THE SECRETARY OF EDUCATION
WASHINGTON, D.C. 20202

October 31, 2001

Ms. Helen M. Skardhamar
Education Section
General Medical Council
178 Great Portland Street
London, WIN6JE, England
United Kingdom

Dear Ms. Skardhamar:

At the September 6, 2001 meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA), the NCFMEA reviewed the information most recently provided by the General Medical Council (GMC) to reassess the comparability of the United Kingdom's standards to the standards used to evaluate programs leading to the M.D. degree in the United States.

I am pleased to inform you that at the meeting the NCFMEA determined that the current accreditation standards used by the GMC to evaluate medical schools in the United Kingdom are comparable to the standards used to evaluate programs leading to the M.D. degree in the United States (U.S.). This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and procedures for accrediting medical schools in the United Kingdom are still comparable to the accreditation standards applied to medical schools in the U.S. If so, its previous determination of comparability will be extended for another period.

The NCFMEA members wish to thank Professor Peter Rubin for attending the meeting to provide additional information regarding the status of medical accreditation activities in the United Kingdom. The members also wish to express their appreciation for the courtesies extended to Dr. Deal and Mr. James during their site visit to the GMC offices in July 2001. The information provided by Professor Catto and you during the July 2001 meeting was extremely helpful to the Committee's understanding of the United Kingdom's accreditation system for medical schools.

In an effort to keep apprised of the accreditation activities of the GMC, the NCFMEA has requested that the GMC submit annual reports to the U.S. Department of Education, with the first report scheduled for review at the September 2002 NCFMEA meeting. The purpose of the annual report is to provide the NCFMEA with a summary of accreditation activities, including the following information:

- *Overview of accreditation activities*: A summary of key activities by the GMC during the period covering August 2001 - June 2002, such as accreditation reviews conducted, accreditation decisions reached, accreditation conferences or training sessions held.

- *Summary of any changes or developments in the following areas*:
  - *Laws and Regulations*: Any changes in your country's laws or regulations affecting the accreditation of your medical schools.
  - *Standards, Processes and Procedures*: Any changes in the accreditation standards, processes or procedures that the GMC uses to evaluate and accredit medical schools.

- *Schedule of upcoming accreditation activities*: A listing of accreditation meetings and listing of on-site visits to medical schools and clinical clerkship sites planned for July 2002 – June 2003.

Please send the annual report by July 1, 2002, to the Executive Director of the NCFMEA at the address below:

Ms. Bonnie L. LeBold
Executive Director, NCFMEA
U.S. Department of Education
1990 K Street, NW – Room 7007
Washington, D.C. 20006-7563
U.S.A.

The Executive Director will contact you in the spring of 2002 to provide information regarding the September 2002 meeting and more details on submission of the annual report. In the interim, if you have any questions, please do not hesitate to contact Ms. LeBold at (202) 219-7009 (telephone), (202) 219-7008 (fax), or Bonnie.LeBold@ed.gov (e-mail).

As a result of the determination of continued comparability by the NCFMEA, any medical school in the United Kingdom that is accredited or approved by the GMC may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program. If a medical school's application is approved, students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive FFEL loans to finance their medical education if they meet all other eligibility requirements. Medical schools that wish to participate in the FFEL program may obtain the proper application forms from the Foreign Schools Team at the following address:

U.S. Department of Education
Foreign Schools Team-Room 73C3
SFA/Schools Channel/CMO
830 First Street, N.E.
Washington, D.C. 20202-5340
U.S.A.

Please note that it is not necessary for medical schools that are currently participating in the FFEL program to contact the Foreign Schools Team at this time; the status of those schools remains unchanged by the NCFMEA's decision of continued comparability.

Thank you very much for providing information regarding your country's accreditation of its medical schools. The NCFMEA members and the U.S. Department of Education appreciate your ongoing assistance in this matter.

Sincerely,

Rod Paige

Rod Paige

cc: Professor Peter C. Rubin
Dean of Medicine
University of Nottingham

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Committee Name 5	Year yyyy	Meeting Summer(s)-Winter(w)
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TAB K

U.S. Department of Education

Staff Analysis of the Standards Used by The United Kingdom for the Evaluation of Medical Schools

September 6, 2001

U.S. Department of Education

Staff Analysis of the Standards Used by the United Kingdom For the Evaluation of Medical Schools

Prepared February, 2001
Amended August 2001

The *bolded and italicized portions* of this February 2001 analysis *reflect new information* that was presented by the United Kingdom to support its comparability with the system of accreditation used in the United States to evaluate medical education. The balance of the text represents the analysis as presented at the February 2001 meeting of the NCFMEA.

