



Discussion Paper: Key Policy Issues in Med Ed

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1. Executive Summary

On October 3rd, 2022, the Association for the Study of Medical Education (ASME) appointed a Policy and Development officer. Tom Hughes. The purpose of this role is to promote ASME externally and consider how the organisation can influence and inform policymakers about key issues in medical education.

Initial work by Tom required him to gain an understanding of medical education and the issues. Academic literature and key policy reports in the public domain were scrutinised for common and emerging themes. Tom then met with some of the Directors, key stakeholders and other organisations who had been identified as being relevant in this area.

Following discussion with Kim (the Director of Publications) and Sandra (Chair), various areas were identified as possible issues to be taken forward.

This paper outlines the key policy issues in medical education in the UK from late 2022 to early 2023. Several key issues were highlighted: the role of Specialist and Associate Specialist (SAS) /Locally employed(LE) Doctors, Study leave budgets, Postgraduate delivery of training, Feedback, Royal College exams, the Medical Licensing Assessment (MLA), Workforce constraints, Medical doctors degree apprenticeships, Medical Internships (FY1 Intern) proposal, Medical student numbers, New medical schools, Clinical academic staff, EDI, and Global Health (Climate change and sustainability).

This report provides further details on each issue, together with a series of possible actions have been listed for the Board to discuss and debate. It will not be possible to take all of these forward. Therefore, this report provides a starting point for the prioritisation of the issue which will then be taken forward in the policy strategy, together with any relevant actions. In many instances, collaboration with other organisation (s) may be more fruitful in bringing about change.

2. General Update on Policy Work

ASME's Policy and Development Officer, Tom Hughes, came into post on the 3rd of October 2022. Since coming into post, he has scoped the landscape of medical education to understand the key issues and stakeholders in medical education in the UK; as well as developing an understanding of ASME and its various activities.

During the first months of his employment, Tom has worked on establishing relationships with key internal stakeholders [ASME Directors, TASME, and JASME] and external stakeholders: [The Royal College of Physicians Edinburgh (RCPE) trainees, The Academy of Medical Educators (AoME), The Medical Schools Council (MSC), Society for Academic Primary Care (SAPC), The British Medical Association (BMA), SAS representative network of the Royal College of Physicians (RCP)] Scottish Policy Research Exchange (SPRE) to name a few. Future meetings already arranged include the Parliamentary Office of Science and Technology (POST), Planetary Health Alliance and the Royal College of Surgeons (RCS).

As this is a new area of work for AMSE, a workshop run by the Scottish Policy Research Exchange group has been organised for the collaboration day, in order to further inform the Board on how, ASME as a an organization can have an impact on policy.

There is a also need to connect with policy officers inside of the General Medical Council (GMC), Health Education England (HEE), Health Education and Improvement Wales (HEIW), NHS Education for Scotland (NES), and Northern Ireland Medical & Dental Training Agency (NIMDTA). However, these meetings may be more productive if ASME has a clearer idea of the priorities for their policy and development work.

3. Key Policy Issues

This section summarises the key policy issues in the medical education space in the UK in late 2022 and early 2023. These were determined based on consultations with internal and external stakeholders, academic literature, and reports published by government and non-government organisations. Some issues fall under several categories; therefore, the themes are not fixed. Under each key issue a series of potential actions that ASME can pursue are listed. These actions are only suggestions based on current knowledge and are open to further discussion from the Board.

3.1 Access to Training and Scholarship opportunities

3.1.1 Specialty Doctors and Associate Specialists (SAS)/Locally Employed (LE) Doctors

SAS and LE doctors are the fastest growing medical professional population. According to the GMC (2022), as of 2021 there were 63,740 SAS and LE doctors in the UK, which is a 40% increase from 2017. Most of these doctors are qualified internationally. There have been significant problems regarding the retention of SAS and LE, with 53% of the SAS or LE doctors in 2013 leaving the UK by 2021. Many of the SAS and LE doctors identified a lack of support and professional development opportunities as the main motivator for them leaving (GMC, 2022). The GMC have called for the need to support SAS and LE doctors to transition to formal education and training programs, as well as roles in research, education and management. One of the key policy debates is whether the excess supply of SAS and LE doctors could potentially fill the current gap in GPs (GMC, 2022; Iacobucci, 2022).

