To note

Report from the Education and Training Advisory Board

Issue

1 This paper is a report from the third meeting of the Education and Training Advisory Board on 4 February 2014.

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 The draft minutes of ETAB’s third meeting on 4 February 2014 are at Annex A and are due to be approved at its meeting on 3 June 2014.

Report of the Review of Quality Assurance of Medical Education and Training

5 ETAB had a detailed discussion of the draft report of the review of our arrangements for assuring the quality and undergraduate and postgraduate training.

6 ETAB noted a number of points raised in relation to the draft report and these were considered prior to finalising the report for discussion at the Council meeting on 25 February 2014. The points noted are detailed in paragraph 12 of the draft minutes at Annex A. A number of minor changes were made to the draft report in light of ETAB’s discussion, these were: to provide a definition of ‘educational environments’; and to indicate that the medical Royal Colleges were not the only source of externality.

7 While college involvement as part of our visit process was supported, there was a concern regarding the use of the term ‘accreditation’. It was clarified that accreditation in this instance amounted to college endorsed specialty visitors appointed, trained, appraised and accountable to the GMC, and acting as agents of the GMC and not as representatives or nominees of colleges. The Chair of ETAB reiterated that this was not a separate college visit process independent of the GMC.

8 We will continue to work with partners as we take forward the recommendations in the report, following Council approval.

Generic professional capabilities

9 Building on the discussion at its meeting on 5 November 2013, ETAB considered an update on the progress that we had made in developing a framework for generic professional capabilities (GPC).

10 ETAB considered a preliminary list of overarching generic themes, which had been prepared in light of the principles identified by the GPC informal discussion group. ETAB advised that the themes identified provided a helpful list of what
was required in order to be a competent doctor not only at the postgraduate level, but also starting from the earliest times at medical school and continuing through a doctor’s career. ETAB supported the view that GPC should provide a framework which enabled the themes to be embedded within all curricula and contextualised to the needs of individual specialties.

11 To facilitate further consideration of the preliminary overarching themes, it was agreed that ETAB members could share the list with colleagues and submit further comments, in advance of the informal discussion group’s next meeting on 16 April 2014.

Review of the impact of Tomorrow’s Doctors – emerging issues

12 ETAB considered the emerging findings from our work on reviewing the impact of the 2009 edition of Tomorrow’s Doctors and advised that:

a The information on the preparedness of graduates was largely self-reported resulting in a range of potential limitations which had to be considered. Factors that required consideration included how the gender, age and personality traits of medical students impact on their perspective of preparedness; and the mismatch between the views of medical students and their educational supervisors as to their preparedness.

b While a list of practical procedures was helpful, we should move the emphasis away from a focus on a list of skills acquired to a more holistic view of the competence expected of a newly qualified doctor, and seek clarity around expectations of what a Foundation Year 1 doctor should be able to do.

c Since the requirements in Tomorrow’s Doctors (2009) had been required only since 2011/12 more time would need to pass in order to build up a longitudinal picture of preparedness.

Understanding how doctors progress through training

13 ETAB was supportive of our efforts to develop a research programme to investigate progression and recognised the value of collecting data about the training population. ETAB acknowledged that exam pass rates were an easy metric but advised against an overly narrow focus on exam data. It was suggested that we should reflect further on the questions to be explored as part of our investigation of the relationship between selection scores and assessment outcomes.
Commentary on third meeting

14 ETAB received an update on the work of the Credentialing Working Group and would consider a detailed report on our progress in developing a regulatory and policy framework at its meeting on 14 October 2014.

15 ETAB noted that discussions in relation to the recommendations from the Shape of Training Review and moving the point of registration were ongoing, and that it would have a further opportunity to discuss both matters at a future meeting.

16 We took the opportunity at this meeting to remind members that they had been invited to join ETAB to provide independent advice on the basis of their personal experience and not as representatives of their organisations, as had been made clear in their individual letters of appointment.

Next meeting

17 ETAB will meet again on 3 June 2014. Agenda planning for the next meeting is still in the early stages but our initial thoughts are that we will be seeking ETAB’s advice on the following matters: review of undergraduate assessment, review of education training and standards and developing the surveys of the future.
Supporting information

How this issue relates to the corporate strategy and business plan

18 Strategic aim 2 of the Corporate Strategy 2014-2017 is to help raise standards in medical education and practice. 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.

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

Draft minutes of the meeting on 4 February 2014
Draft as of: 18 March 2014

To approve

Minutes of the Meeting on 4 February 2014

Members present

John Connell, Chair

Sue Bailey
Gill Bellord
Andrew Collier
Ian Finlay
Derek Gallen
Andy Heeps
Stewart Irvine
Elizabeth Manero

Katie Petty-Saphon
Wendy Reid
Alice Rutter
Nigel Sparrow
David Sowden
Radhakrishna Shanbhag
(Ivia video conference)

Ian Starke

Others present

Judith Hulf, interim Director of Education and Standards
Mark Dexter, Head of Policy – Education and Standards
Ben Griffith, Policy Manager – Education and Standards
Martin Hart, Assistant Director – Education and Standards

Nathan Lambert, Projects and Planning Manager – Education and Standards
Patsy Morrissey, Board Secretary
Vicky Osgood, Assistant Director – Education and Standards
Kirsty White, Head of Planning, Research and Development – Education and Standards
Chair’s business

1 The Chair welcomed members to the third meeting of the Education and Training Advisory Board, and in particular, Ian Finlay and Elizabeth Manero who attended for the first time.

