13 February 2014

Strategy and Policy Board

To note

**Report from the Education and Training Advisory Board**

**Issue**

1. This paper is a report from the second meeting of the Education and Training Advisory Board on 5 November 2013.

**Recommendation**

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

Issue

3 The Education and Training Advisory Board (ETAB) was established to advise our Chief Executive on matters concerned with the delivery of undergraduate and postgraduate medical education and training and on-going career progression. ETAB also provides a forum for us to engage widely and effectively with key interest groups on education and training matters across all countries of the UK.

4 In response to a number of apologies for attendance, we took the pragmatic decision to allow a number of deputies to attend the meeting to ensure that the Board’s discussion reflected the range of those who have a key interest in medical education and training across the UK.

5 ETAB met twice in 2013 and will meet three times in 2014.

6 The draft minutes of ETAB’s second meeting on 5 November 2013 are at Annex A and were approved at its meeting on 4 February 2014.

The timing of full registration

7 ETAB had a detailed discussion of the implications of moving the point of full registration for UK graduates to the end of medical school.

8 ETAB was generally supportive of moving the point of registration. While it was acknowledged that there were a number of implications, including those related to undergraduate education and in particular determining what curricula changes in the final year would be required to make sure that a newly qualified doctor granted full registration was ready for practice, ETAB considered that these could be addressed.

9 ETAB advised the GMC that assessment for entry to training/employment and a national licensing exam should be treated as separate issues and required further discussion by the Medical Schools Council, Health Education England, NHS Education Scotland and the governments in Wales and Northern Ireland. It also advised that action to progress moving the point of registration could be made at a reasonable pace but a change could not be implemented imminently because there were a number of complex issues that needed to be resolved first.

10 In addition, during discussion, the Board noted a number of related points and caveats to moving the point of full registration; these are detailed at paragraph nine of the minutes at Annex A.
Generic professional capabilities

11 ETAB considered a summary of our work to reinforce professionalism in postgraduate speciality training curricula.

12 ETAB advised that:

a Three categories of professional capabilities should be demonstrated by all clinicians, regardless of specialty, at the point of a Certificate of Completion of Training being issued:

i Non-clinical professional knowledge, skills and behaviour eg, leadership, communication, breaking bad news.

ii Clinical skills which underpin good care e.g. diagnosis, prescribing, referral.

iii Understanding the structures, environment and culture in which service and education and training takes place e.g. governance structures, relationship with other professional groups.

b The capabilities should be simplified within a single document applicable across all specialities.

c The quality of an organisation within which training is delivered is directly relevant to the demonstration of professional capabilities and that the GMC should consider its role in relation to training environments.

Implementation of recommendations from the Independent Review of the Membership of the Royal College of General Practitioners examination

13 ETAB considered the results of the independent review by Professor Aneez Esmail that had been commissioned to identify whether the Membership of the Royal College of General Practitioners (MRCGP) examination fulfilled our standards for assessment.

14 ETAB advised that:

a Further research should be commissioned in order to better understand the cause/s of the significant difference in the failure rates between different groups of doctors, including differences related to gender, ethnicity, location of primary medical qualification and other protected groups.

b The GMC should consider providing advice to the medical royal colleges to ensure that appropriate and relevant equality and diversity training for examiners is delivered as best practice.
**c** UK medical schools should routinely collect and monitor performance of students within protected groups and ensure all examiners undergo robust equality and diversity training.

**d** New forms of assessment should take into account that some trainees will require further support and remediation at an early stage.

**Commentary on second meeting**

**15** The report *Securing the future of excellent patient care* was published on 29 October 2013 shortly before ETAB’s second meeting. A seminar on the *Shape of Training Review* was held during the second meeting which provided ETAB members with an early opportunity to consider the report’s recommendations. Given the short time between the report’s publication and its meeting, ETAB concluded that it would be premature to have a detailed discussion on the implementation of the recommendations in advance of a response from the four UK health departments.

**16** The role of ETAB as an advisory Board is still developing and we continue to work with members to ensure that ETAB continues to develop as a useful and constructive forum to advise the executive. We continue to encourage members, as far as possible, to contribute to discussions as individuals and not as representatives of committees and organisations.

**Next meeting**

**17** ETAB met for the third time on 4 February 2014 at which time members were asked to advise on the draft report of the Review of Quality Assurance of Medical Education and Training, Generic Professional Capabilities, the review of the impact of *Tomorrow’s Doctors* and our programme of work to understand how doctors progress through training.
Supporting information

How this issue relates to the corporate strategy and business plan

18 Strategic aim 3 of the Corporate Strategy 2010-2013 is to provide an integrated approach to the regulation of medical education and training through all stages of a doctor’s career. The advice of ETAB will be crucial as we develop policy in this area and in ensuring that Council is fully briefed before major decisions are made.

