To consider

**State of medical education and practice report 2014**

**Issue**

1. To consider the proposed content, structure and governance of the *State of medical education and practice report 2014* (SoMEP).

**Recommendations**

2. The Strategy and Policy Board is asked to:
   
   a. Consider the proposals for the content and structure of this year's report.
   
   b. Note the possible issues which might arise in producing the material for inclusion.
   
   c. Agree the proposed governance structure for overseeing the documents productions.
   
   d. Note the resources available to support the production of the document.
State of medical education and practice report 2014

Issue

3 For the last three years we have published an annual report: the State of medical education and practice (SoMEP). The report has been a significant success and has become a regular part of our work. Both internal and external feedback has been positive. Research into the impact of the document by ComRes undertaken last year reported that the document contributed to greater transparency and trust in the GMC among a range of key interest groups. In particular readers valued the ‘almanac’ material and the analysis of the data we hold and that of others.

4 We propose producing the document for the fourth year running, with a final version available for the IAMRA conference in early September 2014. We will build on the previous years’ reports rather than adopt a different format.

5 Preparatory work is already underway and the core project team is in place. Our aim is to have a first complete draft signed off by the end of June with a final draft for review and comment at the end of July 2014.

6 The proposed content and governance arrangements seek to be proportionate to the time in hand, the importance placed on the document and resources available.

Content

7 It is proposed that SoMEP will be divided into two main sections:

a Section one will be an almanac of basic register, education and Fitness to Practise data covering similar ground to chapters 1 and 2 of last year’s document. We plan to respond to feedback by ensuring clearer, simpler presentation of the data. The balance of the material will be towards data presented in charts, tables and infographics. There will be less discursive text, but we will ensure that data is explained and where possible subject to analysis.

b The second section will explore in more depth risk in medical professionalism. The first part will explore the elements contributing to risk within medical practice such as the extent to which medical students are prepared for practice and the second will explore differential outcomes in our fitness to practise process including a review of example cases considered by an MPTS Panel. We will also include an analysis of cases that have come before fitness to practise panels and any lessons that can be learned from these.
The report will also contain a final section discussing possible responses to the issues raised in the document.

As in previous years, we will incorporate data from other sources to supplement our own data.

Possible problems in the production of the report

The key risk in the production of the report is getting the data analysis (both qualitative and quantitative) to appropriately high quality. This is dependent on the quality of the underlying data and our capacity to analyse it. Previous experience with the data helps us to understand where problems might lie and as in previous years we will seek external support where needed.

Other issues of concern:

- Being certain that sufficient third party information is included to inform the document and ensure the conclusions are reflective of the state of the current debate and knowledge. The recruitment of new staff within the Intelligence and Insight Unit will help us research this material.

- Ensuring we have sufficient time to think through the implications of the material and be sufficiently confident in the conclusions we draw. The editorial group will play a key role in helping us overcome this problem.

- We believe at this stage that we have the resources required, but as the quality and robustness of the material become clearer we may have to revise our ambitions as the analysis progresses. It is our experience from previous years that the high quality threshold we set means that some material is of insufficient robustness for publication.

It is also important to note that the data from our devolved offices and liaison services, which we hope to use to explore in depth what we have learned about the health system in the UK, is not quantitative evidence and there is little time trend even at a qualitative level within the data yet.

Governance

The proposed governance structure is as follows:

- Strategy and Policy Board: Formal governance of the project will, as last year, be through progress reports to the Strategy and Policy Board. A draft report will be presented at the meeting on 22 July 2014. The final document will be circulated to the Board for approval.

- Editorial Group: An editorial group chaired by the Chief Executive and with representation from across the GMC to advise on content and interpretation of the analysis.
c Clinical fellows: We will hold a seminar of the medical fellows in late June 2014 to review the emerging stories and help sense check the conclusions.

d Project Board: This board is meeting fortnightly to check on progress, resources, and any practical issues arising, chaired by Luke Bruce, Assistant Director – Strategy and Communication.

e External review: We will approach a small group of selected experts to test emerging material and check our facts.

Resources

14 Provision has been made within the annual budget to cover the costs associated with SoMEP.

15 As with previous years, we will draw on resources from across the GMC. In particular we will need support with the provision of data, fact checking and commenting on the analysis. We believe these processes can be streamlined drawing on the learning from last year. Data specifications have already been shared with the relevant teams in registration and fitness to practice and a timetable agreed for provision of data by the end of April 2014.

16 The core content team will be led by David Darton, Head of Intelligence and Insight, and consist of the Intelligence and Insight Project Manager, an insight analyst, data analyst and the external writer. We are likely to draw on external support for statistics. Further support will be provided by other members of the Strategy and Communication directorate including the Corporate Communications team.
Supporting information

How this issue relates to the corporate strategy and business plan

17 The document is core to supporting strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.

18 Our business plan commits us to publishing insights drawn from our data and intelligence on a range of themes affecting medical practice and patient safety. Continuing to develop the *State of medical education and practice in the UK* and other reports will allow us and others to explore in depth issues affecting medical practice.

How the action will be evaluated?

19 As with previous years, we will conduct a programme of evaluation to understand how readers received the document.

How the issues differ across the four UK countries?

20 Central to the approach taken to developing SoMEP is how medical practice differs across the UK. This includes looking at how practice differs across nations.

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