Education Advisory Forum meeting - 15 June 2021

PUBLISHED
8 June 2021
### Agenda

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Time</th>
<th>Duration</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>10:00-10:05</td>
<td>5 mins</td>
<td>Chair’s welcome</td>
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<tr>
<td>2</td>
<td>10:05-11:00</td>
<td>55 mins</td>
<td>Education Reform</td>
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<tr>
<td>Break</td>
<td>11:00-11:10</td>
<td>10 mins</td>
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<tr>
<td>3</td>
<td>11:10-12:05</td>
<td>55 mins</td>
<td>MAPs Education Framework, prescribing and post-qualification</td>
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<tr>
<td>4</td>
<td>12:05-12:30</td>
<td>25 mins</td>
<td>Any other business</td>
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<tr>
<td>5</td>
<td>12:30-12:30</td>
<td>0 mins</td>
<td>Date of next meeting: Tuesday 16 November 2021</td>
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Executive summary
This paper is to inform the Education Advisory Forum (EAF) about the progress of the Education Reform: Enabling Flexibility programme. The programme is using insights from the pandemic to enable more flexible, responsive medical education and training and better support the medical workforce.

Working with partners, we are scoping out each work stream to identify the problem statement and a straw-person set of ideas. We intend over the next six months to seek feedback on these early proposals from stakeholders. This will inform recommendations and actions to the strategic system leaders to implement positive changes.

We want to discuss with the EAF whether this group through a sub-group could provide external direction and advice to the work streams. We want to explore specific questions on two work streams: generalism and improving progression (see Annex B).

Recommendations
a  To note the status of the approval to derogations and the progress and plans for the work programme
b  To agree to act as an external advisory group to the work programme
c  To provide initial feedback on emerging issues on two of the work streams.
Education reform – enabling flexibility work programme

Context

1. Over this past year, the system has supported doctors and healthcare teams to skill up in critical areas, refocus on more general aspects of their specialty or re-deploy into new roles. Where these changes have happened, we are seeing evidence that the medical workforce is becoming more integrated in their teams and more flexible in the way they work. Leadership has become more diffused – focused on the people best placed to ensure patients receive the safest and best care possible. As we slowly move forward from the pandemic, we want to enable the system to hold onto these benefits.

2. But we are only part of the answer – to implement our plans, we are working closely with partners and stakeholders whose responsibilities cover medical education, workforce and service delivery across the UK.

3. We are also using the opportunity for regulatory reform to build in more levers where we can promote, influence and, if necessary, require changes that foster flexibility in the way we train and develop doctors in the UK.

Flexibility in action – responding to the pandemic

4. Throughout the pandemic, we’ve worked with the statutory education bodies in all four countries of the UK to introduce measures that have allowed trainees to progress, which will remain in place until at least September, or for the period of disruption caused by the pandemic. However, given ongoing challenges on the frontline, we have considered additional requests if they’re needed to enable doctors’ continued progression, provided they maintain standards and ensure patient safety.

5. Decisions on derogations have been evaluated against a set of principles to ensure changes to curricula, assessments, and ARCP decisions continue to meet our expectations. The principles are:

- Patient safety is paramount and sits at the core of education standards; trainees must not work beyond their competence

- Maintaining standards - the standard for entry to the specialist and GP register remains consistent; trainees must meet all learning outcomes at the level of performance required for entry to the specialist and GP registers
We are looking to holistically assess a doctor’s competency not quantity of assessments or clinical activity completed

We are looking to assess whether outcomes are achieved not the time spent working in a particular area

We need to maintain proportionality and support diversity.

6 We are now evaluating the derogation decisions to determine their scope and impact. As we move towards more normal training experiences, some colleges are considering whether the changes made to support progression during the pandemic are sustainable. Working together, we are considering the evidence on whether to make the derogations permanent. If the changes have not impacted on standards, posed a significant patient safety risk, or impacted negatively on equality and differential attainment, colleges should consider embedding them into training programmes.

Embedding positive changes

7 With the bulk of derogations completed, we have begun to reflect on the impact of these changes in the longer term through the Education Reform: Enabling Flexibility programme. The programme is using insights from the pandemic to identify opportunities to embed positive changes to support a more flexible and responsive medical workforce. The work is based on the four areas that were identified through engagement activities, including the education summit in November 2020.

8 We have agreed with stakeholders on four priority areas for reform. We have also provisionally agreed which organisations are best placed lead on them:

<table>
<thead>
<tr>
<th>Workstream</th>
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<td>TBC – we are in discussions with the Statutory Education</td>
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Annex A has more detail about each work stream.

