

U.S. Department of Education

Staff Analysis
of the Report Submitted by the

United Kingdom

Prepared July 2003

Background

The National Committee on Foreign Medical Education Accreditation (NCFMEA) first determined that the standards of accreditation used by the United Kingdom to accredit 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 at its February 1995 meeting.

At its February 2001 meeting, the NCFMEA deferred a decision as to whether the United Kingdom's accreditation process continued to be comparable to that used in the United States until further information could be gathered. The Committee also directed that a member of Department staff meet with representatives of the General Medical Council (GMC) to discuss, more fully, the GMC's role in the evaluation of medical schools in the United Kingdom. The information gathered at that meeting along with additional documents provided by the GMC enabled the Committee, at its September 2001 meeting, to determine that the United Kingdom's accreditation process continues to be comparable to the system of accreditation used in the United States to evaluate medical education. As part of its decision, the NCFMEA requested that the GMC submit annual reports of its activities with respect to its accreditation of medical schools in the United Kingdom. This is the second annual report submitted by the GMC.

Summary of Findings

Based on its review of the annual report submitted by the country, Department staff believes that the United Kingdom has provided all of the information requested by the NCFMEA. Department staff also concludes that the country's actions during the past year appear to be consistent with the NCFMEA guidelines.

Staff Analysis

Overview of accreditation activities:

The GMC reports that during the year it has been developing and refining its quality assurance procedures for medical schools. Because of the efforts expended in this effort, the GMC notes that it did not conduct site visits to established medical schools, though it has conducted visits during the year to four new medical schools. The site visitors were satisfied with the progress that was being made by the new medical schools and outlined further visits that will be conducted that will focus on key issues that were discussed during the visits.

The country also conducted a training session for assessors (on-site evaluators). The training explained the functions of the GMC, acquainted the assessors with the documentation collected from medical schools, outlined the assessment procedures used at medical schools, and provided specific skills, such as interviewing techniques, used in conducting assessments. The GMC also reported it has a system for evaluating the performance of assessors.

Summary of any changes or developments in the following areas:

Laws and Regulations:

There were no changes to laws or regulations that affect the accreditation of medical schools in the United Kingdom.

Standards, Processes and Procedures:

In 1993, the GMC's Education Committee published a document entitled Tomorrow's Doctors: Recommendations on Undergraduate Medical Education that gives guidance to medical schools on the medical training that should be provided. The GMC stated it published a new edition of Tomorrow's Doctors that the country had been working on over the last two years. The most significant changes in the new edition include:

- Development of a series of curricular outcomes based on knowledge, skills, attitudes, and behavior that students are expected to demonstrate that they meet. Examples of these include:
 - Understand how errors can happen in practice and the principles of managing risks.
 - Demonstrate that they can perform clinical and practical skills safely.

- Demonstrate that they can gain, assess, apply and integrate new knowledge and have the ability to adapt to changing circumstances throughout their professional life.
 - Demonstrate that they can communicate effectively with individuals and groups.
 - Demonstrate that graduates have a knowledge and understanding of the clinical and basic sciences.
 - Demonstrate that they “know 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.”
- Incorporation of new developments in medical practice such as advances in genetics as well as social changes that increasingly seek out treatment in complementary and alternative therapies.

The GMC also published its proposed quality assurance evaluation procedures. These procedures will allow for a continuous system of quality assurance to enable the Council to constantly monitor the progress made by medical schools to enhance the quality of medical education. The process calls for regular visits to universities as well as a requirement for medical schools to provide annual reports that provide data linked to the recommendations outlined in Tomorrow’s Doctors. The country has developed a training program for assessors (on-site evaluators) to ensure that they understand their role and are clear on what they are to evaluate.

The annual reports that medical schools will forward to the GMC will provide information on the didactic basic science education and the clinical instruction provided to students. The data provided will be linked to the standards outlined in Tomorrow’s Doctors and will be analyzed by the GMC. Additionally, in the year that a medical school will be visited, the GMC will collect additional information including:

- A report from the student body at the university that assesses the curriculum.
- A report from National Health Service partners commenting on the quality of the university’s recent graduates in terms of their attitudes, behavior, knowledge, and skills.
- Difficulties encountered by students in their Pre-Registration House Officer phase of training and actions taken by the medical school to respond to these issues.
- A report from the students that recently completed the Pre-Registration House Officer phase of training that comments on the

quality of education and training they received and the appropriateness of the preparation for their Pre-Registration House Officer training.

The GMC noted that visits will be conducted every five years unless the Council believes concerns exist that require more frequent visits. Consideration for more frequent visits would include failure of the medical schools to respond to recommendations from previous visits, issues that may arise from the analysis of the annual reports, major institutional reorganization, or the development of new and innovative educational and training systems that have been implemented by a medical school. In conducting visits, visitors will be provided the data collected that a medical school has provided over the previous five years.

Visits will include meeting the medical faculty and administrators, observing the learning process, reviewing a sample of student assessment documents, and meeting the students. The Council stated that it intends to train 30 to 40 assessors to conduct the on-site visits.

Schedule for upcoming accreditation activities:

The GMC notes that it will begin conducting pilot visits for the new Quality Assurance process in 2003 and plans on a full implementation of the process in 2004.