Background

At its February 17, 1995 meeting, the National Committee on Foreign Medical Education Accreditation (NCFMEA) 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. The NCFMEA reviews the comparability of countries' standards on a periodic basis, and in June 2000, the United Kingdom was provided a copy of the NCFMEA's new guidelines and requested to provide information to demonstrate compliance with those guidelines. The information provided by the United Kingdom in response to that request is the subject of this analysis.

At its February 2001 meeting, the NCFMEA deferred a decision on whether the United Kingdom's accreditation process continued to be comparable to that used in the United States until further information could be gathered. On July 24, 2001 a representative from the NFCMEA and a member of Department staff met 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.

Summary of Findings

In many respects, the system used by the United Kingdom to evaluate medical education in that country may be considered to be generally comparable to the evaluation/accreditation system used in the United States. However, it should be noted that there is, in the United Kingdom, a history of pedagogical autonomy among the

universities. Given this history, the evaluation process used by the United Kingdom to evaluate medical education does not evaluate many of the aspects of medical education deemed important in the United States, such as a specific curriculum model, medical college administration and management, student services, educational resources, faculty qualifications and faculty issues, etc.

GMC representatives noted that their previous response is technically correct in that the law does not specifically give the GMC the authority to dictate to universities many aspects of their process for delivering medical education. However, in practice, the Education Committee always reviews all of the processes related to medical education to ensure that a quality medical education is being provided. The chair of the EC also stated that such a review was within its purview since the EC is responsible for the overall quality of medical education and those processes impact the quality of education offered at the universities.

Based upon the information gathered during the meeting between United Kingdom representatives and the Department's representatives, it does appear that the country has an evaluation system that is comparable to that used to accredit medical schools in the United States.

Staff Analysis

PART I: 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 medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

All of the medical schools in the United Kingdom derive their legal authority to provide medical education from the United Kingdom's Medical Act of 1983. That Act notes that the Education Committee (EC) of the General Medical Council (GMC) is the body that ensures that the medial education provided by the medical colleges is sufficient to prepare students to practice medicine.

The United Kingdom's Medical Act of 1983 consolidated two previous pieces of legislation, the Medical Acts of 1956 and 1978. As part of this process, the 1983 Act continues the existence of "... a body corporate known as the General Medical Council (in this Act referred to as 'the General Council') having the functions assigned to them by this Act."

In pursuance of the implementation of the General Council's powers, there "shall continue to be four committees of the General Council known as the Education Committee, the Preliminary Proceedings Committee, the Professional Conduct

Committee and the Health Committee (in this Act referred to as 'the statutory committees')...."

The statutory charge given to the Education Committee of the General Medical Council is as follows:

> "The Education Committee shall have the general function of promoting high standards of medical education and coordinating all stages of medical education."
>
> "For the purpose of discharging that function the Education Committee shall-
>
> (a) determine the extent of knowledge and skill which is to be required for the granting of primary United Kingdom qualifications and secure that the instruction given in universities in the United Kingdom to persons studying for such qualifications is sufficient to equip them with knowledge and skill of that extent:
>
> (b) determine the standard of proficiency which is to be required from candidates at qualifying examinations and secure the maintenance of the standard; and
>
> (c) determine patterns of experience which may be recognized as suitable for giving those engaging in such employment...."

The Education Committee may appoint inspectors to review the medical education offered at universities to determine that the education is sufficient to allow individuals to become proficient medical practitioners. Although the information provided indicated that the United Kingdom does evaluate the effectiveness of the medical programs offered at universities, there was no guidance that indicated that this was done on a regular basis. The Medical Act of 1983 simply states that the Education Committee may appoint individuals to visit medical schools to determine the sufficiency of the medical instruction.

The GMC representatives noted that the Education Committee (EC) is responsible for ensuring the quality of education offered at United Kingdom medical schools. The GMC representatives noted that, historically, the Education Committee has regularly reviewed the quality of education offered in the medical schools and will continue to do so on a regular basis. It was stated that reviews would take place at a minimum of every five years.

PART II: 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:

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 graduate to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have educational background necessary for continued learning.**

The Education Committee of the General Medical Council has produced a publication entitled Tomorrow's Doctors: Recommendations on Undergraduate Medical Education hereafter referred to simply as Recommendations or Tomorrow's Doctors, that provides guidance to medical schools on the medical training that should be provided. The Committee's guidance is referred to in the publication as The Recommendations. The Recommendations include guidance on the goals and objectives for medical education within the United Kingdom. Specifically, they establish that the goals of a medical education program are that -

a. The student should acquire a knowledge and understanding of health and its promotion, and of disease, its prevention and management, in the context of the whole individual and his or her place in the family and in society;

b. The student should acquire and become proficient in basic clinical skills, such as the ability to obtain a patient's history, to undertake a comprehensive physical and mental state examination and interpret the finding, and to demonstrate competency in the performance of a limited number of basic technical procedures;

c. The student should acquire and demonstrate attitudes necessary for the achievement of high standards of medical practice, both in relation to the provision of care of individuals and populations, and to his or her own personal development.

