**Education Advisory Forum**  
**Tuesday 16 November 2021**  
10:00-12:00  
Zoom meeting

### Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Item</th>
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<tbody>
<tr>
<td>10:00-10:05</td>
<td>5 mins</td>
<td>Chair’s welcome</td>
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<tr>
<td>10:05-10:30</td>
<td>25 mins</td>
<td>Update on GMC Workstreams</td>
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<tr>
<td>10:30-11:00</td>
<td>30 mins</td>
<td>Update on promoting research</td>
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<tr>
<td>11:00-11:10</td>
<td>10 mins</td>
<td><strong>Break</strong></td>
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<tr>
<td>11:10-11:40</td>
<td>30 mins</td>
<td>MAPs and prescribing update</td>
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<tr>
<td>11:40-12:00</td>
<td>20 mins</td>
<td>AOB</td>
</tr>
<tr>
<td>12:00-12:00</td>
<td>0 mins</td>
<td>Date of next meeting: Tuesday 14 June 2022</td>
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<td>4 - MAPs and prescribing update</td>
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**Purpose**
Research plays a central role in the delivery of high quality patient care. Unfortunately, due to challenges in the healthcare system, participating in clinical research can be a struggle for many doctors. We have engaged with a wide number of organisations and research bodies in the four nations. Conversations have been highly encouraging and there is strong agreement across the system to address barriers to participation. We have undertaken a number of actions to promote participation, as well as addressing barriers to participation.

<table>
<thead>
<tr>
<th>Action</th>
<th>To discuss</th>
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<tr>
<td>Purpose</td>
<td>Research plays a central role in the delivery of high quality patient care. Unfortunately, due to challenges in the healthcare system, participating in clinical research can be a struggle for many doctors. We have engaged with a wide number of organisations and research bodies in the four nations. Conversations have been highly encouraging and there is strong agreement across the system to address barriers to participation. We have undertaken a number of actions to promote participation, as well as addressing barriers to participation.</td>
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| Decision trail  | Policy Leadership Group  
Directorate Leadership Team |
| Recommendation(s) | a To consider...  
How can we facilitate engagement of students and trainees in research activities at different stages in their career?  
How can we improve inclusivity and equality of access to clinical academic training? |
| Annexes         |  |
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Paula.Robblee@gmc-uk.org, 0207 189 5207  
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Jane.MorrinORourke@gmc-uk.org, 0207 189 5122 |
| Sponsoring director/Senior Responsible Owner | Sue Carr, Deputy Medical Director  
Sue.Carr1@gmc-uk.org, 07798 653803 |
Background

1 Research plays a central role in the delivery of high-quality patient care. The recent BMJ article Increasing recruitment into COVID-19 trials: an urgent priority for the NHS (2021), stresses the opportunity the current crisis provides to embed research in the future of NHS care. We are currently working with key health, education and research organisations to promote the importance of having trainees and doctors involved in research and to better support doctors at all levels to have opportunities to participate in research as part of their jobs.

2 Unfortunately, due to challenges in the healthcare system, participating in clinical research can be a struggle for many doctors. This may impact upon the opportunity for patients to participate in clinical trials and affects patient access to the most current treatment. We have engaged with a wide number of organisations and research bodies in the four nations. Conversations have been highly encouraging and there is strong agreement across the system to address barriers to participation.

Challenges for participation

3 For patients, access to clinical trials is reliant on the access that is afforded to them through their doctor. Socioeconomic, racial, and ethnic factors all contribute to a disparity in access for patients. This inequality is also prevalent in relation to urban and rural settings, where patients in rural or DGH hospitals have limited access to trials. By increasing the number of doctors involved in research, more patients will have the opportunity to take part in clinical trials and have access to emerging treatments.

4 Doctors have reported that financial, practice philosophy, family/social factors, as well as the absence of research in their career plan, as reasons for not participating in research. Time constraint is still a significant barrier to research participation, and women and doctors in smaller hospitals are less likely to participate in research despite a significant number indicating they would like to be.

