

U.S. Department of Education

Staff Analysis
of the Standards Used by

The United Kingdom

for the Evaluation of Medical Schools

Prepared: August 2009

Background

The National Committee on Foreign Medical Education and Accreditation (NCFMEA or Committee) 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 were comparable to standards of accreditation applied to M.D. programs in the United States (US) at its February 1995 meeting. In September 2001, the NCFMEA reaffirmed its prior determination that the UK's standards and processes were comparable to those used in the United States. At that meeting, it was determined also that the UK's approval process continues to be comparable to the system of accreditation used in the United States to evaluate medical education. In March 2009, the NCFMEA reevaluated the standards of accreditation in the United Kingdom (UK) but deferred making a determination as to whether the standards and processes used to accredit medical schools in the UK remained comparable until the September 2009 meeting. After Department staff presented an oral summary of in the staff analysis, the NCFMEA determined that it needed additional information. In addition to requesting a report from the UK on the issues, the NCFMEA requested that a country representative appear at the September 2009 NCFMEA meeting to answer any additional questions the NCFMEA may have.

Summary of Findings

The system used by the United Kingdom to evaluate medical education in that country may be somewhat comparable to the evaluation/accreditation system used in the United States. The General Medical Council (GMC) established its standards and published the guidance and expectations in *Tomorrow's Doctors in 2003*. In January 2009, the GMC submitted to its constituents for comment the revisions of the medical standards and outcomes discussed at: https://gmc.e-consultation.net/econsult/consultation_Dtl.aspx?consult_Id=63&status=3&criteria.

The GMC did not provide a copy of the standards revisions or indicate whether it has approved the revisions although it referred to the expected revisions in portions of its response. However, the summary provided at the website clarifies

the scope of the GMC evaluation process. Primarily the GMC evaluates medical schools based on the outcomes expected of all medical graduates and the standards expected from medical schools when delivering their courses. The GMC goal is to ensure that when medical students graduate they have developed the knowledge, skills and behaviors that the profession and society expect of doctors. Although the GMC regularly assesses medical schools to determine whether the medical school courses meet the standards described in the guidance document, the GMC does not specify in detail what or how medical schools must teach their students. Rather, the GMC states, “the standards and outcomes described in *Tomorrow’s Doctors* provide a broad framework that medical schools must use when designing their own courses.” Since the concerns identified in the September 2007 redetermination analysis remain, the NCFMEA may want to explore the concerns with the country's representatives. These include:

- Determining the qualifications of the chief academic officer of the medical school. (Part 2, Section 3.2)
- The involvement of faculty in the hiring, retention, and discipline of faculty members as well as their involvement in the curriculum. (Part 2, Section 3.3)
- Whether the country ensures that all basic sciences are included in the curriculum. (Part 2, Section 4.2)
- Whether the country ensures that all students must take all of the clinical clerkships described in the guidelines. (Part 2, Section 4.3)
- Whether the country requires disciplines that support the fundamental clinical subjects such as, diagnostic imaging and pathology. (Part 2, Section 4.4)
- How the country ensures that students have access to their student records and are given an opportunity to challenge their accuracy. (Part 2, Section 5.1)
- Whether the country has written policies regarding the prevention and management of exposure to infectious diseases for students during the course of the educational program. (Part 2, Section 5.3(c))
- Whether the country has written policies that require medical schools to obtain approval regarding offering new courses, major changes to the curriculum or the assessment program. (Part 3, Section 4)

Staff Analysis

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

There should be a clearly designated body responsible for evaluating the quality of medical education in the foreign country, and that body should have clear authority to accredit/approve/deny the operation of medical

schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.

The Medical Act of 1983 grants authority to the General Medical Council (GMC) as the body that establishes the registry of all medical doctors licensed to practice in the UK and the responsibility to “protect, promote, and maintain the health and safety of the public.” The GMC also establishes the list of medical schools that are authorized to provide a medical education within the UK. The law requires the GMC to establish several Committees one of which is the Education Committee (EC). The EC is responsible for ensuring that the medical education offered through medical schools is sufficient to ensure that their graduates are qualified to practice medicine. The EC is responsible for implementing the approval process; however, the GMC makes all final approval decisions.

The GMC also has the authority to take an adverse action against a medical school including removing it from the country’s list of medical schools authorized to award medical degrees.

Documentation:

Act 1983: http://www.gmc-uk.org/about/legislation/medical_act.asp

List of bodies awarding UK medical degrees: http://www.gmc-uk.org/education/undergraduate/awarding_bodies.asp

PART 2: Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following areas:

Section 1: Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school’s educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

The GMC's publication, *Tomorrow's Doctors*, states that a medical school's curriculum must always take into consideration the health and safety of the public. The publication notes that medical schools must ensure that students "develop qualities that are appropriate to their future responsibilities to patients, colleagues, and society in general."

Tomorrow's Doctors also references principles outlined in the GMC's *Good Medical Practice* that form the basis of medical education. Those principles require maintaining good standards of clinical care, keeping good relationships with patients, working effectively with colleagues, continuing to expand their medical knowledge, and not allowing conditions to exist that place a patient's health at risk.

Medical schools must have a curriculum that adequately prepares graduates for licensure. The GMC requires graduates to take a qualifying examination after graduation and maintains a registry of all medical doctors licensed to practice in the UK.

Documentation:

Good Medical Practice: http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp

Section 2: Governance

(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the institution's administration. The external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

All medical schools are part of a university; and the Privy Council gives the university the power to award degrees. Established by the government, the Privy Council provides guidance on many different issues. The GMC is the body that grants authorization to medical schools to award degrees.

