Changes in United Kingdom Medical Education

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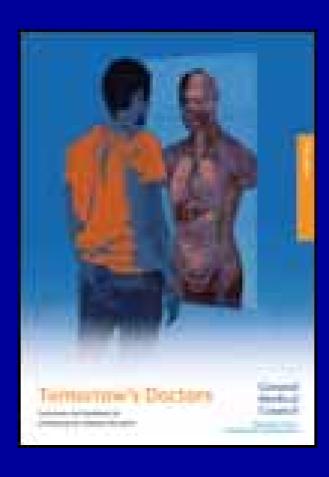
General Medical Council 1856

- Tomorrow s doctors was published in 1993
 - Communication skills
 - Reduction in factual information
 - Active learning
 - Early clinical contact
 - Wider aspects of health care (medicolegal, ethical, sociology, psychology etc.)
- Update 2003
- New Tomorrow s Doctors published Sept 2009

Medical Schools quality assurance

- Medical schools accountable to their universities and to the GMC
- Inspection by the GMC every 5 years or so new QABME system)
- Annual report to GMC
- Inspection by Higher Education Quality
 Assurance Agency, was subject specific now institution

Tomorrow's Doctors 2009



Dr Jan Illing's research findings

- Graduates looked forward to 'being a doctor'.
- While communication is a strong area at graduation,
 F1s were under-prepared for some complex communication tasks.
- Other clinical skills are well practised, but not in contexts which sufficiently mimic the clinical environment.
- Knowledge of non-clinical areas such as legal and ethical issues, and the operation of the NHS, was lacking at the start of F1.
- Prescribing was a significant area of underpreparedness.

Dr Jan Illing's recommendations

- Undergraduates' preparedness will be improved by more experiential learning in clinical practice:
- Ensure that placements have more structure and consistency
- Ensure that students are given a greater role in medical teams.
- Establish fuller and more prescriptive guidelines on shadowing.
- Specify the limits of the F1 role.
- Address particular weaknesses in prescribing.

Junior doctors appropriately trained for their work in the sector?

Generally "yes – but":

- Level of academic knowledge OK
- Application lacks expertise and confidence
- Four month rotations
- Belonging to a team
- Cumulative effect
- Asking for advice
- Behaviours and attitude

Specifics

- Communication
- Patient Experience
- Professionalism
- Multi-disciplinary working
- Prescribing
- Leadership
- Equality and diversity

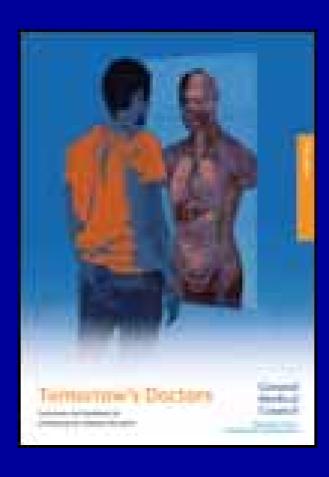
Student issues

- Assessment
- Induction
- Understanding the NHS / Sector
- Whole patient pathways
- Service improvement techniques
- New technologies

Draft Tomorrow's Doctors 09

- Support for general direction
- Need more detail e.g. common medical conditions
- Portfolios of competence for undergraduates
- "Fitness to practice" assessments
- Money?
- Impact of increasing subspecialisation
- IMPLEMENTATION

Tomorrow's Doctors 2009



GMC Tomorrow's Doctors 2009 Foreword

 Doctors must be capable of regularly taking responsibility for difficult decisions in situations of clinical complexity and uncertainty

Responsibilities of:

- GMC
- Medical schools
- NHS organisations
- Doctors
- Students

Protecting patients Curriculum, fitness to practise, quality etc

Making available facilities, staff, practical support

Contractual arrangement for teaching Appraisal of teaching responsibilities Releasing doctors for training

Teaching skills, supervision, assessment, feedback

Their own learning, including achieving all the outcomes set out in Tomorrow's Doctors, whatever their personal preferences or religious beliefs

Students are responsible for

- Their own learning, including achieving all the outcomes set out in Tomorrow's doctors
- Ensuring patient safety working within their competence
- Raising any concerns about patient safety
- Providing evaluations of their education
- Keeping to the guidance Medical students: professional values and fitness to practise

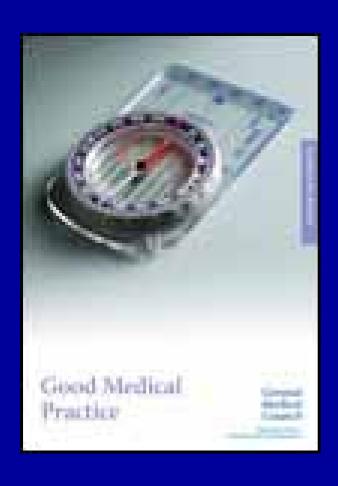
Tomorrow's Doctors 2009

- Outcomes for graduates
- Standards for the delivery of teaching
- Practical procedures
- What the law says about undergraduate education
- Related documents

