To consider

Process for prospective new medical schools to make applications to the GMC

Issue

1. We are responsible for maintaining the List of UK bodies entitled to award a primary medical qualification (PMQ). A number of new medical schools have been added to this list in recent years, including Swansea University and Keele University.

2. Numbers of proposals to the GMC for new medical schools are increasing. The range of organisations proposing new schools is increasingly diverse, as is the range of business models proposed. We believe our current process for dealing with such proposals inadequate for dealing with this trend.

3. We propose to develop a new process which effectively tests the strength of a new school application, and which is cost effective and transparent.

Recommendations

4. The Strategy and Policy Board is asked to:

   a. Agree to the development of a new process for prospective new medical schools to make applications to the GMC.

   b. Identify further areas in which the strength of a proposal from a new medical school should be assessed, to expand up those at Annex A.
Process for prospective new medical schools to make applications to the GMC

Issue

Our Current process

5 The process of engagement with the GMC for organisations wishing to establish new schools is largely informal at the early stages. These organisations are likely to notify us of their intention and ask about the process of securing GMC accreditation. We then ask an organisation to complete an application form and provide supporting documentation, which is reviewed by Education and Standards directorate staff and a team of expert associates (Reviewers).

6 The Reviewers then make a recommendation to the Director of Education and Standards on whether or not to commit resources to a comprehensive multiyear quality assurance programme. Previous applications have been delayed on the basis of lack of a contingency arrangement for students should the programme fail and a lack of staffing and resources in place.

7 The new school will then enter a multiyear quality assurance review. This is an intensive process of annual visits by a team of GMC associates and staff to determine the new school's compliance with Tomorrow's Doctors. The process follows the first cohort of students to the point of graduation, at which point, if successful, the institution is added to the GMC List of bodies entitled to award a UK PMQ.

Why is a new process required?

8 We believe our current process for dealing with proposals inadequate for the following reasons.

a It dates from an era when very few enquiries were received and most applicant institutions had some experience of delivering medical education even if they were not the awarding body.

b It assumes a business model based on government support, which does not reflect the proposals we are now receiving.

c It does not clearly set out how we will engage with new schools for the purpose of quality assurance and any costs issues.

d It may not adequately test the strength of the proposal before we commit resources to quality assure the new school.

9 Recent new school proposals have been radically different from those received in previous years, and we believe this may continue. These have included:
a Existing publicly funded medical schools wanting to develop a private ‘wing’ to overcome the existing cap on overseas (privately funded) students.

b QAA assured universities without a medical school wanting to develop one.

c Overseas universities wanting to set up a UK campus.

d International schools wishing to train students from a third country.

e Proposals from organisations which are not currently higher education providers of any sort in the UK or abroad to establish medical schools.

10 Our recent experience of quality assuring new schools (and new overseas programmes) has demonstrated that our existing approach has some risks. Serious difficulties have arisen after we have committed resources to multiyear quality assurance. For example, new schools have failed to project manage effectively resulting in delays to the development of curricula and assessment, or they have failed to secure clinical partners to deliver placements.

11 Picking up such problems at the application stage would reduce the expense and risk to the GMC associated with quality assuring a new school. Further, the current evidence required to support an application is limited to statements and documents from the school and does not make use of independent external sources of information that could be used to assess an application.

12 In summary, the current process is resource intensive and represents a relatively low bar for engagement. It does not require organisations wishing to establish a medical school to demonstrate that they have the necessary organisational capacity to establish a school is in place before submitting an application. We believe it would helpful to screen out these proposals at an early stage, at least until they are in a position to meet some basic requirements to engage with us.

13 These schools may operate outside of national funding and workforce planning processes, which means that organisational risks may not be identified or resolved by other bodies (such as the Department of Health (DH) and the Higher Education Funding Council for England (HEFCE)). The effect of this is that considerations around resourcing, workforce planning and the local health economy may not be examined at any stage in the development of the school. It may also mean that the new school is not subject to the governance structure of any national organisation (which in turn poses risks to the academic quality of the education delivered) until the point at which it applies for approved awarding body status (prior to the graduation of the first cohort).

