

<b>Agenda item:</b>	<b>9</b>
<b>Report title:</b>	<b>New medical education and training standards</b>
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<b>Considered by:</b>	<b>Strategy and Policy Board</b>
<b>Action:</b>	<b>To consider</b>

## Executive summary

We have developed new standards, *Promoting excellence: Standards for medical education and training*, following extensive engagement with the system and a public consultation which concluded on 24 March 2015. The intent of the new standards is to simplify, reduce and focus our expectations for the quality of medical education and training. The new standards bring together previously separate standards for undergraduate and postgraduate medical education and training.

The new standards set out what we expect of medical schools, postgraduate deaneries and local education and training boards, and local education providers when they educate and train medical students and doctors. Ten high level standards, supported by a set of requirements, are structured around five themes and will apply across the continuum of medical education and training. Patient safety is at the core of the new standards. Subject to Council's approval the new standards will be published in mid-July 2015 and will come into force on 1 January 2016.

## Recommendations

Council is asked to:

- a** Note the themes from the consultation responses.
- b** Approve the new medical education and training standards set out in [Annex A](#), to come into force on 1 January 2016.

## Issue

- 1 Our consultation on the new standards ran for eight weeks until 24 March 2015. We received a total of 178 responses from our key interest groups across the UK. A copy of the consultation report is available on request.
- 2 Our review had three main objectives:
  - a Making our standards more consistent and coherent across the continuum of medical education and training.
  - b Making sure our standards reflect the characteristics of a good learning environment and culture.
  - c Supporting our regional reviews of medical schools, postgraduate deaneries and local education and training boards in a region, and local education providers.
- 3 The new standards replace parts of *Tomorrow's Doctors* and *The Trainee Doctor* that cover managing and delivering medical education and training. Those two documents were set out under nine domains with a total of 24 standards and 259 requirements. The documents set out processes describing how the standards were to be met, and evidence to be provided.
- 4 We have reduced this to ten high level standards, structured around five themes, applying to both undergraduate and postgraduate education and training. We have 76 requirements setting out what an organisation must do to show us they are meeting the standards. The system benefits from having clarity about what is required for good education and training, while at the same time having more flexibility about how to demonstrate they are meeting the standards.
- 5 We are also developing our quality assurance processes so we can better identify evidence based good practice and encourage quality improvement. We want these standards to be dynamic – when we identify good practice, we will consider whether it should be published as a developmental requirements and, over time, become a core requirement.
- 6 The outcomes and practical procedures for graduates in *Tomorrow's Doctors* were outside the scope of the review.

## *Response to the consultation*

- 7 There was strong support for new standards covering the continuum of undergraduate and postgraduate medical education and training, and for how we addressed patient safety, equality and diversity and reflected *Good medical practice*.

- 8** Many respondents expressed enthusiasm for having patient safety at the core of the standards, emphasising its vital importance to medical education and training. Others identified ways the standards would help improve patient safety, for example, supporting the concept of medical students and doctors in training being 'valuable eyes and ears', as described in the Report of the Francis Inquiry.
- 9** The new standards are structured under five themes:
- a** Learning environment and culture.
  - b** Educational governance and leadership.
  - c** Supporting learners.
  - d** Supporting educators.
  - e** Developing and implementing curricula and assessments.
- 10** Ten new standards set out what we expect from organisations responsible for educating and training medical students and doctors in the UK. The standards are supported by a set of requirements – what an organisation must do to show us they are meeting the standards.
- 11** A recurrent theme in some responses was that differences between undergraduate education and postgraduate training should be better reflected in the new standards.
- 12** We have addressed this in a number of ways. In particular, we have been clearer about who must meet requirements, and whether they apply to undergraduate or postgraduate. The standards under 'learning environment and culture' apply to university settings, which must value and support education and training, and local education providers that provide clinical placements for medical students. However, because our regulation is risk based, most of these requirements relate to the clinical learning environment.
- 13** Although it may be challenging for medical schools to influence the quality of education in placement providers, the new standards set an expectation that medical schools will use their agreements with local education providers effectively, making sure that medical students are hosted in an environment and culture that meets these standards.
- 14** A further issue was clarity about our responsibilities and those of systems regulators, in regard to clinical environments. The new standards reflect the characteristics of a good learning environment, of which clinical placements and work are part, which

was an objective for this review. We will need to work with systems regulators when we implement these standards to be clear about roles and boundaries.

