**Tomorrow’s Doctors 2009**

The Association for the Study of Medical Education response to the General Medical Council consultation

The Association for the Study of Medical Education (ASME) welcomes the approach taken by the General Medical Council (GMC) in its consultation on the draft of this important document. The open way in which the consultation has taken place and the willingness of the Council to engage with stakeholder groups has been noted and appreciated.

This response is informed by the discussions that took place at an ASME Study Day in February. Thirty ASME members from all over the UK (with a very useful input from a member from Australia) met with two of the authors of the draft document, Professor Allan Cumming and Dr John Jenkins, together with Mr Ben Griffiths from the GMC. The day provided an excellent opportunity for members to give direct comment and feedback on the draft document to those who will have responsibility for contributing to the final version of Tomorrow’s Doctors 2009.

The Study Day revealed that there are a range of views on many of detailed points raised in the questionnaire accompanying the draft document. For example, there was polarity in the views expressed over the way in which the Student Selected Component (SSC) of the curriculum should be defined and its extent prescribed. This example was of interest not only because of its intrinsic importance but also because it illustrated the difficult balance that Tomorrow’s Doctors 2009 is seeking to achieve between encouraging diversity of approach and being prescriptive about the content and educational methods that make up a curriculum. In this example the tension is between encouraging Medical Schools to be innovative and imaginative in achieving an educational programme that stimulates self-directed learning across the whole curriculum while ensuring that this approach to learning is guaranteed in at least part of the curriculum in all Medical Schools through a specific educational method.

Individual members of ASME can and are submitting their own views to the GMC through the electronic questionnaire. This response largely confines itself to the main principles and issues on which broad agreement was apparent at the Study Day.

**General Principles**

In general the move to an outcomes approach in setting standards for Medical Schools is supported. This is a very significant development and could lead to major changes in the way that the GMC conducts its quality assurance of Medical Schools. This move also makes it important for the overarching outcome set out in paragraph 150 on page 27 of the draft document to be developed further. This paragraph has the potential to create a succinct definition of what it is to be a doctor. The reference to Good Medical Practice is supported as it emphasises the concordance between education and practise. Similarly the “ability to analyse complex and uncertain situations” is also supported as a key outcome, requiring the ability to integrate the scientific basis of medicine with clinical reasoning and communication skills. The aspect of the overarching outcome that attracted most debate is the “ability to provide leadership”. Elements of controversy lie in there being differing perceptions of what leadership means and in the reality that newly qualified doctors need to exhibit a range of team-working skills of which leadership is just one.
Presentation
One of the challenges in drafting *Tomorrow’s Doctors 2009* is that it is aimed at a number of different audiences, ranging from potential medical students to the Heads of Medical Schools. As presently structured it appears to be focussed exclusively on the latter group. This has resulted in the document having a worthy but dull quality. Potential medical students are unlikely to be inspired by the document. This could be transformed by three changes:

- Re-ordering the content so that the outcomes for graduates comes before the domains, as it is the outcomes that interests the general reader
- Greater use of graphics and diagrams to show the relationships between the different elements of the outcomes and domains. Venn diagrams may help in overcoming objections to the separation of the outcomes into scholar and scientist, practitioner, and professional. While this general formulation is considered helpful it is the synthesis of these attributes that is of most importance for the practise of medicine and this needs more emphasis
- The listing of practical procedures is considered helpful but could, with benefit, be placed in an annex to the document as it likely to require amendment on a regular basis

Evidence
The initiative taken by the GMC in commissioning research to inform the policy direction and development expressed in *Tomorrow’s Doctors 2009* is strongly supported. Three research projects are referred to in the draft document. ASME members through their own Universities have taken lead roles in these research projects and ASME as an organisation has the promotion and dissemination of high quality research in medical education as its core mission. The following is not a criticism of the research that has been undertaken but seeks to identify general issues about commissioned research that the GMC may wish to consider as it develops its research agenda:

- Public scrutiny. As a general policy the GMC puts the reports of commissioned research into the public domain. For the researchers and for the wider public this does not equate to effective publication and dissemination. Critical evaluation of the research for the purpose of policy development may be deficient if publication in peer-referenced journals post-dates the policy initiative.
- Timing. Linked to the above is the issue of the timing of the commissioning of research. The project involving research into prescribing errors will be completed just in time for the publication of the final version of *Tomorrow’s Doctors 2009*. It is a practical problem for the GMC to be able to identify important areas in which it needs research-based evidence in time for the findings to be subjected to thorough scrutiny.
- Policy. The development of a research policy by the GMC that addresses the issues of the scope, timing, dissemination, and critical review of commissioned research has the potential to make a major contribution to improving the quality of medical education.

