10 December 2014

Council

General Medical Council

16

To note

Education and training standards consultation

Issue

1 We propose launching a public consultation on our standards for medical education and training in January 2015.

Recommendations

2 Council is asked to note:

a That the Strategy and Policy Board has agreed to launch a consultation on the standards for medical education and training from 28 January 2015, for a period of eight weeks.

b That following consultation, the standards for medical education and training will be submitted to Council for approval in June 2015.

c The draft proposals for the standards for medical education and Training at Annex A.

d The summary of our communication strategy and pre-consultation engagement at Annex B.

e That consultation documentation is being prepared for approval by the Director of Education and Standards in December 2014.

Education and training standards consultation

Issue

3 One of our strategic priorities for 2014-2017 is to help raise standards in medical education and practice. We began reviewing our standards for medical education and training in 2013, as part of our review of quality assurance in education. Our current standards are set out in *Tomorrow's Doctors* (2009) and *The Trainee Doctor* (2011).

4 Our review has had three objectives:

a To improve the consistency and coherence of standards across the continuum.

b To reflect the characteristics of a good educational environment.

c To support our regional reviews of medical schools, postgraduate deaneries and local education and training advisory boards (LETBs) in a geographical region (or country), and of local education providers (LEPs).

5 We sought to reflect *Good medical practice* in the standards. However, *Good medical practice* is primarily about an individual's practice. The sections in *Tomorrow's Doctors* and *The Trainee Doctor* relating to an individual's standards of competence, professionalism or outcomes of education and training – which are not part of this review – are more directly relevant to *Good medical practice*.

6 We have considered other relevant work, including system regulation and the recommendations of the Mid Staffordshire NHS Foundation Trust Public Inquiry, the changing organisation and structure of UK health systems, and the increased focus on multi-professional education and training to support workforce planning.

7 We have been advised by a group of GMC associates and individuals whose interest, experience and expertise covers undergraduate, foundation, and postgraduate training in all four countries of the UK, and service regulation.

8 The Education and Training Advisory Board considered and commented on the proposals and an early draft of the standards at its meeting on 3 June 2014.

9 We engaged with key interests during May to July 2014 on an early draft of the standards, and this is reflected in the proposals at Annex A.

Framework for education and training standards

Patient safety

10 Patient safety is woven throughout the standards. We will preface the standards with a statement that patient safety is fundamental to all the standards, rather than

include it as a separate domain as we currently do. Similarly, equality and diversity principles, such as treating patients fairly, and with dignity and respect, are part of all of our standards, and our standards have been written to reflect this.

Four quality themes

11 We have developed a framework, structured around four quality themes, to replace the current nine domains used in *Tomorrow's Doctors* and *The Trainee Doctor*. We devised this structure after analysing our quality assurance reports to see if there was a logical grouping to the issues and concerns we identify in our work.

Learning environment and culture

12 This theme is concerned with ensuring that the environment in which education and training is delivered meets learners' needs without compromising patients' safety. Education and training should take place in an environment and culture that is safe and delivers a good standard of care and experience for patients. At the same time, education and training should be a valued part of the culture so that learners' experience is good, and trainers are valued.

13 The Francis Report identified several areas of concern about education and training of doctors. This theme reflects the characteristics of a good educational environment, and the importance of medical student, doctor in training and trainer feedback on compliance with standards.

Educational governance

14 This theme is concerned with ensuring that an effective system of educational governance is in place. It emphasises the need to manage and control the quality of medical education and training in accordance with GMC standards. It sets out the responsibilities of different organisations for quality management and quality control.

15 The theme covers the need for an appropriate exchange of information between clinical and educational governance, to ensure that learners are safe and have the professional knowledge and skills to treat and care for patients.

16 The theme covers equality, fairness, and systems to manage the progression of learners and share outcomes of education and training programmes.

Supporting learners and trainers

17 This theme is concerned with ensuring educational and pastoral support for learners so that they are able to gain the knowledge, skills and behaviour required by their course or programme.

18 It also addresses support for trainers, teachers, and local faculty to promote and enable effective training. This includes meeting the requirements of the GMC's framework for *Recognition and approval of trainers*, which sets out the responsibilities for formal recognition of trainers in four medical trainer roles.

Developing and delivering curricula and assessment

19 This theme is concerned with ensuring that medical school and specialty curricula and assessment are developed and delivered to meet the relevant GMC outcome or approval requirements.