19 ETAB is not the sole means of engaging with our key interests groups on education and training matters. We continue to meet with key interests to discuss specific projects and matters of joint interest, and we have a programme of engagement that includes regular meetings with (among others) the Medical Schools Council, Health Education England/NHS Education Scotland, medical royal colleges, postgraduate deaneries, BMA committees etc.

EU implications

20 Further exploration of implications arising from Directive 2005/36/EC on the recognition of professional qualifications would be taken forward as part of our work on understanding the issues related to moving the point of full registration.

If you have any questions about this paper please contact: Martin Hart, Assistant Director, Education and Standards, mhart@gmc-uk.org, 020 7189 5408.
Minutes of the Education and Training Advisory Board meeting on 5 November 2013
Minutes of the Meeting on 5 November 2013

Members present

John Connell, Chair

Sue Bailey
Iain Cameron
Derek Gallen
Clare Gerada
Malte Gerhold
Muj Hussain
Stewart Irvine
Bill MacMillan
Ben Molyneux
Wendy Reid
Alice Rutter
Radhakrishna Shanbhag
Ian Starke
Tony Weetman (via video conference)

Others present

Paul Buckley, Director of Education Standards
Mark Dexter, Head of (Policy) - Education and Standards
Martin Hart, Assistant Director of Education and Standards
Nathan Lambert, Projects and Planning Manager - Education and Standards
Patsy Morrissey, Board Secretary
Vicky Osgood, Assistant of Director Education and Standards
Tara Willmott, Head of Education - Education and Standards

Chair’s business

1 The Chair welcomed members to the second meeting of the Education and Training Advisory Board, and in particular, Sue Bailey, Iain Cameron and Malte Gerhold who attended for the first time.

2 Apologies for absence were noted from Gill Bellord, Andy Heeps, Elizabeth Manero, Jackie Smith, Nigel Sparrow and David Sowden.

3 The following deputies attended the meeting:
Minutes of the meeting on 27 June 2013

4 The Board approved the minutes as an accurate record.

Matters arising

5 There were no matters arising.

The timing of full registration

6 The Board considered a paper outlining the implications of moving the point of full registration for UK graduates to the end of medical school.

7 The Board was generally supportive of moving the point of registration. While it was acknowledged that there were a number of implications, including those related to undergraduate education and in particular determining what curricula changes in the final year would be required to make sure that a newly qualified doctor granted full registration was ready for practice, the Board considered that these could be addressed.

8 The Board advised that:

a Assessment for entry to training/employment and a national licensing exam should be treated as separate issues and required further discussion by the Medical Schools Council, Health Education England, NHS Education Scotland and the governments in Wales and Northern Ireland.

b Action to progress moving the point of registration could be made at a reasonable pace but a change could not be implemented imminently because there were a number of complex issues that needed to be resolved first.

9 During the discussion, the Board noted that:

a Any change to the point of registration should be articulated on the principles of sound educational and patient safety benefits and improved governance arrangements, and not on solving the problem of over-subscription to the Foundation Programme.

b The UK Scrutiny Group would consider the issue of over-subscription at its meeting on 27 November 2013. The GMC’s policy on approving Foundation
Year 1 programmes outside of the UK\(^1\) could go some way to solving the problem of oversubscription in the UK. Although a possible unintended consequence of moving the point of registration might be an increase in EU applicants applying for entry to the Foundation Programme.

c Moving the point of full registration would in effect abolish provisional registration which had been introduced to make sure that newly qualified doctors undertake a period of service under supervision prior to full registration. In light of this the GMC would require assurance that every medical graduate is fit to practise at the point of graduation. The onus would be on medical schools to ensure that their graduates were fit to practise, with the necessary level of clinical competence and professionalism to practise as a fully registered doctor, at the end of medical school. Action was already being taken to ensure that graduates were fit to work in the NHS, initiatives such as the Prescribing Safety Assessment and the student assistantship in the final year of medical school were having a positive impact. However, medical students may need take on more responsibility and be better integrated into teams in the workplace during their final year in order to ensure that they are ready for practice.

d About 200 F1 doctors each year were not signed off for full registration. If the point of registration were moved, they would be fully registered but would continue to receive comprehensive support in the Foundation Programme to help them successfully complete F1. The quality of education supervision and the training environment in F1, highlighted in the GMC’s training survey, would need to be addressed in order to better support trainees as they develop as a new doctor.

e The GMC is reviewing its policy on Approved Practice Settings in light of the recommendations from the Francis Inquiry. If the point of full registration is brought forward further consideration would also be given to the appropriate date for revalidation for new doctors.

f Further consideration was required of the rights and privileges conferred by full registration. If the point of registration was moved trainees unable to gain a place in the Foundation Programme could, as things stand, practise inside and outside the UK. These doctors would by definition be the lowest scoring candidates and their practice could lead to negative perceptions of our highly regarded medical education system. There would also need to be clarity about what kinds of roles such doctors could take up in the UK if they did not enter training.