### *Equality and diversity*

- 15** There is a new standard that the educational governance system makes sure that education and training is fair and is based on principles of equality and diversity, and we will continue to include equality and diversity as a matter we look at as part of our quality assurance. We have undertaken an Equality Analysis.
- 16** Respondents were asked to identify equality and diversity considerations. We specifically asked about the impact of the standards on people who share protected characteristics. 81% of respondents thought that the standards were not likely to adversely affect any particular medical students, doctors in training or other people who share protected characteristics. Several comments said that the standards dealt with issues of people with protected characteristics well.

### *Implementation*

- 17** Subject to Council's approval, the new standards will be published in mid-July 2015 and will come into force on 1 January 2016.
- 18** We are reviewing the Quality Improvement Framework as part of implementing the new standards. The first regional review using the new standards will be to the South West in early 2016; this will be a pilot visit for the new standards and will allow us to review how well they work.

## 9 – New medical education and training standards

### 9 – Annex A

## Promoting excellence: standards for medical education and training

### Patient safety is the first priority

Patient safety is at the core of these standards. Just as good medical students and doctors make the care of their patients their first concern, so must the organisations that educate and train medical students and doctors. In non-clinical learning environments, there should also be a culture of promoting patient safety.

We set out the professional values, knowledge, skills and behaviours required of all doctors working in the UK in *Good medical practice*.<sup>1</sup> We also expect medical students to meet these standards when they have contact with patients. The learner's<sup>1</sup> ability to develop the appropriate professional values, knowledge, skills and behaviours is influenced by the learning environment and culture in which they are educated and trained.

Patient safety runs through our standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. Where our standards previously focused on protecting patients from any risk posed by medical students and doctors in training, we will now make sure that education and training takes place where patients are safe, the care and experience of patients is good, and education and training are valued.

### The ten standards

#### *Theme 1: Learning environment and culture*

**S1.1** The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

<sup>1</sup> Learners are medical students and doctors in training.

**S1.2** The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.<sup>2</sup>

*Theme 2: Educational governance and leadership*

**S2.1** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

**S2.2** The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

**S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

*Theme 3: Supporting learners*

**S3.1** Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.<sup>2</sup>

*Theme 4: Supporting educators*

**S4.1** Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

**S4.2** Educators receive the support, resources and time to meet their education and training responsibilities.

*Theme 5: Developing and implementing curricula and assessments*

**S5.1** Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

**S5.2** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

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<sup>2</sup> For undergraduate education, the learning outcomes for graduates are set out in *Tomorrow's Doctors*.<sup>2</sup> For postgraduate training, the curriculum is approved by the General Medical Council.

## Theme 1: Learning environment and culture

### *Purpose*

This theme is about making sure that the environment and culture for education and training meets learners' and educators' needs, is safe, and open, and provides a good standard of care and experience for patients.

Education and training should be a valued part of the organisational culture. Learners will have a good educational experience and educators will be valued where there is an organisational commitment to, and support for, learning. High quality organisations will promote excellence in education.

The clinical learning environment is multiprofessional, so an effective learning culture will value and support learners from all professional groups.

### *Responsibility*

Local education providers (LEPs) – specifically the leadership at board level or equivalent – provide the learning environment and culture. They are accountable for how they use the resources they receive to support medical education and training. They are responsible for taking action when concerns are raised that impact on patient safety. They work with postgraduate deaneries, local education and training boards (LETBs) and medical schools in recognising and rewarding trainers.<sup>3</sup>

Postgraduate deaneries, LETBs and medical schools make sure that education and training takes place in an environment and culture that meets these standards, within their own organisation and through effective quality management of contracts, agreements and local quality control mechanisms. They work together to respond when patient safety and training concerns are associated.

