
Guidance on UK medical education delivered outside the UK

Introduction

Purpose of guidance

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.
2. The GMC has the function under the Medical Act 1983 of promoting high standards of medical education and co-ordinating all stages of medical education. The GMC oversees the delivery of undergraduate medical education leading to a United Kingdom primary medical qualification (UK PMQ) awarded by universities and other bodies on the list held by the GMC. The GMC sets the standards and outcomes for undergraduate medical education through its guidance *Tomorrow's Doctors* and it ensures that those standards and outcomes are met through the quality assurance process.
3. Recently UK medical schools have proposed various arrangements whereby medical students would be educated partly or wholly outside the UK but receive a UK PMQ. Also, several UK medical schools have arrangements with the International Medical University (IMU) for students to enter into the third year of the UK medical school programme and graduate with a UK PMQ after successful completion of the course and its assessments.
4. The expansion of UK medical education outside the UK has benefits: income for universities and balance of trade benefits for the UK; spread of good medical practice between the medical school and the host country; and awareness of cultural variety and different healthcare systems, and of global health issues, among holders of UK PMQs. However, expansion of UK medical education outside the UK also presents challenges to both the GMC and medical schools.
5. The GMC has considered the implications of UK medical education being delivered outside the UK and in particular its responsibilities under the Medical Act.
6. The Medical Act does not prevent universities or other bodies providing some or all of their undergraduate courses outside the UK, nor does it empower the GMC to prevent UK medical education being delivered outside the UK. The GMC agreed in 2005 to accept the responsibility of ensuring that medical education leading to a

UK PMQ, wherever delivered, accords with the standards and outcomes it sets through *Tomorrow's Doctors*.

7. To ensure effective regulation of UK medical education delivered outside the UK, the GMC set up a joint Advisory Group with the Medical Schools Council (MSC) to develop guidance for medical schools. This guidance outlines the GMC's expectations of medical schools on the list held by the GMC that are considering establishing UK medical education outside the UK.

8. The Advisory Group met on 21 January 2008 to confirm the Terms of Reference and to consider a background paper prepared by the GMC. The Advisory Group also met on 28 April 2008 to consider the draft guidance.

Scope of guidance

9. There are a number of potential scenarios where some or all medical education that leads to a UK PMQ is obtained outside the UK. The following arrangements are addressed in this guidance:

a. UK PMQ issued to medical students who transfer from an overseas medical school into year three at a UK medical school to complete the final three years of the programme;

b. UK PMQ delivered by a UK university subsidiary campus outside the UK for part or all of the medical student's education;

c. UK PMQ delivered by a partner ('franchise') outside the UK for part or all of the medical student's education.

10. In addition, for many years it has not been unusual for UK medical students to spend time in the course of their training at an overseas institution on, for example, a student elective, and for such training to be still considered part of the training leading to a UK PMQ. The arrangements for individual students to undertake electives outside the UK are outside the scope of this guidance.

Legislation

Medical Act 1983

11. A primary United Kingdom qualification refers to the undergraduate stage of education and training (including 'graduate-entry courses').

12. The Medical Act 1983 section 5(2) states that the GMC shall 'determine the extent of the knowledge and skill which is to be required for the granting of primary United Kingdom qualifications'.

13. This duty is not restricted by reference to the place where the knowledge and skill is acquired.

14. This duty is discharged through *Tomorrow's Doctors* which provides the framework that UK medical schools use to design detailed curricula and schemes of assessment. *Tomorrow's Doctors* also sets out the standards that the GMC will use to judge the quality of undergraduate teaching and assessments when it considers annual monitoring returns from medical schools and visits medical schools.

15. Section 5(2) also states that the GMC shall 'secure that the instruction given in or under the direction of bodies or combinations of bodies in the United Kingdom to persons studying for such qualifications is sufficient to equip them with knowledge and skill of that extent'. The GMC achieves this through the Quality Improvement Framework (QIF), which makes sure medical schools are delivering a curriculum that meets the outcomes of the knowledge, skills and behaviour required by medical graduates. The GMC has the power to visit universities to make sure that undergraduate teaching is appropriate and to inspect examinations to make sure that the standards expected at qualifying examinations are maintained and improved (Sections 6 and 7 of the Medical Act 1983).

16. The GMC has responsibility for who is added to, or removed from, the list of approved bodies that can provide primary UK medical qualifications.

EU Directive and implications for registration

17. The GMC has considered the implications of European Directive 2005/36/EC on the recognition of professional qualifications by European States to facilitate movement within the European Community. This Directive came into effect in October 2007 and replaces Directive 93/16/EEC.

