

Options for enhancements to the quality assurance of basic medical education (QABME) process: background information

This document outlines the options for the enhancement of QABME and a number of key considerations that need to be taken into account. The survey questions relate to each of the issues addressed. You may wish to print a copy of this document to refer to when filling out your response.

Introduction

Our statutory responsibilities

The General Medical Council (GMC) has a statutory duty (Medical Act 1983) to set and maintain the standards for undergraduate medical education, holds a list of universities that can award a UK primary medical qualification and has the power to add and remove universities from that list.

Our standards are set out in the publication *Tomorrow's Doctors*, and the GMC has the power to visit universities to make sure that teaching is consistent with these standards, and to inspect examinations to make sure that the standards expected at qualifying examinations are maintained and improved.

Since its introduction over six years ago, the quality assurance of basic medical education (QABME) programme has assessed the standard of basic medical education at all UK universities offering qualifications leading to registration and a licence to practise with the GMC. You can find more detailed information on the QABME programme on the GMC website at www.gmc-uk.org/education/undergraduate/undergraduate_qa.asp.

All established medical schools have been reviewed at least once in this cycle which concluded in November 2009. The QABME programme also included multi-year reviews for four newly established medical schools and a number of schools that have established new courses or have decoupled from another university and have begun to offer separate programmes during this time.

Every school has submitted an annual information return to the GMC to report against previous requirements and recommendations, to notify the GMC about major planned changes to curriculum or delivery, and to highlight innovative work. The

annual information returns and the reports from all QABME reviews are published on the GMC website at

www.gmc-uk.org/education/undergraduate/medical_school_reports.asp .

The QABME process has been continuously improved throughout its first cycle of quality assurance. Feedback is sought from medical schools and QABME visit teams, and both internal and external reviews of the process have been carried out.

The experience gained and lessons learned from the first QABME cycle, the publication of *Tomorrow's Doctors* 2009 and changes in the regulatory and quality assurance agenda have highlighted areas where further enhancements to QABME are possible.

How to respond

1. This discussion document was approved for distribution by the GMC Undergraduate Board at its meeting in January 2010.
2. Responses must be received by **28 May 2010**, and can be submitted in the following ways:
 - a. If you have internet access, please complete the survey questions on the GMC Community People website: <https://gmc.e-consultation.net/econsult/default.aspx>
 - b. A Word Form version of the survey is available. Please request and submit this if possible by email to quality@gmc-uk.org.
 - c. The *Tomorrow's Doctors* 2009 implementation workshops scheduled from February through May 2010 will bring together medical schools, employers and those involved in Foundation Training to discuss the progress and challenges in local implementation. The workshops provide an opportunity to discuss the options for the enhancement of QABME, and also to submit written responses to GMC representatives who will be facilitating the events.
 - d. Additional meetings can be arranged. Please contact Alison Lightbourne at quality@gmc-uk.org in the first instance.

SECTION 1: Objectives and Scope

3. This discussion document describes options for enhancements to the process that quality assures medical schools against *Tomorrow's Doctors 2009*. *Tomorrow's Doctors 2009* sets out the standards for delivery and outcomes for graduates that will apply from the academic year 2011/12.

Objectives

4. We are seeking views on how the GMC as a regulator can enhance its processes to quality assure basic medical education to ensure it continues to be fit for purpose.

5. We are seeking views on how the GMC as regulator can enhance the role of students, employers and those involved in Foundation Training, and patients and the public, in the quality assurance of basic medical education.

6. We are seeking feedback from medical schools, employers and those involved in Foundation Training, students, and patient and public representatives on the options for enhancement to QABME.

Scope

7. In order to be implemented, the options for enhancement to QABME need to adhere to the GMC's statutory duty, be consistent with QABME aims and objectives and the principles of effective regulation, and responsive to changes in regulation and quality assurance.

8. The options presented are enhancements to the current QABME process.

a. The enhancements can be implemented in the short to medium term and will be trialled during 2010/11.

b. The options are consistent with recommendations made in the Patel review. The recommendations of the Patel Review Group will be considered by the GMC and decisions on longer term quality assurance activities will be made in the context of the GMC's responsibilities for all stages of medical education from April 2010.