### *Standards*

**S1.1** The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

**S1.2** The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

### *Requirements*

**R1.1** Organisations<sup>3</sup> must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.<sup>4</sup>

<sup>3</sup> Organisations that are responsible for the learning environment and culture.

**R1.2** Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

**R1.3** Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.

**R1.4** Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.

**R1.5** Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.

**R1.6** Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.

**R1.7** Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

**R1.8** Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.

Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.<sup>4</sup> Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.

**R1.9** Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.

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<sup>4</sup> This will normally be a doctor, but in some placements it may be appropriate for a senior healthcare professional to take on this role.

**R1.10** Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.

**R1.11** Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent.<sup>5</sup> Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.

**R1.12** Organisations must design rotas to:

- a** make sure doctors in training have appropriate clinical supervision
- b** support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
- c** provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
- d** give doctors in training access to educational supervisors
- e** minimise the adverse effects of fatigue and workload.

**R1.13** Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:

- a** their duties and supervision arrangements
- b** their role in the team
- c** how to gain support from senior colleagues
- d** the clinical or medical guidelines and workplace policies they must follow
- e** how to access clinical and learning resources.

As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.

**R1.14** Handover<sup>5</sup> of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

<sup>5</sup> Handover at the start and end of periods of day or night duties, every day of the week.

**R1.15** Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

**R1.16** Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.

**R1.17** Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.

**R1.18** Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.

**R1.19** Organisations must have the capacity, resources and facilities<sup>6</sup> to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

**R1.20** Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.

**R1.21** Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.

**R1.22** Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.

## **Theme 2: Educational governance and leadership**

### *Purpose*

This theme is about making sure that organisations have effective systems of educational governance and leadership to manage and control the quality of medical education and training.

These systems should treat learners according to principles of safety, equality and fairness. They should ensure appropriate assessment, manage learners' progression, and share

<sup>6</sup> Resources and facilities may include: IT systems so learners can access online curricula, workplace-based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.

outcomes of education and training programmes. It is in the public and patients' interests that there is effective, robust, transparent and fair oversight of education and training.

Information should be shared across educational and clinical governance systems to identify risk to patient safety and the quality of education and training, and to ensure transparency and accountability.

### *Responsibility*

All organisations must demonstrate leadership of medical education and training through effective educational governance. Working together, they should integrate educational, clinical and medical governance to keep patients and learners safe and create an appropriate learning environment and organisational culture.

Postgraduate deaneries and LETBs manage the quality and funding of postgraduate training programmes provided by LEPs in their regions.

Medical schools (and the universities of which they are a part) manage and control the quality of education leading to the award of their primary medical qualifications. They make sure LEPs appropriately educate their medical students by providing appropriate placements.

LEPs control the organisational culture and the quality of education and training in their local organisations. An executive must be accountable for educational governance, and those in educational leadership roles must have demonstrable educational credibility and capability.

Colleges, faculties and specialty associations develop and maintain curricula and assessment frameworks according to the standards for curricula and assessment set by the GMC.<sup>6</sup> Colleges, faculties and specialty associations are responsible for the quality of approved curricula and exams. They work in partnership with national bodies, postgraduate deaneries, LETBs and LEPs to select learners to training programmes.

### *Standards*

**S2.1** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

**S2.2** The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

**S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

### *Requirements*

**R2.1** Organisations<sup>7</sup> must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.

**R2.2** Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.

**R2.3** Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.

**R2.4** Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.

**R2.5** Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality, and equality and diversity.

**R2.6** Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

**R2.7** Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.

**R2.8** Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.

**R2.9** Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.

**R2.10** Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.

<sup>7</sup> Organisations that are responsible for educational governance.