Milestones and timeline

We are in the scoping stage of the work on the four projects (Q1-Q4). We are pacing the work to fit with the capacity and priorities of our partners and key stakeholders as we all recover from the impact of the pandemic. Deliverables include:

- Commission/evaluate data and research to identify the breadth of issues in each workstream (Q1/Q2).
- Initial engagement activities with our partners and with colleagues across the GMC to develop a straw-person set of ideas (Q2).
- Test initial proposals with critical friends and the leading organisations (Q3/Q4)
- Seek agreement on these proposals and possible actions plans with system leaders (Q4)

We anticipate moving towards delivery/implementation in early 2022, subject to the outcomes and feedback gathered in this exploratory stage.

It is likely the workstreams will diverge in timing and deliverables as the programme matures.

We would like the EAF to note the progress to date on responding to and learning from the impact of changes to education and training because of the pandemic.

Governance

System leaders (including the 4 Chief Medical Officers of the UK, Postgraduate Deans for the Statutory Education Bodies and NHS Service Leaders) have agreed to act as an oversight board whilst we develop this work.

We have established an internal programme board to oversee the project streams, coordinate and align the work and ensure we deliver against our milestones. Several GMC projects, including those linked to regulatory reform, are beginning to engage on potential changes to medical education and training. We are aligning this work programme more broadly with other initiatives to ensure our discussions with stakeholders are proportionate and joined up.
Membership on the EAF covers key education and workforce bodies across the UK. We propose to use this group or a sub-group of the EAF to provide external expert advice and feedback on issues, questions and potential proposals in each work stream.

Being better at being inclusive

Whilst the pandemic has been a particularly powerful catalyst for change, we continue to work to address concerns for specific groups of doctors, recognising that they come to us with different challenges, ambitions and learning needs. We are addressing these inequalities by improving support for all doctors throughout their careers as well as developing bespoke interventions for doctors at specific points in their learning and development.

We are completing an equality assessment for the education reform work programme to ensure we embed equality, diversity and inclusiveness (ED&I) aims in each project. We are linking these aims to the GMC’s ED&I objectives and will identify interventions to support our ambition to create fairer training pathways.
Workstream progress
Annex A

Workstream progress

Generalism across doctors’ careers

17 Problem statements and key points:

- Doctors and health care professionals increasingly work as part of diverse teams, which include colleagues from different specialties.

- Whilst we have introduced the generic professional capabilities into our outcomes for approved training, the majority (76%) of doctors at any given time are not in training, so there is a need to support this agenda for the wider medical community.

- Medical care is evolving, emerging technologies are changing the landscape, and the need for flexibility among healthcare systems and professionals has never been greater.

- During the pandemic workforce planning has been a significant challenge for the wider healthcare system.

- Heavy workloads and pressures on the workforce are compounded by long term issues such as rigid career pathways for doctors and doctors narrowing their practice early in their careers.

- Statutory education and training bodies have evidenced the need for doctors to complement their expert specialist knowledge with broader, generalist skills throughout their careers. Knowledge and skills learnt during training should be encouraged with opportunities for doctors to enhance these skills throughout their careers.

Aim: A system level consensus on the value and definition of generalism is necessary to bring the profession along.
Improving Progression at critical progression points

18 Problem statements and key points:

- Disruption to postgraduate medical education and training caused by the pandemic required GMC to consider a range of temporary pragmatic changes to curricula and assessment requirements to minimise that disruption for doctors in training.

- It is uncertain how long these temporary changes will remain but when no longer required, the focus then will be on addressing downstream impact of the changes.

- The overall objective is to apply the lessons of the pandemic to effect changes to support more flexible and responsive medical education and training to meet workforce needs.

- There have been particular changes to assessment, which have moved towards more authentic experience, which we believe it would be desirable to learn from and explore the advantages of emphasising more over the long term.

Aim: Embed longer-term proportionate improvements, taking account of any impact on diversity, that might engender a:

- More streamlined and flexible progression process
- More resilient and adaptable curricula
- Move towards more authentic evaluation and reducing assessment burden.

Supporting clinical leadership

19 We are working with HEE and HEIW to identify gaps in the breadth of clinical leadership initiative available across the UK. We are also working with colleagues on the Supporting a Profession Under Pressure work programme and the clinical fellows to ensure work in this work stream aligns to and supports our commitments and agreed actions for leadership.

20 Discussions so far have indicated:

- All doctors, especially as they move out of training, should have opportunities to develop and maintain their leadership skills. Very often doctors in training will have exposure and experience to leadership opportunities but these are not necessarily supported further as they move through their careers.