General Medical Council's statutory duty

Enhancements to the QABME process will adhere to the statutory framework.

9. According to the Medical Act 1983, the main objective of the GMC in exercising its functions is to protect, promote and maintain the health and safety of the public.

10. In relation to medical education in the United Kingdom, the GMC has the function of promoting high standards of medical education and co-ordinating all stages of medical education. The Council has a statutory duty to set and maintain

the standards for basic medical education. The standards are set out in the publication *Tomorrow's Doctors*.

11. The GMC holds a list of universities that can award a UK primary medical qualification and has the power to remove universities from that list. The GMC Undergraduate Board makes recommendations to the Council about whether a university should be added to, or be removed from, the list of universities that can award a UK primary medical qualification leading to registration and a licence to practise with the GMC.

12. The Council has the power to visit universities to make sure that teaching is consistent with *Tomorrow's Doctors* and to inspect examinations to make sure that the standards expected at qualifying examinations are maintained and improved.

QABME Aims & Objectives

Enhancements will be aligned with the aims and objectives of QABME, and need to ensure the GMC maintains a robust oversight of UK basic medical education.

13. QABME was established in 2004/05 following a pilot period in 2003/04. In the period 2003 through 2009, all new and established UK medical schools were reviewed comprehensively against *Tomorrow's Doctors* 2003.

14. The aims of QABME are to make sure that the outcomes in *Tomorrow's Doctors* are met; identify examples of innovation and good practice; identify, discuss and resolve issues of concern; identify changes that need to be made and a timetable for their introduction; and to promote equality and diversity in medical education.

15. The objectives of QABME are to:

a. Monitor changes to curriculum, assessments and staffing through information received annually from each school.

b. Ensure that medical schools inform the GMC about any new courses and seek formal approval.

c. Allow issues of common concern in undergraduate medical education to be identified, discussed and resolved.

d. Produce evidence-based visit reports on whether schools meet the requirements in *Tomorrow's Doctors*.

e. Identify examples of good practice for widening participation in medical education.

f. Provide evidence that will allow the Undergraduate Board to recommend to Council whether a university or institution should be added to or removed from the Medical Act 1983 that enables institutions to award primary UK medical qualifications.

16. The objectives of the QABME programme are achieved through two core QABME processes - the Annual Return Process and the Visit Process - and through continuous improvement of the QABME programme.

17. In pursuing these objectives, QABME must meet the principles of good regulation which require proportionality, accountability, consistency, transparency, and targeting. Better Regulation Executive:
www.berr.gov.uk/whatwedo/bre/index.html

Responsiveness in a changing environment

Enhancements will take account of new quality assurance tools introduced to the GMC by the merger with PMETB, and will respond to strategic decisions.

18. PMETB will merge with the GMC in April 2010 and in 2010 the GMC will also be considering and responding to recommendations from the review commissioned by the GMC and PMETB and led by Lord Naren Patel. The review comments and makes recommendations on the shape of future regulation for all stages of medical education and training and is likely to raise areas for policy development in the longer term.

19. An immediate result of the merger is that different quality assurance tools, such as curriculum review processes and surveys will be available to the GMC.

SECTION 2: Context

Tomorrow's Doctors 2009

Enhancements to QABME will respond to the changes in the new standards and will assess schools' compliance against the *Tomorrow's Doctors* 2009 standards for delivery and outcomes for graduates from 2011/12.

20. The new edition of *Tomorrow's Doctors* was published in September 2009, following a comprehensive consultation. The review of *Tomorrow's Doctors* also took into consideration the findings from the QABME process.

21. The review of *Tomorrow's Doctors* considered whether requirements set out in the 2003 edition were still relevant and appropriate, and took account of developments in educational theory, research and professional practice.

22. *Tomorrow's Doctors* 2009 includes explicit outcomes for all UK medical graduates. The QABME process must allow schools to demonstrate that their graduates are meeting these outcomes.

