

To consider

Regulating Medical Education and Training: Policy Review

Issue

1. The terms of reference of the review.

Recommendations

2.
 - a. To agree that members of the Education and Training Reference Group (supplemented by representatives nominated by the Board of PMETB) will provide the advisory group to support the review, which Lord Patel will chair (paragraphs 12-17).
 - b. To agree the draft terms of reference for the review at Annex A (paragraph 18).

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

Tooke report

4. In September 2007, in the final report of his independent inquiry into Modernising Medical Careers, Sir John Tooke made the following recommendation:

‘PMETB should be assimilated in a regulatory structure within the GMC that oversees the continuum of undergraduate and postgraduate medical education and training, continuing professional development, quality assurance and enhancement. The greater resources of the GMC would ensure that the improvements that are needed in postgraduate medical education will be achieved more swiftly and efficiently. To this end the assimilation should occur as soon as possible.’ (Recommendation 30).

5. The Secretary of State accepted the Inquiry’s recommendation and work is now well developed to bring the two organisations together by April 2010.

Realising the benefits of the merger

6. Bringing the two organisations together will achieve a number of immediate benefits. These include:

a. The simplification of the regulatory structure with a single competent authority responsible for the whole of medical education and training from entry to medical schools to the end of a doctor’s career.

b. A single point of contact for key interests.

c. The opportunity to share best practice.

d. An integrated approach to education and training.

e. Access to greater resources through a wider cost base.

f. The integration of postgraduate education and training with our other regulatory functions, thus enabling a focus on the whole doctor at key stages in the career pathway.

7. However, Council and PMETB recognised that the merger also created an opportunity to realise more far reaching improvements in the way that medical education and training are regulated. Lord Naren Patel, Chairman of the National Patient Safety Agency, was therefore invited by the GMC and PMETB to lead a review of the current arrangements and make recommendations on an appropriate, modern approach to the regulation of education and training. Lord Patel accepted this commission.

8. The review flows from the commitment in our 2009 business plan to put in place ‘all necessary preparatory work to establish a single continuum for all stages of medical education and training, in order to realise and optimise the benefits envisaged by the merger of PMETB with the GMC’ (from key aim 2).

Legislation and policy development

9. The work of the review and the practicalities of the merger are proceeding on parallel tracks. The Government will shortly consult on draft legislation (a ‘Section 60 Order’) that will abolish PMETB and transfer its functions to the GMC. In order to achieve the objective of merging PMETB with the GMC as quickly as possible, the Section 60 Order is not expected to deliver any significant change to the way those functions are carried out.

10. Running in parallel with the Section 60 process, however, Lord Patel’s review will enable us to take a more strategic view of the future regulation of education and training that will help to shape further legislation in this area.

11. The purpose of this paper is to update Council on the preliminary scoping work for Lord Patel’s review and agree the terms of reference for the work ahead.

Discussion

Taking soundings

12. Preliminary work has concentrated on clarifying the scope and priorities for the review. To this end, together with PMETB, we have gathered information from a range of key interests about their experience of the current system and their ambitions for the future regulation of education and training.

13. Information gathering began with a Chatham House round table discussion. This has been followed by a series of individual meetings with a range of interested parties. Once completed, these preliminary meetings will have included, among others, the Chief Medical Officers for the four countries of the UK, representatives from medical Royal Colleges, medical schools, employers, trainees, the BMA, the deaneries, Modernising Medical Careers, patients and the public, and members of PMETB and the GMC.

14. Discussions to date have been built around a number of high level questions:

- a. How does the regulation of medical education need to develop to better reflect the needs of patients, doctors and employers as well as meeting the aspirations of medical educators?
- b. What should be the GMC’s approach to specifying standards and determining content in education and training?
- c. How should the GMC ensure quality in medical education and training?

- d. What principles should underpin and shape the future continuum of medical education?
- e. What should be the priorities for the new regulatory structure?

15. The discussions so far have highlighted a wide range of potential issues. Lord Patel will be present at the Council meeting to discuss some of the emerging themes. Building on these initial discussions, the review will identify those aspects of the regulation of education and training that are working well, those that require strengthening or modification, and those areas where there are significant gaps in the current arrangements.

Governance of the review

16. Lord Patel will be supported by a small advisory group that will help to take the work of the review forward. We propose that the members of the GMC's Education and Training Reference Group (ETRG) should form this advisory group, supplemented with an additional two members nominated by PMETB. There are several advantages in this approach. First, it enables us to ground the work of the review within the education and training functions of the GMC, but ensuring we continue to benefit from PMETB's contribution. Second, the ETRG has a strategic role in helping the Council fulfil its responsibility of 'co-ordinating all stages of medical education' and, as such, its members are well placed to assist the review in looking across the continuum of education and training. Third, its membership extends across all three of the Council's Boards as well as primary and secondary care, trainees, and medical and lay members.

17. It will also be helpful to be able to test our emerging thinking on a wider audience before any formal consultation. We therefore propose to establish a wider reference group for the review which would include, but need not be limited to, Council members, Board members of PMETB, and the range of interests who have participated in the initial round table discussions and subsequent meetings with Lord Patel.

Recommendation: To agree that members of the Education and Training Reference Group (supplemented by representatives nominated by the Board of PMETB) will provide the advisory group to support the review, which Lord Patel will Chair.

Terms of reference

18. Draft terms of reference for the review group are at Annex A. These distil some of the main themes to have emerged from discussions so far.

Recommendation: To agree the draft terms of reference for the review at Annex A.

Next steps

19. At Annex B is an outline of the key milestones for the review. Council will note that we aim to produce draft conclusions in the form of an interim report for consultation in autumn 2009. The final report will be completed for approval by Council in the first quarter of 2010 to coincide with the merger.

Resource implications

20. Using the ETRG as the review group has the advantage that we can plan the review meetings to coincide with the regular ETRG meetings at no additional cost.

21. We envisage one meeting of the wider review reference community to consider the review group's interim report. We will aim to hold this in-house. The cost will be in the region of £3,000.

22. The consultation on the interim report will also include a conference event at an external venue. The estimated cost is around £20,000.

Equality

23. We have not yet undertaken an equality impact assessment. This will be developed as part of the ongoing work of the review.