14 Finally, because of relatively low numbers of enquiries in the past, we have not believed it necessary to publish a clear policy about how we will engage with new school applications and how and when they must meet our standards.
Similarly, we do not have a policy on the circumstances under which quality assurance processes can be withdrawn, such as a situation where a new school appears unlikely to meet our standards. This lack of guidance is likely to encourage organisations to not plan adequately and encourage poor quality applications.

A table of possible themes and evidence against which to assess new school applications is at Annex A.

Supporting the principles of better regulation

Key benefits of this proposal are in improving:

a The proportionality of regulation: the proposals in this paper are designed to ensure that resources are deployed to identify and resolve problems in the establishment of new medical schools efficiently and at an early stage. This is done by making better use of simple and easily demonstrable tests early in the process to identify critical risks. The main benefit is more efficient use of the GMC's resources by attempting to reduce or avoid the costs of resolving difficult issues at an advanced stage of the new schools process. The proposals are also intended to provide benefits to medical students. Specifically, they are intended to reduce the risk to that the programme of study they chose will fail to meet our standards.

b Transparency: it is not always clear to organisations what the requirements are of our quality assurance process. The proposals in this paper increase the level of transparency to organisations which our subject to our quality assurance. They would also provide clearer assurance to patients, the public and prospective and actual medical students about what they can expect from GMC assured organisations.

c Targeted regulation: the proposals in this paper target a high risk area (new medical schools) by applying a set of tests to determine likely ability of a new school to comply with individual parts of our standards, and to address critical risks to a new programme (such as resourcing).

d The public benefit and value of the proposals in this paper is to encourage and enforce high standards in medical education. It is also of value in making clear the standards required for GMC assured organisations. This is of benefit to patients and the public, but also to medical schools we quality assure, their students, and prospective students.
Supporting information

How this issue relates to the corporate strategy and business plan

18 Strategic aim 2: Help raise standards in medical education and practice.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

19 Internal engagement has been carried out with staff responsible for receiving and processing new school applications, and with Assistant Directors and heads of service responsible for education quality. If the development of a new process is agreed, consultation with key stakeholders in undergraduate education would be required. This should include the Medical Schools Council and other bodies representing higher education institutions.

What equality and diversity considerations relate to this issue

20 We have a duty to advance equality of opportunity under the 2010 Equality Act. It is possible that the development of specifically private medical education could restrict equality of opportunity. This is because new private schools in England would not receive HEFCE subsidy. As a result, the fees for private organisations already within our new schools process are in excess of three times the maximum tuition fee chargeable by a state (HEFCE) funded university. It is unlikely that new schools will be able to compete with the fees charged by HEFCE funded organisations. Because of this, it is possible that ability to take a place up at some new private schools would be dependent on ability to pay, or that students from lower income backgrounds would be deterred by the comparatively high fees charged. It is important to note that this may not be the case for all private schools; some proposals may incorporate business models which address considerations related to widening access to medical education.

Legal issues

21 The legal rights of the GMC in this area are limited; it has the right to inspect (assure) the qualifying exam of an approved awarding body and to register the graduates of approved awarding bodies only. However, it is reasonable to expect organisations to engage with our processes when exercising our statutory functions in this area involves the commitment of significant resources. This paper has been reviewed to identify legal considerations which will need to be considered. Any new process resulting from this paper will need to be checked to determine that the process is reasonable and compliant with our legislative framework.

If you have any questions about this paper please contact: Martin Hart, Assistant Director, Education and Standards, mhart@gmc-uk.org, 020 7189 5408.
**Annex A**

**Process for new medical schools to make applications to the GMC: table of possible themes and evidence against which to assess new school applications.**

1. This appendix identifies a number of key areas against which new school applications could be assessed and the types of evidence required. It also considers how such an assessment would best be carried out.

2. The intention is not to lead to the establishment of a separate set of standards but to map these areas to *Tomorrow’s Doctors*. The types of evidence and analysis mandated in *Tomorrow’s Doctors* are designed to support the continued quality assurance of established schools or new schools which are in the delivery phase of the programme. They do not however cover the feasibility or capacity of an organisation to establish and sustain a new programme.