20 It recognises that the GMC has different regulatory responsibility for curricula and assessment, according to the stage of training.

Standards, requirements and developing exploratory questions

21 Standards need to clearly and broadly describe the level of quality to be met by an organisation managing or delivering medical education and training, across the continuum. We propose ten standards across the four quality themes.

22 Requirements set out what must be demonstrated to meet the standards; some may apply to a specific stage of training.

23 We are developing a further level, which we are calling exploratory questions, indicating topics and questions we want to investigate to determine if a standard is being met. Specific questions may change over time, based on evidence collected from sources such as the National Training Survey, deans' reports, and medical school reports. We tested the concept with key interests and will develop exploratory questions along similar lines to the Care Quality Commission's key lines of enquiry as part of implementing our standards.

Developmental requirements

24 We are developing our Quality Assurance (QA) processes to be able to identify evidence based developmental requirements - areas for development based on evidence from good practice and other quality assurance activity.

25 We believe that when improvements are identified they could become incorporated into the standards framework as a core requirement. This will show the direction of travel and allow good organisations to show they are ahead of core standards.

Explanatory guidance

26 The current standards provide advice about how to meet them, in some cases describing processes to be followed. We have omitted such detail. However, we will consider publishing explanatory guidance, similar to that supporting *Good medical*

practice and the guidance we published in support of *Tomorrow's Doctors* if there is a demand for further explanation of our expectations.

27 We might also consider using our work on good practice to publish examples of good ways to meet the standards.

Broad plans for implementation

28 We will revise the Quality Improvement Framework (QIF) in the first half of 2015 to reflect the new standards, and develop an implementation plan for the new standards.

29 The QIF is essentially a sound document, but needs updating to reflect the new standards and to bring it in line with current QA processes. We will re-launch it along with the new standards.

30 The first regional review to take place following the publication of the new standards in mid 2015 will be to the South West in early 2016; this will be a pilot visit for the new standards. We will need to communicate extensively with our key interests involved in the regional review (medical schools, LETBs, and LEPs) in advance of this visit so they are clear about how to demonstrate they meet the standards. We will also need to ensure our visitors are fully versed on the new standards and how to use them for quality assurance.

31 Extensive operational work will take place to ensure all of our documentation is revised in line with the new QIF and the new standards before the pilot.

Communication and engagement activity

32 A summary of our communication strategy and pre-consultation engagement is at Annex B. We are currently developing a detailed communication and engagement strategy to support the public consultation.

Next steps

33 The Expert Advisory Group met on 19 November 2014 to provide final advice on the draft standards before we consult. The Strategy and Policy Board approved an eight week public consultation to start in January 2015.

34 The Strategy and Policy Board will be asked to agree an implementation plan at its meeting on 26 March 2015, and to approve the final standards for medical education and training on circulation in May 2015. Council will receive a briefing on the initial findings of the consultation and the implementation plan on 23 April 2105. Council will be asked to approve the standards for medical education and training at its meeting on 2 June 2015.

Supporting information

How this issue relates to the corporate strategy and business plan

35 Strategic aim 2 in our Corporate Strategy 2014 -17 states we will help raise standards in education and practice by reviewing key education and training standards, which will include completing the review of our core standards in *Tomorrow's Doctors* and *The Trainee Doctor*. Our Business Plan 2014 and the Education and Standards Operational Plan 2014 also commit us to continuing the review of education and training standards and consulting on a revised set of standards.

What equality and diversity considerations relate to this issue

36 The education and training standards currently include a domain for 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.

If you have any questions about this paper please contact: Martin Hart, Assistant Director – Education, mhart@gmc-uk.org, 020 7189 5408; or Vicky Osgood, Assistant Director – Postgraduate Education, vosgood@gmc-uk.org, 020 7189 5319; or Susan Redward, Policy Manager, sredward@gmc-uk.org, 020 7189 5287.

General Medical Council

Annex A

Standards for medical education and training – draft for consultation

Theme 1: Learning environment and culture

Purpose

This theme is concerned with ensuring that the environment and culture in which education and training is delivered meets learners'* needs, is safe and delivers a good standard of care and experience for patients. Education and training should be a valued part of the culture so that learners' experience is good, and trainers are valued. The clinical learning environment is intrinsically multiprofessional. A good learning environment and culture will value and facilitate learning opportunities and support for all learners in a range of professional groups.