The GMC's publication Questionnaire for the Education Committee's Monitoring of the Implementation by UK Universities and Their Medical Schools/Faculties of its Recommendations on Basic Medical Education, a document recently

forwarded to the Department, asks that schools submit evidence that they are implementing the goals and objectives for medical education stated in Tomorrow's Doctors. Further, teams evaluate medical schools to determine if those goals and objectives are being met.

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 school's administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

The only medical colleges legally authorized to grant medical degrees are those listed in the Medical Act of 1983. Only graduates with degrees conferred by the colleges listed in the Medical Act may register to practice medicine in the United Kingdom.

Regarding the accountability of the management of a medical school, the GMC reported that medical schools were accountable to their parent universities, and that the universities are accountable to higher education funding councils for public funding that provides funding to the universities. The GMC does not oversee the management of the medical schools; however, the GMC did note that the Higher Education Funding Council for England has contracted with the Quality Assurance Agency to conduct reviews of higher education institutions, including the medical schools, in England and Northern Ireland.

As stated above, the responsibility for the management of a medical school rests with the parent university. The QAA reviews an institution to determine that the institution is functioning according to its self-stated processes and objectives. The Education Committee of the GMC reviews the management of the school to determine that the management of the school is adequate to ensure that a quality medical education is provided. Information is shared between these two groups.

3. 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 the 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

The GMC states that the administrative functions of a medical school are matters for the universities to decide. The GMC does not have any governing authority over how medical schools are administered.

However, the GMC did provide a copy of a report on the Education Committee's informal visits to medical schools from 1995 to 1998. The report notes that the members of the visiting teams had "an appropriate range of medical expertise and knowledge of medical education." And in their response, the GMC noted that an administrator familiar with the Education Committee's policies accompanies the team.

During the meeting with the GMC representatives, it was stated that the teams sent out to review medical schools do ensure that schools have effective administrative practices and are staffed with qualified individuals. The EC also noted that they also keep a close watch on admission criteria for entry to medical schools and how students are progressing through their program. Action would be taken if it was determined that a problem existed in these areas.

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

The country notes that this issue is under the purview of the universities and therefore, does not have guidelines covering them.

As noted previously, the law does not specifically give the GMC the authority to dictate the qualifications chief academic officials should have at universities; however, in practice, the Education Committee always reviews the qualifications of the administrative staff to ensure that they are fully qualified. The chair of the EC stated that such a review was within its purview since the EC is responsible for the overall quality of medical education and, as such, sufficiently trained and

experienced administrative officials impact the quality of education offered at the universities.

(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 Recommendations state that admissions practices and selection of students rests with the universities. Hiring, retention, promotion, and discipline of the faculty would also be the responsibility of the University. Although the curriculum falls under the responsibility of the medical schools, the GMC makes an effort to determine whether the curriculum issues discussed in The Recommendations are implemented in medical schools within the United Kingdom.

The Chair of the EC clearly stated that they review all of these elements since they are all related to the overall quality of education offered at medical schools. The Chair also noted that it would be expected that faculty are involved in the development of the curriculum. There is a requirement that medical schools review their curriculum on a regular on going basis. In the GMC publication - Questionnaire for the Education Committee's Monitoring of the Implementation by UK Universities and Their Medical Schools/ Faculties of its Recommendations on Basic Medical Education, medical schools are required to provide information on their admissions practices, all phases of the curriculum, and faculty staff development. Team evaluators are required to review all of these issues during site visits.

(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 GMC reports that the issues in this section of the NCFMEA's guidelines also fall under the purview of the universities and therefore, it does not have any guidelines covering these issues. The GMC did note in its response to the guidelines, however, with regard to consistency in student evaluations, it would expect consistency in medical student assessments and evaluations at sites that are geographically separated from the main university. The GMC also provided a copy of a report of the Education Committee's informal site visits conducted between 1995 and 1998 that showed that student assessment was reviewed by the site visit teams.

The Chair of the EC noted that there are no geographically separated sites in the United Kingdom; however, site teams do visit major clinical sites.

4. 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.

