

U.S. Department of Education Staff

Redetermination of Comparability for United Kingdom

Prepared April 2017

Background

In Spring 1995, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the standards used by the United Kingdom (UK) to approve medical schools offering programs leading to the M.D. (or equivalent) degree in the UK were comparable to the standards of accreditation applied to M.D. degree programs in the United States. The country's comparability determination has been formally reaffirmed on a regular basis since that time. The current petition is its latest request for reaffirmation of its prior comparability determination.

Summary of Findings

Additional information is requested for the following questions. These issues are summarized below and discussed in detail under the Staff Analysis section.

-- Regarding the requirement for the country to provide the selection process of the chief academic officer of a medical school, the country has responded that the GMC does not determine or provide standards by which medical schools must follow for the selection of this position.

In addition, the country did not discuss how a quality assurance review of the medical school's practice would include the selection of a chief academic officer. Therefore, additional information is requested. The country must provide additional information regarding an established process to determine if a medical school has met qualification standards for the selection of the chief academic officer.

[Chief Academic Official, Question 2]

-- The country has responded with documents and discussions about the quality assurance review standards for financial stability. However, the agency notes it uses "experts" to review financial documents submitted by medical schools but does not identify the qualifications and training of such experts to demonstrate competence for this role. In addition, the agency has not documented to which body within the GMC these experts report.

The agency must provide documentation to demonstrate competence of the expert reviewers or additional information and documentation concerning the agency's oversight the financial stability and audit process of its schools.

[Finances, Question 1]

-- The staff analysis notes the need for the GMC to demonstrate actual review of affiliation agreements as part of the accreditation/reaccreditation site visit process. The country has provided documentation of an on site review with notes regarding the discussion of an affiliation agreement, but does not provide the sample documentation to support this requirement.

The NCFMEA may wish to enquire further regarding this matter. [Onsite Review, Question 4]

-- With regards to the use of benchmarks, the UK has described the data collection process for comparison of outcomes for medical schools but did not provide sufficient evidence of how the data is used with regards to the decision-making process for accreditation. [Accrediting/Approval Decisions, Question 4]

Staff Analysis

Part 1: Entity Responsible for the Accreditation/Approval of Medical Schools

Approval of Medical Schools, Question 1

Country Narrative

The General Medical Council (GMC) is the sole authority in the United Kingdom that decides which bodies are entitled to award United Kingdom (UK) primary medical qualifications (PMQs), that is medical degrees that may entitle the graduate to registration and a license to practice medicine in the UK.

This power - to decide who can award a medical degree - is enshrined in statute, in the Medical Act 1983 (UK). We do this by maintaining a list of bodies approved to award UK PMQs and inspecting their provision to determine whether they should remain

on the list. Currently, we have approved 31 medical schools (some medical schools are jointly run by two universities) to award UK PMQs.

To be eligible to be on the list medical schools must be affiliated to a body with the power to award a UK degree. This power is granted by the Privy Council under Section 76 of the Further and Higher Education Act 1992.

The purpose of the GMC is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. The GMC also has the function under the Medical Act 1983 of promoting standards of medical education and co-coordinating all stages of medical education.

The General Medical Council (GMC) was established under the Medical Act of 1858. It is independent of government as the dominant provider of healthcare in the UK; independent of domination by any single group; and publicly accountable for the discharge of its functions. The GMC issues an annual report on its performance and is monitored through an annual review by the Profession Standards Agency (PSA). The PSA investigates and reports on the GMC's performance, compares the GMC's performance with other regulators and, where necessary, recommends changes in the way functions are carried out. The PSA has no authority to act in relation to any of the findings on medical education.

Annex 1: The Medical Act 1983 http://www.gmc-uk.org/about/legislation/medical_act.asp#5

Annex 2: The Further and Higher Education Act 1992 <http://www.legislation.gov.uk/ukpga/1992/13/contents>

Annex 3: The list of bodies that the GMC has determined may grant UK medical degrees http://www.gmc-uk.org/education/undergraduate/awarding_bodies.asp

Analyst Remarks to Narrative

The General Medical Council (GMC) is the body granted authority according to the Medical Act 1983 (UK) to award primary medical qualifications (PMQs) for medical degrees and sets the standards for all stages of medical training and education in the UK. This authority was granted by the Privy Council under Section 76 of the Further and Higher Education Act 1992. Members of the GMC are comprised of medical practitioners, academics, and related professionals. The GMC has currently approved 31 medical schools to award UK PMQs.

Staff has also determined in Exhibit 24: MCFMEA-UK annexes that the Medical Act 1983 also grants authority to the Privy Council as a entity to certify or license medical schools. The standard notes, "if at any time it appears to the Privy Council that -
(a) the General Council have failed to secure the maintenance of the prescribed standard of proficiency at examinations; or
(b) the General Council ought to exercise any power, perform any duty, or do any act or thing vested in, imposed on or authorised to be done by them, by any provision of this Act except section 7, 10A or , 32(1) to (3), (7) or (9) . . . or paragraph 7 of Schedule 4 to this Act, the Privy Council may notify their opinion to the General Council.

(2) If the General Council fail to comply with any directions of the Privy Council relating to a notification given under subsection (1) above, the Privy Council may themselves give effect to those directions, and for that purpose may exercise any power vested in the General Council or do any act or thing authorised to be done by that Council and may of their own motion do any act or thing which under this Act they are authorised to do in pursuance of a representation or suggestion from the General Council."

http://www.gmc-uk.org/about/legislation/medical_act.asp#50

Analyst Remarks to Response

Approval of Medical Schools, Question 2

Country Narrative

In the United Kingdom, the GMC has sole responsibility for maintaining the list of bodies that may grant UK primary medical qualifications. This responsibility is also enshrined in the Medical Act 1983.

We do this by setting standards for medical schools in the publication Promoting Excellence: standard for medical education and training (Promoting Excellence) and by quality assuring medical schools through document review and inspection visits. These standards were first published in 2016. They replace Tomorrow Doctors 2009 and, for the first time, bring together standards for undergraduate, foundation and specialty, including GP training programmes and include explicit requirements that clinical placement providers must meet.

Specifically, Section 4, (1C) of the Act requires that 'The General Council shall only include in the list maintained under subsection

(1) bodies or combinations of bodies that require from candidates at examinations a standard of proficiency that conforms to the prescribed standard of proficiency.'

Section 5(2) requires the GMC to set and secure the standards for medical degree exams:

(2) For the purpose of discharging that function the General Council shall -

(a) determine the extent of the knowledge and skill which is to be required for the granting of primary United Kingdom qualifications and secure that the instruction given in or under the direction of bodies or combinations of bodies in the United Kingdom to persons studying for such qualifications is sufficient to equip them with knowledge and skill of that extent;

(b) determine the standard of proficiency which is to be required from candidates at qualifying examinations and secure the maintenance of that standard;'

While Section 7 of the Act empowers the GMC to inspect medical schools for monitoring an continued certification (ie to determine whether they should remain on the list of bodies eligible to award primary medical qualifications).

Refer to Annex 1: The Medical Act 1983 http://www.gmc-uk.org/about/legislation/medical_act.asp#5

Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 5: Our interactive guide to our Quality Assurance Framework for medical education <http://www.gmc-uk.org/education/qaf.asp>

Annex 6: The quality assurance monitoring reports and annual self assessment returns from medical schools are published here <http://www.gmc-uk.org/education/26867.asp>

Analyst Remarks to Narrative

GMC is noted in the Medical Act 1983 as the sole body responsible for setting standards and coordinating all stages of medical and education and monitoring quality assurance for the 31 schools eligible to award UK PMQs.

The Promoting Excellence (Exhibit 1) document provides the requirements and standards which must be met for GMC awards as well as information about the Quality Scrutiny Group which meets four times a year to ensure effective medical education and training quality standards and trends.

Although the Professions Standards Agency (PSA) is referenced in Q1 as the body that reviews GMCs annual performance, the UK has noted that "the PSA has no authority to act in relation to any of the findings on medical education."

Approval of Medical Schools, Question 3

Country Narrative

The GMC is the only authority that may remove a medical school's approval to award a primary medical qualification.

We would do this by removing the parent university/universities from the list of bodies awarding UK medical degrees and refuse to recognise these degrees for the purpose of registration. This would have the effect of preventing graduates from training as or practising as doctors.

The Privy Council has the power to close a medical school's parent university/universities but would not do so without taking the advice of the GMC where relevant to the performance of the medical school.

Refer to Annex 1: The Medical Act 1983 http://www.gmc-uk.org/about/legislation/medical_act.asp#5

Analyst Remarks to Narrative

The GMC is the only entity with the authority to close a medical school in the UK. As noted in the narrative, the Privy Council also has the authority to close institutions.

Accreditation of Medical Schools

Country Narrative

In the UK, the General Medical Council (GMC) is the only entity with the authority to set standards for primary medical qualifications/ undergraduate medical degrees and for conducting in-depth evaluations to accredit medical schools on the basis of those standards.

Medical schools will also be subject to internal inspection by their parent university/universities, which will in turn be inspected by the Quality Assurance Agency for Higher Education (the QAA). The QAA was established in 1997 and is an independent body funded by subscriptions from UK universities and colleges of higher education, and through contracts with the main UK higher education funding bodies. It is entrusted with monitoring and advising on standards and quality in UK higher education and reporting on these to the funding councils (the public bodies that help fund UK higher education), across the UK. The QAA will not undertake a review of medicine as a subject but an institutional audit of the parent university/universities and other subjects taught within the university. The QAA is not able to accredit medical schools for the purpose of awarding a primary medical qualification.

Refer to Annex 1: The GMC's authority to secure medical education standards are enshrined in the Medical Act 1983
http://www.gmc-uk.org/about/legislation/medical_act.asp#5

Refer to Annex 6: We publish reports on the results of our in-depth evaluations, which include any requirements for continued accreditation on our website <http://www.gmc-uk.org/education/26867.asp>

Annex 7: The QAA's website <http://www.qaa.ac.uk/about-us>

Analyst Remarks to Narrative

The Medical Act 1983 grants authority to the GMC as the entity to assess and evaluate program standards to accredit medical schools in the UK.

Accreditation of Medical Schools, Question 2

Country Narrative

The GMC sets out the operating standards for medical schools in its publication Promoting Excellence: standards for medical education. Our system for approving/accrediting and monitoring the quality of medical schools is set out in our Quality Assurance Framework.

If a university or universities wish to establish a new medical school they must first show that the Privy Council has determined that they are able to award UK degrees and that their University/Universities are meeting UK standards and quality in the award of their degrees (for example, through a positive monitoring report by the QAA).

The university/universities wishing to establish a new medical school or existing medical schools wishing to establish a new programme (eg a graduate entry programme) must submit an application form approximately three years before the first cohort is expected to start. This enables us to identify whether the appropriate resources and planning are in place. The new school is then subject to annual inspection visits from this preparatory phase until the first cohort of students graduate.

In the case of a new medical school, the GMC makes a decision about whether to add the university/universities to the list of bodies entitled to award a registerable medical degree when the first cohort of students are in their penultimate or last year.

In the case of a new programme the decision is about whether the university should remain on the list on the basis of whether the new programme is also meeting the GMC's standards (if it is not the University may be removed from the list and will no longer be able to award a registerable medical degree for any of its programmes). It is also usually made in the first cohort's penultimate or final year.

The GMC uses a number of quality assurance tools to monitor whether established medical schools continue to meet our standards. These are set out in our Quality Assurance Framework. For example we;

- survey new graduates annually about the extent to which their medical school has prepared them for practice.
- survey medical students about their degree programme to inform monitoring visits
- require annual self-assessments from medical schools, which describe how they are meeting aspects of our standards.
- conduct scheduled monitoring inspection visits (schools are visited twice in 10 years) these are now undertaken on a regional basis where we visit all medical schools and specialty medical training providers within a geographical region (or country) to make judgements about each individual organisation against our standards, and to get a picture of education and training in that area
- conduct ad hoc/responsive monitoring inspection visits when concerns have been raised with the GMC, for example by students about their placements or their exams

- share information with the QAA to identify whether there are any general concerns about the university's operation, which may have implications for the medical schools' ability to meet our standards

As a result of a responsive or scheduled visit where concerns about compliance with our standards have been validated we may set requirements that medical schools must meet in order to retain their place on the list of bodies entitled to award PMQs. If the requirements are not met the GMC may remove the university/universities from the list.

In the case of a favourable scheduled monitoring visit the result is confirmation that the University/Universities will remain on our list and continue to be entitled to award PMQs.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Refer to Annex 5: Our interactive guide to our Quality Assurance Framework for medical education <http://www.gmc-uk.org/education/qaf.asp>

Annex 8: Information for universities wishing to establish a new medical school on our system for approval http://www.gmc-uk.org/education/approvals_new%20institutions.asp

Annex 9: Information on the evidence we use for monitoring the quality of medical schools (and other organisations providing programme leading to specialist registration with the GMC) <http://www.gmc-uk.org/education/29053.asp>

Annex 10: An example report for a new school, University of Central Lancashire (attached)

Annex 11: An example report for a new medical school (Lancaster University) nearing the end of the new school approval process (attached)

Annex 12: An example of a scheduled monitoring visit report for an established school, Bristol University (attached)

Annex 13: Bristol University's response to the review (attached)

Annex 14: Bristol University's action plan for meeting the requirements set by the GMC following the monitoring visit (attached)

Analyst Remarks to Narrative

The GMC has established standards and a quality assurance framework in the Promoting Excellence publication (Exhibit 1). As described in the publication (Annex 8), new medical schools in an established university must apply three years prior to enrolling the first cohort. Annual inspection/site visits are conducted during the preparatory phase and the new program is added to the GMC's list of accredited schools during the first cohort's last year.

Medical schools submit annual reports to assess curriculum, monitor the progress of doctors, collect data from faculty input to determine good practice and current trends. The GMC also conducts on-site program monitoring twice within a 10 year period (Annex 9). Ad hoc site visits are conducted when specific student concerns are reported to the GMC. Ongoing communications with the Quality Assurance Agency for Higher Education (QAA) is a measure used to maintain quality with the medical school programs in the UK. The GMC uses information from the QAA to identify general university issues or concerns that could have an impact on the medical program and its ability to meet GMC standards.

Validation of a program's compliance with GMC standards retains the medical school's place on the list of bodies entitled to award PMQs. Universities which do not meet the standards are removed from the GMC list and those students are not eligible to receive PMQs and, ultimately, unable to practice in the UK.

Part 2: Accreditation/Approval Standards

Mission and Objectives, Question 1

Country Narrative

Yes. As part of the new school approval process the GMC will ask schools to outline the philosophy of the school's medical courses and will check that their programmes are based on our standards for medical schools, Promoting Excellence:, which ensure that the curriculum, assessments and educational experience are in the interests of patients and the public.

These standards require:

'S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.'

'S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.'

The detailed requirements include:

'R2.18 Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical

students who are fit to practise as doctors are permitted to graduate with a primary medical qualification.'

'R5.5 Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation.'

The learning outcomes in the Outcomes for graduates that must underpin all undergraduate educational programmes contain specific references to serving the public interest. For example, graduates must have opportunities in their educational programme to learn and demonstrate the following:

' 23. Protect patients and improve care.

a. Place patients' needs and safety at the centre of the care process.

b. Deal effectively with uncertainty and change.

c. Understand the framework in which medicine is practised in the UK, including: the organisation, management and regulation of healthcare provision; the structures, functions and priorities of the NHS; and the roles of, and relationships between, the agencies and services involved in protecting and promoting individual and population health.

d. Promote, monitor and maintain health and safety in the clinical setting, understanding how errors can happen in practice, applying the principles of quality assurance, clinical governance and risk management to medical practice, and understanding responsibilities within the current systems for raising concerns about safety and quality.'

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated (attached)

Analyst Remarks to Narrative

The country narrative sites GMC standards criterion (Exhibit 1) which must be met by each medical school eligible to award PMQs and address student learning outcomes and the educational mission(s) which serve public interest.