Responsibility

Local education providers (LEPs†), and specifically the leadership at board level or equivalent, are responsible for providing an environment and culture for learning that is safe, open, delivers a good standard of care and experience for patients, and values education and training. LEPs are accountable for the use of the resources they receive in support of medical education and training. They must work with postgraduate deans and medical schools in recognising and rewarding trainers.

Postgraduate deaneries or LETBs and medical schools are responsible for ensuring that, through their quality management or contracting frameworks, learning takes place in an environment and culture that is safe, open, delivers a good standard of care and experience for patients, and values education and training.

* 'Learners' means both medical students and doctors in training unless stated otherwise.

† The term local education providers (LEP) refers to the organisation responsible for the environment (usually clinical) in which training is taking place, whether primary, secondary, community or academic. LEPs include health boards, NHS trusts, the independent sector organisations and any other service providers that host and employ medical students and doctors in training.

Standards

S1.1 The learning environment and culture is safe for patients and supportive for learners. Concerns impacting on the safety of patients or learners are immediately and effectively addressed.

S1.2 The learning environment and culture values and facilitates education and training, enabling learners to progress towards demonstrating the 'outcomes for graduates' or gaining the knowledge, skills and behaviour consistent with *Good medical practice* required by their training programme.

Requirements

R1.1 Organisations* must promote and encourage a learning environment and culture that allows learners and trainers to raise concerns about patient safety, and the quality of care or of education and training, openly and safely without fear of adverse consequences. Organisations must investigate and take appropriate action to ensure any such concerns are properly addressed.

R1.2 Organisations must promote and encourage a learning environment and culture that supports learners to be open and honest with patients when things go wrong, in accordance with the duty of candour, and helps them to develop the skills to communicate with tact, sensitivity and empathy.

R1.3 Organisations must promote and encourage reflection and learning from mistakes, incidents and near misses. This learning must be facilitated through reporting mechanisms, feedback, and clinical governance activities.

R1.4 Organisations must ensure that doctors in training are made aware of processes for clinical governance, educational governance and management activities.

R1.5 Organisations must ensure staffing, learners' working patterns and workload are appropriate to enable safe and good quality of care for patients, and facilitate learning.

R1.6 Responsibilities for patient care must be appropriate for the learner's stage of education and training. Supervisors must determine a learner's level of competence, and provide an appropriately graded level of supervision. Organisations must have an appropriate means of identifying learners at different stages of education and training and must take account of this in ensuring learners are not expected to work beyond their competence.

R1.7 Organisations must design rotas to:

* Organisations that have responsibility for the learning environment and culture

a enable appropriate supervision

b support the development of professional practice

c provide learning opportunities to meet the curricula and training programme requirements, and access to educational supervisors

d minimise the adverse effects of fatigue.

R1.8 Learners must have a workplace induction process for each placement that clearly sets out their duties and supervision arrangements, their role in the team, senior colleague support, clinical guidelines and workplace policies. The process must enable them to meet their team and other health and social care professionals they will be working with.

R1.9 Supervisors must be clearly identified, competent to supervise, and must be accessible and approachable in accordance with the appropriate level of supervision.

R1.10 Trainers must have time to perform their role effectively, and in a way that promotes safe and effective care, and a positive learning experience.

R1.11 Foundation doctors must have on-site access to a dedicated clinical sessional supervisor* with the required knowledge and skills to deal with problems that might arise in any clinical situation.

R1.12 Learners must take consent only for procedures appropriate for their level of competence Learners must act in accordance with the GMC's Consent guidance. Supervisors must assure themselves that a learner understands any proposed intervention and its risks.

R1.13 Handover† of the care of patients must provide continuity of safe care and maximise the learning opportunities in clinical practice.

R1.14 The organisational culture must encourage and respond to feedback from learners and trainers, to improve education and training.

R1.15 Organisations must ensure that teaching, feedback, and an appropriate breadth of clinical experience are part of all work undertaken by learners.

* A sessional supervisor must be able to provide clinical advice but is not necessarily a doctor

† Handover at start and end of periods of day or night duties every day of the week

R1.16 Organisations must ensure that assessment is valued and that adequate time and resources are made available for learners to undertake the assessments required by their curriculum.

R1.17 Organisations must have the capacity, resources and facilities to offer relevant learning opportunities and practical experiences required by curricula or programmes, and to offer the required educational supervision and support.

R1.18 Organisations must support clinicians to undertake activity which drives education and training to the benefit of the wider health service.

R1.19 Learners must be able to access their learning portfolio to meet the requirements of their programme.