18. Article 3 of the Directive states at paragraph 1(c) that for the purpose of the Directive 'evidence of formal qualifications' is defined as:

'diplomas, certificates and other evidence issued by an authority in a Member State designated pursuant to legislative, regulatory or administrative provisions of that Member State and certifying **completion of professional training obtained mainly in the Community...**' (our emphasis).

19. The Directive is interpreted to mean that the GMC would be unable to certify that graduates are entitled to mutual recognition in the European Community unless their training was obtained mainly in the Community. If the GMC cannot certify that training took place 'mainly in the Community' other Member States will not be required to permit a doctor to practise there on the basis of the home member state qualification. The GMC registration system will need to ensure that information can be shared appropriately about the status of doctors with UK PMQs who have trained mainly or wholly outside the Community.

20. Medical Schools delivering UK medical education outside the UK will need to ensure their students are aware of the implication of the European Directive on the recognition of their professional qualifications in the European Community, and where their qualifications will entitle them to work.

21. The meaning of the word 'mainly' in the phrase 'mainly in the Community' will need to be further clarified and will be the subject of further work by the GMC.

Quality Assurance

22. The GMC sets outcomes and standards for undergraduate medical education in *Tomorrow's Doctors* and ensures through the quality assurance process that they are met. UK medical schools on the list held by the GMC are subject to quality assurance visits. Through the quality assurance process the GMC:

- a. Monitors changes to curricula, assessments and staffing through information received in the annual monitoring return from each medical school.
- b. Allows issues of common concern in undergraduate medical education to be identified, discussed and resolved, thereby contributing to the ongoing review of *Tomorrow's Doctors*.
- c. Produces evidence-based visit reports on whether schools meet the requirements in *Tomorrow's Doctors*.
- d. Identifies examples of good practice for widening participation in medical education.
- e. Provides evidence that will allow it to make a decision about who is added to, or removed from, the list kept by the GMC of approved bodies allowed to award primary UK medical qualifications.

23. *Tomorrow's Doctors* and the quality assurance process have been developed in the context of UK medical practice and education, taking account of:

- a. The cultural expectations of UK patients in the early 21st century.
- b. Problem-based and integrated medical education.
- c. The training arrangements and career prospects of UK graduates.
- d. The needs of the National Health Service (NHS) and other UK employers.
- e. UK arrangements in relation to the roles of the various healthcare professions and allied healthcare staff.
- f. UK legislation and government healthcare policy.

24. UK medical schools will need to address issues that may arise from the application to an overseas setting of medical courses that are developed to meet the requirements of *Tomorrow's Doctors* and medical practice in the UK.

25. Other issues that arise from the delivery of education outside the UK can be divided into generic issues that relate to any educational provider, and issues specific to medical education. Issues include:

a. Generic issues resulting from delivery of education outside the UK (effectiveness of quality control systems across multiple sites; consistency of admissions criteria across various campuses; language of instruction; financial and due diligence with potential partners; calibre of staff recruited; assessment and external examinations; overlapping regulatory and quality assurance regimes).

b. Specific issues relating to medical education (securing appropriate arrangements to meet requirements of *Tomorrow's Doctors*; ensuring fitness to practise concerns are identified and addressed in accordance with GMC guidance; patient contact which may not be influenced by *Good Medical Practice*; accommodating opportunities for topics related to practice outside the UK in the optional elements of the curriculum).

26. This list of issues is not exhaustive.

GMC expectations in relation to medical education delivered outside the UK

Medical students transferring to complete their studies in the UK

27. Arrangements for overseas medical students to complete their studies at a medical school in the UK have been in place for a number of years. For example, students from IMU can enter the third year of the medical school programme at a number of UK medical schools.

28. Medical students who complete their studies at a UK medical school are subject to the standards in *Tomorrow's Doctors* and will have to pass a qualifying examination set by the UK medical school. If they complete their studies at a UK medical school in the UK they will usually be eligible to apply for a programme for provisionally registered doctors.

29. The GMC needs to be assured that arrangements for medical students who transfer from an overseas medical school into year three at a UK medical school to complete their medical degree are adequate to ensure the standards and outcomes in *Tomorrow's Doctors* are met. This can be addressed through the quality assurance process, allowing the GMC to identify issues regarding the transfer of overseas students into year three that it wishes to explore with all medical schools and issues that can be pursued with an individual medical school.

30. When schools are visited, the GMC may further investigate issues about transferring students and the quality assurance arrangements that are in place with the overseas medical school.

31. The extent of the quality assurance arrangements between the UK medical school and the medical school providing the initial education outside the UK will vary.

The GMC may visit the overseas campus itself if any concerns arise from the annual monitoring return or quality assurance visit.