The publication, "Outcomes for graduates" (Exhibit 2) establishes learning objectives and guidelines that address graduate's knowledge, skill, and competence to "evaluate and apply epidemiological data in managing healthcare for the individual and the community."

Mission and Objectives, Question 2

Country Narrative

While medical schools may set their own mission and philosophy, we have defined educational objectives (in terms of the content of the educational programme) for all UK medical schools within the publication Outcomes for graduates.

Our standards Promoting Excellence, require that all medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates. (Standard 5.1)

To gain and maintain accreditation medical schools must ensure their programme must comply the standards we set in Promoting Excellence and must ensure that students have opportunities to develop the competence and demonstrate the outcomes required of all graduates, as set out in Outcomes for graduates.

We have also set explicit requirements in Promoting Excellence that require these standards to form the basis for evaluating the effectiveness of the programme. The standards require that '(t)he educational governance system continuously improves the quality and outcomes of education and raising by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met. (Standard 2.1)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated, (attached)

Analyst Remarks to Narrative

The GMC has published learning outcomes for graduates of accredited medical schools (Exhibit 2). Faculty are responsible for ensuring that the learning experiences and objectives, which are based on GMC standards, are met by each graduate.

Faculty have an opportunity to submit evaluations about the effectiveness of a program by submitting an annual report to the GMC. These reports include "an overview of medical specialty education and training from the perspective of the Medical Royal Colleges or Faculties who represent the profession and have a key role in managing and improving the quality of specialty training for doctors (Exhibit 24)."

Mission and Objectives, Question 3

Country Narrative

In order to gain and maintain a place on the list of bodies that can award UK primary medical degrees, medical schools and their parent university/universities must demonstrate that the Outcomes for graduates are adopted fully and decisions to graduate of students are only made on the basis that the outcomes have been demonstrated.

Promoting Excellence states that 'Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. (Standard 2.18)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated, (attached)

Analyst Remarks to Narrative

As noted in the country's narrative, medical schools must demonstrate that the Outcomes for graduates (Exhibit 2) has been adopted and that decisions regarding graduates are based on those outcomes in order to be included on the UK list of awarding institutions.

Theme 2: Educational governance and leadership (Exhibit 1) reads, "colleges, faculties, and specialty association develop and maintain curricula and assessment frameworks according to the standards for curricula and assessment set by the GMC." The Standard also notes that "the educational and clinical governance systems are integrated, allowing organizations to address concerns..." and "the educational governance systems makes sure that education and training is fair and based on principles of equality and diversity."

Mission and Objectives, Question 4

Country Narrative

The GMC has specified outcomes-based objectives in our publication Outcomes for graduates, which are set at the level for provisional registration with the GMC and practice in the UK as a provisionally registered doctor with a license to practice. These outcomes were widely consulted on, including with members of the profession, medical students and the public.

The outcomes are the foundation for all UK medical school programmes. Our standards Promoting Excellence, requires that all medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates. (Standard 5.1)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated, (attached)

Analyst Remarks to Narrative

As found in previous sections and described in the country narrative, Outcomes for graduates (Exhibit 2) is a publication of the outcomes and associated lists of practical procedures are the "standards for the delivery of teaching, learning and assessment" for graduates of medical schools on the GMC list of approved institutions to award PMQs.

Analyst Remarks to Response

Mission and Objectives, Question 5

Country Narrative

Graduation from a medical school on the GMC's list entitles the graduate to apply for provisional registration pending satisfaction of fitness to practise criteria. Therefore the GMC requires only those students who are fit to practise as doctors should be allowed

to complete the curriculum and gain provisional registration with the GMC (Requirement 2.18)

In Outcomes for graduates, the GMC sets the learning outcomes medical students are expected to demonstrate in order to graduate with a degree in medicine. "When students get close to graduating, their knowledge, skills, attitudes and behaviour must be thoroughly assessed to determine their fitness to practise." (paragraph 65, page 22).

These outcomes are structured in three sections and together they set out the skills, knowledge and behaviours that graduates must demonstrate in order to practice as provisionally registered doctors:

'Outcomes 1 - The doctor as a scholar and a scientist (paragraphs 8-12)

Outcomes 2 - The doctor as a practitioner (paragraphs 13-19)

Outcomes 3 - The doctor as a professional (paragraphs 20-23)'

These outcomes include an explicit requirement to 'Establish the foundations for lifelong learning and continuing professional development, including a professional development portfolio containing reflections, achievements and learning needs.' (paragraph 21b)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduates must have demonstrated, (attached)

Analyst Remarks to Narrative

As noted in the country's narrative, the GMC only allows medical schools to award PMQs to students who complete program requirements and also requires the graduate to submit a provisional registration as a practitioner. The GMC has published Outcomes for graduates (Exhibit 2) that are based on Council standards. The narrative also includes points within the publication that specifically address graduate qualifications (Outcomes 1, 2) and the ability to provide competent patient care (Outcome 2).

Along with the Outcomes noted in the narrative, Department staff found Standard S3.1 in the Promoting Excellence publication (Exhibit 1) which addresses the requirement that "learners must be supported to meet professional standards, as set out in "Good medical practice" and other standards and guidance that uphold the medical profession."

Governance, Question 1

Country Narrative

The GMC requires medical schools' parent universities to be named in the list of bodies awarding UK medical degrees. The parent universities must therefore also be given the power to award degrees by the Privy Council.

Medical schools must satisfy the standards, including those on curricula content and assessment systems, which are laid out in Promoting Excellence.

As the UK is a member state of the European Union basic medical training must also meet the requirements set out in Article 24 of EU Directive 2005/36/EC:

- "1. Admission to basic medical training shall be contingent upon possession of a diploma or certificate providing access, for the studies in question, to universities.
2. Basic medical training shall comprise a total of at least six years of study or 5 500 hours of theoretical and practical training provided by, or under the supervision of, a university. For persons who began their studies before 1 January 1972, the course of training referred to in the first subparagraph may comprise six months of full-time practical training at university level under the supervision of the competent authorities.
3. Basic medical training shall provide an assurance that the person in question has acquired the following knowledge and skills:
 - (a) adequate knowledge of the sciences on which medicine is based and a good understanding of the scientific methods including the principles of measuring biological functions, the evaluation of scientifically established facts and the analysis of data;
 - (b) sufficient understanding of the structure, functions and behaviour of healthy and sick persons, as well as relations between the state of health and physical and social surroundings of the human being;
 - (c) adequate knowledge of clinical disciplines and practices, providing him with a coherent picture of mental and physical diseases, of medicine from the points of view of prophylaxis, diagnosis and therapy and of human reproduction;
 - (d) suitable clinical experience in hospitals under appropriate supervision."

Refer to Annex 3: The list of bodies that the GMC has determined may grant UK medical degrees http://www.gmc-uk.org/education/undergraduate/awarding_bodies.asp

Annex 16: EU Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the Recognition of Professional Qualifications <http://eur-lex.europa.eu/LexUriServ/site/en/consleg/2005/L/02005L0036-20070101-en.pdf>

Analyst Remarks to Narrative

The country states that all medical schools "must be affiliated with a body (university/universities)" granted power by the Privy Council to award a UK degree.

Along with the EU Directive 2005/36/EC of the European Parliament and of the Council of 7, the country sites the GMC in a previous section as "the entity with the authority to set standards for primary medical qualifications,/undergraduate medical degrees and for conducting in-depth evaluations to accredit medical schools on the basis of those standards."

Governance, Question 2

Country Narrative

The administrators of medical schools are held accountable by the school's parent university/universities, the GMC and the appropriate UK higher education funding council, if receiving public funds.

Analyst Remarks to Narrative

As noted in the narrative and in the previous section, the country sites the parent university/universities as the accountability authority of medical school administrators. However, in Q1, the country provides information that all medical schools "must be affiliated with a body (university/universities)" granted power by the Privy Council to award a UK degree. The country also notes the "appropriate UK higher education funding council" as an external entity with the authority to the accountability of medical school administrators.

Department staff has found that the Further and Higher Education Act 1992, Section 76 (3) (6) grants authority to the Privy Council to "specify any institution which provides higher education as competent...to grant by virtue of the order to persons who complete the appropriate course of study or, as the case may be, programme of supervised research on or after the date specified in the order (Section 76 (3))." The Privy Council also has the authority to allow "the institution to determine in accordance with any relevant provisions of the instruments relating to or regulating the institution the courses of study or programmes of research, and the assessments, which are appropriate for the grant of any award and the terms and conditions on which any of the powers conferred (Section 76 (6))."

Department staff has also found that the Further and Higher Education Act 1992, Section 29 subsection (9) grants authority to the Secretary of State to serve as an "instrument providing for the constitution of the governing body of an institution" and the Secretary of State will, before exercising any power shall consult—

(a) the governing body of the institution, and (b) where there is such a power as is mentioned in subsection (3)(b) above to make or, as the case may be, modify the instrument and the persons having that power are different from the governing body of the institution, the persons having the power, so far as it appears to him to be practicable to do so.

Administrative Personnel and Authority, Question 1

Country Narrative

To ensure the effective administration of the medical school's educational programmes, Promoting Excellence: standards for medical education and training states that medical schools 'must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support. (Requirement 1.19)

The standards also include a number of explicit resource and administration requirements. For example, 'medical schools must have one or more doctors at the school who oversee medical students' educational progression.' (Requirement 2.13)

Beyond oversight of students' progression, our standards require that 'Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities. (Requirement 4.1). Medical schools must also ensure that trainers have enough time in their job plans (Requirement 4.2) and access to appropriately funded resources they need to meet the

requirements of the training programme or curriculum.(Requirement 4.3)

The standards set out the expectation that recruitment, selection and appointment of learners and educators is administered and resourced to ensure open, fair and transparent processes. (Requirement 2.20). There is also a requirement for effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training. (Requirement 2.1)

In relation to student support, our standards require that students ' Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including; confidential counselling services, careers advice and support and occupational health services. (Requirement 3.2)

For clinical placements, our standards require that medical schools have explicit agreements with hospitals and other placement providers to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met. (Requirement 2.6) These agreement must ensure that 'there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.' (Requirement 1.7) We also require that there is at least one doctor at each placement provider to supervise students and ensure their activities are of educational value. (Requirement 2.13)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The GMC standards provide guidance and expectations for medical schools to ensure sufficient and appropriate personnel and effective administration are in place as medical school leadership. The standards also outline explicit requirements for faculty and educators to "receive an appropriate induction to their role, access to appropriately funded professional and training for their role, and an appraisal against their educational responsibilities."

Standards to ensure appropriate business administration and relationships with health facilities must be met to ensure that medical schools "have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners..."

Administrative Personnel and Authority, Question 2

Country Narrative

Medical schools must be resourced to deliver a programme that meets the requirements in Promoting Excellence: standards for medical education and training.

As part of the quality assurance process the GMC will request documentary evidence of the school's supervisory structures including how the school interacts with its parent university/universities. In addition to analysis of this evidence the GMC will review the evidence with academic management staff during the visit and request university regulations as appropriate. The GMC will review the documentation submitted and evidence given in interviews to determine the extent to which the head of the medical school is able to resource the medical education programme. Requirements will be imposed on medical schools when there is evidence that the head of medical school is unable to resource the programme in accordance with the requirements of the standards.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As described in the narrative in Q1, the country has recognized that the GMC's quality assurance process requires "educators [to be] selected against suitable criteria and receive and appropriate professional development and training for their role" including a requirement for effective, transparent, and clearly understood educational governance systems and processes.

The GMC standards also require the review of a school's structure during site visits and report documentation to determine "the extent to which the head of the medical school is able to resource the medical education program."

The narrative also provides standards that govern oversight and corrective actions should a school fail to meet the requirement.

Administrative Personnel and Authority, Question 3

Country Narrative

In Promoting Excellence states that all educators (not just department heads) must 'have access to appropriately funded resources they need to meet the requirements of the (...) curriculum.'(Requirement 4.3)

The quality assurance visit team will require evidence of effective evaluation of the medical education provision against Promoting Excellence, including evidence of corrective action taken where evaluation has demonstrated inadequate resources to deliver a curriculum. Documentary evidence will be triangulated with interviews from academic and clinical staff, students and other available information to determine whether those managing and delivering the curriculum have the appropriate resources, training and authority to enable them to do so.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The country's standards and processes require that all educators (not just department heads) have sufficient access to resources and authority to instruct students effectively, This is confirmed by the site visit team through interviews, observation, and review of materials.

Chief Academic Official, Question 1

Country Narrative

The GMC does not set requirements for the appointment of medical school faculty. These appointments are at the discretion of individual medical schools though they must meet the appropriate regulations of the parent university/universities and UK employment law.

As noted above, we do however require that a the staff member overseeing medical students' educational progression is medically qualified. (Requirement 2.13)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The narrative notes that the GMC relies on the discretion of the university to require appropriate qualifications of its chief academic official, but does require that the "staff member overseeing medical students' educational progression is medically qualified." This one requirement does not address the requirements of this section that the chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care.

Country Response

In the United Kingdom, the Chief Academic who is the senior leader of the medical school is generally called a Dean or Head of School. The titles vary to some extent but all are medically qualified and of academic standing so that they are able to provide leadership in medical education, scholarly activity and in patient care. All medical schools are members of the Medical Schools Council, which publishes a list of the Chief Medical Officer equivalent role on the website here: <http://www.medschools.ac.uk/Members/Pages/Dean-List.aspx> and all universities publish information on the qualifications of their Chief Medical Officer on their appointment so the information is transparent and easily accessible on the internet.

In addition to the Chief Medical Officer, every medical school has senior staff who are medically qualified and hold education qualifications (often a master's degree in medical education). These staff are responsible for developing and continuously improving the curriculum and assessment programme.

We haven't therefore found it necessary, in the UK context, to prescribe which specific qualifications are acceptable for the Chief Medical Officer. We do however ask for a list of staff and their qualifications as part of our Quality Assurance Reviews and we have identified instances where there were insufficient numbers of suitably qualified staff below the Chief Medical Officer role to manage curriculum development.

We are conscious that our standards need to be future-proof and if we do identify a medical school that appoints a Dean/Chief Medical School Officer who is not medically qualified or does not have appropriate scholarly and education credentials then,

notwithstanding the lack of prescribed specific qualifications, our standards would enable us to challenge the appointment and set requirements.

Specifically, the requirements in our standards Promoting Excellence in Medical Education and Training, Theme 4 Supporting Educators would be triggered. Our standards require that:

‘S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.’
Furthermore, there is an explicit requirement for medical qualifications. Our standards require they act ‘in line with professional guidance for all doctors – they must be positive role models demonstrating good medical practice. They are expected to maintain and continue to develop knowledge and skills on an ongoing basis through continuing professional development.’

Analyst Remarks to Response

In response, the country notes that the chief academic officer is, generally, a dean or academic official of a medical school which must meet the Medical School Council, which publishes an equivalent role for this position at <http://www.medschools.ac.uk/Members/Pages/Dean-List.aspx>.

The country also provided documentation that the GMC standards ensure that the chief academic officer has the medical qualifications and experience necessary, such as Quality Assurance Reviews, to provide leadership in medical education, scholarly activity, and patient care and that policies are in place to ensure an appropriate appointment for this position.

Staff Conclusion: Comprehensive response provided

Chief Academic Official, Question 2

Country Narrative

The GMC does not set requirements for the appointment of medical school faculty. These appointments are at the discretion of individual medical schools though they must meet the appropriate regulations of the parent university/universities and UK employment law.

Analyst Remarks to Narrative

As noted in the previous section, GMC does not have requirements or standards to establish the qualifications of a chief academic officer, nor does it have a required selection process.