23. Key themes for *Tomorrow's Doctors* 2009 compared with the 2003 version include:

- a. An increased emphasis on the role of clinical placements and more direct clinical contact with patients, which enhances the focus on medical schools engaging with employers.
- b. An increased emphasis on the scientific basis of medicine, for example, anatomy, physiology, biochemistry, and pharmacology.
- c. The list of practical procedures in which new graduates must be competent has been extended to ensure that students are well prepared to contribute effectively to the Health Service and for the next stage of their training in the Foundation Programme.

Undergraduate Board

24. The Undergraduate Board decided that in lieu of visiting established medical schools in 2009/10 it would focus quality assurance activities on supporting schools to implement *Tomorrow's Doctors* 2009, including:

- a. Development of this discussion paper on options to enhance the quality assurance activities that check schools' progress and compliance with *Tomorrow's Doctors* standards and outcomes.
- b. A series of workshops in spring 2010 which will bring together medical schools, postgraduate deaneries and health service providers to discuss local implementation of *Tomorrow's Doctors* 2009.

25. Visits will continue to schools on multi-year reviews. These medical schools are being reviewed annually until their first cohorts graduate in preparation for adding them to the list of approved awarding bodies. These schools will be required to assess the impact of *Tomorrow's Doctors* 2009 on the development of curriculum and management processes and visit teams will engage with the schools on the transition to new standards during the review.

26. The GMC continues to reserve the right to visit schools to follow-up on previous requirements, or where other issues are highlighted in the annual return¹.

27. To ensure continuing oversight and to monitor progress towards compliance all medical schools were sent a modified and enhanced request for information (Enhanced Annual Return or EAR) in September 2009.

- a. The EAR included a self-assessment against *Tomorrow's Doctors* 2009 to provide information about schools' implementation plans and challenges, and a comparable set of data to benchmark schools.
- b. The content of EARs from all schools will be considered by the GMC to assess progress towards compliance with *Tomorrow's Doctors* 2009 standards for delivery and outcomes for graduates.

¹ A follow-up visit to Imperial College School of Medicine took place in December 2009.

Issues to consider

Issue 1: Sharing good practice & supporting medical schools

Options for enhancement:

To hold QABME events involving multiple schools to verify information from EARs, to discuss key issues and themes from *Tomorrow's Doctors 2009* and share good practice examples in 2010/11.

To circulate and publish a summary report or reports on the progress of implementation.

Background

28. The QABME process produced evidence based reports for all schools against *Tomorrow's Doctors 2003*. All reports contain areas of innovation and good practice and are published on the GMC website: <http://www.gmc-uk.org/education/undergraduate/5184.asp>. We would like to further highlight notable practice and discuss ways that it could be shared across medical schools.

29. The EAR will collect data from all schools and the GMC will be able to collate information on themes and issues across medical schools and produce a summary report to highlight a range of practices.

30. Visits to medical schools have been a key part of the QABME process and visits and visit teams are important to support and engage schools.

31. QABME involved visitors with a range of expertise in medical education and practice, as well as lay visitors and students, and is a developmental process as well as setting requirements for change in order to meet *Tomorrow's Doctors* standards.

32. This did enable some cross-fertilisation of ideas and practices between medical schools however feedback from schools consistently asked for additional sharing of examples and good practice.

33. Implementation workshops in 2009/10 will involve key stakeholders and enable schools to share examples of good practice related to the implementation of *Tomorrow's Doctors 2009*.

Options for enhancement

34. We could build on this experience with seminars that could involve:

- a. Events involving multiple schools in 2010/11, including slots for separate verification meetings with each school, in addition to or in place of specific school site visits would enable schools to share good practice.

b. The events could include presentations from the GMC and schools focusing on a key theme or challenges arising from the implementation of *Tomorrow's Doctors 2009*, key challenges identified in previous QABME reports or areas of GMC education policy and guidance – such as student fitness to practise or disability. This could support engagement with medical schools and support progress towards compliance on aspects all schools are finding challenging in particular.

c. A summary document of the discussions at these events and on the progress of *Tomorrow's Doctors* implementation could be circulated to all medical schools.