We assume that even if SAS and LE are guaranteed access to training programmes they will encounter several barriers in their training and transition to being qualified but different cultural and educational contexts. Lagunes-Cordoba et al (2021) reported that International Medical Graduates (IMG's) are more likely to face problems, such as racism, biased assessments and recruitment processes, a lack of trust of senior doctors, problems with acculturation (namely understanding non-verbal communication and UK social norms), more likely to be reported to the GMC and more likely to receive harsher punishment.

Notes from the Academy of Medical Royal Colleges (AoMRC)/GMC/ RC Presidents meeting 8th November 2022:

In November, the GMC launched a self-assessment survey for employers who support SAS doctors. As part of the legislative reform set for the 30th of November 2023, the GMC are amending the PMET Order with new standards. As part of these new standards, they intend to implement new pathways for IMG and UK doctors through editing the standards and framework of the CESR/GPR assessment.

Possible actions:

- Establishing a Special Interest Group for SAS and LE doctors, to help further ASME's outreach and create a voice inside the organisation for these doctors.

- Liaise and build relationships with relevant stakeholders, for example BMA and the SAS networks of the RCP, over the SAS access to career pathways issue and clinical academic roles.
- Consultation with the GMC about possible ways ASME can help inform their decision around how to support SAS/LE doctors.

3.1.2 Study Leave Budgets

The representatives of TASME highlighted issues around inequality in terms of study leave budgets across HEE local offices. From 2018, the study leave expenditure for postgraduate doctors in training in England are managed by HEE local offices, in line with guidelines set out by HEE (Health Education England, 2022). The financial principle for how funding is allocated to each local office is based on the number of trainees and is managed by the Postgraduate Dean's Team (Ibid). There is no cap on study budgets for any individual, however, funding is finite (Ibid). Concerns centre around trainees in certain areas who were believed to receive more funding for conferences, research and additional training, than in other areas. This was thought to potentially lead to a systemic disadvantage for those working in divisions with less funding allocated, hindering their ability to advance their careers. The devolved countries manage their study leave budgets in different ways which could also lead to more divergence and inequity.

Possible Actions:

- Possible exploration of the situation in Scotland, Wales and Northern Ireland.
- Given that HEE will be merging with NHS England and NHS Improvement in April 2023 it is difficult to anticipate how much money will be allocated to study leave.
- This may be a more operational issue rather than a policy issue

3.1.3 Postgraduate delivery of teaching

Based on the current literature and the discussions with the trainee representatives at the Royal College of Physicians Edinburgh, remote learning in a post-pandemic period remains a hot topic. Whilst remote learning for trainees has been necessary to help control the spread of Covid-19, most of the formal-protected teaching for trainees in Scotland and England has remained online. Simulation training has returned largely to in-person teaching.

Several problems are centered around the quality of teaching of remote delivery. The stakeholders expressed their concerns that many trainees are not able to fully focus when provided with a pre-recorded lecture. Trainees were thought to typically listen to these lectures whilst performing other tasks in a clinical setting or at home and were not able to engage as effectively with the content. Khamees et al.'s (2022) systematic review described the learning developments and switch to online learning for postgraduate medical education that occurred during the pandemic and continued into the post-pandemic period. Most interventions seemed to replace existing teaching practices with virtual technology; such as virtual whiteboards, polling and breakout rooms (Ibid). There seemed to be a high level of student engagement and the outcomes were notably positive (Ibid). In spite of this, there a number of limitations; namely loss of social interaction, less hands-on activities, problems with technology and issues with study design (Ibid).

A study of the experiences of cardiology trainees in the UK during Covid-19 found that remote teaching methods enabled access to work and education content; however, trainees felt isolated from peers and those delivering the training (Quyam and Abumehdi, 2022).

The main stakeholders in this space would be Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Innovation Wales (HEIW), and the Northern Ireland Medical and Dental Training Agency (NIMDTA).

Possible Actions:

- Liaise and form a collaboration group with key stakeholders, for example: the Royal College of Physicians Edinburgh Trainee network, TASME, AoME and SAPC. The goal of this group will be to think about putting together a communication piece/policy brief for HEE, NES, HEIW, and the NIMDTA.
- Produce a virtual issue from the Journals together with a commentary outlining ASME's position.
- Consider encouraging one (or more) of the research awards to further investigate the current postgraduate education delivery and its impacts on the quality of training received.

3.1.4 Feedback

A common issue raised by many of the stakeholders was feedback. There was an impression that junior doctors were unable to receive adequate feedback on their performance due to the workload of consultants and overall low morale among healthcare professionals. There was also an impression that many consultants did not know how to go about delivering medical education and feedback.