Overarching outcome for graduates

• In accordance with *Good Medical Practice*, graduates will make the care of patients their first concern, applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership and to analyse complex and uncertain situations

Other GMC guidance





Good Medical Practice duties of a doctor

- Make the care of your patients your first concern
- Protect and promote the health of patients and public
- Provide a good standard of practice and care
- Treat patients as individuals and respect their dignity
- Work in partnership with patients
- Be honest and open and act with integrity

Outcomes:

- The doctor as a scholar and scientist
- The doctor as a practitioner
- The doctor as a professional

The doctor as a scholar and scientist

- Applying basic science principles, method and knowledge
- Applying psychological principles, method and knowledge
- Applying social science principles, method and knowledge
- Population health, health improvement
- Scientific method, approaches to research

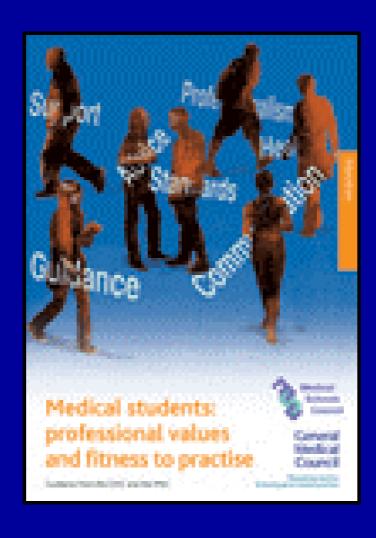
The doctor as a practitioner

- Consultation
- Diagnose and manage clinical presentations
- Communicate with patients & colleagues
- Provide immediate care in emergencies
- Prescribe safely
- Practical procedures
- Use information effectively

The doctor as a professional

- Behave according to ethical and legal principles
- Reflect, learn and teach others
- Learn and work in multiprofessional team
- Protect patients and improve care

Medical students: fitness to practise



Standards for delivery of teaching, learning & assessment in 9 domains:

- 1. Patient safety
- 2. Quality assurance
- 3. Equality, diversity, opportunity
- 4. Student selection
- 5. Curriculum design, assessment
- 6. Support & development of students and staff
- 7. Management of teaching, learning & assessment
- 8. Educational resources and capacity
- 9. Outcomes

For each domain:

- Standard
- Criteria
- Evidence
- Detailed requirements and context

GMC Tomorrow's Doctors 2009 domains e.g. student selection

Standard: processes for student selection will be open, objective and fair

Criteria:

publish processes processes valid, reliable, staff expertise

Health and criminal record checks

Evidence:

Information on processes, data, minutes

Detailed requirements and context

Take account of best practice, legislation, risks

Practical procedures

A list of 32 procedures

15 diagnostic

12 therapeutic

5 general

Diagnostic procedures

- Temperature
- Pulse, bp
- Saturation
- Venepuncture
- Blood samples
- Blood cultures
- Glucose
- ECG

- ECG interpretation
- Respiratory function
- Urinalysis
- MSU explanation
- Nose, throat, skin swabs
- Nutritional assessment
- Pregnancy testing

Therapeutic procedures

- Administering oxygen
- Setting up an infusion
- Drugs for iv use
- Insulin use, sliding scale
- sc & im injections
- Blood transfusion

- Catheterisation
- Inhaler use
- Local anaesthetics
- Suturing
- Wound care, dressing
- Moving and handling

General aspects

- Consent, aftercare
- Hand washing, scrubbing up
- Gloves, gowns, masks
- Infection control
- Safe disposal, sharps

practical procedures – issues?

- Blood transfusion
- Correct techniques for "moving and handling", including patients
- Giving information about the procedure, obtaining and recording consent

After graduation

 Quality management will involve the collection and use of information about the progression of students. It will also involve the collection and use of information about the subsequent progression of graduates in relation to the Foundation Programme and postgraduate training, and in respect of any determinations by the GMC

GMC annual return 2009

Areas in GMC annual return - 1

- Therapeutics & prescribing
- Professionalism
- Assessment strategy
 - Blueprinting against outcomes
 - Standard setting
 - Reliability
- Fitness to practise
- Educational resources and facilities

Areas in GMC annual return - 2

- Patient safety strategies, policies
- Curriculum design engagement with providers, patients
- Mapping all outcomes across curriculum
- Feedback example: professionalism, knowledge, skills
- Staff training, appraisal

Interesting questions for King's

- Where and how professionalism is taught and assessed throughout the programme/s.
- Standard setting, question item writing, banking
- Educational appraisal of staff
- How have educational resources and facilities been evaluated in light of the revised *Tomorrow's Doctors*? any particular challenges?
- Is the School planning any mandatory or recommended/voluntary training for staff for implementation of *Tomorrow's Doctors* 2009?

In place for 2011/12

- Patient safety systems & procedures
- Fitness to practise arrangements
- Quality management
- Curriculum plan mapped to outcomes
- Curriculum planning teachers, employers
- Student support, career advice
- Facilities management