General Medical Council

Agenda item:	**10**
Report title:	**Report from the Education and Training Advisory Board**
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Action:	**To note**

Executive summary
This paper reports on discussions at the Education and Training Advisory Board meeting on 24 May 2016.

Recommendation
The Strategy and Policy Board is asked to note the report from the Education and Training Advisory Board.

24 May 2016 meeting

1 At its meeting on 24 May 2016, the Education and Training Advisory Board (ETAB) received updates and provided advice on the work areas set out below.

Education and Standards update

2 ETAB received updates and provided advice on three core pieces of guidance: cosmetic interventions guidance; student fitness to practise guidance and confidentiality guidance.

Cosmetic interventions guidance

3 ETAB welcomed the guidance and advised that:

a It was important that the new GMC guide for people who were thinking of undergoing cosmetic procedures could be easily found by internet searches.

b The guidance should be sent to the Health Select Committee.

4 During the discussion, ETAB noted that:

a This was the first time that the GMC had produced guidance on one specific area of practice. The guidance had been prompted by the findings of the Review of the Regulation of Cosmetic Interventions undertaken by Sir Bruce Keogh, and would come into effect on 1 June 2016.

b Doctors would need to ensure that patients fully understood the risks and expected outcomes. The doctor undertaking the procedure would be responsible for obtaining consent from the patient and would not be able to delegate this.

c The GMC considered that the guidance represented a gold standard of practice. Discussions had been held with other regulators and they would be welcome to take forward the guidance for their own professions.

d Case studies would be used to address potential issues that could arise as result of working in multi-disciplinary teams.

Student Fitness to Practise guidance

5 ETAB welcomed the guidance. During discussion, ETAB noted that:

a The Student Fitness to Practise guidance had recently been finalised and would be published on 27 May 2016. There were two separate documents; one which

contained detailed guidance for medical schools and one for medical students which was intended as an introduction to the GMC's standards.

b The guidance was focused on medical students but aspects of it would also be applicable to other students, such as nurses, and this would be considered as part of the communication process.

Guidance for doctors on confidentiality

6 During discussion, ETAB noted that the guidance was now reaching completion and a range of case studies were being developed. This would be considered at a future meeting of the Strategy and Policy Board.

Working in partnership to improve doctors' preparedness for end of life care

7 ETAB considered an update on the continuing challenge of how prepared medical students and doctors in training feel for delivering end of life care.

8 During the discussion, ETAB noted that:

a The GMC was looking for opportunities to work collaboratively with its key interests over the short to medium term to help prepare medical students and doctors in training for end of life care.

b End of life care was an issue for all doctors but it was also an issue for multi-disciplinary teams, as other health professionals often played a more significant role in the provision of good end of life care.

c Preparedness for end of life was not just an issue for the medical profession but was also an issue for wider society, including for politicians. Awareness needed to be raised across the whole of society that good end of life care did not mean the preservation of life at all costs. The focus should be on providing high quality care, whether the outcome was death or life.

d Many people expressed a preference to die at home and arrangements were often put in place to allow this to happen. However, this was not always communicated to friends and relatives, as even in cases where a home death was planned, they were not always fully aware of how to react once the patient's health deteriorated.

e The most challenging circumstances were not always in palliative care, as end of life was more likely to have been accepted. It was the cases where death had not been accepted by the patient, family or both that were often the most challenging for health professionals.

f There needed to be greater emphasis on training doctors to develop emotional resilience and greater recognition that doctors could be affected by these issues. It was important that this was taken seriously and was not seen as an administrative burden.

g Further consideration could be given to the GMC's guidance to doctors on advising patients about assisted suicide, in light of the Director of Public Prosecutions guidance on this issue. However, this would need to await the outcome of the current judicial review on the GMC's assisted suicide guidance.

Improving standards for curricula and assessment

9 ETAB considered an update on the review of standards for curricula and assessment.

10 During the discussion, ETAB noted that:

a The proposal was to move to capability based standards, with 20 high-level but important outcomes. The new approach would be risk-based with a focus on preventing future fitness to practise issues from occurring and provided the conditions for excellence to flourish as the standards were not too prescriptive.

b The standards had been future-proofed to ensure that they would be compatible with the outcomes of the Shape of Training Review.

c The new approach could mean that more trainees would not progress to the next stage of their training, because they had not met the required standards. Awareness would be raised as part of discussions with Medical Royal Colleges.

d Currently, employers were asked to comment on medical curricula changes, which was not an effective use of employer time as employers did not have the educational expertise. It would be more beneficial for the Medical Royal Colleges to consult employers on their requirements and then write curricula to address them. However, employers also needed to give greater consideration to work force planning to ensure that higher priority areas were better identified.

e There was a significant divergence in across the four countries of the UK and curricula would need to take account of the configuration of services across the UK. The GMC would need to give further consideration to how to engage the devolved governments to ensure a UK-wide approach.

Next meeting

11 The next meeting of ETAB will take place on 20 October 2016.