Sholl et al. (2017) conducted a realist synthesis on the mechanisms to balance caring for patients with providing health education. The factors seen to yield a better balance between the two were ward round teaching, protected learning times and continuous professional development (Ibid).

The JASME representatives mentioned not receiving adequate feedback despite having a dedicated a half an hour feedback session for FY1s and FY2s every week. This typically does not happen or is delivered to a very poor standard due to workload and a lack of capacity

Possible Actions:

- Although this is an important topic, it is not clear how ASME can have an influence.

3.1.5 Royal College Exams

Another common issue raised was around Royal College exams and their disproportionate impact on students from underprivileged backgrounds. Based on conversations with stakeholders from some colleges, it was noted that exams are increasingly costing the colleges more (for smaller colleges the financial benefit of the exams is little to none because of the cost of administering and hiring examiners, there will likely be opposition from larger colleges with more people taking their exams i.e. RCP and RCS). Within some colleges there is already discussion about abandoning the exams because of problems around hiring examiners and the financial viability of the exams.

The academic literature suggests that the passing rate for college exams (eg MRCS and MRCP) and admissions created further inequalities in postgraduate education. Ethnic minority graduates, specifically Black graduates, and female candidates were significantly less likely to pass the MRCS on their first attempt and be admitted to postgraduate training programmes than white and male students (Ellis et al., 2022; Kumwenda et al., 2018). Similarly, those who attended an independent fee-paying school, a Russell Group medical school and did not have a prior degree were more likely to have higher results in the MRCS (Ellis et al., 2022; Ellis et al., 2022). Those with disabilities, however, were found to be no less disadvantaged in the MRCS examination than non-disabled students (Ellis et al., 2021).

According to the most recent meeting between AoMRC, GMC and Presidents of Colleges, the GMC have implemented several exam technique intervention targeted groups. The MRCPsych CASC Masterclass showed a reduction in the attainment gap between UK BME students from 11.8% to 1%, and from 59.8% to 21% for IMG BME. Similarly, the MRCGP CSA support on extension programme saw a doubling in the passing rates for IMG candidate on 3rd/4th attempt. The GMC and AoMRC are currently running a short life working group in summer 2022. As part of this, the AoMRC have developed new principles on exam preparation for all new candidates and disadvantaged groups (which will be delivered directly by colleges or with PG deans, employers, trainers, and senior trainees).

In terms of predictive ability of “on-the-job” performance, Scrimgeour et al. (2018) found that trainees that fail Part B of the MRCS were more likely to have unsatisfactory scores at their annual review of competence progression (ARCP). Ellis et al. (2022) found no evidence suggesting that performance on MRCS was predictive of receiving disciplinary actions, namely the GMC’s Fitness to Practice investigations. In contrast to this, Wakeford et al. (2018) found that poorer performance on the MRCGP and MRCP was linked with doctors more likely to be sanctioned. Thus, given the lack of evidence it is difficult to fully determine the effectiveness of the Royal College exams in producing ‘better doctors.’

Possible Actions:

- PhD Scholarship to investigate the impact of college examinations on trainees particularly using the UKMED databases, and whether they produce ‘better doctors’ (determine the parameters).
- Further consultation with representatives of smaller colleges (e.g. Royal College of Pathology) to understand their specific concerns and stance.
- Consultation with partner organisations (e.g. SAPC and AoME) into writing a policy brief for the GMC and the Royal Colleges.
- Developing initial work already undertaken in collaboration with AoME and GMC entitled trusting judgements.

3.1.6 Medical Licensing Assessment (MLA)

The Medical Licensing Assessment (MLA) is a two-part assessment that will be used as a common threshold to ensure safe medical practice in the UK (GMC, 2022). All medical students graduating from a UK medical school will be required to pass the MLA as part of their degree, before becoming part of the medical register (Ibid). The exam will comprise of two components:

- Applied Knowledge Test (AKT): which assesses applied clinical knowledge.

- Clinical and Professional Skills Assessment (CPSA): A performance-based assessment that will measure a student’s clinical and professional skills, knowledge and behaviours.

Several international studies have examined the correlation between performance on high-stakes medical licensing exams and student wellbeing. Monrad et al. (2021) found that medical students in the United States with poorer wellbeing and high levels of distress performed worse on Step 1 of the MCAT exam than those with higher levels of wellbeing.