2 Apologies for absence were noted from Iain Cameron, Malte Gerhold, Ben Molyneux, Jackie Smith and Tony Weetman.

3 The following deputies attended the meeting:
   a Andrew Collier for Ben Molyneux.
   b Katie Petty-Saphon for Iain Cameron.

4 The Chair reminded members that they had been invited to join the Board to provide independent advice on the basis of their personal experience and not as representatives of their organisations. This had been made clear in their individual letters of appointment.

5 The Board congratulated Sue Bailey on her recent recognition in the New Year’s Honours List.

Minutes of the meeting on 5 November 2013

6 The Board approved the minutes as a true record.

Matters arising

7 The Board received an update on the work being taken forward by the Credentialing Working Group to develop a regulatory and policy framework to enable us to introduce credentialing.

8 The Board noted that:
   a The Working Group was making excellent progress. There remained significant interest from the three areas of practice, breast disease management; forensic and legal medicine; and musculoskeletal medicine, which had been part of the feasibility pilot in 2011-2012, to provide formal recognition of doctors’ capabilities in these specific areas of practice.
   b The policy framework would be developed over the summer of 2014 and would be considered by the Board at its meeting on 14 October 2014.

9 The Board noted that discussions in relation to the recommendations from the Shape of Training (SOT) Review and moving the point of registration were continuing, and that the Board would have a further opportunity to discuss both matters at a future meeting.
Draft Report of the Review of Quality Assurance of Medical Education and Training

10 The Board considered the draft report of the review of our arrangements for assuring the quality of undergraduate and postgraduate medical education and training.

11 The Board was broadly supportive of the content and conclusions of the draft report and welcomed the continuum of our standards across undergraduate and postgraduate medical education and training.

12 During the discussion, the Board noted a number of suggestions which would be considered ahead of finalising the report for discussion at the Council meeting on 25 February 2014. It was noted that:

a The report had a postgraduate focus and that increasing the undergraduate aspects would be helpful to ensure that quality assurance of undergraduate medical education and training is as rigorous and robust as that for postgraduate training.

b It would be helpful to have a definition of an educational environment and to ensure that the definition was generic enough to recognise the variety in educational environments, across the UK.

c It was important that our sanctions were seen to be applied and that there should be willingness to confront issues by, for example, removing trainees from a postgraduate training environment because of concerns over service issues.

d A process for re-applying for approval (where approval had been withdrawn) should be developed.

e A ‘value-added’ analysis should be developed to better reflect programme performance and to increase our understanding of which programmes are adding value and which are not.

f College involvement as part of our visit process was supported. In response to a concern regarding the use of the term ‘accreditation’, it was clarified that accreditation in this instance amounted to college endorsed specialty visitors appointed, trained, appraised and accountable to the GMC - acting as agents of the GMC and not as representatives or nominees of colleges. It was important to recognise that this did not signal a return to a separate college visit process, independent of the GMC. It was also acknowledged that Royal Colleges were not the only source of externality.
There was an increasing regulatory burden on deaneries and medical schools and that closer working with Care Quality Commission and similar bodies across the UK might help to alleviate this.

Patient experience perspectives and trainee perspectives should be considered as part of the QA process.

The reports referenced within the draft were reports on the English system and it is important to ensure that policy is developed on a UK wide basis.

The QA of clinical academic training would be handled via small specialty check visits.

Board members were invited to send further comments to Vicky Osgood or Judith Hulf; these would be considered as part of our commitment to work with partners as we take forward the recommendations in the report.

Council would consider the final draft report at its meeting on 25 February 2014.

**Generic Professional Capabilities: developing themes**

The Board considered a paper outlining the progress that we had made since the Board’s last meeting in developing a framework for generic professional capabilities (GPC), including the principles suggested by the GPC informal discussion group that was comprised of experts from the curriculum and assessment fields.

The Board considered a preliminary list of overarching generic themes, structured by the four domains of *Good medical practice*, that had been prepared in light of the principles identified by the GPC informal discussion group. The Board advised that the themes identified provided a helpful list of what was required in order to be a competent doctor not only at the postgraduate level, but also starting from the earliest times at medical school and continuing through a doctor’s career to retirement. The Board supported the view that GPC should provide a framework which enabled the themes to be embedded within all curricula and contextualised to the needs of individual specialties.

