Executive summary
We are reviewing our *Outcomes for graduates* document (referred to in this paper as “the outcomes”) which sets out what newly qualified doctors from all medical schools who award UK Primary Medical Qualifications (PMQs) must be able to know and do. We have made some revisions to the outcomes, with the help of a group of external experts, to reflect changes in the health of the population, healthcare systems and developments in the technologies used to diagnose, treat and manage illness. We have also aligned the outcomes to the *Generic Professional Capabilities* which set out the essential capabilities that underpin professional medical practice and will be published later this year.

We would like to formally consult on the revised outcomes to find out from our stakeholders whether anything should be added, what could be taken out and what we should emphasise.

A proposed consultation document is attached at Annex A, and a proposed draft of the outcomes at Annex B.

Recommendations
Council is asked to:
- Note the development of the *Outcomes for graduates* and the proposed next steps.
- Agree to launch a consultation on the *Outcomes for graduates*.
Background

1 The Outcomes for graduates document (referred to in this paper as “the outcomes”) sets out what newly qualified doctors from all medical schools who award UK PMQs must be able to know and do. Schools thus use it in designing their curricula and assessing students. As such, it is of interest to doctors in training and the employers who work with newly qualified doctors, as well as to the medical schools and students themselves. Patients and the public may also be interested in the outcomes as defining what we expect of doctors on the first day of practice.

2 The current outcomes were produced in 2009 and included in our publication Tomorrow’s doctors alongside our Standards and requirements for teaching, learning and assessment in undergraduate curricula. The standards section within Tomorrow’s doctors was replaced by Promoting excellence: standards for medical education and training, which came into effect on 1 January 2016. The outcomes were re-published as a separate document at that point but were not reviewed.

3 We are reviewing the outcomes now to ensure that they reflect modern medical education and practice. The outcomes will be one of the documents we use to inform what our Medical Licensing Assessment (MLA) will test candidates on, so it is important to ensure that it is up to date.

Engagement and advice

4 The review is being carried out by a group of educationalists, doctors in training and lay people supported by staff from the Education and Standards Directorate. The group includes representation from the Medical Schools Council, members with expertise in law, diversity and communication, and doctors with both primary and secondary care backgrounds.

5 The group has met twice to discuss the draft outcomes and agree revisions, and has also contributed to drafting by email. It will continue to work with us on the draft following the consultation.

The Outcomes for graduates for consultation

6 A proposed consultation draft of the outcomes is attached at Annex B.

7 As we review the outcomes we are taking into account:

   a Recent development in medicine and care, for example in areas such as genomics, population health and the management of patients with co-morbidities and frailty.

   b Recent changes in legislation, including equality legislation.
The need to ensure that the provision of care in community, primary and secondary settings is reflected.

How the Outcomes for graduates should reflect and flow through to our Generic Professional Capabilities framework, which will be published later in 2017, and other revised documents such as the 2016 Foundation Programme Curriculum.

We have also modernised the language of the outcomes and tried to make the document more accessible to readers.

Because the outcomes form a key part of our standards for undergraduate medical education we want to hold a formal consultation on the changes we are proposing. Many parts of the revised outcomes remain the same or are very similar to the 2009 document because the things we want newly qualified doctors to be able to know and do have not changed significantly. However there are some new sections on areas such as safeguarding vulnerable groups and dealing with complexity and uncertainly, and we think it is important to give stakeholders the opportunity to give their views on these.

We would like patients and the public to tell us what they think of the outcomes as they will have a view on what medical students should be taught and what a newly qualified doctor should be able to do safely on the first day of practice. We hope that employers will respond to the consultation as they have experience of working with newly qualified doctors and an awareness of the skills and knowledge they need. We also want to hear from medical students and doctors in training because, as current or recent ‘consumers’ of undergraduate training, they will have views on how well they are being prepared or were prepared for practice.

Medical schools will be a particularly important group of stakeholders to hear from because the outcomes are used by schools to design the content of their curricula and inform their assessment of students. If any of the revised or new outcomes will be difficult for medical schools to incorporate into their curricula, it is important for us to know this.

We have advised key stakeholders such as the Medical Schools Council, the National Association of Clinical Tutors and the Foundation School Directors that we are reviewing the outcomes and will be consulting on them. As part of this, we have made the link between the outcomes and our work to develop the MLA.

To ensure meaningful engagement and a range of consultation responses from across the UK, we will work with colleagues in our communications, education and relationship teams, including the Regional Liaison Service and Devolved Offices, and our education quality assurance teams. We will develop a comprehensive stakeholder map, and communications and engagement plan to promote the consultation to
identified key audiences from across the four UK countries, including those mentioned in paragraphs 10 and 11. We will also produce a range of clear, engaging and accessible audience specific materials to stimulate and facilitate consultation responses; and throughout the consultation period use a range of channels to reach identified stakeholders, including traditional, digital and social media; face to face meetings, stakeholder briefings and events.

**Next steps**

14 Subject to Council’s views, we intend to launch a formal consultation on the outcomes in late May 2017. A proposed consultation document is attached at Annex A. We will also publish an equality analysis. Once the consultation closes in July 2017 we will analyse the results and make changes to the draft outcomes in that light. We propose to bring the outcomes to Council for approval at its November meeting, with a view to publishing by the end of 2017.