Country Response

As noted in our submission, the GMC is not able to prescribe selection processes for Universities in the UK. However if there were instances of concern about the fairness of the process or the appropriateness of an appointment to the Chief Medical Officer role called into question the selection process then Promoting Excellence in Medical Education and Training, Theme 4 Supporting Educators would be triggered again. In addition to the requirements for appropriate educational and medical expertise, our standards require that the selection process is merit based and against transparent and appropriate criteria. Our standards require ‘R4.1 Educators must be selected against suitable criteria’

Analyst Remarks to Response

The country has responded that the GMC defers to the medical school to select the chief academic officer. Although there are qualification standards for the position and a requirement (R4.1) for a merit based selection process, the country does not determine or provide standards by which medical schools must follow for the selection of this position or a quality assurance review of the practice within accredited medical schools.

In addition, the country has discussed the policy manual's documentation of the requirement for a merit based and transparent selection process (R4.1) but does not discuss the on site review or quality assurance review process to determine if the medical school has met the requirement.

Staff Conclusion: Additional Information requested

Faculty

Country Narrative

In the UK, faculty members are generally involved in admissions decisions and design and delivery of all phases of the curriculum. Senior faculty will be involved in hiring, retention, promotion and disciplinary decisions. The GMC does not prescribe specific arrangements; each medical school will develop arrangements suitable for their size of cohort and type of programme.

Our standards do however require that faculty members are selected, trained and appraised as appropriate for the education and training responsibilities they take on (Requirement S4.1).

Additionally, when reviewing documentary evidence and undertaking interviews to test whether medical schools regularly evaluate and review their curricula and assessment frameworks (Requirement 2.4) GMC quality assurance visit teams will look for evidence of meaningful faculty engagement, along with decisions about change that are linked to a clear evidence base or rationale.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As described in the narrative, the UK, by way of the GMC (Requirement S4.1), ensures that faculty have the credentials and are involved in various areas of the administrative structure. Institutions report faculty qualifications and activities in the annual performance report.

Remote Sites, Question 1

Country Narrative

In a small number of instances UK medical schools have campuses and clinical sites outside the UK.

The quality assurance process for a medical school programme covers all sites that the programme is delivered across ie all campuses and clinical placements. If the standards in Promoting Excellence are not met on any one of the campuses or clinical sites, the parent university risks losing its place on the GMC's list of bodies that award UK primary medical qualifications. In practice this would mean that it would no longer be able to issue medical degrees to any of its graduates, regardless of which campus and clinical placements they completed their training in. This is a very strong lever to ensure that, from the outset, medical schools plan to meet GMC standards in all of their provision.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As reported in the narrative, the UK identifies the small number of instances where medical schools have campuses and clinical sites outside of the UK. Department staff has found the example of the Hull York Medical School, which has a program that is delivered at the University of Hull as well as the University of York. However, GMC quality assurance standards are in place to measure performance and demonstrated accountability to ensure that the administration and governance are comparable for both institutions (R2.6).

Remote Sites, Question 2

Country Narrative

Yes, there are a few medical schools with more than one campus in the UK, for example Hull York Medical School, which delivers its programme across both the University of Hull and the University of York. There are also a small number of medical schools that have campuses and clinical placements outside the UK.

As noted above, the quality assurance process for a medical school programme covers all sites that the programme is delivered across ie all campuses and clinical placements. The quality assurance inspection will include visits to locations where the course is delivered and sample sites to verify documentary evidence. The medical school must demonstrate effective monitoring, using multiple sources and appropriate corrective action taken in relation to all teaching sites. All sites must deliver a comparable educational experience in that all sites must meet the requirements set out in Promoting Excellence: standards for medical education and training.

During the quality assurance inspections, the visiting team will test the level of integration across administrative and governance functions to ensure that the UK medical school and parent university has effective systems in place to ensure that all of its provision meets the standards in Promoting Excellence.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 17: An example quality assurance report for a medical school programme (St George's Medical School, London with the University of Nicosia) delivered outside the UK where integration of systems (this time focusing on exams) was tested (attached)

Analyst Remarks to Narrative

As noted in the previous section, the UK, by way of the GMC, evaluates quality assurance standards for all medical schools programs to measure performance and demonstrated accountability to ensure that the administration and governance are comparable for both institutions (R2.6).

As noted in the narrative, the UK has identified various medical schools with more than one campus for established procedures such as site visits and performance monitoring to ensure that all sites deliver comparable performance, progression, and outcomes outlined in the Promoting Excellence standards (R2.5).

Department staff has also found that the GMC standards include governance and administration standards, such as faculty placement at each location to coordinate training, activities, and the educational value at the medical school (R2.13) and that "organizations must have systems to make sure that education and training comply with all relevant legislation (R2.19).

Program Length, Question 1

Country Narrative

The UK is a member state of the European Union.

Annex 16: A list of member states is available at https://europa.eu/european-union/about-eu/countries/member-countries_en

Additionally the UK's status as a member of the EU can be confirmed within the European Directive 2005/36/EC where the requirements for six years or 5500 hours is made <http://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32005L0036>

Analyst Remarks to Narrative

As noted in the narrative, the UK requires six years and 5500 hours as mandated by its EC status which supports the program length as described (Annex 16).

Curriculum, Question 1

Country Narrative

In the Outcomes for graduates, the GMC sets the outcomes students are expected to demonstrate in order to graduate with a medical degree. These outcomes are structured into three parts:

Outcomes 1 - The doctor as a scholar and a scientist (paragraphs 8-12)

Outcomes 2 - The doctor as a practitioner (paragraphs 13-19)

Outcomes 3 - The doctor as a professional (paragraphs 20-23)

These outcomes include requirements that graduates will be able to apply the following to medical practice: biomedical scientific principles (paragraph 8); psychological principles, method and practice (paragraph 9); social science principles, method and knowledge (paragraph 10); and, principles, method and knowledge of population health and the improvement of health and health care (paragraph 11). Graduates must also be able to scientific method and approaches to medical research (paragraph 12).

Refer to Annex 15: Outcomes for graduates (attached)

Analyst Remarks to Narrative

As discussed in the narrative, the GMC has published a list of procedures and standards for the delivery of teaching, learning, and assessment in medical education (Exhibit 2). These standards include outcomes for graduates of approved medical schools. They are:

Outcome 1: the doctor as scholar and a scientist will be able to "apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology."

Outcome 2: the doctor as a practitioner will be able to "carry out a consultation with a patient." This outcome includes diagnostic procedures and basic patient assessments (Exhibit 2).

Outcome 3: the doctor as a professional will be able to "behave according to ethical and legal principles."

Each outcome lists the criteria which the doctor must meet as a requirement of the overall outcome.

Curriculum, Question 2

Country Narrative

Please see response for Section 4 (b) curriculum.

Promoting Excellence: medical education and training requires medical schools to provide 'learning opportunities that integrate basic and clinical science, enabling (students) to link theory and practice'. (Requirement 5.4(e))

The Outcomes for graduates (Tomorrow's doctors) include the ability to 'apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology.' (paragraph 8)

Additionally, there are explicit outcomes relating to prescribing and relating to therapeutic procedures:

'8(f) Demonstrate knowledge of drug actions: therapeutics and pharmacokinetics; drug side effects and interactions, including for multiple treatments, long term conditions and non-prescribed medication; and also including effects on the population, such as the spread of antibiotic resistance.'

'17 Prescribe drugs safely, effectively and economically'

'18(b) Be able to perform a range of therapeutic procedures, as listed in Appendix 1.'

Graduates must also be able to 'apply to medical practice the principles, method and knowledge of population health and the improvement of health and healthcare.' (Paragraph 11). This includes:

11(a) Discuss basic principles of health improvement, including the wider determinants of health, health inequalities, health risks and disease surveillance.

11(b) Assess how health behaviours and outcomes are affected by the diversity of the patient population.

11(d) Discuss the principles underlying the development of health and health service policy, including issues relating to health economics and equity, and clinical guidelines.

Recognising that medicine is a fast changing professions, both in terms of new knowledge about disease and the structures, policy and context for practice. The Outcomes therefore also include 'deal(ing) effectively with uncertainty and change'. (paragraph 23(b))

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated (attached)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the narrative and in previous sections, the UK, by way of the GMC has published standards which "outline the learning outcomes required of medical students and the standards that medical schools must meet when teaching, assessing and providing learning opportunities for medical students (Exhibit 1)," which appear to include all subjects noted in this question.

Also noted in the narrative is a descriptive analysis of graduate outcomes including "'apply to medical practice the principles, method and knowledge of population health and the improvement of health and healthcare."

Department staff has also found that the GMC standards also include strategies for "dealing with uncertainty and change" in with postgraduate training and clinical placements (R5.9).

Curriculum, Question 3

Country Narrative

Promoting Excellence: medical education and training requires medical schools to give 'sufficient practical experience to achieve the learning outcomes required for graduates'.(Requirement 5.4(a))

These learning outcomes include 'apply(ing) scientific method and approaches to medical research'. (Paragraph 12)

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated (attached)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The UK provides opportunities for research and scholarly activities with standards that address sufficient practical experiences and learning outcomes for graduates as noted in the narrative.

Department staff has also determined that the GMC has program standards (Exhibit 2) which require that "doctors in training must have information about academic opportunities in their program" (R3.8) and "medical students must have appropriate support while studying outside the medical school, including on electives... (R3.9)."

Curriculum, Question 4

Country Narrative

The GMC does not prescribe learning methods, we consider that medical schools are best placed to develop educational approaches that fit their curriculum and context.

We do however require the medical schools provide opportunities for graduates to '(e)establish the foundations for lifelong learning and continuing professional development'. (Paragraph 21(b))

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated (attached)

Analyst Remarks to Narrative

As discussed in the narrative, the GMC has published standards for graduates to establish continuing lifelong learning and professional development opportunities.

Department staff has also determined that the GMC has published standards whereby "learners are responsible for their own learning and achieving the learning outcomes required by the curriculum (Exhibit 1: p. 23).

Curriculum, Question 5

Country Narrative

The GMC does not require medical schools to make available 'service learning' opportunities. The GMC is commitment to fostering innovation within a regulatory framework it does not prescribe how medical schools provide educational experience in detail, it is for the medical schools to develop teaching and learning approaches that enable their students to demonstrate the learning outcomes in the Outcomes for graduates (Tomorrow's doctors).

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated (attached)

Analyst Remarks to Narrative

The UK describes the GMC's regulatory framework as not prescribing how medical schools provide educational experience(s) in detail. However, Department staff has determined that the GMC's published standards (Exhibit 1) lists a requirement that organizations provide opportunities where "learning will be facilitated through effecting reporting mechanisms, feedback and local clinical governance activities (p.10)." This standard addresses the clinical activities as a learning experience with an opportunity for preparation and reflection.

Curriculum, Question 6

Country Narrative

The Outcomes for graduates requires that medical programmes enable students to demonstrate application of 'biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology.'

We further require that the graduate will be able to:

8(a) Explain normal human structure and functions.

8(b) Explain the scientific bases for common disease presentations.

8(c) Justify the selection of appropriate investigations for common clinical cases.

8(d) Explain the fundamental principles underlying such investigative techniques.

8(e) Select appropriate forms of management for common diseases, and ways of preventing common diseases, and explain their modes of action and their risks from first principles.

8(f) Demonstrate knowledge of drug actions: therapeutics and pharmacokinetics; drug side effects and interactions, including for multiple treatments, long term conditions and non-prescribed medication; and also including effects on the population, such as the spread of antibiotic resistance.

8(g) Make accurate observations of clinical phenomena and appropriate critical analysis of clinical data.

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated (attached)

Analyst Remarks to Narrative

As noted in the narrative and published in the GMC standards (Exhibit 2), curriculum in medical schools must include instruction in "biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology."

Although the standards do not specifically list preventive medicine, the standards require that the graduate will be able to "discuss the principles and application of primary, secondary and tertiary prevention of disease (11i)" which can be considered preventive practices.

Curriculum, Question 7

Country Narrative

Due to our commitment to foster innovation in teaching and learning, we have not set specific requirements for laboratory activities. We do however require that students have opportunities to demonstrate that they can make accurate observations of clinical phenomena and appropriate critical analysis of clinical data. (Paragraph 8(g))

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated (attached)

Analyst Remarks to Narrative

The narrative describes the country's requirement for laboratory activities and notes the GMC requirement (Exhibit 2) that graduates are able to "make accurate observations of clinical phenomena and appropriate critical analysis of clinical data (8g)."

In addition, the standards also note the requirement for programs to provide curriculum and instruction on diagnosing and managing clinical presentations whereby graduates will be able to make clinical judgments and decisions, based on the available evidence (14g) as an observation of biomedical phenomena.

Clinical Experience, Question 1

Country Narrative

Given the GMC's commitment to diversity and innovation within undergraduate medical education we do not prescribe how medical schools deliver the curriculum or which specialties students must undertake placements within.

However, in Promoting Excellence: standards for medical education and training we require medical school curricula to give medical students:

'5.3(a) early contact with patients that increases in duration and responsibility as students progress through the programme'

'5.3(b) experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor'

'5.3(c) the opportunity to support and follow patients through their care pathway'

'5.3(d) the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics'

'5.3(h) at least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work'

'5.4(e) the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working'

We have very detailed learning outcomes related to clinical experience within the Outcomes for graduates (Tomorrow's), which include therapeutic procedures and practical skills. The following learning outcomes are also included:

'14 Diagnose and manage clinical presentations.'

'14(h) Support patients in caring for themselves.'

'16(b) Diagnose and manage acute medical emergencies.'

The Outcomes for graduates (Tomorrow's doctors) are set at the level of provisional registration and mapped to the requirements of the UK Foundation Programme, where graduates/newly registered doctors may work and train in a range of acute and community settings.

We check that these learning outcomes are embedded within medical schools' curricula and assessment processes through review of documentation such as curriculum and module guidance and assessment blueprints. We then test these documents through interviews with educators and students.

Refer to Annex 15: Outcomes for graduates (attached)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The narrative provides information that meets the standard that clinical instruction is designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine. The GMC standards require medical schools to develop and implement curricula and assessment (R5.3) that must give medical students "experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor (b)" and "the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates (f)."

Clinical Experience, Question 2

Country Narrative

All UK medical schools, including those with campuses and placements overseas provide clinical experience to enable students to meet the Outcomes for graduates (Tomorrow's doctors).

Our standards very clearly set out the requirement that 'medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme.' (Requirement 2.18)

Refer to Annex 15: Outcomes for graduates (attached)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the narrative, the GMC has standards which require medical schools to ensure that graduates meet specific qualifications to practice with a medical degree (R2.18).

In addition, Department staff has determined that the published "Outcomes for graduates" address the requirements of this question (Exhibit 2). Specifically, the GMC requires that graduates must "know about and keep to the GMC's ethical guidance and standards including 'Good medical practice' the duties of a doctor registered with the GMC and supplementary ethical guidance which describe what is expected of all doctors registered with the GMC (20(a))."

These combined standards ensure that the country's medical schools are designed to equip graduates with the knowledge, skills, and dispositions necessary for further training.

Clinical Experience, Question 3

Country Narrative

The standards in Promoting Excellence apply to all clinical settings and the Outcomes for graduates may be achieved in a range of placements and settings.

The standards require medical schools to provide 'experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor' (Requirement 5.3(b)) and 'the opportunity to support and follow patients through their care pathway' (Requirement 5.3(c)). They also require 'at least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work (Requirement 5.3(h))'

The fundamental guiding requirement is that graduates must be fit to practise (as provisionally registered doctors) (Requirement 2.18). Because provisionally registered doctors may be required to train and practice in a range of settings, including emergency departments, hospital wards, outpatient clinics and community settings, in practice, students must also gain across a range of settings to prepare them for practise.

In October 2015 we published commissioned research 'Identifying the work activities performed by doctors in the Foundation Programme', which tested the relevance of the Outcomes for graduates (Tomorrow's doctors) against a range of Foundation Programme training posts for provisionally registered doctors.

