Improving Medical Education and Practice: design for the future

Dr Colin Melville
Director of Education and Standards, General Medical Council

Working with doctors Working for patients
The General Medical Council

- Independent regulator of UK’s medical profession

- Established in law with statutory powers in 1858. Our powers are given to us by Parliament through the Medical Act 1983.

- Funded mostly by doctors registration fees

- An independent organisation:
  - Not a government agency
  - Separate from professional representation – Royal Colleges
  - Not a trade union – British Medical Association
  - Not a medical defence organisation – eg MDU, MPS.

- Accountable to UK Parliament, not government
Functions of the GMC

Our role

We are an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.
The purpose of the GMC

1. The General Medical Council

(1) There shall continue to be a body corporate known as the General Medical Council (in this Act referred to as “the General Council”) having the functions assigned to them by this Act.

(1A) The over-arching objective of the General Council in exercising their functions is the protection of the public.

(1B) The pursuit by the General Council of their over-arching objective involves the pursuit of the following objectives—

(a) to protect, promote and maintain the health, safety and well-being of the public,

(b) to promote and maintain public confidence in the medical profession, and

(c) to promote and maintain proper professional standards and conduct for members of that profession.
THEME 1
Learning environment and culture
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.
S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum."

THEME 2
Educational governance and leadership
S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.
S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

THEME 3
Supporting learners
S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

THEME 4
Supporting educators
S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.
S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

THEME 5
Developing and implementing curricula and assessments
S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.
S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

* For undergraduate education, the learning outcomes for graduates (Tomorrow’s Doctors) and for postgraduate training, the curriculum approved by the General Medical Council.
Reviewing flexibility in postgraduate training

- Followed contract dispute in England in 2016
- Applies to all four countries
- Worked with stakeholders across the UK:
  - Trainees
  - Trainers
  - Patients
  - Medical royal colleges and faculties
  - Education leaders across the UK

‘the current approach to training is out of date and in urgent need of reform, with inflexible, complex training structures’
Five key barriers to flexibility

- Difficult to transfer between specialties – ‘snakes and ladders’
- Other training not recognised – overseas and in non-training grade posts
- More career support needed to help doctors who want to refocus their training
- Postgraduate training is slow to adapt to changes in patient demand
- Rigid training structures can make rota gaps worse
A blueprint for better postgraduate training

- Training organised by outcomes rather than time served
- Related curricula will share outcomes across specialties
- Reduced burden of curriculum approval process
- Promote existing mechanisms for flexible training
- Ask for the law to be made less restrictive
- Support doctors with specific capabilities or needs
- Encourage others to continue to make working arrangements for trainees more flexible
Generic professional capabilities (GPCs) are broader human skills needed by doctors to help provide safe and effective patient care.

- Common to doctors across all medical specialties.
- Our new standards for curricula and assessment will require that GPCs are embedded in all curricula.
# Learning from FtP

**FIGURE 37: What are the most common types of allegation investigated by employers and the GMC?**

<table>
<thead>
<tr>
<th>TYPES OF ALLEGATION</th>
<th>Number of cases investigated</th>
<th>% investigated by the GMC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Referred to employers to investigate</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Criminality</td>
<td>1,196</td>
<td>8</td>
</tr>
<tr>
<td>Health</td>
<td>899</td>
<td>34</td>
</tr>
<tr>
<td>Acting honestly and fairly</td>
<td>3,972</td>
<td>988</td>
</tr>
<tr>
<td>Working with colleagues</td>
<td>1,106</td>
<td>271</td>
</tr>
<tr>
<td>Professional performance</td>
<td>2,766</td>
<td>736</td>
</tr>
<tr>
<td>Safety and quality systems</td>
<td>526</td>
<td>178</td>
</tr>
<tr>
<td>Clinical competence</td>
<td>8,176</td>
<td>3,840</td>
</tr>
<tr>
<td>Communication and respect for patients</td>
<td>5,216</td>
<td>3,057</td>
</tr>
<tr>
<td>Unspecified*</td>
<td>1,986</td>
<td>49</td>
</tr>
</tbody>
</table>
GPC framework and guidance

- Developed jointly with AoMRC
- Consultation in 2015
- GMC signed off in 2016
- Guidance to help colleges embed GPCs in curricula
- Launch with new curriculum standards in May 2017
What is the GPC framework?