**R2.11** Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.

**R2.12** Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.

**R2.13** Medical schools must have one or more doctors at the school who oversee medical students' educational progression. They must have one or more doctors at each LEP who coordinate training of medical students, supervise their activities, and make sure these activities are of educational value.<sup>3</sup>

**R2.14** Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.<sup>3</sup>

**R2.15** Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.<sup>3</sup>

**R2.16** Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.<sup>7</sup>

**R2.17** Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.

**R2.18** Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.

**R2.19** Organisations must have systems to make sure that education and training comply with all relevant legislation.

**R2.20** Organisations must make sure that recruitment, selection and appointment of learners and educators is open, fair and transparent.

## Theme 3: Supporting learners

### *Purpose*

This theme is about making sure learners get effective educational and pastoral support, so they can demonstrate what is expected in *Good medical practice* and achieve the learning outcomes required by their curriculum.

### *Responsibility*

Postgraduate deaneries, LETBs, and medical schools provide and manage structures and systems of support for learners. They provide appropriate support to ensure the health and wellbeing of their learners.

LEPs provide support and learning opportunities for learners, making available the facilities, staff and practical support needed to deliver the clinical parts of the curriculum or training programme.

Learners are responsible for their own learning and achieving the learning outcomes required by their curriculum. They should take part in structured support opportunities for learners. Learners must make care of patients their first concern and must not compromise safety and care of patients by their performance, health or conduct. Learners have a duty to follow the guidance in *Good medical practice* and must understand the consequences if they fail to do so.

### *Standards*

**S3.1** Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

### *Requirements*

**R3.1** Learners must be supported to meet professional standards, as set out in *Good medical practice* and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.

**R3.2** Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including:

- a** confidential counselling services
- b** careers advice and support
- c** occupational health services.

Learners must be encouraged to take responsibility to look after their own health and wellbeing.

**R3.3** Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

**R3.4** Organisations must make reasonable adjustments for disabled learners, in line with the *Equality Act 2010*.<sup>8</sup> Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.

**R3.5** Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.

**R3.6** When learners progress from medical school to foundation training they must be supported by a period of shadowing<sup>9</sup> that is separate from and follows the student assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.

**R3.7** Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.

**R3.8** Doctors in training must have information about academic opportunities in their programme or specialty and be supported to pursue an academic career if they have the appropriate skills and aptitudes and are inclined to do so.

**R3.9** Medical students must have appropriate support while studying outside medical school, including on electives, and on return to the medical programme.

**R3.10** Doctors in training must have access to systems and information to support less than full-time training.

**R3.11** Doctors in training must have appropriate support on returning to a programme following a career break.

**R3.12** Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.

**R3.13** Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.

<sup>8</sup> The *Equality Act 2010* does not apply to Northern Ireland. The *Equality Act 2010* is in force in the rest of the UK, but the *Disability Discrimination Act 1995* and the *Special Educational Needs and Disability (NI) Order 2005* remain in force in Northern Ireland.

<sup>9</sup> Shadowing is coordinated and arranged across the UK as part of the transition from medical school to the Foundation Programme.

**R3.14** Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.

**R3.15** Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.

**R3.16** Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.

## Theme 4: Supporting educators

### *Purpose*

This theme is about making sure that educators have the necessary knowledge and skills for their role, and get the support and resources they need to deliver effective education and training.

### *Responsibility*

Postgraduate deaneries, LETBs, and medical schools make sure that educators have the necessary knowledge and skills, support and resources they need for their role.

Postgraduate deans and medical schools – as education organisers<sup>10</sup> – have to meet GMC requirements<sup>3</sup> for formally recognising and approving medical trainers in four specific roles.<sup>11</sup>

LEPs provide support and resources for educators. LEPs must work with postgraduate deaneries, LETBs and medical schools in recognising and rewarding trainers.<sup>3</sup>

Educators are responsible for engaging positively with training, support and appraisal relating to their role, and are accountable for the resources they receive to support education and training. They must act in line with professional guidance for all doctors – they must be positive role models demonstrating good medical practice.<sup>8</sup> They are expected to maintain and continue to develop knowledge and skills on an ongoing basis through continuing professional development. Educators are involved in and contribute to the learning environment and culture.