Archer et al. (2016) conducted a systematic review on behalf of the GMC into national licensing exams and best practice in highly developed countries. There was weak or limited evidence to suggest that performance on national licensing exams (NLEs) were associated with enhanced patient safety, improved quality of care, and the likelihood of doctors facing disciplinary action (Ibid). The research did show that lower NLE scores tended to lead to doctors working in less respected institutions and poorer performing organisations (Ibid).

A study examining the demographic characteristics associated with performance on the USMLE showed that there were significant demographic differences in exam scores (Rubright et al, 2019). The results for gender were mixed; men tended to outperform women in Section 1, women tended to outperform men in Section 2, and there were no statistically significant results on Section 3 of the exam (Ibid). White students performed better than non-white student on all three sections of the exams. Age showed to have a negative correlation with exam results, examinees older than the average age tended to perform worse (Ibid). ESL examinees and those who held citizenship other than the United States also were found to perform worse (Ibid).

In a commentary, McKechnie et al (2022) express their concerns regarding the MLA being a high-stakes exam and its effects on the learning priorities of students; specifically, whether students are learning enough “real-world” knowledge to encounter the multitude of conditions and complexity of patients encountered in primary care (Ibid). They also highlighted on the contrary that the MLA may also help enable future medical graduates to transition to general practice because much of its content is heavily related to primary care (Ibid).

The MSC are developing the exams alongside the GMC. Based on a consultation with a senior policy officer at the MSC, the MSC are currently working on ways to make the exam fairer for students from different universities, given varying regulations and policies at different medical schools across the country.

Possible Actions:

- Consider encouraging one (or more) of the research awards to further investigate the impact of the MLA.
- Collaborate with partner organisations to further critically appraise current evidence to produce a policy brief.

3.2 Workforce Issues

3.2.1 Workforce constraints

The main underlying issue highlighted in the literature and by most stakeholders was the problems facing the workforce. The British Medical Association's Medical Staffing report (2022) showed a shortage of 49,456 FTE doctors and doctors in training in England alone, with the average doctor working 1.3 FTE in order to compensate this balance. These problems seem to be more acute for England than the other three nations. Since 2021 there has been a marked increase in the number of doctors leaving the NHS (GMC, 2022). This is likely to be a lag effect from the pandemic, however, if it does continue at the same rate the NHS will have 16,138 fewer doctors than if the attrition rate remained at pre-pandemic levels (2017-2019) (Ibid).

Huge problems still centre on the retention of both domestically trained staff and IMGs. Trainees have reported workload impacting their access to training opportunities and the quality of training received.

A major factor identified by relevant stakeholders for the poor retention and workforce performance was healthcare workers feeling undervalued and underrepresented (Cathcart et al., 2022, Gordon et al 2022). HEE has piloted various different initiatives to understand the impact of flexible working arrangements on the long-term retention of doctors (Ibid). Lennon et al. (2019) found that professional satisfaction for trainees came from feeling well supported and supervised by consultants (OR 2.54), having sufficient study time (OR 1.54), and a higher self-rated health status (OR 1.65). Those working more than 56 hours per week were significantly less professionally satisfied than those working 45-50 hours per week (OR 0.76). The government has currently ruled out the expansion of Less Than Full Time contracts given the current mounting pressures on the NHS (House of Commons, 2022).

HEE has recently piloted a number of other initiatives to try and boost the workforce, namely Medical Doctor Degree Apprenticeships and Medical Internships.

3.2.2 Medical Doctor Degree Apprenticeships:

On 19th of July 2022, the Institute of Apprenticeships and Training approved HEE's Medical Doctor Degree Apprenticeships for other healthcare professionals wanting to undertake a medical degree (Health Education England, 2022). As part of the apprenticeship, apprentices will be employed by a local health provider organisation and will work and study flexibly (Ibid). The purpose of this programme is for apprentices to integrate new skills into practice (Ibid). Apprentices will be paid a salary and some of the training costs will be covered by their local health organisation and the apprentice levy funds (Ibid). Apprenticeships will be advertised by local employers on the basis of local workforce needs (Ibid). This policy is also thought to be part of the widening access initiative aimed at encouraging people from deprived backgrounds and part of marginalised groups to become doctors. The BMA (2022) has highlighted concerns as to whether the local health organisations will be able to meet the complex educational needs of future apprentices, while still ensuring high quality training for traditional medical students. While the BMA welcomes the efforts of HEE to try and widen access to medicine for people from deprived backgrounds, they feel that there needs to be more done to help alleviate the financial hurdles inhibiting high-school graduates from pursuing a medical degree (Ibid). There is also a lack of clarity as to whether the apprenticeship programme will be included in the UK government's cap on medical school places, given the additional resources needed (Ibid).