Every year we survey all provisionally registered doctors in training posts in the UK, asking them how well their medical school has prepared them for practice and publish our findings on our web site by graduating medical school. We also interview provisionally registered doctors on quality assurance visits.

Refer to Annex 15: Outcomes for graduates (attached)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 19: The reports on surveys of medical students' fitness to practice are published on our web site <https://reports.gmc-uk.org/views/NTSpreparedness2015-Public/MainMenu?:tabs=no&:toolbar=no&:embed=y#1>

Annex 20: Identifying the work activities performed by doctors in the Foundation Programme <http://www.gmc-uk.org/about/research/28020.asp>

Analyst Remarks to Narrative

The country notes that the GMC standards for medical schools (Exhibit 1) requires that graduates have experience in a range of specialties and with diverse patient groups. Medical students have an opportunity to become part of an assistantship team with exposure as a "foundation doctor" while assisting doctors under appropriate supervision. The standards for graduate outcomes (Exhibit 2) require graduates to be fit to practice with competencies in a variety of specialties upon completion of the program.

Department staff has also determined that the country meets the requirement for medical students to have opportunities for research and scholarly activities with faculty by noting the standard (Exhibit 1) that medical schools in the UK must have "systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on learning placements, and must respond when standards are not being met (R2.6)."

Supporting Disciplines

Country Narrative

Due to our commitment to foster innovation within the regulatory framework, we do not set detailed requirements for experience in supporting disciplines. However we do require that students 'have the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working'. (Requirement 5.4(e)) In practice this is likely to include exposure to a range of supporting disciplines.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The GMC standards require each medical school to implement policies for learner experiences in diagnostic imaging and clinical pathology. In addition, the standards (Exhibit 1) require learners to 'have the opportunity to work and learn with other health and social care professionals and students to support inter-professional multidisciplinary working" (R5.4(e)).

Department staff has also found the GMC standard (Exhibit 1) which requires medical school curricula to provide learners with "experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor" (R5.3 (b)).

Ethics, Question 1

Country Narrative

Ethical practice and human values are at the heart of Good Medical Practice, our guidance for medical professionals and the basis of the Outcomes for graduates.

The Outcomes require that 'the graduate will be able to behave according to ethical and legal principles' (Paragraph 20). The graduate will be able to:

'20(a) Know about and keep to the GMC's ethical guidance and standards including Good medical practice, the 'Duties of a doctor registered with the GMC' and supplementary ethical guidance which describe what is expected of all doctors registered with the GMC.'

'20(b) Demonstrate awareness of the clinical responsibilities and role of the doctor, making the care of the patient the first concern. Recognise the principles of patient-centred care, including self-care, and deal with patients' healthcare needs in consultation with them and, where appropriate, their relatives or carers.'

'20(c) Be polite, considerate, trustworthy and honest, act with integrity, maintain confidentiality, respect patients' dignity and privacy, and understand the importance of appropriate consent.'

'20(d) Respect all patients, colleagues and others regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status. Graduates will respect patients' right to hold religious or other beliefs, and take these into account when relevant to treatment options.'

'20(e) Recognise the rights and the equal value of all people and how opportunities for some people may be restricted by others' perceptions.'

'20(f) Understand and accept the legal, moral and ethical responsibilities involved in protecting and promoting the health of individual patients, their dependants and the public - including vulnerable groups such as children, older people, people with learning disabilities and people with mental illnesses.'

'12(d) Understand the ethical and governance issues involved in medical research.'

Our standards in Promoting Excellence require that 'medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates'. (Standard 5.1). Through review of curriculum documentation, assessment blueprints, exam papers and interviews with staff and students the quality assurance visit teams check that students have opportunities to achieve the outcomes related to ethical practice.

Refer to Annex 15: Outcomes for graduates (attached)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The GMC standards for graduate outcomes (Exhibit 2) discusses various aspects of ethical and legal principles which the graduate will be able to understand upon completion of the program. These outcomes include "ethical guidance which describe what is expected of all doctors registered with the GMC" (20(a)); honesty, integrity and trustworthiness, maintaining patient confidentiality (20 (c)); recognizing the rights and the equal value of all people (20(e)); and, "demonstrated knowledge of laws, and systems of professional regulation through the GMC and others" (20(g)).

The country also discusses in its narrative the requirement for a review of curriculum documentation, assessment blueprints, exam papers, and interviews with staff and students. In addition, GMC standards (Exhibit 1) require that there are quality assurance visits to ensure that students have opportunities to achieve the outcomes related to ethical practice (S5.1).

Communication Skills, Question 1

Country Narrative

In the Outcomes for graduates, paragraph 15, we have set a number of detailed learning outcomes relating to communication, that students must achieve to graduate.

Graduates must be able to 'Communicate effectively with patients and colleagues in a medical context.

'15(a) Communicate clearly, sensitively and effectively with patients, their relatives or other carers, and colleagues from the medical and other professions, by listening, sharing and responding.'

'15(b) Communicate clearly, sensitively and effectively with individuals and groups regardless of their age, social, cultural or ethnic backgrounds or their disabilities, including when English is not the patient's first language.'

'15(c) Communicate by spoken, written and electronic methods (including medical records), and be aware of other methods of communication used by patients. The graduate should appreciate the significance of non-verbal communication in the medical consultation.'

'15(d) Communicate appropriately in difficult circumstances, such as when breaking bad news, and when discussing sensitive issues, such as alcohol consumption, smoking or obesity.'

'15(e) Communicate appropriately with difficult or violent patients.'

'15(f) Communicate appropriately with people with mental illness.'

'15(g) Communicate appropriately with vulnerable patients.'

'15(h) Communicate effectively in various roles, for example, as patient advocate, teacher, manager or improvement leader'

Our standards in Promoting Excellence require that 'medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates'. (Standard 5.1). Through review of curriculum documentation, assessment blueprints, exam papers and interviews with staff and students the quality assurance visit teams check that students have opportunities to achieve the outcomes related to communication.

Refer to Annex 15: Outcomes for graduates (attached)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The GMC standards for graduate outcomes (Exhibit 2) require medical schools to prepare learners to "communicate effectively with patients and colleagues in a medical context" (S15 (a-h)). As noted in the previous section, the standards also require that graduates are able to "maintain confidentiality, respect patients' dignity and privacy, and understand the importance of appropriate consent" (20 (c)).

The country also discusses in its narrative that "medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates" (R5.1). Department staff has also found that the standards for medical schools (Exhibit 1) align with the standards for graduate outcomes (Exhibit 2). The GMC standards notes, "medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must also be sure that medical students can meet all the outcomes before graduation" (R5.5).

Design, Implementation, and Evaluation, Question 1

Country Narrative

In the UK medical school faculty are responsible for designing, implementing, evaluating and continuously improving undergraduate curricula. Promoting Excellence requires medical schools to provide learning opportunities that integrate basic and clinical science, enabling them to link theory and practice (Requirement 5.3(e)).

The standards require 'curricula to be planned and show how students can meet the outcomes for graduates across the whole programme' (Requirement 5.1) and to 'be informed by educators' (Requirement 5.2).

The standards further specify that the educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met (Standard 2.1). They also explicitly require that medical schools 'regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training' (Requirement 2.4).

Through review of course evaluation, governing committee minutes and interviews with staff and students the quality assurance visit teams check that students that educators are appropriately engaged in the review and continuous improvement of the programme and that this activity ensures compliance with our standards.

Refer to Annex 4: Promoting Excellence (attached)

Analyst Remarks to Narrative

As noted in the Faculty section, faculty play key and important roles in the development of curricula and the administrative functions of the medical schools in the UK. The narrative notes GMC standards (Exhibit 1) which require that medical schools "regularly evaluate and review the curricula and assessment frameworks, education and training programs and placements they are responsible for to make sure standards are being met and to improve the quality of education and training" (R2.4).

The narrative also notes that the standards (Exhibit 1) specify that the educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met (R2.1).

Design, Implementation, and Evaluation, Question 2

Country Narrative

Yes.

As described above, we explicitly require that medical schools 'regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training' (Requirement 2.4). Medical schools must also must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity' (Requirement 2.5).

To support medical schools in their evaluation we publish a range of reports, for example, on whether graduates' obtained a place in specialty training programmes, whether they progressed smoothly through those programmes and whether they passed their relevant national specialty exams.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 21: the reports on the outcomes of graduates by graduating medical school are published on our website <http://www.gmc-uk.org/education/25496.asp>

Analyst Remarks to Narrative

As discussed in the narrative, the country meets the standards with the requirement that medical schools "regularly evaluate and review the curricula and assessment frameworks, education and training programs and placements they are responsible for to make sure standards are being met and to improve the quality of education and training" (Exhibit 1, R2.4). Medical schools must also evaluate information about learners' performance, progression and outcomes - such as the results of exams and assessments - by collecting, analyzing and using data on quality and on equality and diversity' (R2.5).

Department staff has also determined that the Medical Act 1983 (Exhibit 24) granted authority to the GMC to approve medical schools' primary medical qualifications that entitle graduates to register and to practice medicine in the UK. The Promoting Excellence (Exhibit 1) document provides the requirements and GMC standards to qualify as a degree granting program. The country also meets the requirement with information about the Quality Scrutiny Group which meets four times a year to ensure effective medical education and training quality standards and trends.

Design, Implementation, and Evaluation, Question 3

Country Narrative

As noted above, medical schools must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity' (Requirement 2.5).

To support medical schools in their evaluation we produce and publish reports on whether graduates' felt prepared for practice, whether they obtained a place in specialty training programmes, whether they progressed smoothly through those programmes at

their annual reviews and whether they passed their relevant national specialty exams. We analyse these reports to identify and concerns about the quality of undergraduate training and, during the quality assurance review process the visiting team will review documentation and interview faculty and students to understand how these reports are understood and used.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 21: The reports on the outcomes of graduates by graduating medical school are published on our website <http://www.gmc-uk.org/education/25496.asp>

Analyst Remarks to Narrative

The country has noted that the GMC standards (Exhibit 1) require medical schools to assess learner performance, progression, and outcomes (R2.5). The GMC also notes that it produces and publishes reports on graduates' preparedness, placement in specialty training programs, progression, and relevant national specialty exam pass rates. The GMC analyses the reports to identify concerns about the quality of training and use those reports during the review process.

Department staff has also found that medical schools must use the GMC standards (Exhibit 1) as a measure of accountability to "improve the quality and outcomes of education and training by measuring performance against the standards... and responding when standards are not being met" (S2.1).

Admissions, Recruiting, and Publications, Question 1

Country Narrative

The GMC does not set detailed requirements for selection into medical school. However our standards state that medical schools 'must ensure that recruitment, selection and appointment of learners and educators are open, fair and transparent' (Requirement 2.20).

In 2013, we published commissioned research into the various approaches to selection across medical schools 'Identifying best practice in the selection of medical students' and have subsequently invested in a collaborative database project linking data from entry to medical school tests to data from graduates' first few years of practice and further training. This is enabling evaluation of the extent to which selection tools can predict future practice and progress.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 22: Published research 'Identifying best practice in the selection of medical students' <http://www.gmc-uk.org/about/research/25036.asp>

Annex 23: The Web site for the UK Medical Education database, which is supporting investigation into approaches for selecting medical students <https://www.ukmed.ac.uk/>

Analyst Remarks to Narrative

The country states that it does not set detailed requirements for selection into medical school, but must ensure that the recruitment and selection process is open, fair and transparent.

The GMC's best practices for selecting medical students (Annex 22) notes, "the evidence reviewed in this study identifies the strengths and weaknesses of various selection methods with regard to a range of criteria including reliability and validity" but does not give specific details about the various selection methods or offer any strategies for addressing the strengths and weaknesses therein.

Annex 22 also notes that "the research shows that the evidence is better for some methods than others, for example, multiple mini interviews, situational judgment tests, academic record and aptitude tests over the more traditional interviews, references, and autobiographical record" but does not document the supporting evidence or provide a specific methodology or assessments of applicant data.

The country is asked to provide more information about actual student/applicant data, specifically which, if any, MCAT or standardized tests are used in conjunction with other factors for admittance and how the data is used to evaluate the quality of the school's admittance policy(ies).

Country Response

The Medical Schools Council publishes information on the admissions criteria for all medical school courses. It is available online here: <http://www.medschools.ac.uk/SiteCollectionDocuments/MS-Entry-requirements-for-UK-medical-schools.pdf>

There are three different admissions tests used by medical schools:

- UK Clinical Aptitude Test - An applicant must register for and sit the UKCAT before the UCAS application is made, noting his/her score in the application. Twenty-six medical schools use the UKCAT.
- Biomedical Admissions Test - An applicant must register for the BMAT before the application is made, but the test is only taken afterwards, at the beginning of November. The score is then sent automatically to the relevant medical schools on the application. Seven medical schools use the BMAT.
- Graduate Australian Medical School Admissions Test - This test is used only for a number of the Graduate Entry Medicine courses, and not for Standard Entry Medicine. As with the UKCAT, an applicant must register for and sit the GAMSAT before making the UCAS application. Note that the deadline for registration is earlier than for the UKCAT. Seven medical schools use the GAMSAT.

Medical schools typically use these admissions tests in conjunction with structured interviews and situational judgement tests, which focus on behaviours, values and judgement, beyond academic capability.

Entry into medical school in the UK is extremely competitive and there are no concerns about the academic ability of UK medical schools' intake. However selection processes which emphasise the appropriate professional values needed to be a medical professional are developing. The GMC has worked extensively with the Medical Schools Council to develop an evidence base for selection methodology and to ensure that medical schools' processes are in line with emerging best practice.

You can read the latest research on how selection methods are used and the evidence base for them here:

<http://www.medschools.ac.uk/SiteCollectionDocuments/Selecting-for-Excellence-research-Professor-Jen-Cleland-et-al.pdf>

You can see an example of how we investigate selection processes during a quality assurance review in the 2015-16 report for University of Central Lancashire (UCLan) medical school, we checked how the School is meeting Requirement 2.20:

Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent. We explored key steps in the application process including Multiple Mini-Interviews (MMI) with the School.

http://www.gmc-uk.org/UCLan_Final_Report_2015_16_FINAL.pdf_68167592.pdf

The GMC has also funded the UK Medical Education Database, a partnership project with medical schools specifically to link data from selection tests for entry to medical school to data on graduates' early years of practice and postgraduate training. This database is in its early days but it will enable us to test medical schools' selection processes against graduates' future practice, for the first time.

Analyst Remarks to Response

In response, the country has provided documentation that Requirement 2.20 addresses evaluation of selection processes and consistent review of data provided by the Medical School Council, of which all medical schools are members. This information also addresses the requirement for evaluating the quality of accredited medical school's admission policies and processes.

Staff Conclusion: Comprehensive response provided

Admissions, Recruiting, and Publications, Question 2

Country Narrative

The criteria and procedures for the selection of medical students are developed locally by each individual medical school. Our standards require that the procedures are transparent (Requirement 2.20) so medical schools must make the information available to prospective students and to visit teams for review during quality assurance visits.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As discussed in the narrative, each school has an independent admittance policy and procedure and ensure that the GMC standard (Exhibit 1) that "recruitment, selection and appointment of learners and educators are open, fair and transparent" (R2.20). This is a standard documented in the Promoting Excellence: Standard for Medical Education and Training (Exhibit 1) that must be adhered to by each medical school approved to award medical degrees by the GMC.

Admissions, Recruiting, and Publications, Question 3

Country Narrative

The GMC does not set detailed requirements for selection into medical school. However our standards state that medical schools 'must ensure that recruitment, selection and appointment of learners and educators are open, fair and transparent' (Requirement 2.20). While we do not prescribe selection by a faculty committee, in demonstrating that the procedures are open and fair we would expect a medical school to be able to show how they had safeguarded against bias and undue influence.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the previous section, the GMC does not establish requirements for admittance to approved medical schools. Each school has an independent admittance policy and procedure and ensure that the GMC standard (Exhibit 1) that "recruitment, selection and appointment of learners and educators are open, fair and transparent" (R2.20). This is a standard documented in the Promoting Excellence: Standard for Medical Education and Training (Exhibit 1) that must be adhered to by each medical school approved to award medical degrees by the GMC.

