

Regulation in medical education in the United Kingdom – a strategic approach

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Objective:

The results of General Medical Council's strategic approach to medical education.

Methods:

The General Medical Council (GMC) is the regulatory body for the medical profession in the United Kingdom. One of the GMC's statutory functions is to promote high standards in medical education through its Education Committee. It maintains the quality of medical education by issuing guidance on the outcomes required for medical graduates and trainees as well as quality assuring educational providers against these outcomes. Within this context, the Education Committee continuously reviews its functions as the regulator of medical education and doctors in their first year of training.

In July 2005, the Education Committee issued a public consultation on the strategic options for medical education. The purpose of the consultation was to facilitate debate about how the GMC could ensure patient safety and improve the quality of the UK medical education system. The consultation focused on arguments for developing a national licensing examination, developing a student register for medical students, and how the undergraduate guidance, *Tomorrow's Doctors*, should embed principles such as patient-centredness. We had feedback from over 400 key people of organisations through different streams of consultation. We considered the responses through qualitative analysis.

Results:

The report on the outcome of the strategic options consultation was published in Spring 2006 and available on our website <http://www.gmc-uk.org/education/index.asp>

Overall, there was support for reform to the UK assessment system with approximately 65% of respondents argued for some sort of change. Most respondents supported increasing the focus of the GMC's Quality Assurance of Basic Medical Education (QABME) system to improve consistency between medical schools. Some argued for developing shared assessment tools or a shared questions databank that could create a minimum comparable threshold. Some respondents argued for a national licensing examination on the grounds that it would demonstrate that all graduates had achieved the same level of knowledge and skills. However, most cautioned that this would reduce the diversity in undergraduate curricula and other options could still achieve consistency.

In student fitness to practise, over 85% respondents found significant risk and a need for reform in the current arrangements. The strongest support (over 95% of respondents) was for GMC guidance on student fitness to practise. The guidance would improve the quality of procedures by setting out a blueprint for decision-making. However, there were some arguments from a mechanism to monitor students at a national level through either a student register or a database in order to more effectively track students, develop a body of precedents and most importantly ensure that unfit students do not enter the profession.

Most respondents indicated support for the generic outcomes in *Tomorrow's Doctors* and felt it was broad enough to incorporate a wide range of principles. However, these principles could only be embedded into through experience and the learning environment. Despite general support for the guidance, some respondents indicated the balance of clinical skills and other outcomes may not be right with many suggesting more emphasis on some areas such as basic medical sciences, pharmacology and pathology. Other areas identified were dealing with uncertainty, critical thinking, teamwork, leadership and management and political awareness.

Conclusions:

The results of the strategic options consultation indicated support for reform to the current UK arrangements in assessment and student fitness to practise and the need to prepare students for constant change. The Education Committee will use these results to help inform its policy development into these areas and develop a strategic plan.