32. Alternatively, if any concerns arise from the annual monitoring returns, the GMC may examine the quality assurance processes across all the UK medical schools that receive students from a particular overseas medical school.

UK PMQ delivered outside the UK for most or all of the medical student's education

33. The GMC's expectations where medical education leading to the award of a UK PMQ is delivered outside the UK either by a UK university campus or in an arrangement between a UK university and an overseas partner is outlined below.

Requirement to meet the standards in *Tomorrow's Doctors*

34. Medical education delivered outside the UK that leads to the award of a UK PMQ must meet the standards set out in *Tomorrow's Doctors*. Any medical degree delivered outside the UK, leading to a UK PMQ must be of the same standard to any such course delivered in the UK.

35. The GMC expects that English will be the language of instruction and assessment for the course. Graduates must have demonstrable skills in written and spoken English that enable effective communication in clinical practice with patients and colleagues.

36. The GMC expects assessments to be of the same standard and independence as in the UK.

Notification of changes to UK medical education

37. The GMC must know about any major developments or changes in undergraduate medical education to ensure the objectives of the quality assurance process are met. The GMC requires medical schools to notify it of any new courses they are developing or major changes in curricula and to seek formal approval for these.

38. The GMC also requires that new medical schools apply for recognition under the Medical Act 1983. Arrangements for monitoring the progress of new medical schools comprise a developmental annual process until the first student cohort graduates.

39. The GMC considers that provision of medical education outside the UK that leads to a UK PMQ is a major development.

40. The GMC must be advised of any initiatives that will involve medical students receiving undergraduate medical education outside the UK that leads to a UK PMQ before final decisions are made by a medical school to establish overseas arrangements. This should be done as early as possible. Medical schools should

advise the GMC in the annual monitoring return, which describes any significant change from the medical school's last return, but may advise the GMC at any other time.

41. The GMC expects to be advised of such major developments at least 18 months before students are expected to commence the course. This will enable the proposed development to be considered by the GMC and the quality assurance process and timelines to be developed.

42. When the UK medical school is ready to commence a formal process for the development to be considered by the GMC and the quality assurance process established, it will be expected to answer a questionnaire and provide a business plan.

43. Once the quality assurance process is established responsibility to provide information required by the GMC will be with the UK medical school. Information from a subsidiary should still be channelled through the UK medical school.

Quality assurance of UK medical education delivered outside the UK

44. UK medical education delivered outside the UK that leads to a UK PMQ will be quality assured to ensure the standards are met.

45. The GMC holds the list of bodies approved to award a UK primary medical qualification. The GMC will hold the UK body, as the awarding body, accountable for ensuring that the overseas campus or partner meets the standards set out in *Tomorrow's Doctors*.

46. The GMC will expect the UK body to have effective quality management systems in place with its overseas campus or partner to ensure the standards set out in *Tomorrow's Doctors* are met. Quality management systems should be as rigorous, secure and open to scrutiny as those within the UK medical school

47. The GMC will monitor the development of the programme until the first cohort of students graduate. The point of 'approval' of the overseas medical education that leads to a UK PMQ will be a decision by the GMC at the end of the quality assurance process whether or not the standards set out in *Tomorrow's Doctors* have been met and that the UK body that awards the primary medical qualification should remain on the list held by the GMC.

48. The Advisory Group considered that in order to ensure the quality of UK education delivered outside the UK it will be necessary to establish a visiting team and to visit the overseas campus. The quality assurance process will examine the UK medical school and its arrangements with the overseas campus or partner, and will involve reviewing information and visiting the overseas medical school to ensure that the standards set out in *Tomorrow's Doctors* are being met.

49. The circumstances in which quality assurance will take place will vary and require different approaches to achieve the same level of assurance. The GMC will

consider the quality assurance arrangements for a UK medical school delivering a UK PMQ outside the UK on a case by case basis, determined primarily by perceived need. It is not necessary or proportionate for visitors to visit every site where medical education is delivered, but the GMC normally visits sites where a significant proportion of students' education is delivered or where issues have been highlighted from other sources of evidence. It is therefore expected that the quality assurance team will need to spend some time on the overseas campus and at the main clinical teaching sites.

50. In taking decisions on how to carry out its quality assurance responsibilities in relation to medical education outside the UK, the GMC will have regard to the risk associated with the proposed development. The extent of the visiting will depend in part on the confidence placed in the description of the quality management arrangements of the institution that awards the UK PMQ. Where the documentation sets out in detail how the medical education provided complies with *Tomorrow's Doctors*, the visitors will have fewer questions that they need to resolve on visits.

51. The GMC will determine size of the team, duration and frequency of visits in the initial five years, in consultation with the medical school.