Admissions, Recruiting, and Publications, Question 4

Country Narrative

We do not set specific requirements for cohort size or for applicant pool. Rather we require that every medical student admitted must have opportunities to meet the outcomes required for graduation (Requirement 5.1). therefore the medical school's intake must be in proportion to the clinical placements and resources available to it.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the previous section, the GMC does not establish requirements for admittance to approved medical schools. Each school has an independent admittance policy and procedure and ensure that the GMC standard (Exhibit 1) that "recruitment, selection and appointment of learners and educators are open, fair and transparent" (R2.20). This is a standard documented in the Promoting Excellence: Standard for Medical Education and Training (Exhibit 1) that must be adhered to by each medical school approved to award medical degrees by the GMC. And, each medical school must evaluate its admissions in proportion to the clinical placements and resources available to it.

Admissions, Recruiting, and Publications, Question 5

Country Narrative

We do not set detailed requirements for publication, advertising and recruitment. However we do require that:

- 'medical schools 'must make sure that recruitment, selection and appointment of learners (is) open, fair and transparent' (Requirement 2.20). This requires that the processes for selecting students is clearly communicated to prospective students
- 'medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates (Requirement 5.6). In order for exams to be fair the school must communicate the assessment approach to students. And we explicitly state that 'learners must receive timely and accurate information about their curriculum, assessment and clinical placements' (Requirement 3.7).

We have also published guidance 'Achieving Good medical practice: guidance for medical students' for all medical students on expectations of conduct and how their behaviour is relevant to considerations of whether they are fit to practise. Through our annual reporting process and quality assurance visits we check that medical schools are implementing this advice.

In the UK, universities must comply with UK consumer law. The Competition and Markets Authority (the CMA), a non-ministerial government department, has issued advice for universities clarifying that they must:

- give students the clear, accurate and timely information that they need so they can make an informed decision about what and where to study
- ensure that their terms and conditions are fair, for example, so they cannot make surprising changes to the course or costs
- ensure that their complaint handling processes are accessible, clear and fair

Students can notify the CMA of providers who may not be complying with consumer law, via a dedicated email address. The CMA has also undertaken reviews of universities' communications and set requirements for some universities as a result. These requirements included improving the information provided to prospective students regarding additional course costs and ensuring terms in the complaints processes do not deter students from raising or continuing to pursue complaints

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 24: Achieving good medical practice, the GMC's guidance for medical students http://www.gmc-uk.org/Achieving_good_medical_practice_0816.pdf_66086678.pdf

Annex 25: The CMA's advice to universities on complying with consumer law
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428549/HE_providers_-_advice_on_consumer_protection_law.pdf

Analyst Remarks to Narrative

As noted in the previous section, each medical school has an independent admittance policy and procedure and are required to meet GMC standards for (Exhibit 1) that "recruitment, selection and appointment of learners and educators are open, fair and transparent" (R2.20).

GMC standards on medical school programs (Exhibit 1) and graduate outcomes (Exhibit 2) are published and are required for medical schools to address faculty and students procedures for the evaluation, advancement, and graduation of its students.

GMC standards for medical schools (Exhibit 1) require that medical schools have "a system for raising concerns about education and training... and must investigate and respond when such concerns are raised" (R2.7) as an accountability measure. However, there are no GMC standard requirements pertaining to tuition or programs costs.

Department staff has determined that , in order to meet this requirement, the country must provide more information about how medical school publications inform prospective students about program tuition and fees before applying to a program.

Country Response

In the UK, limits on tuition fees are set by the governments in regulations and are linked to quality criteria for the University. Information on tuition fees for medical courses in the UK is very transparent. For example, you can find the latest regulations for England here: http://www.legislation.gov.uk/ukxi/2016/1207/pdfs/ukxiem_20161207_en.pdf

And the Medical Schools Council publishes a list of medical school courses here with links to the Universities websites where information on the course, entry requirements and fees can be found:

<http://www.medschools.ac.uk/STUDENTS/COURSES/Pages/All-courses.aspx>

Each medical school in the UK publishes information about its courses and fees on its website. For example:

- In Scotland you can find the University of Aberdeen's information page here:

<http://www.abdn.ac.uk/smmsn/undergraduate/medicine/tuition-fees.php>

- In England, you can find the University of Oxford's tuition information here: <https://www.ox.ac.uk/admissions/undergraduate/fees-and-funding/tuition-fees?wssl=1#>

Although the GMC does not specify how this information must be published, in practice in the UK it is available on medical schools' web sites and if there were an instance where it was not published online or kept up to date then our requirements for transparency (R2.20) would be triggered.

Analyst Remarks to Response

The agency has provided documentation that the standard practice of transparency and opportunities to inform students about medical school policies are demonstrated in Requirement 2:20. The agency also discussed the practice of quality assurance visits and annual reviews to ensure that medical schools' publications inform students and prospective students.

Staff Conclusion: Comprehensive response provided

Admissions, Recruiting, and Publications, Question 6

Country Narrative

Yes. Access is covered by the Freedom of Information Act and the Data Protection Act.

Annex 26: Freedom of Information Act 2000 http://www.opsi.gov.uk/Acts/acts2000/ukpga_20000036_en_1

Analyst Remarks to Narrative

As noted in the narrative, the country's Freedom of Information Act 2000 (Annex 26) Part I: Access to information held by public authorities allows students to access to their academic records.

Also noted is the Data Protection Act 1998 (Annex 27: 7 (a)) which allows student Rights access to personal data as well as the laws that govern confidentiality of student records.

Analyst Remarks to Response

Student Achievement, Question 1

Country Narrative

Students must meet the Outcomes for graduates before they can graduate with a medical degree.

Our standards, Promoting Excellence state that Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates (Standard 5.1) and that 'learners must not progress if they fail to meet the required learning outcomes for graduates' (Requirement 3.15)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the narrative, the GMC publication for graduate outcome (Exhibit 2) contain standards which ensure that students have learning outcomes that must be met before they graduate (p. 31).

In addition, the standards documented in the Promoting Excellence: Standard for Medical Education and Training (Exhibit 1) that must be adhered to by each medical school approved to award medical degrees by the GMC require that "postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected to achieve the learning outcomes required by their curriculum" (S5.2).

Student Achievement, Question 2

Country Narrative

As institutions of learning, the GMC deems medical schools the most appropriate entity to evaluate students' performance and to design the assessment system to do so. These assessment systems must meet the standards and requirements in Promoting Excellence

We have set the further explicit requirements in Promoting Excellence:

'R5.5 Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards of competence required for graduates.'

'R5.6 Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.'

'R5.7 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.'

'R5.8 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.'

The assessment systems and student preparedness for practice is investigated through the analysis of documentary evidence (including progression data), observation of assessment and interviews with students, recent graduates and their educational supervisors as part of our visits process.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The country has described GMC national standards by which each medical school must meet as an entity to evaluate student performance (S5.1, S5.2).

The GMC standards also require that "medical schools must assess medical students against the learning outcomes required for graduates at appropriate points" (R5.5). Department staff has also determined that the GMC standards adequately address the requirements of this guideline. Specifically, the standards ensure that assessments are carried out by personnel with the appropriate expertise in the area being assessed and who has been appropriately selected, supported and appraised" (R5.8). The student achievement evaluation occurs on-site during the accreditation process .

Student Achievement, Question 3

Country Narrative

Our standards, Promoting Excellence very clearly state that 'learners must not progress if they fail to meet the required learning outcomes for graduates' (Requirement 3.15). These outcomes include skills, knowledge and behaviours.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The country has noted the GMC standard (Exhibit 1) which requires that "learners must not progress if they fail to meet the required learning outcomes for graduates" (R3.15).

Department staff has also found that there are additional standards which track academic progress with "assessments mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway" (R5.7). This would include monitoring throughout course completion as well as clinical clerkship.

Student Achievement, Question 4

Country Narrative

Our standards state that schools must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity' (Requirement 2.5).

To support medical schools in their evaluation the GMC produces and publishes reports on whether graduates' felt prepared for practice, whether they obtained a place in specialty training programmes, whether they progressed smoothly through those programmes at their annual reviews and whether they passed their relevant national specialty exams. We collect these data from the source organisations, for example we collect data on national exam passes directly from the medical royal colleges that run the exams

We analyse these reports to identify and concerns about the quality of undergraduate training, for example, a drop in the percentage of graduates from a particular medical school who felt prepared to practice. During the quality assurance process the visiting team will review documentation and interview faculty and students to understand how these reports are understood and used.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Refer to Annex 21: The reports on the outcomes of graduates by graduating medical school are published on our website <http://www.gmc-uk.org/education/25496.asp>

Analyst Remarks to Narrative

As noted in a previous section, the GMC requires that each medical school establishes benchmarks and criteria to measure student achievement.

In addition, the GMC produces and publishes reports based on program's annual reviews. The GMC also collects post graduate data on national exam rates to assess the quality of the program for approval (<http://www.gmc-uk.org/education/25496.asp>).

Student Achievement, Question 5

Country Narrative

Promoting Excellence states that S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

In meeting this standard, 'medical schools must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers' (Requirement 2.3).

In practice, schools will include a mix of questionnaire and face to face feedback mechanisms

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the narrative, the GMC has standards (Exhibit 1) which require medical schools to collect data on the quality of instruction and clinical clerkships. The GMC requires that medical schools collect and use information from various entities including patients, the public, and employers as well as learners and educators (R2.3).

Student Services, Question 1

Country Narrative

Our standards, Promoting Excellence require that medical students 'must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: confidential counselling services, careers advice and support and occupational health services. (Requirement 3.2)

We don't require medical schools explicitly to have policies about management and exposure to infectious diseases but we do require that students learn about this in their clinical placements. The Outcomes for graduates requires students to demonstrate

- Use of personal protective equipment (gloves, gowns, masks) - Making correct use of equipment designed to prevent the spread of body fluids or crossinfection between the operator and the patient. (Paragraph 30)
- Infection control in relation to procedures - Taking all steps necessary to prevent the spread of infection before, during or after a procedure. (Paragraph 31)
- Safe disposal of clinical waste, needles and other 'sharps' - Ensuring that these materials are handled carefully and placed in a suitable container for disposal. (Paragraph 32)

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Refer to Annex 15: Outcomes for graduates, the learning outcomes we have specified that all graduate must have demonstrated, (attached)

Analyst Remarks to Narrative

The GMC requires medical schools to provide student services and resources to support their health and well-being, including counseling, career advice and support and occupational health services (R3.2).

Department staff has also found supporting documentation (Exhibit 1) where the GMC requires students to receive information and support as they "move between different stages of education and training" and "the needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training and on clinical placements" (R3.5).

Student Services, Question 2

Country Narrative

Yes. Access is covered by the Freedom of Information Act and the Data Protection Act.

Refer to Annex 26: Freedom of Information Act 2000 http://www.opsi.gov.uk/Acts/acts2000/ukpga_20000036_en_1

Refer to Annex 27: Data Protection Act 1998 http://www.opsi.gov.uk/acts/acts1998/ukpga_19980029_en_1

Analyst Remarks to Narrative

As noted in the previous section, the country's Freedom of Information Act 2000 (Annex 26) Part I: Access to information held by public authorities allows students to access to their academic records.

Also noted is the Data Protection Act 1998 (Annex 27: 7 (a)) which allows student rights access to personal data as well as the laws that govern confidentiality of student records.

Student Complaints, Question 1

Country Narrative

We require in Promoting Excellence that, 'the educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training' (Standard 2.2). In practice, to effectively address students concerns about training, a medical school must have a clear, published policy for making complaints with information about who to contact and how to escalate.

The GMC does not prescribe how a medical school will respond to complaints. Medical schools must adhere to the regulations of their parent university/universities.

When the medical school and university procedures for an appeal have been exhausted, students have a right to pursue a complaint with the relevant student ombudsman or equivalent. For the four countries of the UK these are:

- for England and Wales, the Office of the Independent Adjudicator
- for Scotland, the Scottish Public Services Ombudsman
- for Northern Ireland, the visitatorial arrangement for Queen's University Belfast.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 28: GMC advice to medical students on making complaints <http://www.gmc-uk.org/education/undergraduate/29264.asp>

Analyst Remarks to Narrative

The country's GMC standards (Exhibit 1) require "organizations must have a system for raising concerns about education and training with in the organization and to investigate and respond when such concerns are raised" (R2.7). The GMC does not prescribe how a medical school will respond to complaints, but expects that it will adhere regulations of their parent university/universities in that area.

This standard addresses the requirement for the medical school to respond to student complaints, however, the country did not provide documentation on the procedures for the GMC or other governing bodies such as the Privy Council which oversee institutions in which medical schools are approved. Instead, the country provided the relevant student ombudsman or equivalent for each country covered by the GMC.

Country Response

We have established process in dealing with complaints from medical students that is supported by internal business rules and published information for students.

Our web site web page - If a concern is raised provides information on ways that a concern might be raised here: http://www.gmc-uk.org/education/raising_concerns.asp and a further frequently asked questions page provides more information to assist all complainants including medical students. It is available here: <http://www.gmc-uk.org/education/9633.asp>

When we receive a complaint we subsequently shared this concern with the medical school in question. As specified in the Business rules for education complaints, all complaints will be acknowledged and responded to within five working days. Complaints within the GMC's remit will be investigated formally. Complaints concerning safety of patients, doctors in training, and medical students as well as inadequate access to education and training will be considered as complaints within our remit.

The initial response to the complaint will contain the following:

Thank you for the email and for detailing your concerns.

I am writing to inform you that your complaint will be investigated by our education quality assurance team. We may contact you if

we need further information from you. We will also notify you the outcome of our investigation in due course.

Please note that your complaint has also become part of our evidence base, and will be taken into account as part of our ongoing quality assurance reviews.

We will then check the complaint against our evidence base to see if issues have already been highlighted.

If the complaint raises a new concern, we will contact the relevant medical schools to make sure they are aware of the issue and are taking appropriate action (ensuring the anonymity of the complainant wherever possible). The new concern will then be escalated to scheduled monitoring or Enhanced monitoring.

We will then notify the complainant about this by emails which will contain the following:

I am writing to update you on the outcome of our investigation into the complaint you made earlier. The issue has been investigated by our education quality assurance team, and it has been subsequently escalated to our existing quality assurance processes. The concern will now be monitored under Medical school annual returns/Deans reports/Annual specialty reports/Enhanced monitoring. We will ensure the concern is appropriately addressed. You will find information on how we quality assure medical education and training in the Quality Assurance Framework.

In the UK, complaints that uncover valid concerns with medical schools' processes are very rare but they have occurred in the past and the GMC has taken strong action in response. For example, you can read about exam errors I Cardiff where we required external review and monitored the implementation of a range of actions that necessitated fundamental changes in the medical schools' processes: http://www.gmc-uk.org/13___Cardiff_Medical_School_Examination_Mark_Errors_Progress_Report.pdf_37415453.pdf

Analyst Remarks to Response

The country has responded that the GMC has Standard 2.2 to address student concerns and complaints against medical schools and provided documentation they have established a complaint remit section on their website.

The country has confirmed that they address student complaints within five business days and include a formal investigation. The investigation includes a review of the quality assurance visit to see if it is an existing issue or, if it is a new issue. The complaint is then submitted to the medical school and tracked with scheduled monitoring and noted in the annual review. The country follows up with the student via email to confirm an investigation, outcomes, and the quality assurance review process.

Staff Conclusion: Comprehensive response provided

Student Complaints, Question 2

Country Narrative

As noted above, we require in Promoting Excellence that, 'the educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training' (Standard 2.2). In practice, to effectively address students concerns about training, a medical school must have a clear, published policy for making complaints with information about who to contact and how to escalate.