R1.20 Learners must have access to technology enhanced learning opportunities as required by their curriculum.

R1.21 Organisations must support learners to be an effective member of the multidisciplinary team.

R1.22 Organisations must enable learners to meet with their educational supervisor as frequently as required by the curriculum or programme.

R1.23 Trainers must have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to the learners they are responsible for. Trainers must be supported to liaise with each other to ensure a consistent approach to education and training, both locally and across specialities and professions.

R1.24 Learners must have protected time for learning in the course of their clinical work and to attend organised sessions, training days, courses and other learning opportunities. They must be supported to undertake this activity whenever possible, especially for activities required by their curriculum. In timetabled educational sessions, foundation doctors must not be interrupted for service requirements.

Theme 2: Educational governance

Purpose

This theme is concerned with ensuring that an effective system of educational governance is in place. It emphasises the need to manage and control the quality of medical education and training in accordance with GMC standards. It sets out the responsibilities of different organisations for quality management and quality control.

The theme covers equality, fairness, and systems to manage the progression of learners and share outcomes of education and training programmes. It is in the interests of patients that there is effective and fair oversight of learners.

The theme covers the need for an appropriate exchange of information between clinical and educational governance, to ensure that learners are safe and have the professional knowledge and skills to treat and care for patients.

Responsibility

All organisations are responsible for demonstrating effective leadership of medical education and training through robust educational governance. Working together, they should integrate clinical and educational governance to ensure patient safety and an appropriate learning environment and culture.

Postgraduate deaneries and LETBs are responsible for managing the quality of approved specialty* training provided by LEPs in their regions.

Medical schools are responsible for managing and controlling the quality of their primary medical qualifications (PMQ). They are responsible for ensuring appropriate education is provided for their medical students by LEPs.

LEPs are responsible for local quality control of education and training provided in their organisations.

Colleges, faculties and specialty associations are responsible for educational governance and quality management of specialty training curricula, examinations and entry criteria for specialist training that they oversee. They work in partnership with national bodies, postgraduate deaneries and LETBs, and LEPs, in relation to selection to training programmes.

* Specialty includes general practice and foundation training

Standards

S2.1 Educational governance measures performance against GMC standards, demonstrates accountability, and responds when standards are not being met, with the objective of continuous improvement of the quality and outcomes of education and training.

S2.2 Educational governance and clinical governance are linked, to address concerns about patient safety or the learning environment and culture. The safety and care of patients is assured through effective and fair supervision, progression, information sharing, and sign off processes for learners.

S2.3 Educational governance ensures that education and training is fair and based on principles of equality.

Requirements

R2.1 Organisations* must have effective, transparent and clearly understood educational governance systems and processes for quality management or quality control of medical education and training.

R2.2 The governing body (board or equivalent) of LEPs and medical schools must have systems in place to provide assurance that they meet the GMC's standards, and be able to evidence that this responsibility is being discharged.

R2.3 Accountability for educational governance in the organisation must be clearly assigned. Accountability for educational governance in a local education provider would be expected to lie with a non-executive director or equivalent.

R2.4 Organisations must consider the impact of policies, systems or processes on learners. They must take account of the views of learners, trainers and local faculty, and where appropriate patients and the public, and employers.

R2.5 Medical schools, postgraduate deaneries and LETBs must regularly evaluate and review curricula, education and training programmes and placements, including evaluation of progression information, exams and assessments, for continuous improvement of the quality of education and training. This should include the collection, analysis and use of 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 GMC standards. They must have systems and processes to monitor the quality of teaching and facilities on placements, and must respond where standards are not being met.

* Organisations who have been identified as having responsibility for educational governance

R2.7 Organisations must have a system for raising concerns about education and training. 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 the outcomes of educational governance with other bodies with responsibility for educational governance, to improve the quality of education and training locally and more widely.

R2.9 Organisations must monitor the allocation and use of educational resources, including the direct accounting of funds allocated for education and training, and the recognition of trainers' time in job plans.

R2.10 Organisations must have systems and processes to ensure education and training are carried out with appropriate supervision. Educational governance and clinical governance must be closely linked, so that learners do not pose a safety risk and education and training do not take place in an unsafe environment or culture.

R2.11 Organisations must have systems to manage the progression of learners, with input from multiple people, to inform decisions about progression.