Medical trainers in the four specific roles are responsible for complying with the arrangements set out by medical schools and postgraduate deans to meet GMC requirements for recognising and approving trainers.<sup>3</sup>

### *Standards*

**S4.1** Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

**S4.2** Educators receive the support, resources and time to meet their education and training responsibilities.

### *Requirements*

**R4.1** Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.

<sup>10</sup> Education organisers are the bodies responsible for recognising trainers.

<sup>11</sup> The four roles are: those who oversee medical students' progress at each medical school; lead coordinators for undergraduate education at each LEP; and named educational supervisors and named clinical supervisors for postgraduate training. The four roles will be fully recognised by 31 July 2016.

**R4.2** Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.

**R4.3** Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.

**R4.4** Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.

**R4.5** Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.

**R4.6** Trainers in the four specific roles must be developed and supported, as set out in GMC requirements for recognising and approving trainers.

## Theme 5: Developing and implementing curricula and assessments

### *Purpose*

The GMC's statutory responsibilities for regulating curricula and assessments are different according to the stage of training. This theme is about making sure medical school and postgraduate curricula and assessments are developed and delivered to meet GMC outcome or approval requirements.

### *Responsibility*

The GMC sets the learning outcomes required of medical students when they graduate<sup>2</sup> and the standards that medical schools must meet when teaching, assessing and providing learning opportunities for medical students.

Medical schools develop and deliver curricula and assessments to make sure that medical graduates can demonstrate these outcomes. Medical schools, in partnership with LEPs, also make sure that clinical placements give medical students the learning opportunities they need to meet these outcomes. Medical schools are responsible for the quality of assessments including those done on their behalf. Medical schools make sure only medical students who demonstrate all the learning outcomes are permitted to graduate.

Colleges, faculties, specialty associations and other organisations develop postgraduate curricula and assessments, and the GMC approves them against the standards for curricula and assessment systems.<sup>8</sup>

Postgraduate deaneries and LETBs make sure that LEPs are meeting the requirements for delivering postgraduate curricula and assessments, and that training programmes and placements enable the doctor in training to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

### *Standards*

**S5.1** Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

**S5.2** Postgraduate curricula and assessment are implemented so that doctors in training are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

### *Requirements*

#### Undergraduate curricula

**R5.1** Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.

**R5.2** The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.

**R5.3** Medical school curricula must give medical students:

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- a** early contact with patients that increases in duration and responsibility as students progress through the programme
- b** experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor
- c** the opportunity to support and follow patients through their care pathway
- d** the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics
- e** learning opportunities that integrate basic and clinical science, enabling them to link theory and practice
- f** the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates
- g** learning opportunities enabling them to develop generic professional capabilities
- h** at least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work.

### Undergraduate programmes and clinical placements

#### **R5.4** Medical school programmes must give medical students:

- a** sufficient practical experience to achieve the learning outcomes required for graduates
- b** an educational induction to make sure they understand the curriculum and how their placement fits within the programme
- c** the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation
- d** experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum
- e** the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working

- f** placements that enable medical students to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.

### Undergraduate assessment

**R5.5** Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards of competence required for graduates.

**R5.6** Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.

**R5.7** Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.

**R5.8** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.

### Postgraduate curricula

The development of postgraduate curricula is addressed in the standards for curricula and assessment.<sup>6</sup>

### Postgraduate training programmes and clinical placements

**R5.9** Postgraduate training programmes must give doctors in training:

- a** training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
- b** sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
- c** an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
- d** the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation
- e** the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
- f** regular, useful meetings with their clinical and educational supervisors

- g** placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
- h** a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible.<sup>9</sup> Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.

### Postgraduate assessment

**R5.10** Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training.

**R5.11** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.

### Reasonable adjustments

**R5.12** Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the *Equality Act 2010*, although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.