The universities are accountable to the Privy Council and undergo periodic review by the Quality Assurance Agency for Higher Education (QAA). Medical schools accountable to the GMC are evaluated at least every five years through a Quality Assurance of Basic Medical Education (QABME) process. The reviews

conducted through the QABME collect documentation from medical schools and evaluate all aspects of the medical education program including its governance.

Documentation:

List of bodies awarding UK medical degrees: http://www.gmc-uk.org/education/undergraduate/awarding_bodies.asp

Education QA Guidance: Preparing for the QABME process (New Medical schools): [http://www.gmc-uk.org/education/documents/G010b_School%20Guidance_Preparing_for_the_QABME_process_\(new_medical_schools\)_9.0.pdf](http://www.gmc-uk.org/education/documents/G010b_School%20Guidance_Preparing_for_the_QABME_process_(new_medical_schools)_9.0.pdf)

QABME questionnaire: http://www.gmc-uk.org/education/documents/frm_QABME_Questionnaire_for_UME_9.0_to_scho ol.pdf

Section 3.1: Administration

(a) The administration of the medical school must be effective and appropriate in light of the school’s mission and objectives.

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer’s office.

(iii) In affiliated institutions, the medical school’s department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

Tomorrow’s Doctors requires that medical schools have a “supervisory structure that involves individuals with an appropriate range of expertise and knowledge” and that “clear lines of authority and responsibility must be set out.” The country also notes that the *Guide for Members of Higher Education Governing Bodies in the UK* states that institutions must have an effective governing process and that this process must be in place at all levels within the institution. The UK states that this supervisory structure also involves all the clinical sites as well as the medical program offered on the university.

The country states that the QABME visits will also evaluate the effectiveness of a medical school's administration. The evaluation is based upon documentation submitted by medical schools, and interviews conducted with faculty, staff, administrators, and students during the visit.

Documentation:

Tomorrow's Doctors: [http://www.gmc-](http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp)

[uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp](http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp)

Sample Site Visit Report: [http://www.gmc-](http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/Cardiff_2006.pdf)

[uk.org/education/undergraduate/undergraduate_qa/reports/Cardiff_2006.pdf](http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/Cardiff_2006.pdf) and

[http://www.gmc-](http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf)

[uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf](http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf)

Section 3.2: Administration

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

The country states that there are no requirements established by the GMC regarding the appointment or qualifications for the chief academic official at a medical school. These appointments are made by each medical school. The country referenced employment regulations; however, staff review of that regulation determined that it did not refer to medical school appointments.

In determining the qualifications of the chief academic officer, the GMC reaffirms in its updated response that it does not have a mandate requiring the appointment of chief academic officers at medical schools. It asserts, "All heads of medical schools in the UK are medically qualified." Although the standards in *Tomorrow's Doctors* do not allude to required qualifications, the GMC reports that during site team visits the evaluation team consults the medical school's chief academic officer on whether appropriate leadership exists within the medical school.

Documentation:

None

GMC August 2009 Response, p. 1

Section 3.3: Administration

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to –

- (i) Admissions;**
- (ii) Hiring, retention, promotion, and discipline of faculty; and**

(iii) All phases of the curriculum, including the clinical education portion;

The country notes that the admissions policy, development of the curriculum, and hiring/retention/promotion/discipline of the faculty are within the purview of the university. *Tomorrow's Doctors* does provide guidance on student admissions by stating:

“Medical schools should put in place valid, open, objective and fair selection procedures. They should also publish information about the admission system, including guidance about the basis on which places at the medical school will be offered and the selection process. The staff responsible for selecting students should include individuals with a range of expertise and knowledge. All those involved in selecting students should be trained to apply guidelines about entry requirements consistently and fairly. They must also follow current equal opportunities legislation.”

A review of site visit reports showed that the team reviewed the curriculum, and the process used to review and change the curriculum. In one report, two committees were involved with reviewing the curriculum and although, there was no mention of faculty representation on these committees, it appeared that faculty members were included on both committees.

In the supplemental report, the GMC reports that it does not have a “role in hiring, retention and discipline of faculty members” in medical schools. Although the GMC appears to defer to the practices of the independent universities for these activities, it implies that faculty members undergoing a disciplinary action have the right, as public university employees, to retain the representation of a trade union, colleague, or attorney. It appears that faculty may participate in activities such as curriculum committees, but have no involvement by committee or otherwise in the hiring/retention/promotion/discipline of faculty.

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Sample Site Visit Report: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf

GMC August 2009 Response, p. 1

Section 3.4: Administration

(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical

school, the school must have appropriate mechanisms in place to ensure that –

- (i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and**
- (ii) There is consistency in student evaluations at all sites.**

The country notes that there are a few schools that offer components of the medical education program at locations that are geographically separated from the main campus. The country states that the Quality Assurance of Basic Medical Education (QABME) team members are required to review these sites as part of their approval process.

The questionnaire that must be completed by medical schools that are seeking initial approval requires that all training sites be identified. The site visit guidance document prepared by the QAMBE notes that site assessments will be made at all locations where teaching is conducted; however, the document also states that the assessment can be conducted by bringing in the academic leadership to the main campus to discuss the medical education program rather than visiting the sites.

Documentation:

The Structure of QAMBE Visits: http://www.gmc-uk.org/education/documents/G009_School%20Guidance_the_Structure_of_QABME_Visits_v11.0.pdf

Section 4.1: Educational Program

- (a) *Duration:* The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.**

The UK is a member of the European Union (EU) and follows EU directive regarding the length of a medical education program. The EU directive requires a medical education program to be at least 5,500 hours or six years in length.