3. The areas below are intended as an addition to the existing form which is available on the [GMC website](https://www.gmc-uk.org). The extent to which areas listed below map to the current form are listed as:

   a. None - issues in this area are not reflected in the current form.

   b. Limited - this area is reflected in the current form to some extent but significant issues are not included or there is insufficient detail.

   c. Significant - this area is mostly covered, there are a small number of issues in this area which are absent or not explicit.

   d. Full - this area is covered fully in current documentation.

4. The current form is broad and is designed to be overarching, utilising open questions; this is a strength in that allows for consideration of the programme as a whole but the additional information requested below is designed to recognise more specific assurance is required in a number areas.
### Table of areas to investigate

<table>
<thead>
<tr>
<th>Area of investigation</th>
<th>Evidence/ requirement</th>
<th>Notes</th>
<th>Covered by</th>
<th>Level of coverage in the existing form</th>
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<tbody>
<tr>
<td>Financial capacity: whether the institution is willing and able to provide the necessary financial resources</td>
<td>Independent financial audit and assessment of the institution's finance and assessment of the business plan</td>
<td>This system has been used in Australia. It would be desirable to expect applicants to bear the cost of independent audits so that: - cost to the GMC is avoided - organisations demonstrate a financial commitment to the quality assurance process</td>
<td>Commissioned report from agreed contractor</td>
<td>None</td>
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<tr>
<td>Evidence of UK degree awarding powers</td>
<td>Organisation has the power to award a degree in the UK</td>
<td>This information is held by the QAA</td>
<td>Desktop research: QAA list</td>
<td>None (done informally)</td>
</tr>
<tr>
<td>QAA</td>
<td>Review of QAA activity in relation to the university including: - Reports of QAA activity - Organisation’s response to QAA reports</td>
<td>This may not be applicable to some proposing institutions; however, as engagement is restricted to bodies with UK degree awarding powers, engagement with the QAA should be expected.</td>
<td>Desktop research: QAA reports</td>
<td>None</td>
</tr>
<tr>
<td>Academic criteria</td>
<td>Identify risks to academic quality at University; review research assessment exercise for identification of particular risks</td>
<td>Doctor as a scholar is a key requirement of TD09 and the school will need to have choices for elective units in line with TD09. This is a potentially risky area as we could be seen to be discounting applications from universities with a less ‘academic’ reputation; applications challenged or rejected on these grounds would be challenged as subjective or biased. As such, to use the category, there would need to be a clear definition about what evidence would be used and what would constitute poor performance in this area.</td>
<td>Higher education regulatory organisations</td>
<td>None</td>
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This could include any either or a combination of:
- A specified level of performance on research assessment exercises
- The identification of specific concerns about academic standards by a clearly delineated range of organisations with a remit in this area.

| Track record of new programmes | - Questionnaire for School about recent attempts to set up programmes and the result  
- Engagement with other healthcare professional bodies about proposed or started and completed/failed programmes at the university | The aim of this is to determine whether the organisation has successfully (or unsuccessfully) delivered new programmes to meet the standards of other professional bodies in the recent past. There are potential complications on this area as to what, if any action could be taken as a result.  
Engagement with other professional bodies, possible via standard from Requested document | None |