R2.12 Medical schools must have one or more doctors at the school who are responsible for overseeing students' trajectories of learning and educational progress. They must have one or more doctors at each LEP, responsible for coordinating the training of medical students, supervising their activities, and ensuring these activities are of educational value.

R2.13 Organisations must ensure that each doctor in training has access to a named clinical supervisor who is responsible for overseeing that doctor's clinical work throughout a placement. The clinical supervisor will lead on providing a review of that doctor's clinical or medical practice throughout the placement that will contribute to the educational supervisor's report on whether that doctor should progress to the next stage of their training.

R2.14 Organisations must ensure that each doctor in training has access to a named educational supervisor who is selected and appropriately trained to be responsible for the overall supervision and management of a doctor's trajectory of learning and educational progress during a placement or series of placements. The educational supervisor will meet regularly 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 series of placements.

R2.15 Organisations must have systems and processes to identify, support and manage learners where there are concerns about progress, performance, health or conduct that may have an impact on patient safety.

R2.16 Organisations must have a process for ensuring information is shared between all relevant organisations whenever safety or fitness to practise concerns about a learner are identified, particularly around times of transition between different stages in training.

R2.17 Medical schools must have a process to investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Students who do not meet the GMCs 'outcomes for graduates' or are otherwise not fit to practise must not be allowed to graduate with a medical degree or continue on a medical course. Doctors with provisional registration who are not fit to practise must not be signed off for full registration with the GMC.

R2.18 Organisations must have systems to ensure that education and training comply with all relevant legislation* and public duties to protect people from direct and indirect discrimination.

R2.19 Organisations must ensure that all applicants, students, and doctors in training are treated fairly and with equality of opportunity. There must be transparency in selection, and clear entry criteria that are subject to evaluation.

* Including Working Time Regulations, and Data Protection, Equality and Freedom of Information Acts

Theme 3: Supporting learners and trainers

Purpose

This theme is concerned with ensuring educational and pastoral support for learners[*] so that they are able to gain the knowledge, skills and behaviour required by their course or programme.

This theme is also concerned with support for trainers, teachers, and local faculty to promote and enable effective training. This includes meeting the requirements of the GMC's framework for *Recognition and approval of trainers*, which sets out the responsibilities for formal recognition of trainers in four medical trainer roles.[†]

Responsibility

Postgraduate deaneries and LETBs, and medical schools are responsible for providing and managing structures and systems of support for learners, and ensuring that those who contribute to the teaching, training or supervision of learners are properly resourced and supported. Postgraduate deans and medical schools, as education organisers,[‡] are responsible for recognition of trainers in four medical trainer roles, in accordance with the GMC's framework for *Recognition and approval of trainers*.

LEPs are responsible for providing support and learning opportunities for learners. LEPs must also provide support and resources for trainers, teachers and local faculty. LEPs must work with postgraduate deans and medical schools in recognising, valuing and rewarding trainers.

Learners are responsible for their own learning, including achieving all the 'outcomes for graduates' or attaining the knowledge, skills and behaviour required by their training programme. They should also take part in structured support opportunities available to learners, consistent with *Good medical practice*. 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.

Trainers are responsible for engaging positively with training, support and appraisal relating to the role of trainer, and are accountable for the resources they receive in

[*] Medical students and doctors in training

[†] Undergraduate education: those responsible for overseeing students' progress at each medical school; lead coordinators at each local education provider. Postgraduate training: named educational supervisors; named clinical supervisors

[‡] Insert definition of education organiser

support of education and training. Trainers must act in line with the relevant GMC guidance in *Good medical practice* and *Leadership and management for all doctors*.

Medical trainers in the four recognised roles are responsible for complying with the arrangements set out by the relevant medical schools and postgraduate deans.*

Standards

S3.1 Learners receive educational and pastoral support to enable progression towards demonstrating the 'outcomes for graduates' or gaining the knowledge, skills and behaviour consistent with *Good medical practice* required by their training programme.

S3.2 Trainers are appropriately selected, inducted, trained, and appraised to reflect their educational responsibilities.

S3.3 Trainers are provided with support, resources and time to deliver effective education and training.

Requirements

Supporting learners

R3.1 Learners must be supported in their individual duty to meet professional standards, as represented by *Good medical practice* and other relevant guidance.

R3.2 Learners must have access to appropriate educational and pastoral information and support, including confidential counselling services, with named contacts.

R3.3 Learners have access to appropriate occupational health services.

R3.4 Learners must have access to careers advice and support, with named contacts.