Consideration of financial matters and due diligence

52. The remit of the GMC does not extend to considering the financial viability of a proposal to provide medical education outside the UK. However, the financial health of a proposal will affect the standard of education provided to the medical students. Recognising the link between financial issues and the ability to meet the standards set in *Tomorrow's Doctors*, the process to approve new medical schools in the UK has included an examination of the financial robustness of proposals.

53. The Advisory group propose that the GMC should take an interest in the financial modelling of the proposal in a way that does not present a commercial risk to the medical school's proposal. Financial matters and due diligence should be addressed in a business plan provided to the GMC.

Funding of quality assurance of UK medical education delivered outside the UK

54. Medical education delivered outside the UK that leads to a UK PMQ must meet the standards in *Tomorrow's Doctors*, and this will be determined through the quality assurance process.

55. The GMC's purpose is to protect, promote, and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. The GMC also has the role under the Medical Act 1983 of promoting high standards of medical education and co-ordinating all stages of medical education.

56. The quality assurance process contributes to the purpose and role of the GMC by ensuring that medical students educated in UK medical schools meet the

standards of knowledge, skills, and behaviours set by the GMC in *Tomorrow's Doctors*.

57. The quality assurance process for medical schools in the UK is funded by the GMC through the fees paid by UK doctors to apply to join and remain on the List of Registered Medical Practitioners.

58. UK universities establishing medical education outside the UK have indicated they are eager to establish courses that demonstrably meet the UK standards in *Tomorrow's Doctors* and lead to a UK PMQ because of the strong international reputation of both UK medical education and its regulation by the GMC. UK medical schools have indicated that the GMC quality assurance 'brand' has value in the international medical education market and they seek to ensure their overseas programmes meet the UK standards.

59. The Advisory Group consider it is reasonable that UK doctors should not be expected to meet the costs through their registration or annual retention fees of quality assuring UK medical education delivered overseas. In addition, although some medical students obtaining a UK PMQ from a programme delivered outside the UK will practise in the UK, many will not and so there is a weaker connection between the quality assurance process and ensuring patient safety in the UK.

60. The GMC will expect UK medical schools delivering education outside the UK to meet the full economic costs associated with undertaking the quality assurance of education delivered outside the UK.

61. Universities conferring the UK PMQ will be responsible for all the costs involved in inspection and preparation for it. This is likely to include business class travel to and from the UK and good quality accommodation and subsistence for the duration of the inspection for the whole team – as well as the full costs of staff organising and supporting visits, a proportion of the GMC's overheads and any compensation required by the substantive employers of the Visitors.

62. The GMC would expect the UK medical school to include in its business case an agreed sum covering the parameters listed above.

Appendix - Workforce planning issues [text from Medical Schools Council]

The Terms of Reference for the Advisory Group on UK medical education delivered outside the UK say that any implications for workforce planning that have been identified will be referred to the relevant bodies.

The Advisory Group agreed that the Medical Schools Council could take this matter forward to the Department of Health.

Whilst the General Medical Council and universities have no individual responsibility for national workforce planning, events surrounding the introduction of MTAS in 2007 have demonstrated a need to consider the career prospects and expectations of students.

In that context, the Advisory Group believes that universities contemplating overseas branches or collaboration that will lead to a UK PMQ have a responsibility to their UK students to assess the impact of such proposals on their students' future career prospects.

It needs to be borne in mind that:

All EU medical graduates can compete for training places in the UK.

Medical degrees are taught in English in at least 14 schools in the EU and significant numbers of UK residents are educated on these courses.

In the revised scheme for training places for International Medical Graduates (IMGs), individuals with a right of abode in the UK may compete for the places. A phenomenon noted in 2007 by the Foundation Programme Office is that British citizens undertake medical training overseas. They will have the right to compete for training places when they return home to the UK.

Indeed a similar effect has been seen in the US, where US citizens who have not obtained places on programmes in the USA, move to the Caribbean and study there. *Academic Medicine*, 81,1, 2006 has a paper by Boulet et al demonstrating that US IMGs are playing an increasing role in the supply of US physicians.

There is no doubt that EU and international medical graduates with British citizenship are increasing in number and must be factored into workforce planning scenarios and into the strategic thinking of medical schools contemplating overseas branches or collaboration.

The award of a UK PMQ by a UK medical school overseas will entitle the medical student to provisional registration with the General Medical Council. However, eligibility to apply for the Foundation Programme is set by the UK Foundation Programme Office and will depend on the rules regarding the right to work in the UK.

The UK medical school delivering medical education overseas should ensure that it is able to advise its students of the options for completing a provisional registration year and obtaining full registration as a doctor.

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