### References

- 1 General Medical Council (2013) *Good medical practice* available at: [www.gmc-uk.org/gmp](http://www.gmc-uk.org/gmp) (accessed 15 January 2015)
- 2 General Medical Council (2009) *Tomorrow's Doctors* available at: [www.gmc-uk.org/tomorrowsdoctors](http://www.gmc-uk.org/tomorrowsdoctors) (accessed 15 January 2015)
- 3 General Medical Council (2012) *Recognising and approving trainers: the implementation plan* available at: [www.gmc-uk.org/education/10264.asp](http://www.gmc-uk.org/education/10264.asp) (accessed 15 January 2015)
- 4 General Medical Council (2012) *Raising and acting on concerns about patient safety* available at: [www.gmc-uk.org/raisingconcerns](http://www.gmc-uk.org/raisingconcerns) (accessed 15 January 2015), paragraph 9
- 5 General Medical Council (2008) *Consent: patients and doctors making decisions together* available at: [www.gmc-uk.org/consent](http://www.gmc-uk.org/consent) (accessed 15 January 2015)

6 General Medical Council (2010) Standards for curricula and assessment systems available at: [www.gmc-uk.org/education/postgraduate/standards\\_for\\_curricula\\_and\\_assessment\\_systems.asp](http://www.gmc-uk.org/education/postgraduate/standards_for_curricula_and_assessment_systems.asp) (accessed 15 January 2015)

7 General Medical Council (2013) *Supporting medical students with mental health conditions* available at [www.gmc-uk.org/education/undergraduate/23289.asp](http://www.gmc-uk.org/education/undergraduate/23289.asp) (accessed 5 May 2015)

8 General Medical Council (2012) *Leadership and management for all doctors* available at: [www.gmc-uk.org/leadership](http://www.gmc-uk.org/leadership) (accessed 15 January 2015)

9 Academy of Medical Royal Colleges (2014) *A charter for postgraduate medical training: value of the doctor in training* available at: [www.aomrc.org.uk/publications/reports-a-guidance](http://www.aomrc.org.uk/publications/reports-a-guidance) (accessed 15 January 2015)

## Glossary

### *Clinical governance*

Clinical governance is the system through which National Health Service (NHS) organisations are accountable for continuously monitoring and improving the quality of their care and services, and for safeguarding the high standard of care and services.

### *Doctor in training*

This is the GMC's preferred term for a doctor participating in an approved postgraduate training programme (Foundation Programme or specialty including general practice training).

### *Educational governance*

Educational governance is the systems and standards through which organisations control their educational activities and demonstrate accountability for and the continuous improvement of the quality of education. Educational governance may be part of a wider, integrated governance framework comprising elements such as clinical audit, risk management and organisational development, which fall within the responsibility of other regulators, and are outside the direct scope of these standards. However, an indicator of how effective educational governance is could be how well integrated these elements are within the overall governance of the organisation.

### *Education organisers*

Education organisers are postgraduate deans and medical schools who are responsible for recognising trainers in four specific roles, in accordance with our requirements for recognising and approving trainers. Education organisers work together to recognise trainers where there is overlap between the groups of trainers.

### *Educators*

An individual with a role in teaching, training, assessing and supervising learners. This includes:

- a** individuals in a recognised and approved trainer role
- b** other doctors or healthcare professionals involved in education and training in the course of their daily clinical or medical practice
- c** academic staff from a range of disciplines with a role in education and training.

Educators may also include patients and members of the public who have roles in medical teaching or training, and other people whose knowledge experience or expertise is used in teaching or training.

### *Lead coordinators at each LEP*

One or more doctors at each LEP who are responsible for coordinating the training of medical students, supervising their activities and making sure these activities are of educational value.

All lead coordinators at each LEP must be recognised by their medical school by 31 July 2016.

### *Learners*

Learners are medical students receiving education leading to a primary medical qualification and doctors in postgraduate training leading to a certificate of completion of training (CCT). Doctors and students undertaking other forms of training and education, such as a fellowship, will also be learning, but are not covered by these standards for medical education and training. These standards do not cover continuing professional development that all doctors across the UK do to keep their knowledge and skills up to date throughout their working life.