We have no statutory mandate to intervene in individual cases although we will investigate where there is evidence of non-conformity to our standards as set out in Promoting Excellence.

The education quality assurance function of the GMC has documentation and a written process that outlines its remit and role in responding to student complaints.

Complaints received by the education quality assurance team are reviewed to determine whether the substance of the complaint raises concerns about patient safety or that the medical school is otherwise failing to comply with Promoting Excellence. If so, the substance of the complaint may be investigated. If the medical school that is the subject of the complaint is undergoing a quality assurance review, the alleged non-compliance with the standards may be investigated through the use of evidence collected during this inspection. If the medical school that is the subject of complaint is not undergoing inspection, the GMC will use information it already holds to investigate the alleged non-compliance. The GMC may also contact the student and the medical school to investigate.

If the individual complaint does not come under the remit of the GMC education quality assurance function, the student will be referred to other relevant departments, bodies, or back to the medical school and university complaints and appeals procedures. We also regularly share information with the Office of the Independent Adjudicator, so that both organisations can identify any patterns of concerns about a medical schools processes and co-ordinate any responsive action.

In 2016 we received complaints about administration of the programme and about an adverse appeal decision on exam fail. In these situations the complaints were specific to the individual and did not provide evidence of a school failing to meet the standards in Promoting Excellence. We therefore advised the students of the relevant student ombudsman in their country.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Annex 29: GMC business process for responding to complaints from students. (attached)

Analyst Remarks to Narrative

As noted in the previous section, the country's GMC standards (Exhibit 1) require "organizations must have a system for raising concerns about education and training with in the organization and to investigate and respond when such concerns are raised" (R2.7). However, it is not clear that the GMC requires information provided by the medical school to students include the school's policies for addressing student complaints, as well as the name and contact information for the accrediting/approval entity to which students may submit complaints not resolved at the institutional level.

This standard addresses the requirement for the medical school to respond to student complaints, however, the country did not provide documentation on the procedures for the GMC or other governing bodies such as the Privy Council which oversee institutions in which medical schools are approved. Instead, the country provided the relevant student ombudsman or equivalent for each country covered by the GMC.

The country did describe how the GMC would investigate any complaints received during an on-site evaluation of the medical school, and described the types of complaints recently received.

Country Response

Requirement 2.7 of Promoting Excellence states organisations must have a system for raising concerns, therefore during quality assurance reviews we do require medical schools to demonstrate what policies and information they have in place to inform students about how they can raise a concern/complain. For instance, the Complaints and Appeals policy from Plymouth University was part of the evidence base for our recent review, which you can read here: http://www.gmc-uk.org/PUPSMD_Report_Final.pdf_68199467.pdf

The GMC's processes are described above and our Business Rules have been attached. If a medical school does not comply with our requirements to have appropriate processes in place to ensure students are able to raise concerns (this means demonstrating not just an appropriate policy that is accessible to students but evidence of collecting and responding appropriately to complaints) then they are at risk of losing their recognition with the GMC unless they take adequate steps to comply with this requirement.

Equally, if an investigation by the GMC or by the Ombudsman of a student complaint demonstrates that the medical school's processes do not met other standards eg in relation to assessment systems then the medical school is also at risk of losing their recognition as a provider of a medical degree that can be registered with the GMC.

Analyst Remarks to Response

As noted in the previous section, the country has responded that the GMC has multiple standards and requirements to address student concerns and complaints against medical schools and provided documentation they have established a complaint remit site at <http://www.gmc-uk.org/education/9633.asp>.

The country has also confirmed that they address student complaints within five business days and include a formal investigation. The investigation includes a review of the quality assurance visit to see if it is an existing issue or, if it is a new issue, is submitted to the medical school and tracked with scheduled monitoring and noted in the annual review. The country follows up with the student via email to confirm an investigation, outcomes, and the quality assurance review process.

As a result of receiving the clarifying information and documentation, it has been determined that the country has met this requirement.

Staff Conclusion: Comprehensive response provided

Finances, Question 1

Country Narrative

In the UK, medical schools have traditionally been publicly funded and accountable to the funding council in the relevant country. When new publicly funded medical schools have opened they have been subjected to comprehensive scrutiny of their business model and finances by the relevant funding council.

Recently, two privately funded medical schools have started and we have adapted our approval process for new schools to include a requirement for independent financial audit carried out by a reputable auditor. The GMC visit team does not generally request sensitive financial documents but will ask for resource plans and confirmation of budget and timelines for the development of the site, staff and facilities.

Annex 30: The GMC's guidance on developing a new medical school (attached)

Analyst Remarks to Narrative

The country does not have procedures or policies for reviewing financial stability of its approved medical schools or the appropriate funding council. Also, the link for Annex 30: The GMC's guidance on developing a new medical school (attached) is not accessible via Exhibit 24 and must be resubmitted in full.

The country's narrative discussed the funding council but did not provide adequate information about the governing body(ies) which review financial records for accountability and accreditation eligibility. In addition, the country notes that two privately funded medical schools have started, but did not provide information or documentation for the review of finances for those entities.

Country Response

Since the development of privately funded medical schools we have strengthened our scrutiny of the financial viability of new medical schools and now require robust, independent expert review of the financial position. We are not able to provide examples of medical schools' finance records to the committee but the guidance for new medical schools and programmes has been re-attached.

In the new school application process stage 2 – finance audit is the stage where we require evidence of finance audit of the proposed new school. The school will submit its business plan, financial plan or other financial authorising documents that have been comprehensively audited by an independent contractor with an established reputation for institutional financial audit. We require the final audit report to state clearly whether the project planning and resources are sufficient and what, if any areas are deficient.

this is the template email following receipt of the auditor's report

Dear [Name]

Thank you for submitting the finance audit for Stage 2. After careful evaluation, we consider you are now ready to progress to stage 3 – document request I.

Please see attached a guidance document for Stage 3. You will have already submitted some of the documentation requested. These documents should be saved in folder '[GMC Connect folder name]' on GMC Connect. You will see we have moved across the submitted documentation in to this folder.

OR After careful evaluation we have identified the following concerns with the auditors' report [. . .] we require these to be addressed before your application can proceed.

If you wish to discuss anything please do get in touch.

Best wishes,

We have also attached the Stage 3 Document Request, which contains financial information to be shared with the quality assurance review team (under a confidentiality agreement) who include experts in the management of medical schools and will identify during the course of the quality assurance review if the financial documents do not reflect the provision as identified upon inspection.

It is the case that we do not routinely request information on the financial viability of medical schools that were well established prior to 2005. This is because, in the UK context the medical schools have been in very well established universities for which there have not been significant concerns about financial viability and given the publicly funded element of medical education in the UK, the universities with medical schools are subject to expert scrutiny by the funding councils which may make detrimental decisions about funding the medical degree programmes within universities if there are concerns.

Analyst Remarks to Response

The country has responded with documents and discussions about guidance for new schools applying for accreditation (Exhibit 12) and the financial audit process' (Exhibit 11) which discusses the quality assurance review standards for financial stability.

However, the country has not discussed or provided supporting documentation about the decision-making body that would determine if the medical school has sufficient financial resources for the size and scope of the program. Documentation note "experts" conduct such a review but does not identify to which body within the GMC they report or their qualifications and training to demonstrate competence for this role.

The agency must provide documentation to demonstrate competence of the expert reviewers or additional information and documentation concerning the agency's oversight the financial stability and audit process of its schools. Also, the country must provide documentation about the "expert: reviewers that have direct roles within the pre- and accreditation process or additional information and documentation concerning the agency's oversight of the financial stability and audit process of its schools.

Staff Conclusion: Additional Information requested

Facilities, Question 1

Country Narrative

Promoting Excellence requires that medical schools 'have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.' (Requirement 1.19). In the standards we note that * Resources and facilities may include: IT systems so learners can access online curricula, workplace based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.

We do not set detailed requirements because each medical programme is different however the resources must be sufficient to support educators fulfil their roles (Standard 4.2) and students achieve the Outcomes for graduates (Standard 5.1).

As part of a quality assurance process documentary evidence will be analysed in addition to an inspection of facilities on site visits and at the medical school and interviews with students and staff.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the narrative, the GMC requires medical schools to "have the capacity, resources and facilities to deliver safe and relevant learning opportunities" (R.19) and the narrative also includes the note from the GMC standards in Exhibit 1, that "facilities" include:IT systems, libraries and knowledge services, information resources, physical space, support staff; and patient safety orientated tools (p.14).

The country has also provided documentation for educator support as noted in GMC standard S4.2 which reads that "educators receive the support, resources and time to meet their education and training responsibilities" (p. 29).

Facilities, Question 2

Country Narrative

Please see response above. We do not set detailed requirements for resources because the scale and nature of each medical school is different. However we require that the school has the resources necessary to deliver the programme (Requirement 1.19) and note that the following resources may be identified: IT systems so learners can access online curricula, workplace based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources;

physical space; support staff; and patient safety orientated tools.

We do not explicitly encourage biomedical research however if a medical school uses animals in teaching and research, UK animal welfare law will apply.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the previous section, the GMC requires medical schools to "have the capacity, resources and facilities to deliver safe and relevant learning opportunities" (R.19) and the narrative also includes the note from the GMC standards in Exhibit 1, that "facilities" include: IT systems, libraries and knowledge services, information resources, physical space, support staff; and patient safety orientated tools (p.14).

However, Department staff has determined that additional information is required to support the explanation for biomedical research. The country notes that "UK animal welfare law" will apply to medical schools which use animals for teaching and research but does not provide the UK animal law for review.

Country Response

Animal research in the UK is strictly regulated. The laws on research using animals are set out in the Animals (Scientific Procedures) Act 1986. You can read the legislation and guidance on the UK Government's web site here:

<https://www.gov.uk/guidance/research-and-testing-using-animals>

Analyst Remarks to Response

The country has provided sufficient documentation of the Animals Scientific Procedures Act of 1986 to support standards for facilities appropriate for the humane care of animals and biomedical research.

Staff Conclusion: Comprehensive response provided

Faculty, Question 1

Country Narrative

There are no explicit requirements as to the size of the faculty or their qualifications. Again the requirement to ensure all students demonstrate the Outcomes for graduates (Requirement 5.1) will guide the faculty staffing plan. However as part of a quality assurance review process the GMC reviews the list of current medical school staff involved in the delivery of teaching (this does not include administrators), a list of placement sites with the key contact for each and a list of positions vacant. The team will verify during the visit whether staffing levels are appropriate by reviewing documentary evidence and asking: is the curriculum adequately covered, do students have access to tutors when needed, how much student to teacher contact is there in a typical week, do students have adequate clinical and educational supervision while on placement? We have in some instances set requirements for medical schools to increase staffing and/or appoint key roles in advance of plans when there was clear evidence that standards were not being met.

We do require that 'medical schools must have one or more doctors at the school who oversee medical students' educational progression. They must have one or more doctors at each (clinical placement) who coordinate training of medical students, supervise their activities, and make sure these activities are of educational value' (Requirement 2.13). For clinical placements we also require that there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities. (Requirement 1.7).

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The country notes the GMC quality assurance process, however, Department staff has found the standard whereby "educators must be selected against suitable criteria and receive an appropriate induction to their role" (R4.1). This standard ensures that the qualifications for faculty are appropriate for their educational responsibilities and the appointment.

The clinical sites require that "medical schools must have one or more doctors at the school who oversee medical students' educational progression. They must have one or more doctors at each clinical placement who coordinate training of medical

students, supervise their activities, and make sure these activities are of educational value" (R2.13).

For clinical placements the GMC also requires that there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities. (R1.7).

Faculty, Question 2

Country Narrative

The medical school and its parent university/universities are responsible for ensuring there are no conflicts between faculty personal and professional interests.

The GMC does advise in Professional behaviour and fitness to practise that 'it is not appropriate for an investigator to be the decision maker, since there may be a conflict of interest if an investigator were called to present the case on behalf of the medical school in a subsequent fitness to practise hearing.' (Achieving good medical practice, paragraph 96)

Those members of the faculty who are also doctors must adhere to the standards within Good Medical Practice which requires doctors to act with honesty and integrity. The guidance deals explicitly with financial conflicts, it states that 'if you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making. (Good Medical Practice, paragraph 79)

Refer to Annex 24: Achieving good medical practice, the GMC's guidance for medical students http://www.gmc-uk.org/Achieving_good_medical_practice_0816.pdf_66086678.pdf

Annex 31: The GMC guidance for medical schools and students on 'Professional behaviour and fitness to practise' http://www.gmc-uk.org/Professional_behaviour_and_fitness_to_practise_0816.pdf_66085925.pdf

Annex 32: 'Good Medical Practice', the GMC's core guidance document for doctors http://www.gmc-uk.org/static/documents/content/GMP_.pdf

Analyst Remarks to Narrative

The country's narrative notes that the parent university/universities are responsible for ensuring there are no conflicts between faculty personal and professional interests. However, Department staff has found that the GMC standard (Exhibit 1) also requires organizations to support educators by dealing effectively with concerns or difficulties they face..." (R4.4).

The GMC and the Medical Schools Council published professional ethics standards (Annex 31) which require medical schools to "promote and maintain proper professional standards and conduct for members of that profession" (p. 8).

Library

Country Narrative

We do not specify requirements for libraries, medical schools may have different approaches to hard copy and online materials.

Again our approach is that Promoting Excellence requires that medical schools 'have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.' (Requirement 1.19). In the standards we note that * Resources and facilities may include: IT systems so learners can access online curricula, workplace based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.

We do not set detailed requirements because each medical programme is different however the resources must be sufficient to support educators fulfil their roles (Standard 4.2) and students achieve the Outcomes for graduates (Standard 5.1).

As part of a quality assurance review process the GMC may review the online and physical library facilities as well as interview students and staff about the availability of texts and journals needed to complete their curriculum and assessment requirements.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the facilities section, the GMC standards (Exhibit 1) requires medical schools to have sufficient space and facilities

adequate and appropriate for the student body. The standard notes, * Resources and facilities may include: IT systems so learners can access online curricula, workplace based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools" (R1.19).

Clinical Teaching Facilities, Question 1

Country Narrative

Yes, our standards require that medical schools have agreements with (clinical teaching sites) to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met. (Requirement 2.6)

The signatory may differ depending on the nature of the clinical site and we are not routinely notified of changes in these agreements. However during quality assurance review processes the visit team will check for evidence that the agreement is being maintained or, when there are problems with the delivery of the contract, there has been appropriate discussion and steps to resolution.

Refer to Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

As noted in the narrative and GMC standards (Exhibit 1), medical schools must have agreements with clinical sites that meet the requirements for approval. This standard requires that the program maintains monitoring systems and processes to ensure quality of the facility and teaching opportunities and remain in compliance with the standard (R2.6).

Although the GMC does not have a specific standard for notifications and updates pertaining to the clinical teaching site agreements, the GMC does require annual performance monitoring during which time changes in the and/or updates are disclosed.

Part 3: Accreditation/Approval Processes and Procedures

Onsite Review, Question 1

Country Narrative

Yes, the approval processes for new schools and programmes will involve comprehensive on-site review, beginning before the first cohort starts and continuing annually until the first cohort completes their first year medical practice. They cover the main and branch campuses along with clinical placements.

The quality assurance approach for a new school remains substantially the same in approach as previously reports. It involves analysis of all aspects of education provided by medical schools including curriculum outcomes, content, and structure, curriculum delivery and quality management, assessment (including student progression through the course), facilities and resources (including staffing), and student selection and support. It involves review of documentary evidence, site inspections and interviews with medical school staff, students, affiliated healthcare service provider management and clinicians.

The review is undertaken by a team of qualified and experienced medical and medical education professionals, medical students and lay members.