Section 63 of Tomorrows Doctors states that a program of study leading to a medical degree must follow European Community directives. European Community directives state that basic medical training shall be a six-year course of study or 5,500 hours of theoretical and practical instruction given in a University.

The basic undergraduate medical program is five years in length with the first two and years covering the basic sciences, the next three years covering clinical rotations of varying lengths for all specialties. Following graduation, students undertake additional clinical training, referred to by the UK as the Pre-registration House Officer (PRHO) training, that covers longer term clinical rotations in surgery, general practice, and possibly one other medical specialty.

(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) The 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 standards used by the GMC are not prescriptive in dictating a specific medical school curriculum. Rather, this is left to the discretion of the individual medical schools. It should also be noted that there is, in the United Kingdom, a history of pedagogical autonomy among the universities.

The GMC refers to "the core curriculum" and "Regulation of the undergraduate course" found in Tomorrow's Doctors as the source for meeting this requirement. However, the discussions within these topics do not dictate specific curriculum course requirements such as courses in the sciences basic to medicine, a variety of clinical subjects, and various ethical, behavioral, and socioeconomic subjects. It seems that the Education Committee provides the framework of what a medical school should cover in its curriculum without dictating what curriculum should be followed. The Committee's report (Tomorrow's Doctors) notes that the core curriculum "requires the joint involvement of both basic scientists and clinicians and mutual agreement on the essential components of the course."

In addition, the Regulation indicates that "reverting to the requirements of the Act, the Education Committee follows the example of its predecessors and sets out its determinations in the form of a series of objectives, which circumscribe a framework on which all medical schools will build their curricula. While it is the acquisition of knowledge and skill that is emphasized in the Act, we would regard the development of appropriate attitudes as of equal importance."

The objectives are classified under three categories with each category identifying the skills and knowledge that medical students must demonstrate at the end of their medical training. They are as follows:

a. Knowledge objectives – covers the basic sciences, diseases, environmental and social determinates of disease, principles of therapy, reproduction, human relationships, the importance of communication, ethical and legal issues in medicine, and the organization and management of healthcare.

b. Skills objectives –covers basic clinical methods, basic clinical procedures, and basic computing skills as applied to medicine.

c. Attitudinal objectives –covers respect for patients and colleagues, patient's rights, the continual pursuit of knowledge, the moral and ethical responsibilities in patient care, the peer-review process, willingness to contribute professionally to the community, the need for continuing professional development, and the need to contribute to the advancement of medical knowledge.

Further, the Tomorrow's Doctors indicates that most medical schools adopt their own curriculum design in accordance with pursuing the objectives. Therefore, it appears that there is no single paradigm for the core curriculum superior to others, but themes common to all, e.g. clinical method, practical skills and patient care, communication skills, human biology, human disease, man in society, public health, handicap, disability and rehabilitation, research and experiment.

The Chair of the EC noted that while there is no specificity in Tomorrow's Doctors regarding the basic sciences, every site team would have a basic science member that ensures that the curriculum covers all the courses outlined in this section. Any deficiencies found in the basic sciences curriculum would be noted in the team report and the university would have to take corrective action.

(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 GMC refers to the issue of clinical experience before graduation in the following sections of Tomorrow's Doctors:

> "This theme will clearly have relevance to all the integrated courses comprising the core. It embraces every aspect of clinical study. We have already argued a case against the perpetuation of the traditional pre-clinical/clinical which we believe has militated against a reduction of the content of the course to reasonable proportions. We now see benefit in students being involved with

people from outside their peer group right from the beginning of their course. Some schools have developed very successful programs which bring junior students into contact with families in which a baby is expected or there is an elderly or disabled member. Others have introduced first year students to hospital patients and have encouraged early acquisition of the skills of history taking and examination. One school involves its junior students in community projects which are not necessarily medically oriented." (Section 43)

"While it will be in later years of the course the students acquire most of their clinical experience, the success of experiments of the type illustrated above encourages belief in the advantages of early clinical contact. We recommend this development and at the same time advocate its corollary, the continuation of a substantial basic science component into the later years of the course." (Section 44)

"Clinical teaching must adapt to the changing patterns of patient care in the health service, not simply as an expedient but because medical education should reflect the realities of modern medicine. Students in future will gain more of their clinical experience in out-patient clinics, in general practice and in community health services than they have in the past. The traditional series of attachments of fixed duration to hospital firms may be replaced by a more broadly based supervisory system which ensures that each student obtains the clinical experience laid down in the curriculum and demonstrates proficiency in the requisite clinical skills." (Section 45)

The GMC has developed a booklet on clinical training entitled The New Doctor, Supplement on general clinical training in general practice. This publication provides general information on how clinical training should be conducted, but does not provide any specific guidance on the types or length of clerkships. For example, it notes that clinical training should allow doctors to communicate with patients, understand how to make competent decisions, and understand how preventive medicine is practiced in general practice. The New Doctor also describes what should be covered in learning agreements and the roles and responsibilities of the postgraduate dean, the educational supervisor, and the practice staff.