### *Learning outcomes*

The competences that a learner must acquire by the end of a period of education or training. The learning outcomes required of medical students when they graduate are set by the GMC.

### *Local education and training boards (LETBs)*

In England, the roles of the postgraduate dean and deanery sit within LETBs.

### *Local education providers (LEPs)*

LEPs are the organisations responsible for the learning environment and culture (usually clinical) in which training is taking place, whether in primary, secondary, community or academic placements. LEPs include health boards, NHS trusts, independent sector organisations and any other service providers that host and employ medical students and doctors in training.

### *Medical trainer*

A medical trainer is an appropriately trained and experienced doctor who is responsible for educating and training medical students or doctors in training within an environment of medical practice.

Four medical trainer roles are performed only by recognised or approved trainers who are registered doctors holding a licence to practise. The arrangements do not cover other doctors whose practice contributes to teaching, training, assessing or supervising medical students or doctors in training, but whose role does not need to be formally recognised.

### *Named clinical supervisor (see also clinical supervisor)*

A named clinical supervisor is a trainer who is responsible for overseeing a specific doctor in training's clinical work throughout a placement in a clinical or medical environment and is

appropriately trained to do so. The named clinical supervisor leads on providing a review of the doctor in training's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.

All named clinical supervisors must be recognised by their postgraduate dean by 31 July 2016.

#### *Named educational supervisor*

A named educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specific doctor's educational progress during a placement or a series of placements. The named educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The named educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about the doctor's progression at the end of a placement or a series of placements.<sup>1</sup>

All named educational supervisors must be recognised by their postgraduate dean by 31 July 2016.

#### *Organisations*

Organisations that manage or deliver medical education or training to learners, usually medical schools, postgraduate deaneries or LETBs, LEPs and colleges, faculties and specialty associations. These organisations must meet our standards for medical education and training.

#### *Overseeing students' progress*

One or more doctors at a medical school who are responsible for overseeing students' trajectories of learning and educational progress. They might be NHS consultants or clinical academics acting as block or course coordinators.

Those responsible for overseeing students' progress at each medical school must be recognised by their medical school by 31 July 2016.

#### *Placement*

A structured period of experience and learning in a particular specialty or area of practice in a health or social care setting.

#### *Postgraduate dean*

In England, the roles of the postgraduate dean and deanery sits within LETBs. In Northern Ireland, these roles are held by the Northern Ireland Medical and Dental Training Authority. In Scotland, the postgraduate deans and the Scotland Deanery are part of NHS Education for Scotland. In Wales, the postgraduate dean is part of the Wales Deanery (Postgraduate Medical and Dental School), University of Cardiff. These are the UK bodies that the GMC has

authorised to manage approved training programmes and the training posts within them according to GMC standards.

#### *Primary medical qualification*

In relation to UK graduates, a first medical degree awarded by a body or combination of bodies that is recognised by the GMC for this purpose, or that was empowered to issue primary medical qualifications at the time the degree was awarded.

#### *Quality Improvement Framework*

The *Quality Improvement Framework* sets out our approach to regulating medical education and training. It describes the functions of quality assurance, quality management and quality control.

#### *Recognised trainers*

Medical trainers formally recognised by postgraduate deans and medical schools according to our requirements for recognising and approving medical trainers in four specific roles.

Our statutory role to approve general practice trainers remains in place.

#### *Student*

A medical student is an undergraduate receiving training or learning from a trainer, and who is working towards an undergraduate medical degree, even if they already hold a non-medical degree. Students are not registered with the GMC and cannot perform activities legally restricted to registered doctors with a licence to practise.

#### *Training programme*

A formal alignment or rotation of posts that together comprise a programme of postgraduate training in a given specialty or subspecialty. A programme may deliver the full curriculum through linked stages to a CCT, or the programme may deliver different component elements of the approved curriculum.