14 July 2015

Strategy and Policy Board

To note

Report from the Education and Training Advisory Board

Issue
1. This paper is a report of the meeting of the Education and Training Advisory Board on 15 June 2015.

Recommendation
2. The Strategy and Policy Board is asked to note the summary report which details the advice of the ETAB in relation to four specific areas of our work; generic professional capabilities, our consultation on credentialing, standards for curricula review and the review of the Quality Improvement Framework.
Issue

3 At its meeting on 15 June 2015, ETAB was asked for its advice in relation to four specific areas of our work as detailed below.

Generic professional capabilities

4 ETAB considered an update on the development of a framework for generic professional capabilities, the core professional skills all doctors need to ensure safe and effective care which would be integrated within specialty curricula.

5 ETAB noted the plans for a public consultation run jointly with the Academy of Medical Royal Colleges starting on 1 July 2015.

6 ETAB agreed that it would consider a preliminary analysis of the consultation responses at its meeting on 20 October 2015.

7 During discussion of the draft framework, a number of suggested amendments were made to the draft framework which would be considered as part of the analysis of responses to the consultation.

Our consultation on credentialing

8 ETAB considered a paper outlining our plans to consult on proposals to introduce credentialing to recognise doctors’ capabilities in particular practice areas. ETAB noted that our proposals were separate to the work being taken forward as part of the implementation of the Shape of Training recommendations, although it was envisaged that the GMC model for credentialing would be flexible enough to accommodate delivery of specific proposals arising from the Shape of Training.

9 ETAB:

a Agreed that it was right to introduce regulated credentials to improve patient safety. Patients rightly expected to see and place their trust in a doctor that had trained in the area in which they practiced. It was acknowledged that it was unlikely that a doctor would be appointed to practice in an area outside that in which they had trained but that they could be practising in a particular area of medicine which fell outside the recognised medical specialties and were therefore not covered by our existing standards for training.

b Advised that there several disadvantages to the system of credentialing, including:

i Constraining rapidly developing areas of clinical practice, although it was noted that the system would be flexible enough to accommodate changes to
clinical practice and that it was envisaged that a credential would be closed, as required and would not interfere with the development of curriculum leading to a CCT.

ii New credentials might be brought forward for the wrong reasons, although it was noted that the four criteria for establishing a credential would mitigate against this happening.

iii How the system would be perceived by our key interests including doctors and patients. However, it was noted that addressing issues at the outset including around plans for the future evaluation of the process, its impact and efficacy, and how credentialing would be funded could help to assuage people’s fears.

c Agreed that regulated credentials should only be established if all four criteria: patient need, patient service, feasibility and support from organisations that are authorities in the field, are met. It was noted that the four criteria would not carry equal weight and that patient need would carry more weight.

Standards for curricula review

ETAB received a presentation on our proposed new approach to approving curricula for postgraduate training based on our core standards/requirements. ETAB noted that the plans aligned well with our work on generic professional capabilities and credentialing, and included the proposal for an indicative curriculum structured around the core generic professional capabilities expected of doctors. The indicative curriculum would be appropriately contextualised for each specialty.

ETAB advised that:

a The proposed new approach for the approval of curricula could put patient protection and experience at the heart of training if the curricula were structured around the generic professional capabilities. The development of core standards was a step in the right direction.

b There was insufficient detail at this stage in the development of our plans to confirm that the new approach would provide assurance that doctors were being trained to the appropriate professional standards. More detail on changes that may be required in relation to assessment and the Annual Review of Competence Progression (ARCP) would be required in order to answer the question.

c The proposed approach would give more flexibility to postgraduate training. The new approach would provide a consistent and streamlined approach which would remove the need for the GMC to approve every change relating to knowledge within curricula.
Consideration should be given to:

i Ensuring that Medical Colleges and faculties are required to consider the deliverability of all elements of the curriculum so that nothing is included within the curriculum that the service would not be in a position to deliver or that was not within the wider interest of the NHS in England, Scotland, Wales and Northern Ireland. It was noted that the GMC already required confirmation of deliverability for any mandatory elements within the curriculum.

ii Whether the GMC should develop an indicative assessment process linked to outcomes in order to promote consistency and fairness in assessment methods.

Review of the Quality Improvement Framework

12 ETAB considered the plans for producing a new Quality Improvement Framework for ensuring the quality of medical education and training and to support the implementation of the new standards for medical education and training approved by Council at its meeting on 2 June 2015.

13 ETAB advised that the existing framework based on the three tiers of Quality Assurance, Quality Management and Quality Control had worked well and that any changes should be limited to those necessary for the evolution of the system in relation to the changing environment. There was no need for any fundamental changes.

Next meeting

14 The next meeting of ETAB will take place on 20 October 2015.
Supporting information

How this issue relates to the corporate strategy and business plan

15 Strategic aim 2 of the Corporate Strategy 2014-17 is to help to 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. It should be noted that ETAB is not the sole means of engaging with our key interests groups on education and training matters.

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