

To note

Publication of evidence on undergraduate medical education

Issue

- 1** We have published the *State of medical education and practice in the UK 2014*. This was accompanied by reports on the preparedness of medical graduates and on the audit of assessment in undergraduate education, as well as statistical data on the progress of doctors in training at each medical school.
- 2** The evidence provided by these reports is a key resource in considering steps that could be taken by the GMC as the regulator of undergraduate medical education.

Recommendation

- 3** Council is asked to note the evidence published on undergraduate medical education.

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- 4 In 2005-6 concerns about how well UK medical graduates were prepared for practice led us to publish options and proposals e.g. relating to the introduction of a national licensing examination. In 2007 we also embarked upon a review of *Tomorrow's Doctors*, leading to publication of the current version in 2009 (*TD09*). This edition placed more emphasis on 'outcomes for graduates', on assessment and on the use of data e.g. about the progression of students and doctors in training.
- 5 Since *TD09* was published, we have significantly improved our use of data, we have revised our approach to quality assurance including a UK-wide audit of assessment in undergraduate education, and we have reviewed the impact of *TD09*.
- 6 On 8 October 2014 we published a package of evidence on aspects of undergraduate education. This includes:
 - a [The state of medical education and practice 2014](#). This includes a section on undergraduate medical education.
 - b [Be prepared – are new doctors safe to practise?](#) This provides an overview of evidence relating to preparedness.
 - c [How prepared are UK medical graduates for practice?](#) This is the report of research commissioned by the GMC from Dr Lynn Monrouxe and colleagues.
 - d [How are students assessed at medical schools across the UK?](#) This is the national report of the assessment audit.
 - e [Three sets of data giving detailed information relating to individual medical schools](#).

Review of graduate preparedness and the impact of Tomorrow's Doctors (2009)

- 7 The review focused on collecting evidence on the preparedness of recent graduates. We commissioned a team led by Dr Lynn Monrouxe at Cardiff University who undertook a rapid literature review and also conducted qualitative research. New medical graduates in the first year of the Foundation Programme (F1) kept diaries in which they recorded evidence of their experience and the researchers also interviewed F1 doctors and others with perspectives on their preparedness.
- 8 In addition we drew upon data collected through our quality assurance activities as well as registration data. We also pursued and reviewed external data sources such as surveys of F1 trainees and trainers and data from the UK Foundation Programme

Office. We also keep a log of evidence and representations that we have received about undergraduate curricula.

- 9 We concluded that very few UK medical graduates are very poorly prepared for practice. About one in ten feels that they have not been adequately prepared. There is some evidence that preparedness has improved and that *TD09* has resulted in curricular changes. However there remain some key areas of concern, e.g. about prescribing, emergency care, and more generally resilience in a clinical environment. There are also major variations in preparedness between medical schools.
- 10 When the debate about moving the point of full registration was first aired, we asked the researchers to consider this as well. Their evidence is that there are widespread concerns about this proposal.

Assessment audit

- 11 We carried out an audit of our evidence on undergraduate assessment at the 31 medical schools in the UK.
- 12 The overarching finding of the resulting report is that a majority of schools were meeting our standards as set out in *TD09*. We found many areas working well at a large number of schools, with some showing a highly innovative approach to several aspects of their assessment requirements.
- 13 The report identified considerable variation in how medical schools approach assessment. The Education and Training Advisory Board recommended that work was needed to reduce this variation, particularly on professionalism and progression processes. However, it was equally acknowledged that we should not seek to create a homogeneous system of undergraduate education.
- 14 We will now work closely with the Medical Schools Council to share some of the case studies and to encourage similar innovations across other medical schools to help reduce the variability identified.

Data on the progress of doctors in training split by medical school

- 15 Following publication of data on postgraduate training in a similar format, we have published three sets of data which allow medical schools to investigate their own performance in comparison to other schools. These data cover:
 - a How prepared for practice their graduates feel, using data from the National Training Survey.
 - b The outcomes of the Annual Review of Competence Progression (ARCP) for their graduates, including data for the Foundation Programme as well as specialty training.

- c** The specialties which their graduates have entered, using our data on Specialty and GP Registration.

The state of medical education and practice in the UK 2014 (SoMEP)

- 16** This year's report on the *State of medical education and practice in the UK* provides an overview of the data on graduate preparedness, how it varies between medical schools, and the indications that it has improved in recent years. The analysis draws on the data on self-perceived preparedness as well as on Doctors in Difficulty in the Foundation Programme. There is particular emphasis on the room for progress in relation to:
- a** Prescribing.
 - b** Clinical procedures.
 - c** Reporting risks to patient safety.
 - d** Communicating effectively with patients.
- 17** *SoMEP* also discusses the variation between medical schools in the specialties in which their graduates subsequently train and practise, based on the GMC's data on specialty including GP registration.
- 18** *SoMEP* also includes information about the impact on preparedness and on examination performance of ethnicity and place of qualification – in the UK, in the rest of the Europe (EEA graduates), or in the rest of the world (international medical graduates).

Strategic developments

- 19** The evidence on preparedness, assessment and variations between medical schools suggests there is scope to aim for higher and more consistent quality in undergraduate education, while recognising the innovation and choice that can result from diversity.
- 20** The published evidence was considered by the Education and Training Advisory Board on 14 October 2014. It advised that:
- a** Very few UK medical graduates were very poorly prepared and that, in time, the expectation was that the student assistantship programme would help to address issues of preparedness. However, a deeper understanding of the issues was required in order to determine what action should be taken.

- b** While the majority of graduates feel prepared for practice, any schools that consistently failed to prepare their medical graduates for practice should be identified and efforts should be taken to ensure that these schools take cognisance of the work that needs to be done.
- c** While we should not be too prescriptive about the content of the student assistantship period, the quality of the educational environment was identified as a vital component to ensuring that students are adequately prepared and promote the professionalism required of doctors.

21 We can continue to address the issues raised by the evidence in various ways including:

- a** The current review of standards for education and training (reported at item 16 on the agenda for this meeting).
- b** Identifying and disseminating good practice in undergraduate education.
- c** Collecting and publishing evidence such as further data for medical schools on the outcomes of specialty examinations and on recruitment to specialty training programmes.
- d** Evaluation of the proposal to develop a national licensing examination in light of Council's decision in principle on 25 September 2014.
- e** Reviewing the outcomes for graduation and for provisional registration currently in *Tomorrow's Doctors* and the outcomes for full registration currently in *The Trainee Doctor*. *

22 The review of the outcomes for graduation and full registration will be informed by research into the tasks and procedures performed by the Foundation Programme doctors, and by the development of generic professional capabilities to be achieved by completion of specialty training. It would also be important to clarify whether there will be a change in the timing of full registration before starting a substantive revision of the outcomes. We will consider by the end of 2015 whether the additional evidence and regulatory developments call for starting a substantive revision of the outcomes. In the shorter term, we are considering how best to map the current outcomes against the structure of *Good medical practice*.

* A correction to paragraph 21e was agreed by Council on 24 February 2015.

Supporting information

How this issue relates to the corporate strategy and business plan

23 This issue relates to both Strategic aim 1, to make best use of intelligence to ensure good standards and identify risks to patients, and to Strategic aim 2, to help raise standards in medical education and practice.

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