As noted in the discussion above, Tomorrow's Doctors states that the curriculum requires students to be exposed to "every aspect of clinical study." The Chair of the EC stated that this meant that students were to receive clinical training in all medical specialties. Although at most universities clinical experiences are integrated throughout the entire curriculum, 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.*

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

The GMC did not address this issue.

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

Tomorrow's Doctors outlines in section 40.3 several attitudinal objectives that should be the goals of all undergraduate medical education including:

> "respect for patients and colleagues that encompasses, without prejudice, diversity of background and opportunity, language, culture and way of life;
>
> "the recognition of patients' rights in all respects, and particularly in regard to confidentiality and informed consent;"
>
> "awareness of the moral and ethical responsibilities involved in individual patient care and in the provision of care to populations of patients; such awareness must be developed early in the course;"

The GMC's publication Guidance for Education Committee Visitors to Medical Schools in 1998-2001 requires visitors to ensure that a medical school's curriculum includes instruction in legal and ethical issues in medicine. The GMC's publication Questionnaire for the Education Committee's Monitoring of the Implementation by UK Universities and Their Medical Schools/Faculties of its Recommendations on Basic Medical Education asks medical schools to ensure that "health promotion, illness prevention, the targeting of populations' needs and awareness of environmental and social factors in health and disease continue to form a key element in student learning during the primarily clinical years."

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

The GMC addresses communications skills under section 46 of Tomorrow's Doctors. Communication skills are to be developed in order to ensure that doctors communicate effectively with medical and nursing colleagues as well as patients. Section 46 states:

> "Doctors must be good listeners if they are to understand the problems of their patients and they must be able to provide advice and explanations that are comprehensible to patients and their relatives. Skill in communication is also at the heart of counseling and is an essential ingredient in the establishment of effective teamwork."

The section also points that out communicating through the written word is as important as the ability to communicate orally.

(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.

Development of the curriculum is left to the universities. The GMC did not provide any information regarding the involvement of faculty in the development and evaluation of the curriculum.

The GMC representatives stated that it would be expected that the faculty must be involved in the development and implementation of the curriculum. The lack of faculty involvement would be a concern to the GMC. Every university must have a curriculum review committee that consists of all communities of interest including faculty, clinicians, administrators, and public members. Evaluation

team members ensure that curriculum review committees are established, functioning, and have proper representation. Further, medical schools must review their curriculum on a regular basis.

All universities must demonstrate that they have effective measures to evaluate the quality of medical education being offered. The EC does not determine what measures are used but does require that schools demonstrate that students have obtained the necessary skills to become effective medical practitioners. The Questionnaire for the Education Committee's Monitoring of the Implementation by UK Universities and Their Medical Schools/Faculties of its Recommendations on Basic Medical Education asks schools to answer the following four questions:

- *"How do you define the product of your medical school, in terms of these goals and objectives [defined in Tomorrow's Doctors], and of our code of professional conduct?"*

- *"How do you seek to guarantee to the GMC, employers and the public that every graduate of your medical school has attained the necessary goals and objectives and is 'fit for purpose' as a registered doctor and pre-registration house officer?"*

- *"What are the threshold standards applied by your university for graduation in medicine?"*

- *"How do you ensure that in addition to the necessary professional skills, your graduates possess the expected range of transferable skills including those in communication, informatics, presentation and teamworking?"*

5. 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.

The GMC reports that it has no responsibility for the admission of medical students and notes that this issue is a matter for the universities. However, it reports that it does address the intelligence, integrity, and characteristics of the students admitted to the United Kingdom's medical schools in various sections of Tomorrow's Doctors. In section 57, the document indicates that "medical schools admit the majority of their students direct from school although many, rightly in our view, encourage deferment for a year. Most provide a limited number of places for mature students. It is right that opportunities should be afforded to those who decide on a career in medicine after gaining experience in other fields and such entrants often prove to be an asset within the student body."

Section 58 further explains that "the definition of criteria for the selection of medical students is a matter for individual universities but the Education Committee would like to encourage the trend towards liberalization of entry requirements so that students may continue to study a broader range of subjects in their later years at school. It is important that school teachers and career advisers should be well informed about and able to rely on the criteria for entry laid down by medical schools so that they may advise their pupils with confidence."