5 The current Covid-19 crisis has also impacted the ability to access opportunities to participate in research with certain doctor and trainee groups affected more than others during the pandemic. There have been some early indications that Covid-19 affects women publishing. Academic publishing is an important part of career progression, and as women, particularly Black, Asian and minority ethnic women are already underrepresented in leadership roles, the effect of this decline could further exacerbate this disparity.
Clinical academic trainees

6 Data from the GMC’s National Training Survey 2019 highlights challenges around accessibility and opportunity to engage in clinical academic training. Improving access and equity to academic training across the UK, irrespective of PMQ medical school and other demographic factors, needs be explored. It is inevitable that academic training posts will cluster around the high-quality academic institutions where research academics are funded and available to train academic trainees. Academic supervisors and mentors have an important role in the facilitation of research. Through mentoring, clinicians can get a better understanding of how to become engaged in research and access funding.

7 Although numbers are small as a group, academic trainees (particularly trainees in academic foundation placements) appear to have a poorer experience (or a higher expectation) of some aspects within their clinical training placements. However, this may reflect competing priorities and the difficult balance between clinical and academic training requirements for this group. While the NTS data is from doctors pursuing a clinical academic career, we can infer that some of the issues identified, such as support and opportunity, may apply more widely to all doctors in training.

Promoting research

8 We are currently working with key health, education and research organisations to promote the importance of having trainees and doctors involved in research, and to better support doctors at all levels to have opportunities to participate in research as part of their jobs. We have engaged with a wide number of organisations including the BMA, NHS EI, NIHR, and research bodies in the four nations. We have also been working with RCP and Professor Cheng-Hock Toh to link in with their work in this area. The RCP have published the paper Research for all: Developing, delivering and driving better research. Conversations have been highly encouraging and there is strong agreement across the system to address barriers to participation.

- We hosted the ‘Normalising research in the patient journey – should all doctors play a part?’ session at the GMC Conference 2020 to discuss barriers to participation and raise awareness of the benefits for both patients and doctors.
- We presented a paper to COPMeD in March 2021 highlighting the integral role research plays in delivering high-quality patient care and seeking a
discussion on how to improve inclusivity and equality of access to clinical academic training and research activity.

- We presented our findings from the analysis of 2019 NTS data to the Clinical Academic Training Forum to inform their work in addressing barriers to participation.

- We have joined the group Coordinated Approaches to Research and care Embedded (CARE) in 2020 to inform the groups discussion on how to tackle the separation of research and care in NHS.

- We have developed high level principles promoting participation and inclusivity in research. We are having conversations with the research funding bodies in the four nations and the CARE group to offer the opportunity to sign up to these principles and to take a collaborative approach to actions to address challenges to participation. The following organisations have signed up to the principles:

  - NHS Education for Scotland
  - Royal College of Physicians
  - UKFPO
  - Health and Care Research Wales
  - Care Quality Commission
  - NIHR
  - Medical Schools Council
  - British Pharmacological Society
  - BMA MASC
  - Royal College of Paediatric and Child Health
  - DHSC

- We published the blog, *Lifesaving research: why we must create more opportunities for doctors to be involved in medical research* by Sue Carr to which we received very positive external feedback.

- We recently published a podcast on widening access to clinical research in which Sue Carr discusses with Dr Farhad Peerally and our clinical fellows ways to widen access to medical research, and highlight the positive impact it can have on patient care.

- We have established a joint GMC-COPMeD working group to consider how to improve inclusivity and access to research and research training activities
across the UK, as well as to ensure a consistent and fair delivery of the research element of GPCs across specialities and at different stages of training.

- To continue the discussion on how to address barriers to participation and promote inclusivity in research, we are hosting two sessions at DEMEC 2021 - *Integrated Academic Training (IAT): Fit for purpose in 2021?* and *Normalising research in the patient journey: the role of medical students and trainees?*

- We have highlighted our findings on barriers to participation to GMC colleagues leading on differential attainment work and are considering how to clarify our expectations on the baseline of research requirements. We are also considering how the findings from this work can be incorporated in the lifelong learning project in the longer term.

**Seeking views of EAF**

9 We would greatly appreciate the views of EAF on the following areas in order to continue the discussion on how we can encourage and improve greater participation in research.

- How can we facilitate engagement of students and trainees in research so they can then continue to be engaged in research activities at different stages in their future career?

- How can we ensure a consistent and fair delivery of the research element of GPCs across specialities and at different stages of training?

- How can we improve inclusivity and access to clinical academic training opportunities across the UK?