Issue 2: Quality assuring outcomes for graduates

Option for enhancement: To develop a standardised student achievement record showing students' attainment of the outcomes for graduates in *Tomorrow's Doctors 2009*.

Background

35. The first QABME cycle focused primarily on medical schools' management of their curriculum and assessment systems.

36. The 2009 edition of *Tomorrow's Doctors* is organised in a domain structure with standards for delivery and explicit outcomes that all graduates must meet.

37. The QABME process must ensure that schools are able to demonstrate that individual students and the entire cohort have met the required 'outcomes for graduates'.

38. Schools must map their curriculum and assessments against *Tomorrow's Doctors* standards and outcomes.

39. The Medical Schools Council (MSC) is undertaking work on a shared question bank and a shared prescribing examination. However every school is able to design their own assessment system to match their curriculum.

40. Each student's progression through an assessment system may be different, and may indicate only an individual's development as opposed to outcomes.

Option for enhancement

41. The sampling of standardised student achievement records could provide assurance that schools' assessment processes are delivering graduates who are demonstrating all the outcomes. The QABME process would require schools to provide evidence of robust sampling of these records.

Issue 3: Consistency and comparability in judgements made about schools; Currency of information

Options for enhancement:

To alter the balance of information reported by schools so that a larger data set is returned annually and less is returned immediately prior to a visit.

To undertake curriculum approvals separate from the QABME visit process.

Background

42. As part of the continuous improvement of QABME consistency and currency of information has improved over the first five year cycle. This has been achieved through the introduction of reporting and evidence analysis templates, and increased focus on recording verification and triangulation against all *Tomorrow's Doctors* standards.

43. The information the GMC holds on schools is relevant to the date of their last review. Schools are currently reviewed twice in every ten years. This means that information on schools is not necessarily current for all schools.

44. Some information on actions in response to previous requirements and risks is updated annually and published on the GMC website.

45. The GMC approves universities to issue primary medical qualifications, and at present QABME and the review of curriculum and assessment is integrated into the process. Many schools are now offering multiple programmes, and may review certain programmes at different times.

Options for enhancement

46. The EAR in 2009/10 is collecting a comparable set of data from all schools. This will enable timely information from all schools to be collated, analysed and compared across domains and themes. This could be updated by schools in 2010/11 to show progress toward compliance.

47. As the standards and outcomes are more explicit in *Tomorrow's Doctors* 2009 there is an opportunity to compare curriculum provision against more specific standards and criteria, consistently across schools and to focus visits.

48. A panel of visitors reviewing multiple schools' EAR information could improve the consistency and comparability of findings. Timely and specific curriculum approval by a panel of visitors could allow for more flexibility and consistency in the quality assurance approach.

49. Curriculum approval could be carried out in addition to verification visits or as a distinct office and largely paper-based activity. A curriculum approvals process would look in detail at the curriculum and assessment system and content for a particular primary medical qualification, such as the 4-year graduate entry programme or 5-year standard programme.

Issue 4: Enhancing the perspective of employers and those involved in Foundation Training

Option for enhancement:

To include employers and/or those involved in Foundation Training on QABME visit teams.

Background

50. Following the *Tomorrow's Doctors* 2009 consultation including a survey by Skills for Health, we identified a need to ensure that the views of local employers and those involved in Foundation Training are more strongly represented in the QABME process.

51. Employers and those involved in Foundation Training are crucial stakeholder groups in the QABME process. *Tomorrow's Doctors* 2009 has an increased focus on medical schools engaging with employers and those involved in Foundation Training, including the introduction of student assistantships. It also requires that medical schools track the subsequent progression of graduates.

52. QABME teams meet with representatives from local employers and those involved in Foundation Training.

Option for enhancement

53. Some but not all teams have members that bring an employer perspective. There is also employer representation on the Undergraduate Board which scrutinises the QABME reports. We have the opportunity to widen the range of visitors involved in QABME review teams.

54. The implementation workshops in 2009/10 will be engaging employers and those involved in Foundation Training in discussions on the joint working and involvement to ensure effective implementation of *Tomorrow's Doctors* 2009.