R3.5 The Equality Act 2010 duty to make reasonable adjustments must be demonstrated in arrangements for medical students and doctors in training with a disability. Organisations must ensure learners have access to information about reasonable adjustments, with named contacts. Organisations must mitigate the impact of repeated assessments for reasonable adjustments, when medical students and doctors in training move between placements and stages of education and training. This could include sharing information about reasonable adjustments that are currently in place.

* In accordance with the GMC's framework for *Recognition and approval of trainers*

R3.6 Learners must receive information and support to manage the transition between different stages of education and training, and to completion of training. The needs of medical students or doctors in training with a disability must be considered, especially in transition between medical school and postgraduate training, and on clinical placements.

R3.7 The transition from medical school to foundation training must be supported by a period of shadowing that is separate from and following the Student Assistantship. This normally lasts at least one week and takes place as close to the point of employment as possible; ideally in the same placement the medical student will start work in as a doctor. Shadowing should involve tasks that enable the use of medical knowledge and expertise in the specific working environment they will join, including out of hours. Shadowing should be distinct from and not broken up by classroom-based orientation sessions such as the induction provided for new employees.

R3.8 Medical students must have appropriate support while studying outside the medical school, including on electives, and on return to the course.

R3.9 Learners must be encouraged to take responsibility for their own health and well-being.

R3.10 Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.

R3.11 Doctors in training must have access to systems and information to support less than full-time training.

R3.12 Doctors in training must have information about academic opportunities in their programme or specialty, and if their particular skills and aptitudes are suited to an academic career, be guided in pursuit of that endeavour.

R3.13 Doctors in training must have appropriate support on return to a programme following a career break.

R3.14 Doctors in training must be able to take study leave appropriate to their curricula or programme, up to the maximum permitted in their terms and conditions of service.

R3.15 Learners must receive timely and accurate information about the curriculum, assessment and clinical placements.

R3.16 Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their programme. Feedback must come from their clinical supervisor, other doctors and health and social care professionals, and where possible, patients, families and carers.

R3.17 Learners whose progress, performance, health or conduct gives rise to concerns must be supported to overcome these or provided with advice on alternative career options, as appropriate.

R3.18 Medical students who are unable to complete a medical qualification or to meet the 'outcomes for graduates' for any reason, must be provided with advice on alternative career options, including alternative qualification pathways where appropriate.

Supporting trainers

R3.19 Trainers must be selected against suitable criteria, have appropriate induction to their role, have access to professional development and training to undertake their role, and be appraised in a manner consistent with their educational responsibilities.

R3.20 Trainers must have clear, acknowledged time in job plans to reflect their educational responsibilities, and job plans should be kept up to date.

R3.21 Trainers must have access to resources sufficient to deliver the requirements of the training programme.

R3.22 Organisations must support trainers by dealing effectively with concerns or difficulties encountered during their educational responsibilities.

R3.23 Trainers in the four medical trainer roles must be supported, in accordance with the GMC's framework for *Recognition and approval of trainers*.

Theme 4: Developing and delivering curricula and assessment

Purpose

The GMC has different regulatory responsibility for curricula and assessment, according to the stage of training. This theme is concerned with ensuring that medical school and specialty curricula and assessment are developed and delivered to meet the relevant GMC outcome or approval requirements.

Responsibility

The GMC sets the requirements expected of medical graduates and the standards that medical schools must meet when teaching and assessing medical students. Medical schools develop and deliver curricula and assessments to ensure that medical graduates demonstrate the 'outcomes for graduates'. Medical schools, in partnership with LEPs, are responsible for ensuring that clinical placements provide medical students with learning opportunities to meet the 'outcomes for graduates'.

Colleges, faculties, specialty associations and other organisations develop specialty curricula and assessments, and these are approved by the GMC against the standards for curricula and assessment systems.* Postgraduate deaneries and LETBs, in partnership with LEPs, are responsible for ensuring that the requirements of curricula and assessment are being delivered, and that programmes and placements enable the doctor in training to gain the knowledge, skills and behaviour required in an approved curriculum.

Standards

S4.1 Medical school curricula and assessment are developed and delivered so that medical graduates are able to demonstrate all the GMC's 'outcomes for graduates' in *Tomorrow's Doctors*.

S4.2 Specialty† curricula and assessment, approved by the GMC, are delivered so that doctors in training are able to attain the knowledge, skills, and behaviour consistent with *Good medical practice* and required by their programme.