Outcomes
Scholar and Scientist
As with many of the important concepts and themes in the draft document, there is an assumption that meanings attributed to scholar and scientist within the profession will have similar interpretations and resonance more broadly. The headings for each of the outcomes needs to be followed by an explicit definition of the term(s) couched in behavioural and ability terms. Before paragraphs 151 and 152 a more general statement about what the graduate needs to be able to do as a scholar and scientist would be helpful. In particular, new introductory paragraphs could elaborate on the ability of graduates not just to have a sound foundation of scientific knowledge and the ability to seek out and assess the quality of such knowledge, but to be able to apply these attributes in the complex and uncertain clinical arena.

Practitioner
The transfer of the practical procedures tables to an appendix has already been advocated. The rest of this section is supported with the suggestion that within the paragraphs on communication skills reference be made to communicating with people who are anxious.

Professional
There was no support in the Study Day for separating leadership from professionalism. Concepts such as integrity, responsibility, and judgement were felt be at least as important as leadership in contributing to the professional behaviour of a doctor. The actual content of this section was felt to be well set out but did provoke discussion about how these attributes can be reliably and validly assessed.

Domains
The domain framework setting out what the GMC expects of Medical Schools in their policies and procedures is supported and its relevance for postgraduate educational programmes is clear.

As a general point, the use of the term “standard” is inconsistent. If it is to be used it needs to be defined. At times it seems to mean overall requirement and in other places it can be interpreted as achieving a specific level. When used as a heading it could with benefit be substituted by “overall requirement”. The other headings used within the domains are helpful.

Patient safety
It was felt that this important section is unbalanced. It fails to make any case for the potential positive impact on patients when care is provided in an environment where education is valued. Almost all the content of this domain is couched in negative terms implying that the clinical environment is a hostile one for students. Students are construed as risks rather than potential contributors to good health care within clinical teams. Given the strong support in the Study Day and elsewhere to a move to an increase in meaningful participation by students in clinical care, this domain as currently described will impede rather than promote progress.

Paragraph 12 could be expanded to explicitly include the views of patients. Information on the willingness or otherwise of patients to be seen by students is one important marker of the quality of the patient experience in health care settings.
Equality, diversity, and opportunity
The way in which this domain has been set out is supported.

Quality assurance
This domain reads well. It could embrace quality enhancement as well as quality assurance but there is no doubt what is expected of Medical Schools. The challenge comes in meeting the GMC and QAA requirements.

Student selection
In general, the content of this domain is supported. In particular, the identification of the need for continuing research is welcomed.

The aspect of the document that attracted most debate in the Study Day was the section on disability. Tommorrow's Doctors 2009 is considered to be helpful in this difficult time for Medical Schools by providing greater clarity about what medical graduates must be able to do.

Design and delivery
The wide-ranging content of this domain is broadly supported. The balance to be struck over Student Selected Components has already been raised. A similar balanced approach is needed with regard to assessment. In the Study Day and elsewhere previously polarised debate about a national examination has moved on to considering the desirability of achieving good comparability in the levels of attainment of outcomes in different Medical Schools. The next stage will be to devise effective and efficient ways of achieving this. Now that the GMC is clearly articulating the outcomes required of graduates, and in paragraph 98 indicating that all outcomes are to be met, the basis has been established for systematic programmes of assessment development and research to demonstrate to the public that all medical graduates in the UK are competent.

The paragraphs on clinical placements and experience in this domain are strongly supported.

Support and development of students, teachers, and local faculty
The sections in this domain on student support are supported. The paragraphs on teachers and local faculty are felt to be inadequate. They fail to capture the extent of the challenge faced by Medical Schools in recruiting, motivating, training, and rewarding clinical staff in the roles of teacher and educational supervisor and manager.

Management of teaching, learning, and assessment
The principles of accountability and of engagement with health services underlying the content of this domain are supported. Little is said on the nature of the crucial agreements required between Medical Schools and care providers. The content is also light on the management of assessment and its crucial importance at the heart of the curriculum.

Educational resources
Paragraph 138 lacks ambition and fails to capture the clarity of other domains. As a consequence the rest of the content is set out in a way that will make it difficult for quality assurance inspections to be able to form judgements for this domain. Paragraph 146 concerning the learning environment exemplifies this problem. It is worthy but sits awkwardly
with the rest of the content and it is not clear how it will translate into measurable features of clinical placements.

**Summary**

The criticisms of the draft of *Tomorrow’s Doctors 2009* contained in this response should not detract from the generally positive view expressed by ASME members at our Study Day. The general direction set out in the draft document is strongly supported. The specific points made in this response are made with the intention of helping to make the final version of *Tomorrow’s Doctors 2009* inspiring and valuable in guiding the future of medical education.

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