

11 April 2019

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Learning disability and autism training for health and care staff

Thank you for the opportunity to respond to the consultation on options for delivering mandatory learning disability and autism training for all relevant staff in England.

We welcome the Department of Health and Social Care's aim to ensuring staff working in health and social care have the right training to understand the needs of people with a learning disability and/or autism and the skills to provide the most effective care and support.

The consultation proposes that working with colleges and regulators, a common curriculum could be agreed which sets out what clinical education and training should cover to meet high level standards such as the *Outcomes for graduates* and the *Generic Professional Capabilities*.

Developing content for education and training in learning disability and autism could build on and provide added value to *the Outcomes for graduates* and *Generic professional capabilities* framework outcomes. In this respect we would see the content as providing an optional resource which medical schools (for medical students prior to registration) and colleges and faculties (for foundation and specialty training) could use and contextualise to their curricula – and that it's timely given the current round of curricula reviews.

The consultation seeks views on proposals in relation to:

- the content of mandatory training
- staff roles and training
- how the training should be delivered
- how to involve people with a learning disability or autistic people in training
- how to mandate, monitor and evaluate the impact of training

We address the areas of the consultation in more detail below, including explaining our role as a UK regulator, to regulate education and training in medical schools and education bodies in the four nations.

Content of training

We are very conscious that many patients with learning disabilities face health inequalities, and we want to ensure doctors have the right skills and knowledge to address them. Our professional guidance *Good Medical Practice* makes it clear that doctors must treat patients as individuals and consider changes which could make their practice more accessible. We also provide a range of materials in the 'ethical hub' section of our website which highlight these health inequalities, promote patients' perspectives, and support doctors to provide good care to patients with learning disabilities.

Our powers in the Medical Act 1983 do not extend to the approval of the content of each medical school's undergraduate curricula. Instead, we set out in the *Outcomes for graduates* what newly qualified doctors from all medical schools that award UK primary medical qualifications must know and be able to do. Medical schools make sure their curricula will enable graduates to demonstrate the required knowledge, skills and behaviour making them eligible to apply to the General Medical Council for provisional registration with a licence to practice. We do not specify the means by which this should be achieved, such as (for example) the number of hours of learning on a subject or the precise curriculum they follow.

Earlier this year we published updated *Outcomes for graduates* which requires that newly qualified doctors must be able to recognise and identify factors that suggest patient vulnerability and take action in response. This includes being able to assess the needs of, and support required for, people with a learning disability and to also:

- identify signs and symptoms of abuse or neglect and be able to safeguard children, young people, adults and older people, using appropriate systems for sharing information, recording and raising concerns, obtaining advice, making referrals and taking action
- take a history that includes consideration of the patient's autonomy, views and any associated vulnerability, and reflect this in the care plan and referrals
- assess the mental capacity of a patient to make a particular decision, including when the lack of capacity is temporary, and knowing when and how to take action.
- describe the principles of equality legislation in the context of patient care
- demonstrate knowledge of the principles of the legal framework in which medicine is practised in the jurisdiction in which they are practising, and have awareness of where further information on relevant legislation can be found, including knowledge of the Mental Capacity Act 2005.

The *Outcomes* also includes a specific expectation that graduates are able to communicate clearly and sensitively, including where patients have different needs. The consultation makes a number of references to 'pre-registration training' and proposes that the specialised training for Tier 3 staff which would distinguish them from Tier 2 'is provided in pre-registration training' (page 9). However, the Tier 3 roles cover staff including doctors working intensively with people with learning disabilities and autism, either directly providing care and support for people with a learning disability or in taking a lead role in decision making. For doctors this level of specialisation would take place during postgraduate training, following the two year foundation programme. Pre-registration training is set to the level of a newly qualified doctor starting the foundation programme. **If the proposed content for learning disability and autism training is to be set at the level of pre-registration education and training, then the content might need to be covered at medical school and, if so, the UK medical schools would need to be engaged in its development and delivery to medical students.**

Clinicians in Tier 2 roles will have regular contact with people with a learning disability and autism, and their interactions will have an impact on the quality and type of care they receive. Many of these doctors will be in the Foundation Programme. This is a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training. The Foundation programme curriculum is developed by the Academy of Medical Royal Colleges. The current programme includes sections on recognising potentially vulnerable patients, understanding the principles of safeguarding children and vulnerable adults, and managing safeguarding risks. Unlike medical school curricula, we do have the statutory responsibility for approval of the Foundation programme curriculum. There is an approvals process and we expect the Academy of Medical Royal Colleges to consult with a range of stakeholders before it is submitted to us for approval. The current curriculum for the foundation programme is being reviewed now and we expect it to be submitted to us for approval in 2019.

Once doctors have completed the Foundation programme, many will choose to specialise in one of the 65 medical specialties and 32 sub-specialties recognised in the UK. The GMC must approve the distinct curriculum set by each of the relevant medical colleges or faculties.

As with undergraduate education, we do not require specific content to be included in postgraduate curricula. However, we do set outcomes that doctors in training must meet as part of our *Generic professional capabilities* framework. This requires those doctors to demonstrate an understanding of the support and communication needs of people with learning disabilities. All colleges and faculties must integrate the framework into their curricular.