Documentation:

European Union Directive: <http://eur-lex.europa.eu/LexUriServ/site/en/consleg/2005/L/02005L0036-20070101-en.pdf>, Section 2, Article 24

Section 4.2: Educational Program

(b) Curricular Content: The medical school's curriculum must provide students with general professional education, i.e., the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including--

(A) Contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

The country states that *Tomorrow's Doctors* does not identify specific requirements regarding basic sciences courses that must be covered in the curriculum. The standards state that:

“Graduates must have a knowledge and understanding of the clinical and basic sciences. They must also understand relevant parts of the behavioural and social sciences, and be able to integrate and critically evaluate evidence from all these sources to provide a firm foundation for medical practice.”

Further, there are no specific requirements regarding a laboratory portion of the basic sciences. The standards do require that students “know about “biological variation, and have an understanding of scientific methods, including both the technical and ethical principles used when designing experiments.”

A review of site visit reports shows that site team members did evaluate the basic science curriculum. One report specifically mentioned the following basic science topics that were included in the curriculum: microbiology, physiology, anatomy, and pharmacology.

Department staff notes that in a discussion between a Department representative and the Chair of the Education Committee during the country's 2001 review, the Chair noted that all site review teams have a basic sciences representative that would ensure that all of the basic sciences outlined in this section are included in the medical education program. However, the UK's response in their current application did not provide any information regarding the inclusion of a basic sciences representative on site visit teams.

In its response to this section of the guidelines, the GMC reports that several sections of *Tomorrow's Doctor* require the Quality Assurance of Basic Medical

Education (QABME) review teams to review curricular content and structure, meet with staff responsible for curriculum review and delivery and discuss student experiences. It cites the following standards in *Tomorrow's Doctors* (2003 edition) relating to graduate outcome requirements regarding the basic sciences:

- Paragraphs 3-4, page 8, requires graduates to “know about, understand and be able to apply and integrate the clinical, basic, behavioural and social sciences on which medical practice is based” to provide good clinical care.
- Paragraphs 13-15, page 10, refers to the scientific basis of practice expected of a graduate. The standard expectation is that the curricular content, structure and delivery of medical care prepare the graduate to provide the understanding of the genetic, social and environmental factors that determine disease and the response to treatment.
- Paragraph 48, page 19, and perhaps the most significant standard to understanding the GMC approach to its curriculum requirements states “the clinical and basic sciences should be taught in an integrated way throughout the curriculum”.

To illustrate the GMC approach to meeting these requirements, the GMC provided four illustrations of the information collected by the QABME review teams at different medical schools regarding teaching the basic sciences. Each illustration indicated that similar but not like courses taught at each school provided for integration of the basic and clinical sciences courses in the medical education program phases at the Dundee School. At Barts and the London School, systems in health integrated basic and clinical sciences in fundamentals of medicine are taught in year one and continued in a more complex format in year two. The fundamentals of medicine in the first year include brain and behaviour, cardio respiratory, human development, locomotor physiology, and metabolism. While at Oxford, the pre-clinical courses taught in the first year include physiology and pharmacology, biochemistry, and molecular genetics and in the second year integrated systems based teaching included neurology, pathology and microbiology. The Nottingham medical school splits the basic sciences into “the cell” and “the person”, but teaches all basic sciences with lectures and practicals. The cell addresses the molecular basis of medicine and the person addresses cardiovascular, respiratory and haematology, structure, function and pharmacology, microbiology, and anatomy. The illustrated curricula vary with each medical school’s curriculum apparently making the curriculum at each school appear unique to its mission and objectives.

The GMC reports that it plans to revise *Tomorrow's Doctors* to state explicitly that graduate outcomes will require a graduate 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.

Because it is not clear whether the GMC has adopted the changes above or when it plans to publish the revisions in *Tomorrow's Doctors* or when it plans to implement the changes, the NCFMEA may want to discuss with the GMC how the variations in the curricula offerings at the different medical schools have impacted the graduate outcomes.

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Sample Site Visit Report: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf

GMC August 2009 Response, pp. 2-4

Section 4.3: Educational Program

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of a series of selected patients having the major and common types of disease problems represented in the clerkship

The country notes that the standards are not prescriptive regarding what clinical clerkships are required. The country notes that standards do require that graduates "must know about and understand normal and abnormal structure and

function, including the natural history of human diseases, the body's defense mechanisms, disease presentation and responses to illness." Further, the country states that students must understand the principles of treatment of diseases. The standards also provide a list of general clinical skills that all graduates must demonstrate a proficiency in such as: make clinical decisions based on the evidence gathered, take and record a patient's history, and interpret the findings of commonly used "investigations." A review of site visit reports verified that the country did evaluate the clinical portion of each medical school's education program.

Department staff notes that in a discussion between Department representative and the Chair of the Education Committee during the country's 2001 review, the Chair noted that the standards require students to be exposed to all aspects of clinical study and therefore, medical schools would provide training in all medical specialties. It was noted that the curriculum allows for a total of three years of clinical training. The first phase of clinical training provides students with clinical rotations of varying lengths that cover all the medical specialties. The second phase of training focuses on five core areas: internal medicine, surgery, obstetrics, gynecology, and psychiatry. The last phase is a year of clinical training referred to as the Pre-Registration House Officer (PRHO) training. During the PRHO-phase, students may select one of three models to follow:

- Two six-month clerkships, one in medicine and one in surgery.
- Three four-month clerkships, in medicine, surgery, and a specialty at a university approved post.
- Four three-month clerkships, in medicine, a medical specialty, surgery, and a surgical specialty.