Possible Actions:

- Further investigation about similar schemes being piloted in Scotland, Wales, and Northern Ireland.

3.2.3 Medical Internships (FY1 Intern):

HEE, UCLan School of Medicine, and the University of Keele are currently proposing a 6-month medical internship (FY1 Intern) for medical students in their final year of university, before starting an FY1 post. As part of this proposal, students would complete their medical degree six months earlier and then pursue the internship. There is currently a survey being distributed to academic staff and medical schools to assess the popularity of this proposal. This policy was inspired by the successes of recruiting final year medical school students during the pandemic. Burford et al. (2021) found that students who pursued FY1 Interim posts (FiY1) had a positive view of the position and were more prepared for clinical practice than their peers who did not start in April 2020. FiY1 reported that they benefited from the learning opportunities and had a desire to help the NHS in a time of need (Ibid). The study suggested that FiY1s were offered increasing autonomy and flexible conditions, i.e., able to work limited hours, inductions, buddying systems, and informal ad hoc support from more experienced colleagues (Ibid). The BMA are concerned that these internships may affect electives in medical degrees. There are also concerns that the introduction of this 6-month internship will lead to a situation of relentless training and could potentially see more people taking breaks from training or working less than full-time. There are also major concerns that the removal of electives due to the internship could undermine the quality of UK medical degrees internationally and in the European Union. The BMA fears that this could potentially lead to a knock-on effect whereby less international medical students come to the UK to study medicine.

Possible Actions:

- Collaborate with key stakeholders, e.g. the BMA and SACP and potentially work together to produce a policy brief or communication piece around Medical Internships.

3.2.4 Medical Student numbers

There has been a dramatic increase in the medical student intake in UK medical schools in the last 2 years due to the pandemic and subsequent grade inflation, with a total of 10,461 and 10,543 medical students being admitted in 2020/2021 and 2021/2022 respectively (GMC, 2022). The number of medical students is set to return to 7,500 medical students for 2022/2023 onwards. There are concerns that even despite this increase there are still inadequate numbers of UK medical students, with the workforce increasingly reliant on international trained doctors (Ibid).

The Medical Schools Council (MSC) has called for an increase of 5,000 medical students to 14,500 students per year (Medical Schools Council, 2021). They called for an expansion in areas with the capacity to provide high-quality clinical placements and in geographical areas where there is a shortage of doctors (Ibid). One of the key recommendations proposed for the expansion of medical students is the promotion of clinical academic opportunities (Ibid). In addition to this MSC also proposed increasing opportunities to expand virtual learning and part-time education for healthcare workers looking to transition to medicine (Ibid).

The government has cemented this in their long-term plan to meet the current needs of NHS, however, they have advocated for short-term solutions in the meantime (House of Commons, 2022). There are no direct measures yet to expand the number of places, the government has asked to evaluate the costs of updating the medical schools' facilities and increasing the number of clinical placements (Ibid). They have argued that the cap on the number of international medical students should be lifted, and once they complete their Primary Medical Qualification they will be fully registered and be asked to fund the cost of their foundation training (Ibid).

Possible Actions:

- Consider encouraging one (or more) of the research awards in studies investigating effective methods for expanding medical student intake in other high-income countries (potentially a systematic review).
- Liaise with GMC policy officers to understand how ASME's research base may benefit them.

3.2.5 New Medical Schools

In the House of Commons' most recent Workforce in Health and Social Care report (2022), they have reported about the successes of the 2018 cohort of medical schools in terms of widening participation and producing local cohorts of local doctors, who are likely to stay local in their training centre once they have graduated. The government currently has committed to expanding the number of places at these medical schools by 2023/2024 (Ibid). The MSC (2021) have estimated that in order for the government to meet the additional 5,000 medical students per year needed for the NHS, there will need to be an additional 13 medical schools with each producing on average 200-250 graduates every year. In addition to this, existing medical schools would need to expand their graduate numbers to 200-250 per year (Ibid).

Possible Actions:

- Collaborate with external stakeholders, namely the MSC, and think about how ASME can utilise its research to help inform the debate.