Lastly, section 59 maintains that medical schools recognize that there is considerable variation in the maturity rate in the age range with which they are principally concerned. Moreover, they do not have the resources for sophisticated or extended selection procedures. They are, therefore, obliged to rely more heavily on evidence of academic achievement at school than they might wish, especially at a time when there is increasing emphasis on the non-academic attributes that are expected in members of the medical profession. Looking to the future, the possibility of developing a selection procedure that explores some of these attributes and attitudes and that is administered on a consortium basis should not be excluded."

The GMC did not provide any information pertaining to publications, advertising, and student recruitment. In addition, it reported that student access to their records and confidentiality of student records are issues that are addressed by the universities.

The EC Chair stated that the Committee requires universities to only admit qualified students. The questionnaire sent to all schools prior to a visit asks them to provide information on the selection procedure including what criteria

are used in selecting students, how selection committee members are trained, and how the university makes the pubic aware of the school's approach to selecting students. Evaluation teams are required to examine a school's selection process.

(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.

The GMC refers to Tomorrow's Doctors under the heading of "Assessment" to address the issues of successful program completion and subsequent awarding of the first professional credential. Section 54 explains that "the assessment procedures of the two parts of the (medical school) course will differ. The core, as it is aimed at equipping the newly qualified doctor to begin the first pre-registration house officer post, must be tested rigorously, in the interests of the public and of the integrity of professional standards. We would recommend the development of a system of progressive assessment that monitors the acquisition and utilization of core knowledge, that explores attitudes and that requires certification of the achievement of competence in the skills demanded by the course. Success in satisfying the assessors of the core component of the course must provide an assurance that the graduate is now fit to take responsibility for the care of patients, albeit under supervision. Such a process of progressive assessment as a major determinant of qualification represents a major departure from the traditional pattern of the final examination. For the purposes of the Medical Act, the assessments will come within the definition of "qualifying examinations." Because of their significance in terms of qualifying, careful monitoring of the achievements of individual students will be necessary. A number of schools have already established effective logbook or computer-based systems for recording student

experience and performance; some have built into their systems the collection of data relating to the fulfillment of teaching contracts and the quality of teaching."

Section 55 maintains "the assessment of the special study module component of the course will require different, but no less important procedures. Demonstration of satisfactory achievement will be as essential to qualification as will be a pass in the core subjects; students should be aware that equal weight will be attached to both. It is likely that assessment of special study modules will provide a means of identifying outstanding achievement and so may assist in the decisions on the award of honors and distinctions. Methods of assessment will vary according to the type of study undertaken but will often take the form of a short dissertation. Again we would acknowledge the amount of work that will fall to supervisors and examiners if fair and consistent standards of assessment are to be maintained."

Further, section 56 indicates "the changes in the assessment system described above will require considerable modification of existing roles and practices of both internal and external examiners. Just as there is increasing emphasis on the need to provide teachers with assistance towards improving their skills, so to guidance, if not training, will be required for those who examine in the new system."

The GMC's questionnaire that medical schools must fill out prior to a visit requires information on how a school assesses student achievement. Schools must describe their philosophy of student assessment, identify the methods used to assess student achievement, and efforts taken to ensure that students and staff are aware of the assessment criteria utilized. Schools must also describe how the assessment tools used actually ensure that the goals and objectives set out in Tomorrow's Doctors are achieved. Schools must also outline how they assess the competence of graduating medical doctors and identify the strengths and weaknesses of their assessment process.

The EC Chair also stated that they require schools to monitor student progress and provide feedback to students on their work. The questionnaire requests schools to describe what actions are taken to assist students who are struggling academically and what assistance is give to students who decide to leave medical school.

(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 GMC reports that the provision of student services is the responsibility of the universities and that it has no authority on this issue.

The GMC reviews the support received by students at the universities. All universities must have an orientation program and provide personal and academic support. They must also have in place programs that assist the student in reducing stress during their medical program.

6. 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.

The GMC reports that the universities are responsible for providing all resources for medical schools and that the GMC has no statutory authority on this matter. However, it does state that it will assist schools in obtaining additional funding if a university is experiencing difficulties in resourcing its medical program. The GMC notes in its response that the Education Committee has, in the past, made presentations on behalf of medical schools to the Secretary of State for Health, who is responsible for providing resources for clinical training within the National Health Service.

The GMC did not address the issue of the conduct of biomedical research or any proviso for facilities ensuring the humane care of animals when animals are used in teaching and research.

The GMC representatives clearly stated that medical schools must be properly resourced. A lack of sufficient resources would be of a concern and would be reported to Privy Council. The Privy Council is a governmental body that the GMC must, by law, report to regarding the quality of medical education being offered in the United Kingdom.

