

2017/18 Medical Schools Annual Return (MSAR)

Section A – Questions around the GMC standards and guidance

There are six thematic areas in this section. These are:

- our work programme on health and disability (Q1)
- end of life care teaching (Q2)
- clinical placements (Q3-4)
- our guidance on consent (Q5)
- student fitness to practice guidance (Q6)
- and guidance on personal beliefs (Q7)

Question 1:

Since 2015, schools have provided information on how the teaching of end of life care has evolved in response to the Leadership Alliance and reports on the care of dying people.

What challenges does your school currently face in providing learning and teaching in relation to end of life care, including challenges around providing direct experience in placements?

Please see PU PSMD/UEMS returns. PCMD is now in its final year of operation. The final small Year 5 cohort (repeating students and those who have returned from intercalation) are based at Torbay, and the final graduation for these PCMD students will take place in summer 2018. Any students who do not graduate and who are permitted to repeat Year 5 will continue within either PU PSMD or UEMS.

Question 2:

We are currently undertaking a work programme on health and disability, revising our guidance in this area ([Gateways to the professions](#)) and looking at what support is available for students with long-term health conditions and disabilities.

Last year we asked your thoughts on the implementation of the existing *Gateways* guidance. We will be engaging with you in many ways to hear your suggestions for our ongoing work programme, including a public consultation in 2018. But here it will be helpful to get more information on:

In what ways do you think you can change or improve the support for students with long-term health conditions and disabilities? This can include physical conditions, mental health conditions and learning disabilities.

Question 3:

In 2010, we issued guidance in four areas to help schools implement some of the standards of *Tomorrow's doctors 2009*. Since then, *Tomorrow's doctors* has been replaced by the standards in [Promoting excellence](#), but the guidance has been retained on our website as we understand it is still useful.

We are now considering whether it would be helpful to provide an update to the placements and assistantships document.

- a) Please describe any challenges or impacts on the management of your clinical placements you have identified resulting from the requirements in [Promoting excellence](#) around clinical placements and assistantships. We would be interested specifically to know if there are impacts resulting from the new requirements that placements should enable students to follow patients' care pathways (R5.3c) and gain experience of out of hours working (R5.3h), but also about any other impacts from the requirements relating to placements in [Promoting excellence](#). The full wording of the paragraphs cited is in the [Appendix](#).

- b) What criteria do you set for the quality of your placements and assistantships, and how are these measured and monitored?

Question 4:

Our standards require that clinical placements allow students to become members of the multidisciplinary team, provide practical experience relevant to the learning outcomes of the programme and opportunities to work alongside health and social

care professionals ([Promoting excellence](#) 5.4a, e-f). The framework for students' access to information can be found in [paragraphs 4-6 of our guidance](#).

We understand that students sometimes have difficulty accessing the information they require in their placements. We would like to understand what issues there are in students' access to information in the course of placements.

Has your school encountered any difficulties in securing appropriate access for students to information in their placements? If so, please can you describe the issue and any actions taken to address them.

Question 5:

We are updating our [guidance on Consent](#) to make sure that it is clear, helpful, and easy to use in practice. We will consult on a draft in spring 2018. We want to know how you use the guidance and what we can do to support your practice.

Is there anything that you think is missing from the current guidance, or anything that we could improve? Do you have ideas for resources on consent and shared decision-making that we could produce which would be helpful for you and your students?

Question 6:

Our revised guidance on Student Fitness to Practise, developed with the Medical Schools Council (MSC), came into effect on 1 September 2016. The guidance includes two documents: [Professional behaviour and fitness to practise](#), primarily addressed to medical school staff, and [Achieving good medical practice](#), addressed to medical students.

Last year you told us about changes you have made to your rules or processes in order to comply with the new guidance, any aspects you were unable to meet, and steps you had taken to ensure your students were aware of the guidance.

What (if any) challenges remain in managing student fitness to practise, that are not addressed by the guidance? Is there anything the GMC and MSC (as co-authors) can do to help you address these?

Question 7:

As medical schools will know, the GMC published guidance on personal beliefs and medical practice http://www.gmc-uk.org/static/documents/content/Personal_beliefs_web.pdf . This guidance explains how the principles in *Good medical practice* apply for doctors to ensure they treat patients fairly and with respect, whatever their life choices and beliefs. It also provides a set of guidelines for doctors who may have a conscientious objection to a particular procedure.

We are exploring whether there may be scope for producing additional guidance with specific reference to education and training, and how the personal beliefs of medical students and doctors in training can be accommodated within the clinical and learning environment.

Please let us have your ideas on the areas you think additional guidance from the GMC should cover, highlighting particular issues that have presented challenges for your school and any local policies and guidance you have produced.

Appendix

Please see below for the text of the requirements cited in Question 2, from our standards for medical education and training ([*Promoting excellence*](#)).

R5.3 Medical school curricula must give medical students:

- 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.