However we now require a financial audit and more documentation evidencing planning of the programme, faculties and staff as our early experience indicated that new medical schools under-estimated the initial preparatory work required. The quality assurance process is now an eight stage process, beginning three years before the first cohort starts at the school or on the programme:

- Stage 1 – Screening - initial review of proposal and risk identification (includes engagement with other regulators eg to if the university has a nursing degree is that meeting regulatory standards and whether the clinical placement sites proposed are delivering safe services)
- Stage 2 – Finance audit - independent audit of the business plan by an external, reputable auditor to check viability and realism of business plan
- Stage 3 – Document request I - review of planning and underlying structures and ensure there are milestones and deadlines
- Stage 4 – Document request II - ensure that the development of the programme is on track and review final documents
- Stage 5 – Initial visit triangulate that school is on track with those tasked with planning and delivery test understanding of key

issues

- Stage 6 – Decision to commit resources to quality assurance

- Stage 7 – Delivery of rolling quality assurance activity - this is an annual cycle of document review and verification visits focusing on whether

the plan for the current year is being implemented as advised and whether the planning for the next year is sufficient and indicates likely compliance with our standards. The visit team follow the first cohort through their programme each year and check that the standards in Promoting Excellence are met and students are given opportunities to achieve the Outcomes for graduates.

- Stage 8 – GMC decision to add to list of awarding bodies - subject to the medical school demonstrating that they are meeting our standards

and have addressed any requirements set during the annual quality assurance cycle

For Stage 7 - the rolling annual quality assurance activity, the three phased approach remains and are repeated annually for the duration of the review of the new medical school. Phase one of the QABME process involves the collection of documentary evidence and the analysis of this evidence by the visit team and the GMC Education Quality Officer against the standards of Promoting Excellence to form an action plan for on-site visits. Phase two involves confirming this evidence by visiting the medical school and its delivery sites, meeting staff and students, observing teaching and examinations, and reviewing additional documentation. At the final stage in each year the team integrates all evidence into findings in a final report including requirements (mandatory actions), recommendations (areas for improvement) and good practice (areas of innovation and good practice), that inform the evidence collection and action planning for the following year of quality assurance.

In the final year of the first cohort the GMC Council decides based on the evidence whether to accept the new medical school's parent university/universities onto the list of institutions approved by the GMC to grant UK PMQs.

Once a new school is approved and its parent university is added to the list of institutions that can award UK medical degrees it will be quality assured in the same way as established medical schools. That is, it must provide an Annual Return for monitoring purposes and will be visited twice in every ten years unless there are significant changes to the provision or Annual Return or other

Refer to Annex 9: Information on the evidence we use for monitoring the quality of medical schools (and other organisations providing programme leading to specialist registration with the GMC) <http://www.gmc-uk.org/education/29053.asp>

Annex 33: New School approval process – Stage 1 Screening application (attached)

Annex 34: New school approval process – Stage 3 Document request (attached)

Analyst Remarks to Narrative

The GMC implements parallel processes for initial accreditation, which is carried out upon the establishment of a new medical school, and re-evaluation of accreditation, which is carried out periodically in existing medical schools.

The accreditation processes require an on-site visit. The visit is conducted by a committee of the GMC that inspects all relevant aspects of the medical education program (such as curriculum, admissions, facilities, etc.); interviews administration; meets with faculty members and students; and suggests improvements. The site visitors conduct a review at all the school's separate campuses, as appropriate.

The evaluation is an interactive process culminating in a final and comprehensive report that is submitted to the GMC. The GMC decides whether to grant the university authorization to provide medical education and to grant academic degrees in the field of medicine (for a new program), or re-affirms the current authorizations.

The documentation provided by the country did include sample evaluation reports and confirms that the site visitor conduct all facets of evaluation, such as to tour all the facilities, meet with all the appropriate persons, and review those materials that assist in the evaluation of the educational program at the medical school.

However, it is not clear from the narrative that GMC evaluates any branch campuses or additional locations, to include clinical sites.

Country Response

Every accreditation or reaccreditation review of a medical school includes visits to the campus or campuses, if there are multiple campuses, and also to clinical placement sites.

For example, you can read the reaccreditation report for Hull York Medical School, which involved visits to the campus at Hull and the campus at York as well as to clinical placement sites on our website here: http://www.gmc-uk.org/Hull_York_Medical_School_FINAL.pdf_60203362.pdf

Because we review both undergraduate and postgraduate training at clinical placement sites we produce separate reports for each site visited. I have attached reports for two of the clinical placement sites visited as part of the reaccreditation of Hull York Medical School.

The report of Hull and East Yorkshire Hospitals Trust can be found here:

http://www.gmc-uk.org/Hull_and_East_Yorkshire_Hospitals_NHS_Trust_Final.pdf_60203470.pdf

The report of York Teaching Hospital can be found here:

http://www.gmc-uk.org/York_Teaching_Hospital_NHS_Foundation_Trust.pdf_60203658.pdf

As noted in our original submission the accreditation of a new school involves annual quality assurance visits over a number of years, from before the first cohort begins until a year after their graduation. Each year, the review will visit the campus or campuses and a range of clinical placement providers. For example, you can read the latest report for Lancaster Medical School, which involved a visit to Blackpool Victoria Hospital, here: http://www.gmc-uk.org/Lancaster_Final_Report_2015_16_FINAL.pdf_68237790.pdf

Analyst Remarks to Response

In response, the country has provided supportive documentation of the accreditation and clinical placement site visit process' which explained how site visits are conducted for accreditation and reaccreditation and the guidelines for the review of facility and administrative practices.

The country also provided Exhibit 19 which explained GMC requirements for site visit process and what documents the medical school would need to provide for review. The country included sample reports (Exhibits 2, 3, 4,) and clinical sites (Exhibit 6) which demonstrate how site visits are conducted at branch campuses and additional locations..

As a result of receiving this clarifying information, the country has met the requirement.

Staff Conclusion: Comprehensive response provided

Onsite Review, Question 2

Country Narrative

Yes, the GMC quality assurance process includes review (including a visit) of clinical placement sites affiliated with medical schools. As the new school approvals process follows the first cohort through their training, the visit team will generally review arrangements for training clinical educators in advance of students being placed and will interview students and educators, once their placements have commenced.

The placements are assessed against the standards in Promoting Excellence, which set out a number of explicit requirements for the placement providers. For example the learning environment must be 'safe for patients and supportive for learners and educators' while the culture must be 'caring, compassionate and provides a good standard of care and experience for patients, carers and families' (Standards 1.1). The standards set out a number of specific requirements, including:

'R1.1 Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.'

'R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.'

'R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.'

'R1.4 Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.'

'R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.'

'R1.6 Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.'

'R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.'

'R1.8 Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.'

While the clinical placement providers are accountable for demonstrating compliance with these standards the approval decision is ultimately about whether the medical school's parent university should be added to the GMC's list of primary medical qualification awarding bodies and therefore the medical school must demonstrate that it is only placing students in clinical environments that meet our standards.

Refer to Annex 4: Promoting Excellence: standards for medical education and training

Annex 35: Example agenda for quality assurance visit to clinical placement (attached)

Annex 36: Example report on a quality assurance visit to clinical placements for an existing medical school's new programme (St George London) http://www.gmc-uk.org/SGUL_International_Medicine__Report_201516_v3_0_SGUL_with_School_s_response.pdf_68856538.pdf

Analyst Remarks to Narrative

The country stated that clinical clerkship sites are included within the evaluation process; however only the review of such sites was described in relation to the review of a new medical school. It is not clear that clinical clerkship sites are reviewed for medical schools already approved by GMC, or if any review of clinical clerkship sites includes international sites.

The country provided the specific standards that site visitors use in their review of clinical clerkship sites.

The NCFMEA may wish to enquire further regarding this matter.

Country Response

We visit clinical clerkships, both in the UK and overseas for every new school accreditation and every reaccreditation review.

Our reaccreditation reviews are regional - we will review all of the medical schools and sample audit postgraduate training within a particular region. We then produce an overview report for the region describing how undergraduate and postgraduate training providers work together, a report for each medical school and a report for each clinical placement provider visited. The reports for the clinical placement providers describe our findings in relation to undergraduate and postgraduate training at the site.

The web page for our regional review of Yorkshire and the Humber illustrates the three medical schools (Sheffield, Leeds, Hull York) and the clinical placement sites visited for the reaccreditation visit. <http://www.gmc-uk.org/education/26819.asp>

For example, please refer to the example reports from clinical clerkship sites for Hull York Medical School provided for in response to Question 1

The report of Hull and East Yorkshire Hospitals Trust can be found here:

http://www.gmc-uk.org/Hull_and_East_Yorkshire_Hospitals_NHS_Trust_Final.pdf_60203470.pdf

The report of York Teaching Hospital can be found here:

http://www.gmc-uk.org/York_Teaching_Hospital_NHS_Foundation_Trust.pdf_60203658.pdf

For an example of a visit to an overseas clinical placement site, please see our report on Southampton Medical School. This includes findings from a visit to the school's campus and clinical sites in Kassel, Germany http://www.gmc-uk.org/Southampton_end_of_cycle__report_2015_16_response_and_action_plan_v1.pdf_67408479.pdf

Analyst Remarks to Response

In response, the country has provided supportive documentation of the accreditation and clinical placement and clerkship site visits. Prior to a site visit, the GMC provides the medical school's clerkship program with guidelines for the review of facility and administrative practices.

The country also provided Exhibit 19 which explained GMC requirements for site visit process for international sites. The country included sample reports (Exhibits 2, 3, 4,) and clinical sites (Exhibit 6) which demonstrate how site visits are conducted at branch campuses and additional locations..

As a result of receiving this clarifying information, the country has met the requirement.

Staff Conclusion: Comprehensive response provided

Onsite Review, Question 3

Country Narrative

The GMC's approval process for new schools and programmes includes onsite evaluation of all core clinical placement sites. As noted above the visit team will generally review arrangements for training clinical educators in advance of students being placed and will interview students and educators, once their placements have commenced. The annual quality assurance cycle ensures that new placements are visited in good time to identify concerns or good practice. Even if a clinical placement site has been visited as part of the review process for another medical school it may be revisited to ensure that clinical educator and students understand the curricula and assessment requirements as well as the policies of the new medical school or programme.

Analyst Remarks to Narrative

As noted under the two previous sections, there are some questions regarding the on-site evaluation of clinical clerkship sites, both local and international. Again, the country's narrative provided information concerning the review of clinical clerkship sites for new medical schools or programs. However, the country does not clearly indicate that sites for an established school or program would be reviewed as required by this section.

The NCFMEA may wish to enquire further regarding these matters.

Country Response

As noted in response to questions one and two, the reaccreditation process for existing medical schools is carried out on a regional basis and always includes visits to clinical clerkship sites as well as to the medical schools.

We have provided two example reports on clinical placement providers for Hull York Medical School, which formed part of the reaccreditation review process.

Further reports on clinical clerkship placement providers for other medical school regional reaccreditation processes can be found by clicking on a region on the map on our website here: <http://www.gmc-uk.org/education/26805.asp>

Analyst Remarks to Response

As noted in the previous section, the country has responded with documentation of the accreditation and clinical placement and clerkship site visits. Prior to a site visit, the GMC provides the medical school's clerkship program with guidelines for the review of facility and administrative practices.

The country also provided Exhibit 19 which explained GMC requirements for site visit process for international sites. The country included sample reports (Exhibits 2, 3, 4,) and clinical sites (Exhibit 6) which demonstrate how site visits are conducted at branch campuses and additional locations..

As a result of receiving this clarifying information, the country has met the requirement.

Staff Conclusion: Comprehensive response provided

Onsite Review, Question 4

Country Narrative

Promoting Excellence, our standards for medical education and training require that medical schools 'have agreements with (clinical placement providers) to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met'. (Requirement 2.6)

The agreements are reviewed during both the new schools and programmes approval process and during the review process for established medical schools. Interviews with medical school and clinical placement managers will be conducted to investigate whether the agreements are being delivered and how concerns are dealt with.

Annex 37: A Document Request template for medical school illustrating the review of agreements between the medical school and clinical placement sites (attached)

Analyst Remarks to Narrative

The country stated that it reviews clinical clerkship affiliation agreements for both new medical schools and established schools, and provided templates of the documents requested to demonstrate compliance with GMC's standards in this area. However, those blank templates do not demonstrate implementation of the GMC's standards in this area.

The NCFMEA may wish to enquire further regarding these matters.

Country Response

As part of the accreditation and reaccreditation processes we review the clinical clerkship affiliation agreements and test that they reflect provision during onsite visits to the clinical clerkship sites.

You can read an example of how we applied our standards in this area to in the 2015 visit to Buckingham Medical School. During this visit we explicitly examined the School's agreement with its local education providers. We checked the capacity of educators at the provider. We further examined the placement capacity and how the School manages its agreements with providers. We subsequently set a requirement that asked the School to evidence time in consultant job plans at its provider site. This report is published here: http://www.gmc-uk.org/Final_first_year_report_for_Buckingham_.pdf_66142597.pdf

Analyst Remarks to Response

In response, the country has provided supportive documentation for clinical site visits to ensure that the facilities and student services are in place as required by the GMC. The link for a site visit provides documentation of the discussion of facilities and services and notes the inclusion of an MOU for the clinical site but does not provide the sample documentation to support this requirement.

Staff Conclusion: Additional Information requested

Onsite Review, Question 5

Country Narrative

The GMC's quality assurance process includes site visits to clinical placements and campuses overseas. There is no requirement for the overseas placement site to have existing education provision. If the clinical site does host students from other medical schools then the approach is the same as if the site was in the UK hosting students from two different UK medical schools. The visiting team will interview staff and students to ascertain whether they understand the requirements of the UK curricula and assessment system under review and can identify the policies and procedures of the UK medical school. When undertaking quality assurance visits of UK medical education provided overseas the GMC will endeavour to liaise with the local authority and, when appropriate, will undertake co-ordinated or joint assurance activities.

Refer to Annex 36: Example report on a quality assurance visit to overseas clinical placements for an existing medical school's new programme (St George London) http://www.gmc-uk.org/SGUL_International_Medicine__Report_201516_v3_0_SGUL_with_School_s_response.pdf_68856538.pdf

Analyst Remarks to Narrative

The country stated and provided documentation that it conducts an on-site visit to the clinical training program, to include interviews with students and staff. However, the country did not provide documentation of the approval of the clinical training program by the GMC.

The NCFMEA may wish to inquire further regarding this matter.

Country Response

The General Medical Council does not approve individual training programmes. Our statutory framework requires us to approve the university/medical school by adding them to the list of bodies that may award a medical degree leading to registration with the GMC.

The approval documentation required by legislation is therefore the published list of medical schools/Universities, which can be found on our web site here: http://www.gmc-uk.org/education/undergraduate/awarding_bodies.asp

In order to be added to the list (or in the case of a reaccreditation review, to remain on the list), a medical school must demonstrate that ALL of its programmes and sites, whether in the UK or overseas meet the GMC's standards.

Because St George's was addressing the requirements identified in the review, the result of the review of St George's new campus in Cyprus and overseas clinical placements was that St George's remained on the list of bodies able to award UK medical degrees registerable with the GMC.

Analyst Remarks to Response

In response, the country has discussed the statutory framework for approving clinical programs within a medical school. In addition to onsite reviews of clinical placement sites, the GMC publishes clinical training approval standards (S5.2) in the "Good medical practice" policy manual. The policy manual outlines requirements for undergraduate (R5.4) and postgraduate (R5.9) training programs and clinical placements for each medical school to develop and implement prior to receive GMC approval.

As a result of receiving this clarifying information, it is determined that the country has met the requirement.

Staff Conclusion: Comprehensive response provided

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

Quality assurance visits are undertaken on behalf of the GMC by teams of qualified and experienced medical and educational professionals, medical students and lay members. The visit teams are assigned to a school and are responsible for all stages of the visit process and work with the GMC's assigned Education Quality Officer to determine whether the medical school is meeting the requirements of Promoting Excellence: standards for medical education and training.

Visitors are recruited through a publicised and competitive recruitment process and have a role description and person specification, need to sign a contract, and also attend regular training sessions which respond to identified training needs and policy changes while also providing an opportunity for all visitors to improve communication and quality assurance skills.