It was recognised that the list was an initial attempt at identifying some overarching themes with relevance to *Good medical practice* and some national priority issues which had a bearing on many specialties e.g. end of life care. To facilitate further consideration of the preliminary overarching themes, it was agreed that members could share the list with colleagues and submit further comments, structured under the 4 domain headings, to Mark Dexter in advance of the informal discussion group’s next meeting on 16 April 2014. The GPC paper, which explained the rationale behind GPC and was considered by the
Board at its meeting on 5 November 2013, would be re-circulated to members for information.

18 During discussion, the Board noted that:

a While there was support for the three categories that the informal discussion group had used to describe the professional capabilities, which are generic to all specialties, it was suggested that these should be strengthened to reflect the fact that doctors need to demonstrate insight and self-awareness. This should be framed in the context that doctors need to recognise that an element of self-awareness is critical to addressing any over-confidence bias in clinical decision making and ensuring safety and quality.

b The emphasis on reflective practice should also include learning from success and not just failure.

c Good clinical care encompasses patient experience and there should be more emphasis on responsibility to patients and patient enablement.

d Doctors need to be both competent and kind, and thus must be seen to support the value of kindness in healthcare.

e It would be helpful if this work could be tied into the work being taken forward by Health Education England (HEE) on Values Based Recruitment which aimed to ensure that education and training for healthcare workers is provided in a way that promotes the NHS Constitution.

f Child protection and the protection of patients with learning disabilities should be addressed under a separate heading and not as part of safety and quality in general.

g It would be helpful to consider what failure might look like and how remediation could be addressed.

h Selection into medical school was also a critical factor in producing dedicated, competent, kind and reflective doctors.

Review of the impact of *Tomorrow’s Doctors* - emerging issues

19 The Board considered our work on reviewing the impact of the 2009 edition of *Tomorrow’s Doctors*, and in particular the preparedness of graduates entering employment and postgraduate training as Foundation trainees.

20 The Board considered the emerging findings from the review and advised that the information on the preparedness of graduates was largely self-reported resulting in a range of potential limitations which had to be considered. Factors that required consideration included how the gender, age and personality traits
of medical students impact on their perspective of preparedness; and the mismatch between the views of medical students and their educational and clinical supervisors as to their preparedness.

21 The Board noted that feeling unprepared was a natural part of the development process for any doctor and that as long as doctors were supported in their practice and were not forced to act beyond their competence this response was to be expected; thus, feeling unprepared was not necessarily an adverse finding.

22 The Board noted the existing challenges for medical students in finding opportunities to carry out the full range of practical procedures detailed in Tomorrow’s Doctors (2009), and the links with our work on generic professional capabilities; particularly with respect to developing resilience in dealing with stressful situations. The Board advised that while a list of practical procedures was helpful, we should move the emphasis away from a focus on a list of skills acquired to a more holistic view of the competence and capabilities expected of a newly qualified doctor, and seek clarity around expectations of what a Foundation Year 1 doctor should be able to do at the beginning of that year.

23 The Board acknowledged that medical schools pursued graduate preparedness differently and noted that this might lead to concern.

24 The Board acknowledged that the provisional findings from the review generally appeared sound, and advised that since the requirements in Tomorrow’s Doctors (2009) had been required only since 2011/12 more time would need to pass in order to build up a longitudinal picture of preparedness directly related to those changes.

25 During the discussion, the Board noted:

a That NHS Employers was currently seeking legal advice on the position of FY1 doctors from the EEA to ascertain if they can take action to ensure that they meet the level of competence expected of a UK graduate, recognising that it is the role of employers to ensure that doctors are fit for purpose.

b That the UKFPO would stop collecting data from FY1 applicants on the 32 practical procedures detailed in Tomorrow’s Doctors (2009).

c A suggestion that paragraph 17d of the paper under discussion should read “postgraduate deans report some concerns”.

Understanding how doctors progress through training

26 The Board considered a paper outlining efforts to understand the factors associated with doctors’ progression through our approved training programmes
in order to ensure that we meet our duty to regulate and approve training pathways that are fair.

27 The Board was supportive of efforts to develop a research programme to investigate progression and recognised the value of collecting data about the training population. The Board acknowledged that exam pass rates were an easy metric but advised against an overly narrow focus on exam data; it was suggested that we should reflect further on the questions to be explored as part of our investigation of the relationship between selection scores and assessment outcomes (GP).

28 Board members were invited to submit comments on the priority of potential areas of further work to Kirsty White.

29 During discussion, the Board noted:

a The importance of information governance in particular, data security, ownership and access.

b That it would be important to ensure that our work in this area was undertaken on a UK wide basis as the governments across the UK were all interested in understanding the reasons why doctors do not progress through training and how this work might inform how the recommendations from the Shape of Training Review are taken forward.

Any other business and date of next meeting

30 The Board noted the date and time of its next meeting at 10:00 on Tuesday, 3 June 2014.

Confirmed:

John Connell, Chair 3 June 2014