Tomorrow’s Doctor: scholar, practitioner and professional

Professor Jane Dacre
Outline

- Introduce the rationale for Tomorrow’s Doctors 2009
- Summarise the content
- Discuss the Quality Assurance of TD 2009
- Provide examples of local UCL feedback
- Look to the future of the regulation of medical education
Regulation of medical education in the UK

- GMC now has regulatory responsibility from entry to medical school until retirement
- Undergraduate Board
- Postgraduate Board
- Continued Practise Board
- Education and Training Committee
Tomorrow's Doctors 2009
Why *Tomorrow’s Doctors* is reviewed

- Changes:
  - Foundation Programme
  - PMETB’s approach to standards and QA
  - New medical schools and more students,
  - EWTD compromises apprenticeship model,
  - Length of stay is less
  - Old-style ‘firm’ structure is evolving
  - More community-based care/training
  - Patient and employer expectations
Why Tomorrow’s Doctors is reviewed

- Challenges:
  - Scientific knowledge
  - Prescribing
  - Practical skills
  - Professionalism, leadership, team-working
  - Quality improvement
  - Assessment ? National Exams
Evidence

- QABME data – Assessment, clinical placements, teacher and assessor training, quality management
- GMC guidance – *GMP, Medical Students FtP, Gateways*
- Educational frameworks – *Tuning, Scottish Doctor, FP curriculum, The New Doctor, PMETB standards*
- Engagement – educational bodies, doctors/students, patients/public, employers
- Research – Dr Jan Illing, Michael Goldacre, *How prepared are medical graduates to begin practice?*
Tomorrow’s Doctors 2009 overview

- Foreword by the Chair of GMC
- Introduction: responsibilities of GMC, schools, NHS organisations, doctors, students
- Outcomes for graduates:
- Standards for the delivery of teaching, learning and assessment: 9 domains
- Appendices:
  1. Practical procedures for graduates
  2. What the law says
  3. Related documents
  4. Glossary
Tomorrow’s Doctors

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

Tomorrows Doctors sets out what Medical Schools are expected to deliver, and what employers can expect to receive
“Can you remind me just what we’re looking for?”
Overarching outcome

‘Medical students are tomorrow’s doctors. In accordance with *Good Medical Practice*, graduates will make the care of patients their first concern, applying their knowledge and skills in a practical and ethical manner and using their ability to provide leadership and to analyse complex and uncertain situations.’
Outcomes for graduates

Overarching outcome

The doctor as a scholar and scientist
The doctor as a practitioner
The doctor as a professional
Outcomes for graduates: key elements

- Biomedical and other sciences
- Diagnosis and managing presentations
- Safe prescribing skills
- List of diagnostic and therapeutic procedures
- Teamworking and leadership
- Working in the NHS and improving healthcare
Standards for delivery of teaching, learning and assessment

- Patient safety
- Quality assurance, review and evaluation
- Equality, diversity and opportunity
- Student selection
- Design & delivery of curriculum including assessment
- Support & development of students, teachers & local faculty
- Management of teaching, learning and assessment
- Educational resources and capacity
- Outcomes
Standards for delivery: key themes

- Patient safety
- Practical experience:
  - Placements planned and structured
  - Agreements between schools and providers
  - Student Assistantships
  - Shadowing and induction into F1
- Assessment
- Student support, health, equality
- Quality control and input from patients and employers
All schools comprehensively quality assured against TD03 2003-2009

Publication of *Tomorrow’s Doctors* 2009

Schools compliance 2011/12

GMC review of QA overall
Enhanced Annual Return (EAR)

UK-wide trends:

Challenges
- Using patient and employer feedback in quality management; a challenge identified in Yorkshire and the Humber

Strengths:
- Systems and procedures to address patient safety issues
- Provision of assessment guidance to students
## Enhanced Annual Return (EAR)

<table>
<thead>
<tr>
<th>TD 2003 no.</th>
<th>TD 2009 no.</th>
<th>TD 2009 paragraph wording</th>
<th>Self assessment statement on compliance</th>
<th>Details of changes planned or areas under review</th>
<th>Indicative timeline for implementation of planned changes or review</th>
<th>Challenges to implementation</th>
<th>Evidence used by School to verify extent of compliance (name specific documents)</th>
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<tr>
<td>Not explicit</td>
<td>161</td>
<td>Facilities will be supported by a facilities management plan which provides for regular review of the fitness for purpose of the facilities with recommendations and improvements made where appropriate. When reviewing facilities, medical schools should include their suitability for students with disabilities.</td>
<td>Compliant</td>
<td>A draft of UCL Estates Masterplan has recently been circulated for consultation. This is a vital piece of work designed to inform and enable the UCL Estate to best support the University’s academic mission over the next 10-15 years. The goal is to achieve this through the efficient and effective use of our built space, to provide integrity and coherence to the campus and to integrate it into the local urban fabric. The Estates Strategy Committee of the School of Life and Medical Sciences has recently drafted its own complimentary estates strategy document and this committee has representation from the Medical School (Chair of the MBBS Educational Facilities and Resources Committee) to ensure that the requirements of MBBS students are met now, and in the future.</td>
<td>For consultation and second draft in preparation</td>
<td>Strategies can be offset by the unexpected (e.g. the recent need to accommodate a UCL new-build), and there is such close physical association with the NHS Trust sites, and shared and leased facilities, that there can be knock-on effects from service reconfigurations at short notice.</td>
<td>Minutes of MBBS Facilities and Resources Committee and Minutes of School (SLMS) Estates Strategy Committee.</td>
</tr>
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Outcomes 1 – The doctors as a scholar and a scientist; Outcomes 2 – The doctor as a practitioner
Outcomes 3 – The doctor as a professional
Domain 7 – Management of teaching, learning and Assessment

Domain 7 - Management of teaching, learning and assessment

- 2010/11 Significant Change
- 2010/11 Some Work
- 2010/11 Compliant
- 2009/10 Compliant
Domain 8 - Resources

Domain 8 - Educational resources and capacity

2010/11 Significant Change
2010/11 Some Work
2010/11 Compliant
2009/10 Compliant
And What Next...
GMC Education Strategy

Key aims and objectives 2011-2013

We have grouped our aims and objectives under four headings:

- Setting and assuring standards, and valuing education and training
- Promoting effective selection, transition and progression
- Defining outcomes for education and training
- Working with partners and promoting feedback and learning.
Some key items on the education agenda

- GMC Education Strategy
- Patel Review
- QABME review
- Timing of full registration
- National Assessments
Conclusion

It is important that we can demonstrate the success of this strategy. Our overall aim is to demonstrate, by 2013, significant, visible, progress towards a coherent and proportionate framework for regulating all stages of medical education and training. It must be a system that has continuous improvement at its heart and includes standards, outcomes and a quality assurance process that can command the confidence and support of all key interests.
Summary

- The rationale for Tomorrow’s Doctors 2009
- The overall content
- The Quality Assurance of TD 2009
- Samples of the local UCL feedback
- Look to the future of the regulation of medical education
Regulatory overload? Never