- A matrix of educational outcomes underpinning core professional practice, based around nine interdependent domains
GPC purpose

- Introduces core generic outcomes for all specialty and GP training
- Ensure greater consistency in training outcomes across the medical workforce
- Support a simplified curricula approvals process
- Articulates Good medical practice (GMP) as a series of achievable educational outcomes to enable curriculum design and assessment
- Aims to address service requirements and the concerns arising in FTP cases
- Colleges and faculties will be required to embed GPCs in curricula and contextualise to the needs of their specialties
Curricula Standards: Revised Domains

- Domain 1: Purpose
- Domain 2: Governance and strategic support
- Domain 3: Programme of Learning
- Domain 4: Programme of Assessment
- Domain 5: Quality assurance and improvement
Promoting Professionalism

- Presentation and workshop sessions
- Covers doctors’ whole training journey
- Embedding guidance into practice
- Contributes to achieving Realistic Medicine
Professionalism & confidentiality

- Working with key partners
- Re-structured to reflect the ways doctors’ use patients’ information
- Framework for disclosing patients’ personal information
- Resources and case studies
- Promoting to doctors and medical students
- Our next review - Consent!
Revalidation – shifting the curve?

- Appraisal
- Colleague MSF
- QI
- Serious incidents
- CPD
- Patient MSF

A five year process – NOT a fifth year process
Evidence of impact?

- Annual appraisal rates for all doctors are increasing

- Four out of 10 doctors are changing their practice as a result of their last appraisal (UMbRELLA)

- Around a third of doctors said revalidation has improved the appraisal process

- More than 40% of doctors believe appraisals are effective in helping doctors to improve their clinical practice

- We have removed 2,713 licences due to failure to engage with the process as a whole

- Suspended approval of recommendations in three organisations
The future of Revalidation

- Safety and quality increasingly recognised as critical everywhere

- Data drives patients, professionals and providers to different behaviours

Revalidation the next phase?
- More integrated with team performance
- More objective data
- More linked to specialist expectations
- Easier to complete
Consultation on Outcome for graduates

- Reorganised content
  - Aligned to GPC framework
- Reviewed outcomes
- Consultation late spring 2017
A single, objective demonstration...

... that those who obtain registration with a licence to practise medicine in the UK...

... meet a common threshold for safe practice.
The framework for the MLA

Two parts:

- Testing applied knowledge
  - Potentially using online MCQ format

- Testing clinical and professional skills
  - Potentially using an ‘OSCE’ format
MLA: next steps

- April 30th Consultation closed
- June 2017 Initial report to Council
- 2017 - 2022 Development and pilots
- 2022 Proposed implementation
Professionalism Compliance Analysis Tool (PCAT)

- Scottish Government Health Workforce Quality Improvement Framework
- Improving working patterns and environment of doctors in training
- To foster a synergistic relationship between
  - Safe Patient Centred Care
  - High Quality Training
  - Doctor Health and Wellbeing
PCAT Framework and Process

Trainee engagement and board level support

Trainee survey and Factual Rota Data

Discussion of results
Identification of quality improvement projects

Health and Wellbeing

Agreement of timescales and evaluation

Health and Wellbeing

Patient Safety and Centred

Training and Education

Post night recovery
Timely release of rota
Flexibility of annual leave
Healthy shift patterns
Percentage OOH
Re-establishing ‘teams’
Health and Wellbeing

Trainees actively involved in rota design
Formal teaching time is protected
Accessibility of study leave
Time for non-clinical tasks provided on rota
Adequacy of clinical supervision
Adequacy of educational supervision
‘Acting up’ Support
Mentorship Structure
Formal teaching and planning for unique learning opportunities within the rota

Adequacy of medical staff
Adequacy of nursing & AHP staff
Workload intensity
Preparedness for changes in workload intensity
Continuity of care: Turnover of medical staff
Safe management of transition phases: induction and handover
Designing medical education for the future

Working with doctors Working for patients
Population demography 2017 - 2039

[Bar chart showing age distribution of males and females from 0 to 90+ years with specific population numbers for each age group.]
Scotland in 2040

- Growing population
- Changes in population distribution
  - Increased pressure on urban services
  - Exacerbated challenges in remote & rural areas?
- Changing health challenges?
  - More complexity around multiple health problems?
Challenges for medical education

- Population demographics
- Future health needs
- Supporting wellbeing
- Location of healthcare provision

- Clinicians to meet need
- Training lead time
The training pathway

Provisional registration
- Medical School (4-6 years)

Full registration
- F1 year (1 year)
- F2 year (1 year)
- Specialty/GP training (3-8 years)

Certificate of completion of training (CCT)
- Specialist/GP register

Student, not registered

Employed, in training, registered and licensed by GMC

Employed, registered, licensed
The training pathway

Medical School (4-6 years)

Student, not registered

Employed, in training, registered and licensed by GMC

Provisional registration

F1 year (1 year)

F2 year (1 year)

Full registration

Specialty/GP training (3-8 years)

Certificate of completion of training (CCT)

Specialist/GP register

Employed, registered, licensed

2025 2028 2033 2035 2040
“It is different than we all thought, but don’t worry. It just means your future hasn’t been written yet”
Thank you

colin.melville@gmc-uk.org

@drcolinm