However, Department staff notes that the UK's current application made no reference to the clinical model described above.

In its response report, the GMC did not address the 2001 structure cited by Department staff previously, but the GMC outlined the clinical courses in the programs at the four medical schools referenced above. Each school's curricula illustrates that the GMC does not prescribe required clinical courses. However, the QABME review teams reportedly will "review curricular content and structure, meet the staff responsible for curriculum review and delivery and discuss student experience to ensure students gain appropriate clinical experience before graduation." Based on the report and the illustrations provided by the GMC, it does not appear that the country ensures that students must take all of the clinical clerkships described in the NCFMEA guidelines. However, each school offers several, but not all of the subjects outlined in this section, e.g., internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Documentation:

Sample Site Visit Reports: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/Cardiff_2006.pdf;
http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf
Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf
GMC August 2009 Response, pp. 4-6

Section 4.4: Educational Program

(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.

The UK's standards are silent with regard to disciplines supporting clinical subjects. The country states that it is up to each medical school to provide sufficient educational experiences to ensure that graduates are adequately trained in the field of medicine. The standards do require schools to adjust clinical training to "reflect the changing patterns of healthcare."

In its Response Report, the GMC refers to a revised edition of *Tomorrow's Doctors* that describes the expectations of graduates in understanding the basis of common investigative techniques and the ability to interpret them in common conditions. The GMC reports that it has referred to the draft revisions to its constituents. Department staff found a consulting comment about the revisions at the following link: <https://gmc.e-consultation.net/econsult/uploads/TD%20Final.pdf>. The GMC specifically refers to the revisions to *Tomorrow's Doctors* by citing Paragraphs 9c, 9d, and 16d. The sections describe that a graduate will be able to: (1) explain the scientific bases for common disease presentations, (2) justify the selection of appropriate investigations for common clinical cases, and (3) interpret the results of investigations, including growth charts, x-rays and the results of the diagnostic procedures in Appendix 1. The Department staff did not find section 16 in Appendix 1 of the 2009 proposed revisions at the website provided: <https://gmc.e-consultation.net/econsult/uploads/TD%20Final.pdf>.

However, it appears from the GMC narrative report that it plans to incorporate into the 2009 revisions to *Tomorrow's Doctors* a section regarding diagnostic imaging and clinical pathology. However, the GMC did disclose the status of the proposed revisions. A report from the Country representative on the changes to the standards and the implementation under this section may provide additional insight on the GMC evaluation process.

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf
GMC August 2009 Response, p. 6:
<https://gmc.e-consultation.net/econsult/uploads/TD%20Final.pdf>

Section 4.5: Educational Program

(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.

The standards require that the medical education program must allow graduates to “know about and understand the main ethical and legal issues they will come across. These include:

- making sure that patients’ rights are protected
- maintaining confidentiality
- dealing with issues such as withholding or withdrawing life-prolonging treatment
- providing appropriate care for vulnerable patients
- responding to patients’ complaints about their care
- dealing appropriately, effectively, and in patients’ interests, with problems in the performance, conduct or health of colleagues
- considering the practice of medicine within the context of limited financial resources.

The standards also state that graduates “must understand a range of social and cultural values, and differing views about healthcare and illness” and must be “aware of issues such as alcohol and drug abuse, domestic violence, and abuse of the vulnerable patient.” Finally, the standards reflect that graduates “must recognize the need to make sure that they are not prejudiced by patients’ lifestyle, culture, beliefs, race, color, gender, sexuality, age, mental or physical disability and social or economic status.”

Department staff review of a site visit report verified that the team evaluated the medical school's courses covering legal and ethical issues related to medicine.

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Section 4.6: Educational Program

(v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.

There are several sections in *Tomorrow's Doctors* that address communications skills. They include the following:

- “Graduates must be able to communicate clearly, sensitively and effectively with patients and their relatives, and colleagues from a variety of health and social care professions.”
- “Graduates must know that some individuals use different methods of communication, for example, Deaf-blind Manual and British Sign Language.”
- “Students must have opportunities to practice communicating in different ways, including spoken, written and electronic methods. There should also be guidance about how to cope in difficult circumstances. Some examples are listed below:
 - Breaking bad news
 - Dealing with difficult and violent patients
 - Communicating with people with mental illness, including cases where patients have special difficulties in sharing how they feel and think with doctors
 - Communicating with and treating patients with severe mental or physical disabilities
 - Helping “vulnerable patients.”

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Section 4.7: Educational Program

(c) Design, Implementation, and Evaluation

- (i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.**
- (ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent**

to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

The UK cites its standards in *Tomorrow's Doctors* relating to the curriculum in responding to this section. This document notes that supervisory structures that outline clear lines of responsibilities will allow medical schools to “plan curricula.”

