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# Core Education Outcomes

## GMC Education Committee Position Statement

‘As long as they meet a university’s regulations, anyone can graduate provided that they meet all the outcomes and curriculum requirements’  
(*Tomorrow’s Doctors*, paragraph 76)

1. The purpose of the General Medical Council (GMC) is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. The law gives us four main functions under the Medical Act:

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

2. The GMC Education Committee strongly supports a diverse medical student population, not least in light of the diverse patient population, but we are also responsible for ensuring that doctors trained in the UK are fit to practise medicine. In exercising that responsibility we will always put the safety of patients above all other considerations.

3. The GMC Education Committee sometimes receives requests for guidance on whether students can omit parts of the medical curriculum and yet still be allowed to graduate with a medical degree and practise as a doctor. The purpose of this guidance is to explain the position and the principles upon which it is based. In short, it is not possible to opt out of any of the curricular outcomes set in *Tomorrow’s Doctors*.

4. There are a number of circumstances in which individuals might wish to omit parts of the curriculum. For example, they might have religious or ethical convictions which they see as conflicting with parts of the curriculum; or a disability, the effects of which mean that an individual is unable to perform certain tasks even if reasonable adjustments are provided; or very specific career ambitions for which, they feel, aspects of the curriculum are not necessary.

5. The GMC promotes equality and values diversity. We want a profession that is able to accommodate people with a range of ambitions, different faiths and backgrounds, as well as those with disabilities, not least because varied perspectives will make valuable contributions to the profession and the population it serves.

6. At the same time, the GMC meets its statutory objective to 'protect, promote and maintain the health and safety of the public'<sup>1</sup>. The knowledge, skills, attitudes and behaviour therefore required of all medical graduates are described in *Tomorrow's Doctors*. *Tomorrow's Doctors* was published to 'make it clear what students will study and be assessed on during undergraduate education'.<sup>2</sup> The standards expected of all doctors in the UK are described in *Good Medical Practice*.

7. The course of academic study and practical training leading to a medical degree differs from most university subjects because it is vocational and leads directly to entry into the medical profession. There are, of course lectures, seminars and laboratory experience. However, the study of medicine also involves substantial direct and intimate contact with patients making serious demands of students, together with the need to learn to work collaboratively with a range of health care professionals and others.

8. All medical courses comprise two broad components: the core and options. There is room for choice, for opting in or out, in relation to Student Selected Components, consistent with meeting the medical school's expectations. But the core includes all the knowledge, skills, attitudes and behaviour that every medical graduate in the UK is expected to demonstrate. Two of the skills which are fundamental to the practice of clinical medicine are:

a. The ability to 'communicate clearly, sensitively and effectively with patients',<sup>3</sup> in order to elicit symptoms of illness and explain the diagnosis, investigations and management, and with colleagues from a range of health and other professions who may be involved in the patient's care.

b. The ability to 'perform a full physical examination'<sup>4</sup> in order to identify any signs of disease. This examination will include the need both to observe the appearance of the patient and to touch such parts of the body as may be relevant to the symptoms.

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<sup>1</sup> Medical Act, Section 1A.

<sup>2</sup> *Tomorrow's Doctors*, Introduction.

<sup>3</sup> *Tomorrow's Doctors*, paragraph 20.

<sup>4</sup> *Tomorrow's Doctors*, paragraph 19b.

*Tomorrow's Doctors* lists the knowledge, skills, attitudes and behaviour that must be demonstrated in order to graduate with a medical degree. There is no provision to avoid any of these requirements. It would be appropriate for each medical school to state in its prospectus that all graduates must meet the core outcomes set by the GMC.

9. It is sometimes argued that, because some doctors go into specialties which do not involve direct patient contact, or choose to enter careers unrelated to medicine, it should be possible for them to acquire a medical degree without demonstrating all the knowledge, skills, attitudes and behaviour prescribed in *Tomorrow's Doctors*. This fails to recognise that the point of a medical course is to produce a doctor fit for clinical practice. What doctors then choose to do with their career is a matter for them.

10. It is also argued by some that medical students should be free to exercise personal or religious preferences by declining to undertake parts of the medical course. Examples have included a refusal to see patients who are affected by diseases caused by alcohol or sexual activity; or a refusal to examine patients of a particular gender. Medical students clearly have a right to freedom of expression and having a range of ethical and religious perspectives contributes to medical education and practice. However, these considerations cannot compromise the fundamental purpose of the medical course: to train doctors who have the core knowledge, skills, attitudes and behaviour that are necessary at graduation. This requires commitment to the 'Duties of a Doctor' set by the GMC, including the duty to 'make the care of your patient your first concern'. The GMC, in our publication *Good Medical Practice*, already makes provision for doctors who object on moral grounds to providing particular treatments without prejudicing patient care. However, there is an important difference between performing particular treatments that many doctors would not, in any event, ever be expected to perform in the NHS and the core skills required of every medical practitioner at graduation which are listed in *Tomorrow's Doctors*.

11. Being able to exercise the core skills is necessary to meet patients' expectations and to secure patients' safety. Doctors who graduate in the United Kingdom enter a two year Foundation Programme which involves a range of clinical experience, much of it based in emergency departments and involving a wide range of unselected and acutely ill patients. As *Tomorrow's Doctors* says, 'by awarding a medical degree a university is confirming that the graduate is fit to practise as a PRHO [or F1 trainee] to the high standards that we have set in our guidance to the medical profession, *Good Medical Practice*'.<sup>5</sup> It would not be possible for a doctor to practise in that environment while refusing to examine, for example, a half of all patients on grounds of gender or the large number of people whose illness can be attributed to their lifestyle. Indeed, prejudicing treatment on the ground of patients' gender, or their responsibility for their condition, would run counter to the most basic principles of ethical medical practice.

12. The GMC reviews its guidance periodically to ensure that it is appropriate and non-discriminatory. This includes the standards we set in *Tomorrow's Doctors*, *Good Medical Practice* and elsewhere.

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<sup>5</sup> *Tomorrow's Doctors*, paragraph 84.

13. It is for medical schools to design detailed curricula and schemes of assessment to meet the knowledge, skills, attitudes and behaviour that we require of all medical graduates. The schools will need to consider what reasonable adjustments can be made to promote equality and value diversity, consistent with all graduates achieving our outcomes.

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