledge that students have important knowledge and skills that can be beneficial to the GMC.

16. The Board is invited to consider and agree the following objectives for our engagement activity with students:

Communications objectives

a. To engender a positive attitude towards the GMC among medical students, emphasising the ongoing relationship that they will have with the GMC throughout their careers;

b. To improve medical students’ understanding of the role and functions of the GMC;

c. To ensure our engagement activities remain responsive to the needs and interests of medical students.

Policy objectives

d. To promote an understanding of the concept of professionalism among medical students, and the significance of Good Medical Practice, throughout their careers;

e. To encourage medical students to become involved in the development of GMC policy;

f. To promote an understanding among medical students of their duty to keep their knowledge and skills up-to-date and remain fit to practise throughout their careers.

Recommendation: To agree the objectives for the 2009 programme of student engagement.

17. The Education Team and Communications Directorate will work together to develop a strategy for achieving these objectives. Drawing on the information we gathered during our work in 2008, we will use a variety of methods to engage with students. We will also seek the involvement of colleagues across the organisation to help ensure that medical students have an opportunity to engage in policy development on a variety of issues and not just those of direct relevance to undergraduate medical education. For example, we will be working with colleagues from the Standards and Ethics team to identify opportunities to involve medical students in the consultation on guidance on end of life care.

18. Following the publication of the new edition of Tomorrow's Doctors we will explore how we can engage with students to support its implementation. Early possibilities include developing materials to support the teaching of issues relating to professionalism. However, we will need to work with medical schools to identify what resources we could usefully provide.
Activity already underway in 2009

19. To ensure we maintain momentum, we have already begun planning or have undertaken some engagement activities with medical students. As part of the formal consultation on the revised *Tomorrow’s Doctors*, we have written to every medical school in the UK and asked them to promote the consultation to their students through their own communication channels. We have also attended a number of pre-registration events at medical schools. The primary purpose of these events is to complete the identity checks on final year medical students, prior to them joining the medical register. We have handed out copies of the short questionnaire document and encouraged the students to complete them whilst they are waiting for their check to be completed. We have had a high response rate to the consultation at each event. In light of this success we will work with colleagues from Registration, and other directorates, to identify how we can further develop these events.

20. Following on from their success last year, we have agreed to continue the programme of student roadshows in partnership with the King’s Fund and RCP London, with the aim of reaching each medical school within the next three years. Other partners, including the NHS Institute for Innovation and Improvement will also be involved and we are seeking appropriate partners for the roadshows in the devolved countries. We are in the process of identifying dates, and at the time of writing envisage that we will hold at seven roadshows in the last quarter of 2009.

21. In response to feedback, we have begun to look at how we might improve the information available to students on our website. The site as a whole is due to be relaunched later this year, and we will contribute to the process, to ensure that the student perspective is incorporated. In the interim, we are looking at how we can reorganise the information that is already available on the site, such as the QABME and QAfp reports, to make it more accessible, relevant and useful to medical students.

22. Since 2005 we have commissioned a Biannual Tracking Survey (piloted in 2005 and run in 2006 and 2008) to provide systematic feedback about our policies and performance by measuring the opinion of two target groups – the general public and the medical profession – by collecting information regarding their attitudes and awareness of a range of key issues relating to our purpose and strategy.

23. In order to assess whether this could be an effective means of increasing student engagement or as a tool to support and strengthen the QABME process, we decided that the survey should include medical students as an additional target group. Following discussion with the MSC, we decided that, the medical student component would be piloted separately from the public and professional survey.
24. The pilot began in early 2009, as an online questionnaire seeking views on, and awareness of, issues about professional values, fitness to practise and the role of professional regulation. A copy of the questionnaire is at Annex A. It surveys students from five volunteer medical schools across the UK and is testing a number of different methods of delivering an online questionnaire. At the time of writing around 1,300 students have completed the questionnaire. Given the exploratory nature of this work, we agreed with the participating medical schools and the MSC that the results would be aggregated by NOP (the survey provider) so that it would not be possible to compare responses between medical schools. We also agreed that although the aggregated results would be shared with the medical schools and MSC, and could be used internally by the GMC, they would not be published. It is possible that, having seen the report, the medical schools may be more comfortable about the aggregated results being published and that is something we may want to discuss with them. It is anticipated that the pilot will inform how it may be beneficial to use surveys as an engagement tool with students in the future. We expect that NOP’s report on the outcome of the survey will be available for discussion by the Board at its second meeting.

Resource implications

25. The cost of involving medical students in the consultation on Tomorrow’s Doctors has been met within the overall budget for the review. We have budgeted £40,000 per series of eight roadshows. At present we expect only to hold seven in 2009, and the costs will be adjusted accordingly. We have budgeted £16,000 to cover the costs of running the pilot student survey, which will be drawn from the agreed budget for the Education Team. As we identify specific activities to support the implementation of our strategy to engage medical students, we will provide further detail on expected costs. However, we expect that these will generally be met within the agreed budgets for Education and Communications for 2009.

Equality

26. As we develop the strategy for engaging with medical students, we will undertake an equality impact assessment to ensure that we take account of the needs of all medical students.

Communications

27. The draft objectives proposed in this paper and the activity that flows from them are aimed at enhancing how we engage with medical students.