\(^1\) [http://www.gmc-uk.org/education/postgraduate/foundation_programme.asp](http://www.gmc-uk.org/education/postgraduate/foundation_programme.asp)

Some form of standardised approach to assessment in the final year of medical school would be required in order to provide assurance to the GMC that medical graduates are safe to practise. Assessment for entry to the Foundation Programme and employment should be separate from consideration of a national licensing exam. The Situational Judgement Test, currently used for selection and ranking in the Foundation Programme, would not be appropriate as a licensing examination as it cannot provide the appropriate level of assurance around clinical competence. However medical school finals, which are already quality assured by the GMC, if bolstered by other sources of feedback on clinical competence eg Work Place Based Assessments and professionalism, might suffice without the need for a national licensing exam.

The Law Commission’s final report and draft Bill on the regulation of health and social care professionals was expected in the spring of 2014. However, in order to comprehensively consider all risks associated with moving the point of full registration, enabling legislation could provide a helpful way forward to ensure that any change was implemented to an appropriate timetable at a later date.

Regardless of any changes, employers still have a duty to only employ those doctors that are competent to do the job.

It was likely that the timing of registration would be taken forward as part of the wider Shape of Training programme of work.

**Generic Professional Capabilities**

10 The Board considered a summary of our work to reinforce professionalism in postgraduate speciality training curricula.

11 The Board noted the background to and direction of travel of our work in this area.

12 The Board advised that:

a The three categories of professional capabilities outlined at paragraph 19 of the paper should be demonstrated by all clinicians, regardless of specialty, at the point of a Certificate of Completion of Training being issued.

b The capabilities should be simplified within a single document applicable across all specialities.
c The quality of an organisation within which training is delivered is directly relevant to the demonstration of professional capabilities and that the GMC should consider its role in relation to training environments. Given the importance of leadership on the quality and safety of care provided, the CQC’s new acute hospital inspection model in England will look at whether the service is well-led.

13 During discussion, the Board noted:

a The suggestion that individual responsibility and accountability, reflective practice, compassionate listening and management should feature in the list of capabilities described at paragraph 19.

b That the high level principles in Good Medical Practice are applicable across the continuum of medical education and training.

c That there were difficulties related to assessment and evaluation although there were lessons that could be learned from the undergraduate environment which could be rolled out within the postgraduate environment. In addition, learning from other curricula eg General Practitioners could also be usefully applied.

d That the psycho social aspects of patient care drop off in postgraduate arena and should be given greater emphasis in the postgraduate environment.

e That the generic outcomes detailed in Appendix E could equally apply to all staff with responsibility for patient care and not just doctors.

Implementation of recommendations from the Independent Review of the Membership of the Royal College of General Practitioners (MRCGP) examination

14 The Board considered the results of the independent review by Professor Aneez Esmail that had been commissioned to identify whether the MRCGP examination fulfilled our standards for assessment.

15 The Board advised that:

a Further research should be commissioned in order to better understand the cause/s of the significant difference in the failure rates between different groups of doctors, including differences related to gender, ethnicity, location of primary medical qualification and other protected groups.

b The GMC should consider providing advice to the medical royal colleges to ensure that appropriate and relevant equality and diversity training for examiners is delivered as best practice.
c UK medical schools should routinely collect and monitor performance of students within protected groups and ensure all examiners undergo robust equality and diversity training.

d New forms of assessment should take into account that some trainees will require further support and remediation at an early stage.

16 During the discussion, the Board noted that:

a The issues raised in the research covered all specialty training and were not isolated to GP training.

b The report made a number of recommendations linked to gathering and monitoring data and that the proposals for a data warehouse considered by the Board at its February meeting would go some way to providing the information required.

c We had agreed with the Academy of Medical Royal Colleges that they would lead on work related to standards for examiners, which would incorporate standard equality and diversity training.

d The level of feedback provided to unsuccessful candidates differed between Colleges and was an area where the GMC would consider undertaking further work.

Any other business and date of next meeting

17 The Board noted the date and time of its next meeting at 10:00 on Tuesday, 4 February 2014.

Confirmed:

John Connell, Chair 4 February 2014