- Some groups of doctors, such as SAS doctors, struggle to access leadership roles and opportunities, and the experience that they have can be undervalued.
Across the UK, there are several interventions to encourage and support doctors and the multi-profession team to develop their leadership skills, roles and responsibilities. But more could be done to spotlight good practice, which fosters and values leadership in the medical profession.

There is also a need to actively encourage doctors into more specific leadership roles, especially in public and community health in order to shape these contexts and improve population health.

**Aim:** Strengthen opportunities/pathways for doctors to develop and enhance leadership skills, experiences and roles throughout their careers.

**Preparedness workstream**

21 We are reflecting on research that was commissioned to evaluate medical students’ preparedness to enter the Foundation programme as well the outcome of research specifically about the Foundation interim Year One posts that were created in response to the pandemic in spring 2020. These reports will help inform ideas and proposals to better support students as they move into practice and point to some very specific advantages that were gained through this process.

22 We will accelerate work on this work stream further in Q3/Q4 when stakeholders have more capacity to consider longer term changes for this transition.

**Aim:** Agree principles and potential interventions that will better supporting students as they move into the Foundation Programme.
Enabling flexibility
Education reform – Enabling flexibility

Update on work programme

Working with doctors Working for patients
Overall objective

Using insights from the pandemic to identify opportunities to embed positive changes to support a more flexible and responsive medical workforce
Enabling progression during the pandemic

- With the statutory education bodies, introduce measures that have allowed trainees to progress
- In place until at least September, or for the period of pandemic disruption
- Considering additional requests if needed for doctors’ continued progression
# Embedding longer term changes

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Milestones – scoping phase

Q1/ Q2
Commission/ evaluate data and research
Problem statements

Q2
Early engagement
Straw-person ideas

Q3/ Q4
Test proposals with critical friends

Q4 +
Agree actions with strategic leaders
Move to implementation
Governance

Programme board

Expert Advisory Group

Council/ partners’ governance requirements

System leader oversight
Education reform – Enabling flexibility

Generalism and Improving progression work streams
Generalism problem statement - key points

Medical care is evolving, emerging technologies are changing the landscape, and the need for flexibility among healthcare systems and professionals has never been greater.

A system level consensus on the value and definition of generalism is necessary to bring the profession along.

Doctors and health care professionals increasingly work as part of diverse teams which include colleagues from different specialties.

Statutory education and training bodies in the UK have evidenced the need for doctors with generalist skills.

Heavy workloads and pressures on the workforce are compounded by long term issues such as rigid career pathways for doctors and doctors narrowing their practice early in their careers.

During the pandemic workforce planning has been a significant challenge for the wider healthcare system. Many doctors were redeployed into different roles and work contexts – relying on their general skills and knowledge.
Generalism explorative questions

What are some of the key elements that should inform an approach to generalism across the sector?

What are the emerging/potential challenges of reaching consensus about generalism?

How can we overcome them?
Aim: Embedding longer term proportionate improvements, taking account of any impact on equality, diversity and inclusion, that might engender a:

- More streamlined and flexible progression process;
- More resilient and adaptable curricula; and
- Move towards more authentic evaluation and reducing assessment burden.

Uncertain how long the temporary changes will remain but when no longer required, the focus then will be on addressing downstream impact of the changes.

Disruption to postgraduate medical education and training caused by the pandemic required GMC to consider a range of temporary pragmatic changes to curricula and assessment requirements to minimise that disruption for doctors in training.

We should capitalise on any long-term benefits of these temporary changes.
Progression explorative questions

- What do we need to know to determine the optimal combination of modes of delivery of curricula and assessment in place prior to the pandemic and the changes made in response to the pandemic?

- What should we keep and what changes should we adopt?

- What does it imply for the future?
Education Advisory Forum meeting – 15 June 2021

Agenda item 3
MAPs Education Framework, prescribing and post-qualification
Regulation of Physician Associates and Anaesthesia Associates

Paul Clayton, Operational Development Project Manager
If legislation proceeds as expected, we anticipate regulation of PAs and AAs could commence in the second half of 2022.

Essential standards and processes:
- Registration
- Professional standards
- Education (initial PA/AA qualifications)
- Fitness to practise

By end of transition period:
- Continued competence requirement introduced for PAs and AAs
- Revised curricula and assessment arrangements take effect

Ongoing development:
- Prescribing responsibilities expected for PAs and AAs at some point
- Further regulatory development

Ready for the start of regulation
Standards for education

Course providers and clinical placement providers will be required to meet the standards for the management and delivery of medical education and training as set out in *Promoting Excellence*.