All visitors take part in standardised performance appraisal reviews at the conclusion of each visit process they participate in. These reviews appraise the visitor against defined competencies and identify training and development needs.

Promoting Excellence: standards for medical education and training were developed by a working group of external experts in medical education and experienced policy staff at the GMC. They were then confirmed after extensive consultation with a full range of stakeholders (medical professionals and educators, medical schools, employers, patients and the public, and students).

The standards were approved by the GMC Council, which also has the statutory remit to confirm or remove an institution from the list of institutions able to deliver and grant UK primary medical qualifications.

The Council currently comprises 12 members, six lay and six medical members who have all been appointed through a competitive recruitment process on the basis of defined competences. The process is managed by the Appointments Commission, an independent organisation responsible for ensuring that senior appointments in the public sector and aligned organisations are free, open, impartial and based solely on merit.

There is an appraisal process for all Council members. This provides a structured approach to developing and assessing a member's contribution to the GMC. To underpin the training and development process the GMC provides independent and confidential expertise that enables council members to assess and review their own contribution within an agreed framework. The GMC supports members who have any particular training needs that relate to their role.

A thorough induction process is provided for new Council members that includes briefing and training sessions on their responsibilities and remit.

Annex 38: Visit Team Training - South West team - Agenda (attached)

Annex 39: Visit Team Training - South West Overview (attached)

Annex 40: Visit Team Training - Promoting Excellence standards (attached)

Annex 41: Visit Team Training - Equality and Diversity (attached)

Annex 42: Council paper containing the latest arrangements for appointment of new council members http://www.gmc-uk.org/09__Requirements_for_Council_member_appointments_and_reappointments_2016.pdf_64817763.pdf

Analyst Remarks to Narrative

The individuals responsible for all decisions regarding the accreditation of medical schools are members of the GMC, which is comprised of 12 members - six from the public and six from medicine - selected by an independent, public, third-party commission.

The site visitors consist of members of the public, medical profession, educators and students. The country provided comprehensive training documents. And, an examination of the reports composed by these individuals demonstrates that they are well-prepared for their tasks, and very thorough in their evaluations of medical schools.

Re-evaluation and Monitoring, Question 1

Country Narrative

The GMC has generally reviewed established medical schools twice in a ten year cycle but will undertake review visits more frequently if concerns have been identified. Our current approach is to review all medical schools, along with the postgraduate training providers in a geographic region (or country). As well as reviewing the medical school independently meets our standards, the Regional Review enables us to investigate how medical schools are working with postgraduate providers to gain feedback on the preparedness of their graduates, to compare the experiences of students from different schools learning in the same clinical placements and to more fully investigate how these undergraduate and postgraduate bodies work together to identify concerns in clinical placements in their local health economy.

We publish a report for each clinical placement site, medical school and the postgraduate deanery/Local Education Training Board (responsible for foundation programme and specialty and GP training). We also publish a summary report covering the region or country.

Annex 43: Information for training providers on the Regional and national review process <http://www.gmc-uk.org/education/13707.asp> and regional review reports <http://www.gmc-uk.org/education/26805.asp>

Annex 44: The Regional and national review process (attached)

Annex 45: South West Regional Review Summary Report (attached)

Annex 46: South West Regional Review Royal Cornwall Hospital Report (attached)

Refer to Annex 12: An example of a scheduled monitoring visit report for an established school, Bristol University (attached)

Refer to Annex 13: Bristol University's response to the review (attached)

Refer to Annex 14: Bristol University's action plan for meeting the requirements set by the GMC following the monitoring visit (attached)

Analyst Remarks to Narrative

The re-evaluation of medical schools in the UK takes place twice every ten years. The country provided documentation of such reviews.

Re-evaluation and Monitoring, Question 2

Country Narrative

In addition to the cycle of visit review:

- Each medical school must complete a self-assessed Annual Return, which enables the GMC to: identify where there are major changes planned or potential risks that mean a school should provide more information or be subject to a quality assurance visit; identify issues to be explored with all schools; and highlight areas of good practice in the delivery of medical education.

-We conduct an annual cycle of review of graduates' training outcomes, which include survey responses from all graduates on how prepared they felt for practice, results from recruitment into specialty training and performance in Annual Reviews and national specialty exams

We use this information along with other intelligence, such as reports received from other healthcare education regulators to identify good practice and risks or issues in compiling with our standards. When there is evidence that our standards are not being met we may conduct a short, targeted visit to investigate the specific concern identified. These visits may result in requirements being placed on the medical school.

Though the GMC receives only a small number of complaints from students, these are all logged and reviewed. If there are patterns of concerns or a single concern provides evidence of apparent non-compliance with our standards we may require the medical school to initiate an independent review and/or undertake a targeted quality assurance visit to investigate the allegation. Any patterns of complaints or actions taken in response to an investigate complaint may be included in the focus of the next scheduled review.

Refer to Annex 47: Medical School Annual Return template 2016-17 Part A (attached)

Refer to Annex 48: Medical School Annual Return template 2016-17 Part B&C (attached)

Refer Annex 21: the reports on the outcomes of graduates by graduating medical school are published on our website <http://www.gmc-uk.org/education/25496.asp>

Annex 49: Progress report on Cardiff Medical School exam mark error complaint (attached)

Analyst Remarks to Narrative

The GMC accepts student complaints and provided information and documentation regarding their review. If necessary, the GMC will require a site visit or incorporate the review of complaints within a regularly scheduled review.

The monitoring of medical schools between regularly scheduled reviews is accomplished through annual reports, which includes the review of student outcomes. If any issues are noted, the GMC can require a site visit to review such issues.

Substantive Change

Country Narrative

Medical Schools are required to notify the GMC of any new courses or major changes to their existing curricula, assessment system or resourcing each year. The GMC also requires medical schools to inform it of any major developments or changes in undergraduate medical education, including changes to: governance; partnerships for the delivery of undergraduate medical education; and quality management; supervisory structures and student support. This is done either through the Annual Return submitted by every medical school, or in writing prior to the change.

If the planned change includes the commencement of a new course or separation of a course jointly delivered by two universities, the GMC must be informed of this at least three years before students are expected to commence study. This will enable the proposed development to be considered by the GMC and the quality assurance process and timelines to be developed.

We are expecting a number of medical schools to make changes to their programmes to comply with 'Promoting Excellence: standards for medical education and training' and 'Achieving good medical practice: guidance for medical schools and their students', both of which were published in 2016. We have therefore included specific questions asking medical schools about adjustments in response to these in this year's Annual Return.

Refer to Annex 8: Information for universities wishing to establish a new medical school on our system for approval http://www.gmc-uk.org/education/approvals_new%20institutions.asp

Refer to Annex 47: Medical School Annual Return template Part A (attached)

Refer to Annex 48: Medical School Annual Return template Part B&C (attached)

Analyst Remarks to Narrative

If a medical school wants to make a substantive change, it is expected to notify the GMC.

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

There are clear procedures in place to ensure that quality assurance visitors are not involved in the accreditation or evaluation processes for schools where they may have a conflict of interest. A conflict of interest declaration is provided by each visitor every year to indicate whether there may be a conflict of interest with the school they will be allocated to quality assure. The declaration covers issues such as: being a teacher or otherwise employed/appointed by the school, for example as an external examiner; being involved in developing the medical curriculum or assessment programme as a staff member/ consultant/ advisor; one or more immediate family members attending or recently graduated from the medical school; or the person's medical degree having been awarded by the school's parent university/universities. Visitors are required to inform the GMC of any conflict of interests in respect of their GMC duties that may arise outside of this annual declaration process.

As part of the visiting team appointment process, all schools are also asked prior to the commencement of the inspection process, to declare any potential conflict of interest.

The GMC training of visitors and Council members, and clauses within visitor contracts relating to conflict of interest also help to ensure that bias is avoided.

GMC Council members making decisions about medical schools may not be visitors, and must declare potential conflicts of interest. Council members abstain from decision making when there is a conflict of interest with the medical school being discussed or approved. The Council member will withdraw from the discussion and may leave the room if appropriate.

Analyst Remarks to Narrative

The country's narrative contains the basic language found in the GMC's conflict of interest policy. Both site visitors and council members must declare any potential conflicts of interest. The written declaration includes examples that are consistent with conflicts of interest used by accrediting agencies in the United States.

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

The quality assurance programme has approved procedures, templates and guidance at every stage of medical school approval and quality assurance processes to ensure that Tomorrow's Doctors standards are applied consistently by all GMC staff and visit teams. Templates, guidance and prescribed question-sets mapped against the standards are routinely updated to ensure that they are fit for purpose and reinforce a consistent quality assurance process across all schools.

The education quality assurance team includes a team member who performs a real-time internal audit function across all visit teams by checking and enforcing the consistent application of Tomorrow's Doctors standards to evidence, visits and reporting. Documentation is also peer-reviewed within the education quality assurance staff team and is signed off through prescribed check points at several key stages throughout the process.

Visit teams are performance-appraised in relation to each visit process they undertake so that any individual performance issues are picked up and resolved.

There are published processes for medical schools to provide end of visit feedback, ad-hoc feedback and respond to the final report so that any perceived inconsistencies are picked up and responded to appropriately. Medical schools are given information on these processes prior to the visit process and information is also published on the GMC's website.

Visit teams are experienced in quality assuring against the Tomorrow's Doctors standards as the visitor pool has been largely stable over the past five years meaning visitors have developed and shared their expertise across various teams. All team members receive training and team leaders also have annual meetings to confirm a consistency of approach across different schools.

Additionally, the GMC has an internal audit process that is carried out by an independent third party supplier who reports to the GMC's Audit and Risk committee. This process includes periodic review of quality assurance reports to test that systems for ensuring consistent application of standards are being implemented effectively.

Visit reports are also reviewed by the Quality Scrutiny Group, which is composed of competitively recruited individuals with a range of experiences in medical education. The functions of this group include testing consistency and make recommendations about

process improvements.

Analyst Remarks to Narrative

The GMC controls against the inconsistent application of the accreditation standards through the use of comprehensive training to both council members and site visitors. In addition, the GMC uses standard procedures, guidance, and templates extensively through the accreditation process. The GMC also uses an internal and external audit for its processes and procedures.

Accrediting/Approval Decisions, Question 1

Country Narrative

The Promoting Excellence standards underpin every step of education quality assurance activity. Document requests templates, visit team analysis templates and interview question sets are all mapped to the standards.

Final approval decisions are made by the GMC Council or relevant Committee on the basis of a report by the visit team on the extent to which the school is complying with these standards. The clear and prescribed processes, guidelines and quality management of every stage of evidence collection, analysis, triangulation and reporting as discussed throughout Part 3 provide the means by which there can be confidence that the final decisions are based on the Promoting Excellence standards.

We also have independent audit processes and external stakeholder review processes that provide assurance the standards are forming the basis of approval decisions and requirements.

Analyst Remarks to Narrative

The GMC bases all decisions on the standards and reports by the site visit team, which use consistent templates and guidelines. In the review of medical schools. As the sole entity responsible for accreditation and evaluation of medical schools in the United Kingdom, the GMC is authorized to make any decision regarding the accreditation of these schools based on those reports.

Analyst Remarks to Response

Accrediting/Approval Decisions, Question 2

Country Narrative

The GMC requires that medical schools ensure that graduates have attained the necessary knowledge, skills, attitudes and behaviour included in the Outcomes for graduates prior to graduation to ensure that they are fit to practise. By awarding a UK primary medical qualification a medical school is confirming that each graduate has satisfied the relevant GMC and statutory guidance and requirements.

The visit teams will investigate the progression of students through the course, how progression and graduation decisions are made and whether these decisions are appropriate, and whether assessments and examinations (in particular the final examination) are of the appropriate level of difficulty and are effective in demonstrating that students have met the outcomes and standards required in Tomorrow's Doctors.

Medical schools receive information on their new graduates' performance in their first professional year of practise and use this information as part of their evidence submission to demonstrate how the school ensures that their graduates have met the outcomes and standards of Tomorrow's Doctors. Interviews with new doctors and their educational supervisors, are conducted as part of the quality assurance visit process to verify documentary evidence.

Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

Information regarding the performance of medical school graduates is obtained from the medical schools as part of their self-studies, which includes outcomes related to recent graduates' performance.

Accrediting/Approval Decisions, Question 3

Country Narrative

We make a decision about whether to add a new school to the list of bodies entitled to award primary medical qualifications in the penultimate or final year of the first cohort. Students will not therefore have graduated when this decision is made and we base this decision on the extent to which findings from the annual cycle of quality assurance review indicate the school is meeting our

standards.

However we have a significant annual work programme to collect, benchmark and report on graduates' performance. As noted above, we publish reports on whether graduates' felt prepared for practice, whether they obtained a place in specialty training programmes, whether they progressed smoothly through those programmes at their annual reviews and whether they passed their relevant national specialty exams. We analyse these reports to identify and concerns about the quality of undergraduate training and, during the quality assurance review process the visiting team will review documentation and interview faculty and students to understand how these reports are understood and used. We may also undertake a short focused visit to investigate any concerns identified eg high proportions of graduates failing specialty exams. This investigation could result on requirements being imposed on medical school, which it must satisfy to stay on the list of bodies entitled to award primary medical qualifications.

Refer to Annex 21: the reports on the outcomes of graduates by graduating medical school are published on our website <http://www.gmc-uk.org/education/25496.asp>

Analyst Remarks to Narrative

The GMC has a highly structured mechanism for collecting data regarding each medical school's graduates. The GMC shares that information publicly on its website, and uses it in its review and approval of medical schools.

Accrediting/Approval Decisions, Question 4

Country Narrative

Currently, the UK does not have a single final (licensing) examination and does not assess medical schools or graduates against each other in consideration of each medical school's approval or continuing accreditation although we are consulting on the potential costs and benefits of a licensing exam with a view to establishing such an exam in the future.

However, already, progression data is one form of documentary evidence that informs the quality assurance monitoring process for established medical schools. While we do not prescribe detailed criteria, we will discuss the annual training outcomes reports with medical schools and identify if there are concerns (such a drop in the percentage of graduates who felt prepared for practice) that schools need to investigate. Our standards, Promoting Excellence require that medical schools evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity.(Requirement 2.5)

Annex 4: Promoting Excellence: standards for medical education and training (attached)

Analyst Remarks to Narrative

The United Kingdom does not have a single licensing examination, therefore the country does not have a set benchmark. The country currently expects medical schools to collect and use individual progression data to evaluate student performance to measure their own success and make improvements to their own programs. Although there is no consistency as to the data collected by medical schools, it is clear from the narrative that the country is involved in the review of such data.

The country also stated that it is considering the establishment of a single licensing examination. The NCFMEA may wish to enquire further regarding this matter.

Country Response

We do collect and analyse consistent data on graduates' outcomes that allows comparison between medical schools. These data are not collected from medical schools themselves but from other sources eg our data on complaints about doctors and fitness to practice processes and data on how graduates perform in postgraduate exams such as medical royal colleges' surgical and medical membership exams. We publish reports that benchmark the performance of each medical schools' graduates in their medical training exams. You can find them here (along with benchmarking reports on how each medical school's graduates perform in recruitment to specialty training programmes, their Annual Reviews and how prepared they felt for practice0 : <http://www.gmc-uk.org/education/25496.asp>

We have now issued our consultation on the single licensing examination. You can read it on our web site here: http://www.gmc-uk.org/MLA_consultation_document_English_writeable_distributed.pdf_69151379.pdf

Analyst Remarks to Response

In response, the country has discussed the collection of data via other sources to assess postgraduate exam rates and student performance outcomes. Also, the country is conducting a consultation to develop a single licensing assessing practice that would establish a common threshold to determine eligibility to practice in the UK.

However, the country has not provided sufficient evidence of how the data is used with regards to the decision-making process for accreditation.

Staff Conclusion: Additional Information requested