The country also noted that all medical schools must adhere to the Quality Assurance Agency for Higher Education's (QAA) publication, entitled *Code of Practice for the Assurance of Academic Quality and Standards in Higher Education*. That document outlines policies that must be followed in developing an academic program such as:

- Ensuring that the “respective roles, responsibilities and authority of different bodies involved in program design, approval, monitoring and review are clearly defined in order that staff and students involved in such processes are clear about the hierarchy of procedures and about which body will take final responsibility.”
- That individuals external to the universities are involved in the development of each academic program.
- Ensuring that the program is developed within the institution's mission and goals; takes into consideration “external reference points, including subject benchmark statement, any European reference points, [and] national qualification frameworks for higher education[.]” Department staff interprets this to mean requirements to enter the profession as determined by the UK and/or the European Union.
- Describing how the “learning outcomes of the program will be promoted, demonstrated and assessed.”
- Ensuring that the necessary resources are available to support the program.
- Ensuring that the “academic authority” within an institution makes the final decision to approve all programs.
- Requiring that all programs are routinely monitored to ensure that:

- Program content remains current in light of developing knowledge within the discipline.
- Intended learning outcomes are being met.
- Program deficiencies are being identified and corrected.

Although the references cited by the UK do not specifically state that faculty must be involved the development, evaluating, or revising the curriculum, Department staff believes that the in order to meet the guidance cited in the above publications, faculty would have to be involved.

Tomorrow's Doctors requires medical schools to establish multiple assessment practices to determine whether learning goals are being met; and states that “the quality of teaching must be monitored through a number of different systems, including staff appraisals, student feedback and reviews of teaching by peers.” The QAA’s publication also required each program to develop a monitoring program to ensure learning outcomes are being achieved.

A review of QABME site evaluation reports revealed that student assessment was evaluated by the team.

Documentation:

Tomorrow’s Doctors: [http://www.gmc-](http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf)

[uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf](http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf)

QAA Code of practice for the assurance of academic quality and standards in higher education Section 7: Programme design, approval, monitoring and review:

http://www.qaa.ac.uk/academicinfrastructure/codeOfPractice/section7/programme_design.pdf

Section 5.1: Medical Students

(a) Admissions, Recruiting, and Publications

(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.

(ii) A medical school’s publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical

program, and its requirements for the award of the M.D. degree (or equivalent).

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.

Tomorrow's Doctors addresses admission in two sections:

- “Although student selection is not our direct responsibility we are interested in making sure that only those who are fit to become doctors are allowed to enter medical school.”
- “Medical schools should put in place valid, open, objective and fair selection procedures. They should also publish information about the admission system, including guidance about the basis on which places at the medical school will be offered and the selection process. The staff responsible for selecting students should include individuals with a range of expertise and knowledge. All those involved in selecting students should be trained to apply guidelines about entry requirements consistently and fairly. They must also follow current equal opportunities legislation.”

Regarding publications, the UK states that all universities must abide by the Advertising Standards Agency advertising codes. The code states that:

- “Marketing communications should be legal, decent, honest and truthful.”
- “Before distributing or submitting a marketing communication for publication, marketers must hold documentary evidence to prove all claims, whether direct or implied, that are capable of objective substantiation. Before distributing or submitting a marketing communication for publication, marketers must hold documentary evidence to prove all claims, whether direct or implied, that are capable of objective substantiation.”

Regarding student access to their records, the country cites the UK’s Freedom of Information Act (FOIA) as evidence that students may view their records. However, Department staff notes that the FOIA law clearly states that personal information is not releasable; therefore, the staff is uncertain how this law ensures that students can gain access to their student records.

Regarding the protection of student records, the country cites its Data Protection Act of 1998. The intent of that law is to ensure that any data pertaining to an

individual is protected and not released to unauthorized individuals. The law covers data maintained electronically and on paper.

In its response report, the country again refers to the United Kingdom Freedom of Information Act (FOIA) as the mechanism that gives all students the right to access their student records. The narrative indicates that a student who believes the content of their student records is inaccurate has several remedies. The student may “approach their faculty, the medical school secretary or the university senate to request an amendment”. In addition, the student may seek representation from the National Union of Students. The GMC asserts that the QABME teams also will review all aspects of student support arrangements during the school review. The information provides insight of the student requirements, however, the country did not address Department staff concerns regarding how the FOIA ensures that students can gain access to their student records.

Documentation:

Freedom of Information Act 2000:

http://www.opsi.gov.uk/Acts/acts2000/ukpga_20000036_en_1

Protection Act 1998:

http://www.opsi.gov.uk/acts/acts1998/ukpga_19980029_en_1

GMC August 2009 Response, p. 6

Section 5.2: Medical Students

(b) Evaluation of Student Achievement

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school’s evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.

Evaluating Students' Academic Progress

Tomorrow’s Doctors states that medical schools must use a range of assessments to evaluate a student’s understanding of the knowledge and skills

presented in the medical curriculum as well as their professional attitudes and behavior. Medical schools must demonstrate that their assessment methods are valid and reliable. A medical school's assessment process must:

- Clearly indicate how it is linked to curricular outcomes.
- Have a clear indication of how curricular outcomes have been met.
- Ensure that students are given guidance regarding what is expected of them when taking any examination.
- Ensure that examiners are trained to carry out their role and apply the medical school's assessment criteria consistently.
- Clearly state what mark is necessary to pass the examination.

The standards further states that students approaching the end of their medical program must be “thoroughly assessed to determine their fitness to practice as a Pre-registration House Officer (PRHO). During the clinical phase of their medical training, students must receive “regular, structured and constructive appraisal from their teachers[.]”

Department staff review of QABME site visit reports showed that the team did review how medical schools assess student progress.

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Sample Site Visit Reports: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/Cardiff_2006.pdf;
http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf

Section 5.3: Medical Students

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

The standards note that students with physical or mental health problems must seek appropriate help. Further, the standards require medical schools to stress to students the importance of taking care of their own health and must inform students about the “occupational health services, including counseling” that are available to them.