The education framework, including the pre-qualification PA and AA curricula, must meet the standards for the design of postgraduate medical curricula and assessment systems, set out in *Excellence by Design*, where applicable.
Quality assurance

Summer 2021

Spring/Summer 21
GMC reviewing self-assessments returned by 36 PA and AA course providers

Summer 21 to Summer 22
GMC undertaking QA activities with selected PA and AA courses, including virtual and in-person visits

Summer 2022

Regulation begins

Proactive quality assurance rolled out to all course providers
Approval process available for new PA and AA courses
The generic and shared outcomes framework will set out high-level outcomes for PAs and AAs. These will be a combination of mostly professional and some clinical outcomes. The document will help to establish and maintain consistency across multiple professions, embed flexibility and, establish principles and expectations to support career development and lifelong learning.

The PA and AA curricula will set out high-level clinical and professional learning outcomes and the level of capability expected of a graduating student.

The curricula* will meet the standards of *Excellence by Design* and incorporate the outcomes set out in the generic and shared outcomes framework, as well as the specific outcomes required for that profession.

Each PA or AA course will have its own locally developed syllabus which will set out in detail how the learning outcomes of the respective curriculum will be taught and tested on that course.

*Outcomes based curricula do not set minimum learning or practice time constraints for the outcomes set out within them. The focus is on the learner being able to demonstrate capability in that area of practice.
**Pre-qualification education framework: ownership and regulation**

<table>
<thead>
<tr>
<th>GMC</th>
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<tbody>
<tr>
<td><strong>Generic and shared outcomes framework</strong></td>
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<tr>
<td><strong>PA and AA registration assessments</strong></td>
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- The GMC will set, own, and maintain the generic and shared outcomes framework.
- The GMC will also own and commission PA and AA pre-registration assessments, run, developed and maintained by RCP and RCOA respectively. This is not formally a part of the education framework, but will inform course syllabus content.

<table>
<thead>
<tr>
<th>College/Faculty</th>
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<tr>
<td><strong>PA national curriculum (UK-wide)</strong></td>
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<tr>
<td><strong>AA national curriculum (UK-wide)</strong></td>
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- The Faculty of Physician Associates/Royal College of Physicians will develop, own and maintain the PA national curriculum.
- The Royal College of Anaesthetists will develop, own and maintain the AA national curriculum.
- The GMC will approve the curricula, checking that they have been developed to the standards of *Excellence by Design*.

<table>
<thead>
<tr>
<th>Course/HEI</th>
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<tbody>
<tr>
<td><strong>PA course syllabus</strong></td>
<td></td>
</tr>
<tr>
<td><strong>AA course syllabus</strong></td>
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- Each course provider will develop, own and maintain its own course syllabus.
- The GMC will check through its quality assurance processes that the course provider can demonstrate that the syllabus follows the curriculum.
PA and AA education framework timeline

- **Summer 21**
  - Autumn 21: GMC co-ordinates feedback gathering on PA/AA education framework

- **Summer 22**
  - Draft PA/AA education framework published
  - Summer 22 to Summer 23: Course providers use draft framework to develop or update courses

- **Summer 23**
  - Autumn 23: Courses begin teaching to new education framework

- **Summer 24**

- **Summer 25**
  - Autumn 23 – Summer 25: First cohort of students follows new education framework
  - Summer 25: First cohort of students following approved education framework graduates and joins register
Prescribing and post-qualification education

Prescribing

- DHSC currently considering the first proposals from the professions and the responses of the contributing organisations, including ours. Both professions pursuing **independent prescribing**.
- We set out several principles including:
  - Prescribing should be fully integrated into pre-qualification learning
  - Experience in the workplace is essential (there must be post-qualification learning)
  - Competence must be equivalent to that of a profession with comparable responsibility

Post-qualification education

- There is no current standardized career or education framework for qualified PAs and AAs
- We are supporting HEE’s work to develop a ‘core skills framework’ for all MAPs professions (including ACCPs and SCPs).
- We haven’t decided yet whether we need to regulate this or any post-qualification education for PAs and AAs, but prescribing is a key consideration.
- Key for us is that it aligns with our pre-qualification framework and that a “day 1 practitioner” is described in the lowest tier of the framework.
- FPA are developing specialty curricula for PAs
Questions for EAF

As we start to regulate PAs and AAs, what can the GMC do to support the professions, education providers, employers and patients particularly in the areas of:

- prescribing responsibilities
- developing post-qualification career frameworks
- promoting professional behaviour in the student body