| Evidence of demand for the school/need or requirement. | Analysis by school of the health economy of intended graduate employment destinations and evidence of support from local health organisations such as:  
- Confirmation of understanding from local health organisations likely to be affected by or involved in the development of a new school  
- Analysis of local health economy in which graduates are expected to work demonstrating viability of producing more qualified graduates  
- Memorandum or other supporting documentation from local health organisations demonstrating need for/their support new medical school | The aim of this item would be to demonstrate commitment from local health economy to (and preferable need for) a new school.  
It is unlikely that we would be able to make evidence of local need within the local health economy a requirement of engagement; however, the Curriculum and Assessment Group (CAG) requires statements from employers to change specialty curricula is required. It would not be unreasonable to ask for evidence of engagement and support from local health organisations.  
Local healthcare and healthcare education providers, Requested document | Limited (Q12)  
Q12 requires evidence of local engagement but does not explicitly state there is a need for local support. |
| Evidence of engagement with national bodies (HEFCE and Department of Health) | Evidence that key national organisations have been advised and advice sought.  
- Formal notification of intention to the Department of Health and HEFCE  
- Feedback from organisations on proposal | The level of engagement with DH/HEFCE is likely to vary by organisation but this establishes minimum requirement to engage and gain feedback on application/information on how the intention to establish a new school will impact on funding. | Requested document | Limited (Q12)  
Q12 requires evidence of national engagement but does not set explicit requirements in this area |
| Quality management and governance statement | Statement outlining governance processes:  
- How the development of the course is monitored at governance level  
- Threshold at which contingency arrangements will be triggered  
Statement outlining:  
- Process for routine quality management arrangements of course covering areas listed in TD49  
- How thresholds for identifying where quality improvement action is required | Then document should be scrutinised to determine whether there is a clear system for the collection, analysis and scrutiny of quality data, and a threshold for a change to be required. | ? | Significant (Q12)  
The requested information is not explicit about the requirements of TD49 but this can be inferred; it does not mention |
| Contingency arrangements | Evidence of a robust contingency arrangement in case of catastrophic course failure including:  
- An agreement with another organisation to take all students on the course if the course fails  
- Mapping of curricular outcomes of each stage of the course to equivalent curricular outcomes at contingency organisation including identification of any unmatched outcomes and commitment to ensure they are covered. | | Requested document | Limited (Q12)  
Contingency is an informal requirement under the reviewer process. |
| Project planning | Project plan for the design and delivery of the course, specifically the items covered under TD49, namely:  
- Admission to medical school | The intention of this document would be to determine that there are time limited actions against development of the key components of the course. | Requested document | Significant (Q12, 31a-d, 40-44)  
Documents outlining |
<p>| Academic faculty: demonstration of experience, expertise and appropriate allocation and staffing of roles | Documents to demonstrate there is a clear staffing plan covering a range of required roles and that the key staff have sufficient expertise/experience to deliver programme, suggested list of items includes:  - School's staffing plan for academic faculty  - Programme of staff training with project plan for delivery  - Staff biographies demonstrating there is the expertise required to establish the programme. | It may be desirable to set more prescriptive requirements on the roles and responsibilities required by a new school. Bios to demonstrate there is sufficient experience in:  - Designing new programmes  - Managing medical courses  - Understanding of GMC requirements | Limited (Q12, 38, 42-44) Document s outlining the size and range of faculty are required but there is no expectation about the level of expertise and experience required. |
| Clinical faculty | Documents describing involvement of clinical staff in the design, development and delivery of the programme including  - Description of roles identified as required within the clinical faculty  - Biographies of staff filling key roles demonstrating appropriate expertise  - Evidence of engagement in the development of the programme (eg through curriculum or quality management development process) | Assessment of whether suitable staffing is in place is likely to be difficult to determine but will require the school and clinical staff to demonstrate that individuals appointed to key faculty roles are aware of the requirements of the programme and are engaged in its development. | Significant (Q12, 42) Requirement to develop clinical faculty is explicit but engagement in the process of developing the new school and the requirement for expertise is not explicit. |
| Curriculum and assessment system | A fully planned out curriculum and set of assessments for each year of the course, supported by a clear overarching philosophy. | It may be desirable to set prescriptive requirements around the timescales for developing assessment tools and items. | Full |</p>
<table>
<thead>
<tr>
<th>Selection process</th>
<th>A clear statement of the selection processes supported by:</th>
<th>Requested document</th>
<th>Limited (Q27)</th>
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<tbody>
<tr>
<td></td>
<td>- A rationale for the use of selection tools which references the curriculum philosophy</td>
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<td>- A clear statement of how the selection process will be standard set detailing the minimum thresholds for an offer</td>
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<td></td>
<td>- A project plan for delivery of the first round of recruitment</td>
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<tr>
<th>Agreements for placements</th>
<th>Agreements ensuring that clinical placements are in place and that there is a programme for the development of clinical placement capacity as required:</th>
<th>It may be desirable to require applicants to submit a project plan for the engagement and recruitment of new LEPs</th>
<th>Requested document</th>
<th>Significant (7, 39)</th>
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<td></td>
<td>- Service level agreements specifying the contribution of each local education provider (LEP) to the delivery of the course, completed and signed prior to recruitment</td>
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<td>The issues are covered well but there is no requirement that this must be in place to proceed; rather the form relies on the school stating how this will happen than producing a formal agreement as a condition of acceptance.</td>
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