* The GMC Standards for curricula and assessment are published separately.

† Specialty includes general practice and foundation training

Requirements

Undergraduate curricula

R4.1 Medical school curricula must be planned and show how the 'outcomes for graduates' will be met across the programme as a whole.

R4.2 Medical school curricula must be developed with the involvement of medical students, doctors in training, employers and patient groups.

R4.3 Medical school curricula must provide:

- **a** early patient contact that increases in duration and responsibility as medical students progress through the curriculum
- **b** experience across a range of specialties (that must include general practice, medicine, obstetrics and gynaecology, paediatrics, psychiatry and surgery), in a variety of settings, with diverse patient groups as would present in medical practice, and should allow medical students to follow patients through their care pathway
- **c** opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural, and ethnic backgrounds and with a range of disabilities, illnesses or conditions
- **d** a balance of learning opportunities integrating basic and clinical science, enabling medical students to link theory and practice
- **e** opportunity for medical students to exercise choice in areas of interest while demonstrating the 'outcomes for graduates'
- **f** structured clinical placements that enable medical students to demonstrate the 'outcomes for graduates'
- **g** at least one student assistantship during which a medical student acts as assistant to a foundation doctor, with defined duties under appropriate supervision, and lasting long enough to enable the student to become fully integrated within the team. The Student Assistantship must be delivered to increase the preparedness of the student to start practice as a foundation doctor and must include exposure to out of hours on-call work.

Undergraduate programmes and clinical placements

R4.4 Medical school programmes must:

- **a** provide sufficient practical experience to enable medical students to achieve and demonstrate the 'outcomes for graduates'

b include an educational induction for medical students to ensure they understand the curriculum and how their placement fits within the programme

c enable medical students to develop their clinical and practical skills through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation

d provide experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum

e enable medical students to work and learn with other health and social care professionals and students to support multiprofessional working

f include placements that are long enough to allow doctors in training to become members of the multiprofessional team, and allow team members to make reliable judgement about their abilities, performance and progress.

Undergraduate assessment

R4.5 Medical schools must assess medical students against the 'outcomes for graduates' at appropriate points, and ensure that all graduates have achieved all the 'outcomes for graduates'. There must be no compensatory mechanisms which would allow students to graduate without having demonstrated competence in all the outcomes.

R4.6 Systems must be in place to set appropriate standards for assessment to decide whether medical students have achieved 'outcomes for graduates' have achieved the curriculum requirements.

R4.7 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway. Assessments must be fit for purpose.

R4.8 Assessments must be carried out by someone with appropriate expertise in the area to be assessed, and who has been appropriately selected, supported and appraised. They are responsible for providing an honest and justifiable assessment of the medical student's performance.

Postgraduate curricula

Development of postgraduate curricula is addressed in the GMC's *Standards for curricula and assessment*.

Postgraduate programmes and clinical placements

R4.9 Postgraduate programmes must:

a ensure that posts within the programme will meet the approved curricula and assessment requirements

b provide sufficient practical experience to enable doctors in training to achieve and maintain the clinical competencies and demonstrate the knowledge, skills and behaviour required by their curriculum

c include an educational induction for doctors in training to ensure they understand the approved curriculum and how their post or clinical placement fits within the programme

d enable doctors in training to develop their clinical and practical skills through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation

e enable doctors in training to work and learn with other health and social care professionals to support multiprofessional working

f ensure doctors in training have regular, useful meetings with their educational supervisor

g include placements that are long enough to allow doctors in training to become members of the multiprofessional team, and allow team members to make reliable judgement about their abilities, performance and progress

h be delivered to balance service provision, with access to educational and training opportunities. Service will be focused around patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. Education and training should not be compromised by 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

R4.10 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway. Assessments must be fit for purpose.

R4.11 Assessments must be carried out by someone with appropriate expertise in the area to be assessed, and who has been appropriately selected, supported and appraised. They are responsible for providing an honest and justifiable assessment of the doctor in training's performance.

R4.12 Trainers must be responsible for the pattern and quality of the assessments undertaken.

Equality duty

R4.13 The Equality Act 2010 duty to make reasonable adjustments must be demonstrated in arrangements made to help learners with disabilities to meet competence standards, although the competence standards themselves cannot be adjusted. The duty to provide reasonable adjustments will include arrangements to deliver the curriculum and assessment, and clinical placements.