- As a group, academic trainees (particularly Foundation Academic trainees) appear to have poorer experience (or higher expectation) of some aspects within their clinical training placements. How can this be improved and is the model for academic training right for 2021?

- How can academic supervisors and mentors be better supported?
Normalising Research in Clinical Practice: EAF

Sue Carr, Deputy Medical Director

Working with doctors Working for patients
The value of research

Benefits for patients

‘Patient outcomes are better, either directly or indirectly.’

Simon Constable FRCP, chief executive, NHS Foundation Trust

‘We know that patients in research-active institutions have better outcomes than those in other institutions...’

Royal College of Physicians, *Research for all 2016*
The value of research

Benefits for doctors

‘...rewarding to be intellectually stimulated, pursue particular interests and skills, and enjoy variety in one’s job.’

Royal College of Physicians, Research for all 2016

Research...is not just the territory of medical academics but of all doctors.

BMA, Every doctor a scientist and a scholar 2015
Benefits for employers

‘If we think about financial benefits for participating in research, the biggest benefit is the amount of money that you’re not having to pay for new drugs.’

Professor Pratima Chowdary, Royal Free Haemophilia Centre.

‘Successive CQC Reports...have shown that improvement and transformation...is at least in part reliant upon embracing an educational and scientific ethos.’

BMA, *Every doctor a scientist and a scholar* 2015
Challenges for participation in research

**Patients**

- Socioeconomic
- Racial & ethnic factors
- Urban vs. rural
- Access via doctors

**Doctors**

- Institutional availability
- Family/social factors
- Inclusivity: 4.7% SAS doctors participate in research
- Financial
- Practice philosophy
- COVID-19 pandemic
Proportion of medical graduates in training and responding to the 2019 NTS, from each university, either in non-academic or academic pathways; the five medical schools with the highest proportion of their graduates in academic training represented.

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Number of graduates in training</th>
<th>% of trainees, in academic posts</th>
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<tbody>
<tr>
<td>Oxford University</td>
<td>1057</td>
<td>17.00%</td>
</tr>
<tr>
<td>University of Cambridge</td>
<td>1117</td>
<td>15.50%</td>
</tr>
<tr>
<td>University of London*</td>
<td>947</td>
<td>9.60%</td>
</tr>
<tr>
<td>Imperial College London</td>
<td>2030</td>
<td>7.60%</td>
</tr>
<tr>
<td>University of East Anglia</td>
<td>754</td>
<td>7.40%</td>
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The five UK NHS hospital trusts with the highest proportion of all academic trainees (2019 NTS):

<table>
<thead>
<tr>
<th>Trust/Board</th>
<th>% of all academic trainees</th>
<th>% of all non-academic trainees</th>
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<tbody>
<tr>
<td>Cambridge University Hospitals NHS Foundation Trust</td>
<td>4.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Greater Glasgow and Clyde</td>
<td>3.3%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Imperial College Healthcare NHS Trust</td>
<td>3.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Oxford University Hospitals NHS Foundation Trust</td>
<td>3.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Lothian</td>
<td>2.7%</td>
<td>1.9%</td>
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Our aim is to enable a culture in the workplace where doctors are encouraged to be research-aware and research-active.

- **Involvement can take many forms:**
  - helping patients understand relevant research or access clinical trials
  - working with research teams to recruit or consent patients into research studies etc
  - to developing new research ideas based upon their clinical insights
  - pursuing medical academic careers, or providing academic leadership

- Doctors have an important role in disseminating research findings, explaining them to patients, and then incorporating research evidence into practice.

- This is a complex, cross-system issue with many different stakeholders involved in pathways
Stakeholder engagement – cross-system collaboration

- **Engaged with 4 UK bodies overseeing NHS Research activity**
  - CARE/NIHR Group – forum for discussion embedding research and care in NHS.
  - NRS Scotland - Charles Weller, Stephen Kelly
  - Health and Care Research Wales
  - HSCNI Northern Ireland

- **RCP-NIHR Research summit**: forum planning a system wide approach to embedding and normalising research in clinical practice

- **COPMED**: Paper presented highlighting the importance of research in training and discussion re promoting inclusivity and equality of access. Requested develop a joint GMC-COPMED working group.

- **BMA**: discussions with BMA re addressing barriers to participation for both patients and doctors, including SAS doctors.