The country also stated that a Medical School Charter describes what is expected of medical students and the services that they will receive from medical schools. The country provided a link; however, the link to the charter was restricted to British Medical Association member and could not be read by Department staff. The country did not provide any information regarding prevention and management of exposure to infectious diseases.

The country did not include a response to this concern in its July 2009, Response Report.

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Council of Heads of Medical Schools and BMA Medical Students Committee

Medical School Charter: <http://www.bma.org.uk/ap.nsf/Content/medschcharter>

GMC August 2009 Response, not addressed

Section 5.4: Medical Students

(d) Student Complaints

The medical school must have written policies for addressing student complaints related to the areas covered by the agency's accreditation standards and processes. The student consumer information provided by the medical school to students must 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 can submit complaints not resolved at the institutional level.

The UK notes that complaint processes are within the purview of the universities and that the GMC has no authority over such issues. The country did note that standards exist for an appeals process. However, Department staff's review of that process revealed that it was related to appeals students may make when actions are taken by the medical school that are related student grades or personal behavior issues.

The country also referenced student complaint procedures issued through the Office of the Independent Adjudicator for Higher Education that must be adhered to by all universities in England and Wales. However, Department staff believes that this policy does not cover medical school located in Scotland.

The country notes that the majority of complaints lodged by students relate to grades that they have received and these must be resolved through their universities. A few complaints have been investigated by the GMC to determine if a medical school is complying with the standards.

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Office of the Independent Adjudicator for Higher Education:
<http://www.oiahe.org.uk/>

Section 6.1: Resources for the Educational Program

(a) Finances: The medical school must have adequate financial resources for the size and scope of its educational program.

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

Finances

The country notes that medical schools are funded through student fees and funding councils and medical education is supported by the National Health Service (NHS). Further, funding is also received from the Higher Education Funding Council for England (HEFCE), Department for Employment and Learning Northern Ireland, Scottish Further and Higher Education Funding Council (SFC) and the Higher Education Funding Council for Wales (HEFCW).

Facilities

The UK's standards require that:

- “Students must have access to appropriate learning resources and facilities including libraries, computers, lecture theatres and seminar rooms. The quality of facilities should be regularly reviewed to make sure they are still appropriate. Students must be able to comment about the facilities and suggest new resources that should be provided.”
- “Students must have opportunities to develop and improve their clinical and practical skills in an appropriate environment (where they are supported by teachers) before they use these skills in clinical situations. Skills laboratories and centers provide an excellent setting for such training.”

The application also noted that site visit teams are required to review the facilities. The QABME questionnaire that must be completed by medical schools prior to their site visit does request information on the facilities including:

- Identifying a school's facility and resource challenges, and how they are these being addressed.
- Describing how often resources and facilities are reviewed to ensure they are kept appropriate to learning requirements.

Documentation:

QABME questionnaire: http://www.gmc-uk.org/education/documents/frm_QABME_Questionnaire_for_UME_9.0_to_school.pdf

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Section 6.2: Resources for the Educational Program

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the personal/private interests of its faculty or staff may conflict with their official responsibilities.

Faculty size and qualifications are determined by each medical school. While the standards are silent regarding the size of the faculty, they do state that "medical schools must make sure that every person involved in educating medical students has the necessary knowledge, skills and attitudes." The QABME site visit process requires medical schools to identify the staff and faculty and during the visit site team members will ensure that the faculty is both sufficient in size and qualified to deliver the curriculum.

The GMC states that it is the responsibility of the universities to ensure that no conflicts of interest exist between faculty professional responsibilities and private interests. Faculty that also work as physicians are bound by the standards found in the publication *Good Medical Practice* which require that a patient's best interests must be placed above any personal interests. Those standards also

require that doctors notify patients of any financial interest in an organization that they refer them for treatment.

Documentation:

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Section 6.3: Resources for the Educational Program

(d) Library

The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

The standards require that medical schools provide appropriate learning resources, including libraries, and that students must have access to those facilities. Libraries must be reviewed periodically to ensure that they remain adequate to service student needs. Further, medical schools must solicit input from students regarding the sufficiency of the library and how they might be improved.

The country also notes that the government has established a framework for all National Health Service (NHS) Libraries in England that is described in a *NHS National Service Framework for Quality Improvement* publication. The purpose of the framework is to “to establish a quality cycle that will drive forward the modernization of health library and knowledge services[.]” The standards address the establishment of libraries, access to libraries, and staffing of the libraries. Goals and outcomes have been set for each of these three areas. All health libraries in England will be assessed under the framework standards in 2009 by peer review teams.

Documentation:

National Service Framework of Quality Improvement for NHS funded library services in England:

http://www.library.nhs.uk/nlhdocs/nsf_for_quality_improvement_2008_v1.1.pdf

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

(e) Clinical Teaching Facilities

The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

Tomorrow's Doctors does not require affiliation agreements with teaching hospitals and the GMC notes that medical schools may have different contractual agreements with their clinical faculty. The country does state that regardless of the contractual agreements that may exist, all medical schools must demonstrate that they have a process that evaluates the effectiveness of management and the quality of education offered at affiliated clinical sites.

The standards outlined in *Tomorrow's Doctors* state “the quality of teaching must be monitored through a number of different systems, including staff appraisals, student feedback and reviews of teaching by peers.” The QABME questionnaire that medical schools must complete prior to a site visit asks the following question: “How does the school ensure that students receive high quality, relevant education within partner institutions and that they have a wide range of learning opportunities and experiences available?” The GMC states that medical schools must identify the standards of education expected from clinical teachers and must monitor clinical sites to ensure that the standards are being met.