General Medical Council

Annex B

Communication strategy and pre-consultation engagement

Summary

1 This annex outlines our communication strategy for the education and training standards, and the engagement we have already undertaken with key interests before we go to consultation in January 2015.

Communication strategy

Communications approach

2 A comprehensive four country communication plan, including stakeholder map and VIP handling strategy, will be developed to support the consultation.

3 We will develop a range of materials to engage a wide variety of stakeholders, and encourage consultation responses. We will also use a number of channels to communicate with individual audiences – social media, email campaigns and promotion through partner organisations.

4 In 2014 we held a series of engagement workshops to discuss the structure of the new standards with key education stakeholders from across the UK. Workshop participants remain engaged in the process and will also be specifically targeted in consultation communications.

5 Working with our devolved offices and regional liaison service, we will also identify existing engagement opportunities to promote the consultation and secure responses.

6 Following the conclusion of the consultation and development of the new guidance, we will produce further communication plans to support its implementation across undergraduate and postgraduate medical education and training.

Communications objectives

7 Our communication objectives for the launch of the consultation are to:

- Engage those stakeholders that we identify as likely to be interested in and impacted by the consultation, managing any issues or concerns which they might have in a proactive and informed manner
- Communicate clearly our new proposed standards, our rationale for changing them, how we will implement them, and benefits such as how they will lead to higher standards of training and medical practice
- Encourage responses to the consultation from a wide range of four country stakeholders and key interest groups including, but not limited to: Chief Medical Officers and government officials; doctors in training and medical students; undergraduate and postgraduate deans; medical schools, postgraduate deaneries and local education and training boards; medical Royal Colleges; local education providers; other professional regulators; and patients and the public
- Encourage engagement with the consultation through social media
- Engage key interest groups across the four UK countries.
- Encourage support and promotion of the consultation by our identified key interest groups.
- Raise awareness of our role in the quality assurance of medical education, the value which comes from our involvement, and our wider programme for improving the quality of UK medical education.

Pre-consultation engagement

Expert advice

8 We set up an Expert Advisory Group (EAG) made up of individuals whose interest, experience and expertise cover undergraduate, foundation and postgraduate training, all four countries of the UK, and service regulation as well as educational regulation.

9 The Group met four times and has advised us on direction and issues arising while developing and drafting the standards, and given feedback on early drafts. It reviewed the consultation draft of the standards at its final meeting on 19 November 2014.

Feedback on an early draft of the education and training standards

10 During May to July 2014, we shared a proposed framework and draft content for the standards, structured around the four quality themes, with a number of groups.

11 The Education and Training Advisory Board (ETAB) in June 2014 considered our draft proposals and agreed with our direction, noting that we should reference the tension between the training environment and service delivery and emphasise that the learning environment is also a service environment within which safe, effective and good quality care takes place, and in which the GMC has a legitimate interest.

12 ETAB made recommendations that are reflected in this draft, including that the theme of supporting learners should be extended to supporting trainers, and that equality and diversity considerations should run through the entire training experience.

13 We held eight roundtable events during June and July 2014 in Belfast, Cardiff, Edinburgh, Glasgow, London, Manchester and Plymouth.

14 The roundtable meetings were aimed at people working in medical education and training – including deanery, medical school and royal college staff as well as Directors of Medical Education, Training Programme Directors and education supervisors.

15 One of the sessions was to begin testing our early thinking on the education and training standards, to ensure that medical education and training reflects the needs of patients, medical students and doctors in training, and the health service as a whole.

16 Overall 243 delegates attended the eight events.

17 We shared an early draft of the standards and received positive feedback on the proposed new framework and the four quality themes. We also collected written feedback with detailed comments on the framework, and on the standards and requirements, which we have considered while redrafting the standards for consultation.

Other engagement with key groups

18 We gave presentations to the Quality Leads meetings with medical schools, postgraduate deaneries/LETBs, and medical Royal Colleges and faculties in May 2014.

19 We met the BMA Junior Doctors Committee, the Academy Trainee Doctors Group Chair, and the BMA Medical Student Committee, to hear the view of medical students and doctors in training, in September and October 2014.

20 We have updated other stakeholder groups with presentations or discussions including the Inter-regulatory Group, made up of representatives of healthcare and system regulators, and the Medical Schools Council Education sub-committee. Colleagues from the Education teams and across the GMC have also been giving brief updates on the review at other meetings with key interests and advising them that the consultation will be starting in January 2015.

Website

21 We've maintained a web page and published the papers to the Expert Advisory Group.