(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 private interests of its faculty or staff may conflict with their official responsibilities.

These issues fall under the purview of the universities and are not regulated by the GMC.

The EC Chair noted that its site teams also review the adequacy and qualifications of the faculty at medical schools. Insufficient and/or unqualified faculty would be noted in the site team's report and schools would be asked to take corrective action.

(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.

These issues fall under the purview of the universities and are not regulated by the GMC.

Library resources would also be reviewed by visiting teams and any deficiencies would be noted in the final report. Schools would be required to take action to correct any noted deficiencies.

(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.

The GMC reports that the issue of articulation agreements falls under the purview of the universities and are not regulated by the GMC. However, The GMC has developed a booklet on clinical training entitled The New Doctor, Supplement on general clinical training in general practice which provides general information on how clinical training should be conducted. The New Doctor also describes what should be covered in learning agreements and the roles and responsibilities of the postgraduate dean, the educational supervisor, and the practice staff.

The EC Chair noted that site teams are required to review all major clinical sites. Clinical students and staff are interviewed and an assessment is made as to the adequacy of the clinical teaching facilities.

PART III: 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 on-site review of the school (and all its geographically separated 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 should include, 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 Medical Act of 1983 authorizes the Education Committee of the General Medical Council to appoint visitors that travel to the universities to evaluate the sufficiency of the instruction offered at medical schools.

The publication entitled Implementing Tomorrow's Doctors provides a discussion of the findings of visit teams that occurred between March 1995 and March 1998. The purpose of the visits were to:

a. Monitor progress made by medical universities in implementing the principle recommendations outlined in Tomorrows Doctors.

b. Identify obstacles to change in implementing the recommendations in order to draw them to the attention to key groups that could facilitate the change.

c. Identify examples of good practice that could be shared with other medical schools.

d. Request a timetable for implementation of the recommendations from universities where insufficient progress was being made.

All universities were asked to submit a completed questionnaire along with supporting documentation prior to the visit. The questionnaire provided information on the undergraduate medical education and general clinical training provided by the universities. The visits lasted two days with the first day devoted to the undergraduate medical program and the second day devoted to reviewing the clinical training provided to students. Visitors met with key faculty as well as students from each phase of the

medical education program. Following the visit, a report was prepared for the Education Committee that outlined the findings of the team that included items of excellence and identified areas needing change. Once approved by the Education Committee, the reports were forwarded to the medical schools for appropriate action. The country notes that approximately one year after each visit, the schools were asked to provide information on how they addressed the findings outlined in the reports.

Implementing Tomorrow's Doctors also identified a second round of visits that were to occur between 1998 and 2001.

On-site visits have been conducted regularly for several years and the EC Chair noted that they would be continued in the future. The current visits are considered to be "informal" visits designed to promote and gain the cooperation of medical schools in implementing the requirements outlined in Tomorrow's Doctors. The Chair noted, however, that starting in 2003 the visits will no longer be "informal" but would be designed to measure compliance with the recommendations outlined in Tomorrow's Doctors. Compliance issues identified by the team would have to be corrected by the universities. Schools that do not correct the deficiencies could lead the GMC to recommend to the Privy Council that the school loose its registration authority.

2. Qualified On-Site Evaluators, Decision-Makers, and Policy-Makers

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

Implementing Tomorrows Doctors notes that teams were comprised of a team leader and two or three visitors who were usually either members of the Education Committee or members of the General Medical Council.

The EC Chair noted that all teams are composed of appropriate academic personnel and medical doctors.

3. Re-evaluation and Monitoring

The accreditation/approval process must provide for the regular reevaluation of accredited/approved 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 Education Committee is responsible for monitoring medical education offered through the universities. Although there appears to be no formal revaluation/monitoring

program, Tomorrow's Doctors implies that ongoing monitoring exists. The publication notes that annual reports will be submitted for the first five years to demonstrate implementation of the recommendations. Further, Tomorrow's Doctors states that "it has been customary for the [Education] Committee to promulgate its Recommendations about every ten or twelve years, but much can change in the course of a decade. The Committee, therefore, has in mind to update its Recommendations as and when necessary, and may also issue additional guidance notes." The issuance of new recommendations would, if current practice is continued, require additional reports that showed the progress schools were making in implementing them.

The EC Chair stated that schools are required to provide an annual report on efforts to comply with Tomorrow's Doctors. Further, the Chair stated that the reporting requirement would continue in the future. Schools must provide any information regarding curriculum or program changes.