Department staff review of a site visit evaluation report verifies that the team reviewed the clinical program.

Documentation:

QABME questionnaire: http://www.gmc-uk.org/education/documents/frm_QABME_Questionnaire_for_UME_9.0_to_school.pdf

Sample Site Visit Reports: http://www.gmc-uk.org/education/undergraduate/undergraduate_ga/reports/2009/Edinburgh.pdf

PART 3: Accreditation/Approval Processes and Procedures

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process must include a thorough comprehensive on-site review of the school to include all of the training sites (if any), during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review includes, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates,

the facilities available to medical students (including the training facilities), and the academic support resources available to students.

The accreditation/approval process must include an on-site review of all core clinical clerkship sites.

(a) At sites that have never been visited by an accreditor (whose standards have been determined to be comparable), the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.

(b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.

(c) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.

NOTE: If an accrediting body is accrediting multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.

The country notes that all medical schools undergo a site visit at least once every five years. Site visits are conducted under the GMC's QABME program. Site teams evaluate medical schools using the standards described in *Tomorrow's Doctors* and provide a site visit report to the GMC's Education Committee. Both the main campus and satellite campuses are visited; however, the country states that when a medical school has a large number of small clinical sites, the team will visit a sample of those sites. The teams meet with faculty, administrators, and students during the visit as well as evaluate the curriculum, services, and resources of the medical school.

Department staff review of site visit reports verifies that the team does evaluate medical schools against the standards outlined in *Tomorrow's Doctors*.

Documentation:

QABME questionnaire: http://www.gmc-uk.org/education/documents/frm_QABME_Questionnaire_for_UME_9.0_to_schol.pdf

Sample Site Visit Reports: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

2. Qualifications of Evaluators, Decision-makers, Policy-makers

The accreditation/approval process must use competent and knowledgeable individuals, who are qualified by experience and training in the basic or clinical sciences, for on-site evaluation of medical schools, policy-making, and decision-making.

The GMC has developed policies in the selection of on-site visitors. These are grouped under general and specific competencies. Under general competencies, visitors must:

- Have the ability to analyze and understand large amounts of complex information.
- The ability to make reliable and objective judgments and be able to explain these clearly.
- Demonstrate effective interpersonal skills and the ability to work successfully in teams.
- Demonstrate an understanding and appreciation of the importance of promoting equality and valuing diversity.
- Familiarity with and understanding of GMC's guidance in *Tomorrow's Doctors*.

The site team must be composed of individuals with specific expertise in one or more of the following areas:

- Recent clinical experience (acquired within the last three years).
- Knowledge and understanding of the scientific basis of medicine.
- Knowledge and experience of management in the NHS.
- Curricular development, implementation and delivery.
- Quality assurance (QA) systems.
- The design and implementation of assessment systems.

At the end of each visit all site team members undergo an evaluation that includes three parts:

- Each evaluator evaluates other team member's performance.
- The medical school evaluates the performance of the site team.
- Team members evaluate the QABME process.

The goal is to identify the strengths and weakness of each facet of the on-site evaluation process. The country notes that weaknesses are addressed by providing additional training.

The GMC is the decision-making body and is composed of both medical and public members. Appointment to the GMC is based upon a competitive recruitment process. When positions become open on the GMC, an announcement is posted seeking nominations. Nominees are evaluated against a set of competencies such as:

- Knowledge of healthcare/clinical setting, consumer affairs including patient groups, professional/higher education, professional ethics and standards or other relevant public policy issues.
- Ability to take into account the views of the public and the profession.
- Knowledge/experience of strategic planning, including the development and delivery of an organization's strategy for the medium and long term.
- Demonstrating good communication skills and ability to put views across clearly, persuasively and sensitively.
- Building constructive relationships and working effectively in a team of people.
- Willingness to accept responsibility for personal decisions and share responsibility for corporate decisions.
- Knowledge/experience of analyzing and understanding complex information and situations before reaching an independent and objective conclusion.
- Demonstrating a high level of personal integrity and fairness.

Department staff review of the current composition of the GMC revealed that it contained medical educators, physicians, and public members. The country states that new members receive training.

Documentation:

Visitor Competency Framework, Visitor Appraisal, Completing appraisals, Conducting annual reviews: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/information_for_visitors.asp
Council Competences List:
<http://www.gmcpressoffice.org.uk/apps/news/latest/detail.php?key=468>
Current List of GMC Members:
<http://www.gmcpressoffice.org.uk/apps/news/archive/detail.php?key=469>

3. Re-evaluation and Monitoring

The accreditation/approval process must demonstrate the regular re-evaluation of medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

The accreditation/approval process must demonstrate that the accrediting/approval entity reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action. The complaint review process must demonstrate that it ensures the timely, fair, and equitable handling of all complaints related to the standards and procedures for accreditation/approval. The procedures also must demonstrate that follow-up action, including enforcement action, is appropriate based on the results of the investigation. In addition, the accreditation/approval entity must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.

Medical schools undergo a site visit at least every five years. The process requires that the school provide documentation covering the medical education program. This is followed by a site visit to evaluate whether the school is complying with the standards in *Tomorrow's Doctors*. The final stage is writing a report on the team's findings after reviewing the documentation and conducting the site visit.

Progress in addressing recommendations and/or violations of the standards must be addressed by the school in an annual report to the GMC. The annual report also captures other data such as:

- Any significant changes to curricula, assessments, outcomes, and staffing.
- Any issues of concern, proposed solutions and corrective actions taken.
- Examples of innovation and good practice implemented at the school.

