

GOC response to GMC consultation on a review of the Future Regulation of Medical Education and Training

https://gmc.e-consultation.net/econsult/consultation_Dtl.aspx?consult_Id=115&status=2&criteria=l

Review recommendation 1: The review welcomes the priority placed on protecting the public within the GMC's recent strategic plan . The GMC should set out how the merger of the GMC and PMETB will benefit patients and what steps are in place to realise these benefits within a fully integrated regulatory framework for doctors.

GOC response: agree

Review recommendation 2: In integrating education and training into the regulatory framework the GMC should demonstrate robust engagement mechanisms with the public

GOC response: agree

Review recommendation 3: Following the merger the GMC should clarify and strengthen its relationships with education and training providers and the system regulators to ensure that it can fulfil its new responsibilities to be a robust and effective regulator across all stages of education and training

GOC response: agree

Review recommendation 4: The GMC should establish a national working group of key interests to address issues arising from the transitions between the different stages of education and training, including the steps it might take with others to facilitate the more effective transfer and co-ordination of information about curricula, assessments and individuals across the different stages.

GOC response: agree

Review recommendation 5: The GMC should work with others to identify and collect nationally agreed data sets to inform its processes and validate the outcomes of its regulatory activities. It should also consider how technology might be used to support this.

GOC response: agree

It would also be useful if all of the healthcare regulators were able to agree a common set of data that we could all collect & share in order to facilitate inter-regulatory consistency of our processes where appropriate.

Review recommendation 6: The GMC should not seek to extend its regulatory role into selection for undergraduate training

GOC response: agree

Review recommendation 7: The GMC should evaluate the effectiveness of its existing arrangements for engaging with students and patients.

GOC response: agree

It would be useful if the outcome of any review or areas identified as good practice could be shared amongst other healthcare regulators.

Review recommendation 8: The GMC should evaluate the impact of the 2009 revision of Tomorrow's Doctors with a view to considering the need to enhance the consistency of outputs from undergraduate medical education and, if appropriate, how that should be achieved. It should also consider whether the changes introduced in undergraduate training as a consequence of Tomorrow's Doctors have impacted on the needs and requirements of Foundation training.

GOC response: agree

Review recommendation 9: Having brought the regulation of the foundation years under one regulator, the GMC should review the quality assurance process to ensure the benefits of the merger are given effect in the Foundation Programme

GOC response: agree

Review recommendation 10: The GMC should consider whether further steps are required to ensure that processes for signing off trainees for full registration are robust.

GOC response: agree

Review recommendation 11: Subject to the outcome of the current review of the Foundation Programme, the GMC should define the outcomes required to complete the second year of the Programme, in the same way as it defines outcomes for undergraduate medical education.

GOC response: agree

Review recommendation 12: Having implemented the standards for trainers and evaluated their role and effect, the GMC should develop a framework for the accreditation of trainers.

GOC response: not sure

More detail required as to the proposed involvement of the GMC in the accreditation of trainers is required before an opinion can be reached.

Review recommendation 13: The GMC should explore the benefits and weaknesses of accrediting or approving the education and training environment in addition to approving posts and programmes.

GOC response: agree

Review recommendation 14: The GMC should develop a regulatory framework for education and training for doctors in career posts and not currently in specialist (including general practice) training programmes leading to a CCT.

GOC response: not sure

Review recommendation 15: Following merger, the GMC should review the processes leading to the award of CESRs and CEGPRs to ensure they are fair, efficient and fit for purpose, and that the processes continue to ensure standards are maintained.

GOC response: agree

Review recommendation 16: The GMC should note the recommendations of the Selection into Specialty Training Working Group report.

GOC response: N/A

Review recommendation 17: The GMC should consider the outcomes of PMETB's review of subspecialties once its Subspecialty Training Task and Finish Group has completed its work.

GOC response: agree

Review recommendation 18: To provide the public and employers with greater confidence in the fitness for purpose of the registers, and in the fitness to practise of the doctors on the registers, the GMC should explore how it might ensure greater equivalence in the standards of doctors entering the specialist and GP registers and the uncoupling of this from the certification process.

GOC response: agree

Review recommendation 19: Subject to consideration of the recommendation in section 13, any doctor undertaking a locum consultant post in the UK health services should have been accepted on to the specialist register. This should also ensure that there is consistency between specialist and GP registration.

GOC response: agree

Review recommendation 20: The GMC should update its 2004 CPD guidance and re-examine how the regulatory role in CPD should be exercised so as to support doctors in meeting the requirements of revalidation and providing high quality care for their patients, whilst preserving the value of CPD for individual professionals.

GOC response: not sure

This could be dealt with in conjunction with the GMC's development of its revalidation scheme

Review recommendation 21: The GMC should have greater legislative flexibility in the way it is able to satisfy itself that standards and outcomes are being met.

There must be a balance as there is a potential that too much flexibility could lead to inconsistencies of approach and increase the risk of a successful judicial review of its quality assurance or accreditation process/ outcome.

Review recommendation 22: The GMC should consider whether the existing mechanisms for identifying and addressing emerging problems between QABME visits could be enhanced.

GOC response: agree

The GOC has introduced an enhanced annual monitoring process to ensure QA is robust in between visits.

Review recommendation 23: The GMC should consider further whether the current focus of its quality assurance activities upon institutional processes provides sufficient assurance of the quality of outcomes and individual trainees produced by those processes, and of their progress through training

GOC response: agree

Review recommendation 24: The GMC should consider the implications of the changes to Tomorrow's Doctors for the future focus and methodology of its QABME programmes.

GOC response: agree

Review recommendation 25: The GMC should work with the systems regulators to ensure that those organisations providing education and training are held to account for meeting the required standards and outcomes.

GOC response: agree

Review recommendation 26: For there to be confidence in quality assurance processes and outcomes, representatives of all key stakeholders must be involved. As the main recipient of trainees from medical school, the UK health services have an important role in the quality assurance of medical education and training.

GOC response: agree

Review recommendation 27: The merger of PMETB with GMC will necessitate a review of the funding arrangements for the quality assurance of medical education and training. The starting point for that review should be the principle that “the beneficiary pays”.

GOC response: not sure