

How Prepared are Medical Graduates to begin Practice?

A comparison of three diverse UK medical schools. *Dr Jan Illing et al.*

Rationale

Evidence has suggested that new graduates' preparedness for work may vary (Goldacre et al 2003). Factors which may contribute to this include:

- The experience of transitioning from undergraduate to FY1.
- Problem Based Learning (PBL) or a traditional curriculum.
- Amount of previous work experience an individual has had.

As part of the GMC's review of standards and recommendations for basic undergraduate (UG) education this study was commissioned. Its aim was to explore the

extent to which medical schools prepare UGs for practice. The study compared three medical schools which differed in curriculum and/or entry selection. The schools were Newcastle, Glasgow and Warwick.

Methodology

A mixture of qualitative and quantitative methods provided a broad view of new medical graduates' preparedness to begin practice. Participants were selected from new graduates and the sample was representative of the demographic range of students in the UK.

To begin, focus groups were held to develop the interview content. The students were then interviewed three times, once before starting work as an FY1, once at the end of their first placement, and once at the end of the FY1.

Data was collected from those working with the FY1s to provide another perspective on their preparedness. Nearly 100 clinicians were interviewed and questionnaires were completed by members of their clinical teams.

Information was also examined from the students' learning portfolios at the end of their first placements. Newcastle and Warwick FY1s also completed a safe prescribing assessment.

Implications/conclusions drawn for the GMC

Key finding: UG preparedness to practice could be improved by having more experiential learning in clinical practice as part of their UG programme.

Recommendations for the GMC:

- UG clinical placements should be consistent and structured -incorporating experiential learning across a range of specialities.
- Clinical Placements should move the student systematically to a more central role before they take on responsibilities of an FY1.
- Establish fuller, more prescriptive guidelines on the structure and content of shadowing and aim to ensure that new FY1s have shadowed their own job.
- Address perceived weakness in prescribing by supporting the development of ward-based teaching of prescribing.

Applying the findings

The study has fed into the recent review of Tomorrow's Doctors, the guidance that sets the standards medical students must attain at medical school, and all the above recommendations have been employed.

The reviewed guidance will include provisions such as:

- Practical experience of working with patients throughout all years should be included in medical schools' UG curriculum.
- Clinical placements must give students experience across a wide range of specialities.
- A period of shadowing the F1 who is currently in the post they will take up when they graduate should be undertaken by the students.

Tomorrows Doctors is currently being reviewed; further details are available on our webpage www.gmc-uk.org

The report and further details are available on our website www.gmc-uk.org or from Nicola Costin-Davis on NCostinDavis@gmc-uk.org

General
Medical
Council

Regulating doctors
Ensuring good medical practice