55. Future reviews could require meetings with employers and/or those involved in Foundation Training, and/or quality assurance evidence could require reporting on school engagement.

Issue 5: Medical student engagement

Options for enhancement:

To trial student surveys with a number of schools.

To work with schools to develop specific survey questions that they must use within individual school surveys and report on to the GMC.

Background

56. It is crucial to engage with medical students in the QABME process to ensure effective regulation and representation of their views.

57. *Tomorrow's Doctors* 2009 places emphasis on monitoring and responding to student evaluation, and the requirement to learn in a wide range of settings increases the need for schools and the regulator to be able to gather and respond to students' needs.

58. QABME visit teams currently consider student evaluation collected by medical schools, the National Student Survey (NSS) data and meet with groups of students during site visits.

a. Interviews with students provide valuable input into the quality assurance process, but direct engagement is necessarily limited by the time and the number of students available. We are considering how else can we engage with and directly seek student views to inform the quality assurance process and the future approach.

b. The NSS provides QABME teams with broad indications of areas that may be a strength or challenge however the data is not specific to medicine or related to the standards in *Tomorrow's Doctors*.

c. Each school has a different approach to collecting students' views.

Options for enhancement

59. Student surveys would capture a larger and potentially more accurate student voice and would be a mechanism to ensure a representative student voice regularly informs quality assurance activity.

60. Surveys could be used:

a. During the planning stages for a specific visit.

b. Periodically (such as annually) to provide a mechanism for all medical students to give feedback on their education and training.

c. Alternatively questions to inform quality assurance activities could be embedded in existing medical surveys.

61. The PMETB survey has been successful at benchmarking provision across the UK and increasing the junior doctors' voice in Foundation Training. There remain some issues with the level of usable contact details for some trainees, in particular recent graduates, in the trainee survey.

62. The GMC has previously piloted a student survey with a number of medical schools to test methods of contact and engagement.

63. The GMC could survey students at the point of registration as the GMC reference number could be used as a unique identifier.

- a. The graduates would be likely to respond if it was seen as allied to the registration process.
- b. The GMC does not currently register medical students so there are potential implications and resource considerations at schools and the GMC if student surveys would require collecting contact information for all students earlier in their undergraduate training.

64. We are aware that content and timing of any undergraduate student survey would need to be carefully considered.

65. While there is a risk of survey and evaluation fatigue, medical students, as future professionals, are expected to provide the feedback that the GMC needs to fulfil its statutory obligations and to contribute to the regulation of medical education by taking part in systems of quality assurance and quality improvement.

Surveys to inform specific visits or UK wide surveys

66. A UK wide survey would provide a comparable dataset from students at all UK medical schools at a particular time. It would inform the quality assurance activities for all schools, and could inform the selection of schools for a QABME review.

67. A survey of students at an individual school in advance of a QABME review could ask specific and tailored questions and potentially elicit more qualitative responses. There may be less benefit than a UK-wide view as it would be less comprehensive and trends across the UK would not necessarily be highlighted.

Embedding questions in existing medical school surveys

68. This approach would utilise existing mechanisms and would be administratively easier for the GMC to manage, but may be administratively difficult for schools to manage.

69. In a GMC student survey pilot, there was a higher response rate when medical students were contacted directly. Direct GMC contact would support better engagement with students, and could help foster professionalism.

70. To enhance the input from students into the QABME process, the GMC could also set a minimum number of students from each year (or sample cohort percentage) that must be interviewed during visits to enhance consistency, or hold facilitated focus group discussions with students.

Issue 6: Engaging patients and the public

Background

71. The GMC is committed to ensuring patients and the public have a role in quality assuring medical education. There was public engagement during the consultation on *Tomorrow's Doctors* 2009, and the need for schools to consider the role and input of patients has been strengthened in the new standards. *Tomorrow's Doctors* 2009 increases the requirements for involving stakeholders including patients and the public, in the design, delivery and quality assurance of basic medical education.

72. The composition of the General Medical Council ensures the patient perspective is considered in governance decisions and report approval processes. QABME visiting teams have lay representation, and the EAR asked schools about the involvement of patients and the public in developing the curriculum.

Further information

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