3.2.6 Clinical Academic Staff

One of the key barriers preventing further expansion of medical schools and the opening of new medical schools is a shortage of clinical academic staff (Medical Schools Council, 2021). The vast majority of clinical academic staff are nearing retirement; and there is a lack of gender and ethnic diversity (Ibid). There is a need to attract and train early career doctors and students to become future medical educators (Ibid).

There is a keen interest from the MSC and SAPC to collaborate with ASME on this issue. The RCP SAS lead is also interested in collaborating with ASME to promote clinical academic roles to SAS doctors and collaborate in order to remove barriers to entering these professions for non-consultants.

Potential actions:

- Collaborate with external stakeholders, e.g. MSC, SAPC, and AoME, to write a policy brief on the barriers preventing clinicians from pursuing a career in Medical Education.
- Consider how JASME and TASME together SIGs could events to promote a career in medical education.

Workforce and increasing the number of medical students needs to be more fully examined in terms of the quality of education that can be provided and the capacity of the NHS to provide clinical placements given the current workforce constraints the NHS is experiencing at the moment.

3.3 Global Issues

3.3.1 EDI

As part of our EDI strategy, we aim to embed equality and inclusion throughout ASME including in our policy work. We aim to pursue policies that try to attract and retain diverse talent and perspectives and maximise access and participation in medical education. Several of the policy issues have a strong focus on inequalities in access, e.g., Royal College Exams, Medical Doctor Degree Apprenticeships, and SAS/LE doctors. However, it is proposed at the current time we should not pursue individual EDI policies, but integrate it into our overall approach to addressing other policy issues.

3.3.2 Global Health (Including Climate change and Sustainability)

There is increasingly more discussion about the importance of healthcare professionals understanding the ramifications of the climate crisis and social factors associated with this. This is not just a UK issue but a global one. The IPCC's Sixth Assessment Report (2022) highlights a number of risks of climate change to human health: increased level of ill health and premature death in the near and long-term (high confidence), heat-related mortality (very high confidence), increased prevalence of food-borne, water-borne, and vector-borne diseases (high confidence); and the increasing burden of mental health issues such as anxiety and stress especially for children, the elderly, adolescents and those living with underlying health conditions (very high confidence).

A cross-sectional survey was conducted of 600 medical school students from 12 medical schools in the United States, which asked about the importance of integrating climate change into the medical school curricular (Hampshire et al., 2021). The finding from the study suggests 83% of students felt that climate change and its health effects should be a core module in the medical school curricular, with only 13% of students reporting that their school provided them with adequate education (Ibid). Therefore, suggesting that there is a growing need for future healthcare professionals to be prepared and equipped with the knowledge to handle the emerging health problems induced by climate change.

. The GMC have recently stipulated in the Outcomes for Graduates guidance the need to include teaching on sustainable health (Chase et al., 2022). Approximately a third of the 30 medical schools in the UK using the Planetary Health Report Card had any kind of sustainable healthcare integrated into their medical curriculum and courses (Ibid). There

also seems to be a lack of education in postgraduate training around climate change and environmental issues, these modules remain optional (Ibid).

Possible Actions:

- Collaborate and build relationships with AMEE, MSCl, and the Planetary Health Alliance (PHA).
- Consider ASME can integrate the research findings from journals to try and push for more concrete criteria for sustainability to be included in undergraduate medical training, compulsory courses for those in postgraduate training, as well as for other clinical specialties (i.e. nursing, pharmacy, physiotherapy).
- Social media campaign to highlight the importance of teaching climate change in medical education.
- Produce a special issue, possibly with another Wiley journal on global health.

4. Conclusion

This report has summarised a variety of current policy issues affecting undergraduate and postgraduate medical education. This report has categorised these issues under three main headings: Access to training and scholarship (SAS/LE doctors, Study Leave Budgets, the Postgraduate Delivery of Training, Feedback Royal College Exams, and the Medical Licensing Assessment), Workforce problems (Medical Doctor Degree Apprenticeships, Medical Internships, Medical Student Numbers, New Medical Schools, and Clinical Academic Staff), and Global issues (EDI, and Climate Change and Sustainability).

The board needs to consider which areas should be prioritised. It is almost certain that more impact will be possible through collaboration with external stakeholders. However, there are some actions, for example, awards, virtual issues which would be relatively easy to implement and could be done internally.

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