Regarding whether the agency uses student complaints as part of the monitoring of medical schools, the GMC notes that student complaints relating to the standards are logged and maintained. The GMC reports that a few complaints were received that brought into question whether some medical schools were in compliance with the standards. All were investigated and it was determined that the schools in question were complying with the standards. The country also states that if a number of student complaints have been lodged against a school the GMC may schedule a quality assurance review during the next review cycle.

Documentation:

2008 Annual return template

Process Maps of Outline of Full QABME Process

Policy Requiring Medical Schools to Undergo an Evaluation Twice in Ten Years:

<http://www.gmc->

[uk.org/education/documents/G002_Quality_Assurance_of_Basic_Medical_Education.pdf](http://www.gmc-uk.org/education/documents/G002_Quality_Assurance_of_Basic_Medical_Education.pdf)

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

The country notes that it requires a medical school to seek approval if it intends to offer a new course or make any major changes to the curriculum or its student assessment process. If a school wishes to add a new course it must notify the GMC 18 months prior to the course being implemented. Further, it was stated that the GMC must be informed of changes to governance, “quality management”, supervisory structures, student support, and affiliation agreements. The UK collects information regarding the above changes through QABME annual reports or submissions sent to it by medical schools.

Department staff notes that it could not find any written policies that require medical schools to obtain approval from the GMC for new courses or major changes to the curriculum or student assessment process. The QABME annual questionnaire did collect information from medical schools covering changes to the curricula, staffing, as well as any issues of concern. Department staff is uncertain how the GMC collects information regarding governance, “quality management,” supervisory structures, student support, and affiliation agreements.

In its response, the GMC reports the following:

Schools must advise the GMC in their annual returns of “any planned changes or improvements as part of the School’s continuous improvement and quality management regarding any aspect of the School’s undergraduate degree/s: curriculum content, structure, placements, school facilities, committee structures, staff or student support systems.”

It also added the following statement:

If a School plans to introduce significant changes to its curriculum the GMC must be provided with at least 18 months notice and upon receiving plans for change may choose to undertake a full or partial QABME visit to ensure changes are appropriately planned and managed.

The GMC quoted two statements, but did not submit the policy or other documentation that would enable Department staff to determine how it collects information regarding substantive changes on governance, “quality management,” supervisory structures, student support, and affiliation agreements.

Documentation:

2008 Annual return template

GMC August 2009 Response, p. 7

5. Conflicts of Interest, Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest by those involved in the accreditation evaluation and decision process and controls against the inconsistent application of the accreditation/approval standards.

Controls against Conflicts of Interest

The GMC notes that all on-site evaluators must complete a conflict of interest declaration that covers many areas that are considered a conflict of interest. For example, evaluators are required to declare if they have been a teacher at any medical school, whether they were involved in developing the medical curriculum or assessment plan of a medical school, whether they have served as a consultant or advisor at a medical school, and whether they currently have any family members enrolled in or recently graduated from a medical school. Prior to a visit, medical schools must also review the list of individuals that will be on the site evaluation team and inform the GMC of any potential conflicts of interest.

GMC Council members must also declare any potential conflicts of interest when a medical school is under consideration for approval. If a potential conflict of interest exists, Council members must refrain from any discussion regarding the school and must leave the room prior to the Council making a decision.

Department staff notes that no documentation was submitted to validate the country's narrative on this section.

Controls against the Inconsistent Application of Standards

The QABME provides training to on-site evaluators. It has also established templates and guidance to assist evaluators when conducting site visits. The templates cover the major elements of the standards outlined in *Tomorrow's Doctors*. The country states that one member of the team is assigned the duty of ensuring that the standards are being consistently applied throughout the visit. Further, medical schools are given an opportunity to review the site visit report to identify any inaccuracies that may exist. Last, all site team members are evaluated by other team members, the school, and the team Chair to assess their performance in evaluating the school against the standards.

Documentation:

QABME training documents for site visitors: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/information_for_visitors.asp.

Sample Site Visit Report Showing that Medical Schools are Afforded an Opportunity to Respond to the Report: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf

6. Accrediting/Approval Decisions

While there may be diverse institutional missions and educational objectives, this should not result in the accreditation of a substandard program of medical education leading to the M.D. degree. Decisions must be based on compliance with the accreditation standards and based, in part, on an evaluation of the performance of students after graduation from the medical school.

All approval decisions are made by the GMC. Decisions are arrived at after reviewing a medical school's submission, supporting documentation, the on-site team and report. The standards require that schools address student outcomes in their application for approval and site visit reports verify that teams evaluate student performance. Further, medical schools obtain information on the performance of graduates during their first year of practice and use this information as part of their review of student outcomes.

The country also reports that the Quality Assurance of the Foundation Program (QAFP) tracks the performance of medical graduates performance during their

first two years of practice to ensure that they have met expected outcomes. The QAFP was established through a joint effort between the GMC and the Postgraduate Medical Education Training Board. Information obtained through the QAFP process is also used to evaluate the performance of graduates from each medical school and is part of the evaluation of a school's compliance with the standards. The country reports that it does not establish performance outcomes or measure benchmarks in determining compliance with the standards.

Documentation:

QAFP Information: http://www.gmc-uk.org/education/postgraduate/quality_assurance/history.asp

Process Maps of Outline of Full QABME Process

Tomorrow's Doctors: http://www.gmc-uk.org/education/undergraduate/GMC_tomorrows_doctors.pdf

Sample Site Visit Reports: http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/reports/2009/Edinburgh.pdf

###