- Preliminary conversations with **CQC and DHSC, Chief Scientific Officer**
Update on GMC Actions to date

1. Review of newly approved PG training curricula

2. GMC Conference 2020: “Normalising research in the patient journey – should all doctors play a part?”

3. Podcast: published on widening access to clinical research and the positive impact it has on patient care.

4. Blog post: to highlight and promote the benefits of participation in research for doctors, patients and employers.

5. NTS Clinical Academic training data – presented to Clinical Academic training Forum (CATF). Submitting a paper for peer-reviewed publication.
Future plans

1. Collaborative principles
   - promote inclusivity and participation in research

2. GMC-COPMeD working group
   - enhancing trainees involvement and experience of research

3. DEMEC 2021
   - Normalising research in the patient journey: the role of medical student and trainees?
   - Integrated Academic Training (IAT): Fit for purpose in 2021
Internal GMC work

1. Promote access to research through LLL
2. Linked with flexibility work to raise awareness of the findings in this paper in relation to shared content across curricula
3. Wellbeing Review: fed through the identified benefits of doctors participating in research for the profession
4. Workforce: Impacts on retention of workforce
5. EDI implications re inclusivity
6. Discussions re Q in NTS, Trainers and SAS surveys re SPA activities
Discussion

- How can we facilitate engagement of students and trainees in research so as they can then continue to be engaged in research activities at different stages in their future career?

- How can we ensure a consistent and fair delivery of the research element of GPCs across specialities and at different stages of training?

- How can we improve inclusivity and access to clinical academic training opportunities across the UK?

- As a group, academic trainees (particularly Foundation Academic trainees) appear to have poorer experience (or higher expectation) of some aspects within their clinical training placements. How can this be improved and is the model for academic training right for 2021?

- How can academic supervisors and mentors be better supported?
4 – MAPs and prescribing update

Professor Sue Carr, Deputy Medical Director

Working with doctors Working for patients
Outline

1. What we’ve done so far: professional standards, registration, education
2. Recap on education workstream: QA and curricula
3. Developing areas: post-qualification education, revalidation, prescribing
4. Questions for EAF
What we’ve done so far

**Good medical practice for PAs/AAs**
- Describes professional values and behaviours we expect; published now to allow familiarisation before regulation begins
- We’ve also published advice for supervisors and case studies

**Registration arrangements**
- Process developed for UK applicants plus a two-year transition period for established PAs and AAs (subject to legislation)
- International route under consideration

**Education**
- QA baseline underway with 36 course providers
- Seeking feedback on draft pre-qualification outcomes, curricula and PA registration assessment
Recap: quality assurance

To date
GMC has reviewed self-assessments returned by 36 PA and AA course providers

Next
GMC will undertake QA activities with selected PA and AA courses, including virtual and in-person visits, until regulation begins

When regulation begins
Proactive quality assurance rolled out to all course providers
Approval process available for new PA and AA courses
Recap: PA and AA education framework

Feedback exercise closes tomorrow
- Generic and shared outcomes for PAs and AAs
- PA curriculum, AA curriculum
- PA registration assessment content map

Approval
- Seeking advice from COG and CAG in early 2022
- CAG panel to include PA and AA educators
- Formal approval process after regulation begins

Implementation
- Draft curricula published Summer 2022
- Courses to implement updated syllabi Autumn 2023
- New registration assessment for graduates in 2025
Areas we’re still developing

Prescribing
- Decision is for ministers, with recommendation from CHM
- We’re supporting and advising as part of a stakeholder group
- GMC current thinking: independent prescribing via period of practice + V300 (or similar)

Revalidation
- We’ll be engaging on our proposed approach in 2022
- Implemented at end of transition (TBC)

Post-qualification training and supervision
- Role of regulator still to be decided
- HEE and colleges active in this area
- Understanding of employer/workforce needs still emerging
Questions for EAF

Prescribing

Considering our role to protect patients and promote high quality education
- Is our prescribing position workable?
- Will it create unintended consequences?
- Is there an alternative that doesn’t compromise patient safety?

Post-qualification education and supervision

Thinking about development of the PA and AA professions, and the role of education, training and supervision
- What developments do you anticipate in post-qualification education?
- Does supervision need to be mandated to ensure it happens? If so, how? (standards, revalidation, education framework?)