The consultation envisages three main elements to learning disability and autism training: understanding learning disability and autism, legislation and rights, and making reasonable adjustments. **We agree that these elements should be**

covered. In most cases, newly qualified doctors will have covered this at some stage of undergraduate education. Resources setting out common content covering these three elements could be a useful support to medical schools.

We agree that awareness of how the Mental Capacity Act impacts on the way in which support is provided needs to be a significant part of training for all staff.

In the current framework for regulating the education and training of medical students and doctors across the UK, newly qualified doctors must have knowledge of the Mental Capacity Act; foundation doctors must demonstrate awareness of the principles of capacity and incapacity as set out in the Mental Capacity Act 2005 (or Adults with Incapacity (Scotland) Act 2000); and knowledge and application of the Mental Capacity Act is part of relevant postgraduate curricula. Our professional guidance *Consent: patients and doctors making decisions together* must be followed by all doctors and addresses mental capacity. The guidance is under review and will be ready for publication towards the end of 2019.

Staff roles and training

The consultation describes who has to receive mandatory training. The proposal is to “*tackle this issue by ensuring that learning disability and autism training which meets a common standard is provided across all professions at the pre-registration stage*” or otherwise is made available in employment – as part of induction or continuing workforce development.

For the medical profession, the pre –registration stage is at medical school. Provisional registration with a licence to practise is at the beginning of foundation year one and full registration with a licence to practise is at the end of foundation year one. As explained above, there isn’t a common curriculum for medical students and each medical school makes sure their own curricula will enable graduates to demonstrate the required knowledge, skills and behaviour making them eligible to apply to the General Medical Council for provisional registration with a licence to practice. We do not specify the means by which this should be achieved. **If the proposed content for learning disability and autism training is to be provided at the pre-registration stage this would need the engagement of the UK medical schools in its development and delivery to medical students. Resources setting out common content could be a useful support to medical schools.**

Delivering training

As explained earlier, for doctors the ‘pre-registration’ education is at medical school prior to working. Medical students would encounter patients with learning disability

and/or autism while on placement but not as employees. **If the proposed content for learning disability and autism training is to be provided at the pre-registration stage this would need the engagement of the UK medical schools in its development and delivery to medical students. If employers are to deliver mandatory training it might be necessary to have this available as part of induction programmes.**

During postgraduate specialty training many doctors will be working with patients with learning disability and/or autism. As the consultation notes in paragraph 4.2 the speciality curricula will include learning disabilities and autism content relevant to the speciality and usually set at a higher level. Speciality training programmes can last 3 to 8 years and, although curricula include indicative timeframes, it may not be prescribed when content will be covered in the training programme. A doctor in a training programme will cover some elements of the curricula at later stages of training. **If employers are to deliver mandatory training it might be necessary to have this available as part of induction programmes.**

The consultation proposes that *'working with colleges and regulators, a common curriculum could be agreed which sets out what clinical education and training should cover to meet these standards'*. **We have explained our powers under the Medical Act for approving specialty curricula and that we have set outcomes in the *Generic professional capabilities* framework but we do not approve curricula on a single topic or require specific content to be included in postgraduate curricula. We think that there is merit in bodies working together to develop resources setting out common content for training in learning disabilities and autism which could be signposted in relevant curricula.**

The consultation also proposes that *'appropriate foundation-level training in learning disability and autism was undertaken as part of foundation level training for all clinical staff'* and that this would inform training prior to employment (paragraph 4.4). To clarify, doctors in foundation training are registered with a licence to practice and employed. As identified in the appendix there is content in the foundation programme curriculum relating to learning disabilities. The curricula outcomes are expected to be achieved at end of F1 (at point of full registration) and the end of F2 – not prior to employment as an F1. **We agree that for staff in employment and new staff there would need to be a suitable programme of induction training in learning disability and autism.**

The consultation proposes that a curriculum would set expectations in relation to the content to be covered by any training, and the skills and knowledge to be developed. It also suggests common standards for delivery of training including duration, face to face time could be set (paragraph 4.12.). We have explained our role in relation to setting curricula content. **If common content for training is to be developed then thought has to be given to when it would be learned by medical students or doctors.** Pre-registration education is at medical school and medical student's interaction with patients takes place during

unpaid placements. By the time doctors are in specialty training programmes they will be delivering patient care including to individuals with learning disabilities and or autism. In practice the exposure by medical students and doctors in training to learning disabilities and autism will change over time and the content to be delivered will also need to change for the level of training and the degree of specialisation – the nature of a spiral curriculum. **We think it would be a complex task to develop a common curriculum for the content of training in learning disability and autism covering all stages of undergraduate education and postgraduate training even if there were statutory means to implement it. However, we do think that there is merit in bodies working together to develop resources setting out common content for training in learning disabilities and autism which could be signposted in relevant curricula. If a core curriculum or common content is to inform pre-registration education at medical schools then it will be essential to involve medical schools who have ownership of their curricula.**

Involving people with a learning disability or autistic people in training

Our standards for the delivery of medical education and training, *Promoting excellence* require that development of medical school curricula is informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers (R5.2, page 33). **We agree that people who have a learning disability and or/autism should be involved in the delivery of training where this is practical.**

In preparing this submission, we have looked through the approved speciality curricula to identify coverage of learning disabilities and autism (as at October 2018) and this is provided in the annex.

Yours faithfully

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