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 GMC reports that medical schools are required to notify the Education Committee of any major changes to their curricula and methods of assessment. Such notifications are first reviewed by the Education Committee's Sub-Committee on Assessment and Monitoring, which might ask schools to provide further clarification from schools, before forwarding them to the full Education Committee.

5. Controls against Conflicts of Interest and Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest and inconsistent application of the accreditation/approval standards.

In response to this section, the GMC states, "members of visiting teams are not appointed by the Education Committee in cases where any link with the school to be visited is known to exist. Members are expected to declare any such interest (such as recent service as an external examiner in the school in question). To ensure consistency of approach, each visiting team is led by the Chairman of the Education Committee or his appointed deputy and is accompanied by an administrator familiar with Committee policy."

6. Accrediting/Approval Decisions

The accreditation/approval process must ensure that all accreditation/approval decisions are based on the accreditation/approval standards. It must also ensure that the decisions are based, in part, on an evaluation of the performance of students after graduation from the medical school.

The Education Committee of the GMC is charged to promote high standards of medical education in the United Kingdom and ensure that the medical education provided by the medical colleges is sufficient to prepare students to practice medicine. It's decisions/recommendations regarding a medical college are based upon the recommendations and guidance outlined in The New Doctor, Supplement on general clinical training in general practice and Tomorrow's Doctors: Recommendations on Undergraduate Medical Education. In fulfilling this charge, it does not seek any information about the performance of recent graduates. However, the GMC notes that it does solicit the opinions of supervisors of placed interns as to the quality of the preparation of interns they supervise.

The EC Chair noted that the GMC does get the results of licensing examinations taken by students at the end of their PRHO and that the Committee does review the results. The Chair also noted that if the Committee noticed that a university had a low pass rate it would take action to determine why and require the university to take appropriate action.

Documentation:
Medical Act 1983: Chapter 54
The New Doctor, Supplement on general clinical training in general practice. General Medical Council. July 1998.
Tomorrow's Doctors: Recommendations on Undergraduate Medical Education. Education Committee of the General Medical Council. December 1993.
Implementing Tomorrow's Doctors
Draft Guidance for Visitors to New Medical Schools/Inspectors of Qualifying Examinations
Guidance for Education Committee Visitors to Medical Schools in 1998-2001
Questionnaire for The Education Committee's Monitoring of the Implementation by UK Universities and their Medical Schools/Facilities of its Recommendations on Basic Medical Education

FOR
COMPLETION

GENERAL MEDICAL COUNCIL

QUESTIONNAIRE

FOR

THE EDUCATION COMMITTEE'S MONITORING OF THE

IMPLEMENTATION BY UK UNIVERSITIES AND

THEIR MEDICAL SCHOOLS/FACULTIES OF ITS

RECOMMENDATIONS ON BASIC MEDICAL EDUCATION
(*Tomorrow's Doctors/The New Doctor)*

[UNIVERSITY OF]

Round II visits - autumn 1999 - 2001

Notes for compilers

1. The completed questionnaire will represent a major source of information for the visiting team. Team members have only a limited amount of time in which to absorb the key features of learning and assessment at your School/Faculty before making their report to Education Committee. For this reason it is important that the information provided in response to our enquiries is clear and unambiguous.

2. In particular the distinction between current practice and future developments/plans needs to be made explicit.

3. The response of the School/Faculty should include at the relevant points in the questionnaire an up-date for the visitors about developments since we came to you previously, and in particular about the points which in our view needed further consideration. The visitors will have available both the questionnaire you completed for the first round visit and the follow-up report you made to us twelve months later.

4. Ideally supporting documentation should be kept to a minimum. If, however, existing material provides a sufficient response to a particular point, the questionnaire should contain an appropriate cross reference to the section of the document which the team should study.

5. A disk containing the completed questionnaire and any enclosures, in a format that is compatible with Windows 1997, should be sent to the GMC with the other materials for the visit.

MEDICAL SCHOOL DETAILS

Dean: ***Address:*** ***Tel:*** ***Email:*** ***Fax:***
Postgraduate Dean: ***Address:*** ***Tel:*** ***Email:*** ***Fax:***
Administrative Officer (*deputed to liaise with GMC visitors*): ***Position within University/Faculty:*** ***Address:*** ***Tel:*** ***Email:*** ***Fax:***
QAA Institutional facilitator *(for 'combined' visits only)* ***Position within University/Faculty*** ***Address:*** ***Tel:*** ***Email:*** ***Fax:***
Date of Completion of this document:

- Our return visit, like the visit we made between March 1995 and March 1998, will be informal. It has two principal purposes: We will be continuing to review your progress towards implementing the recommendations in *Tomorrow's Doctors*, with a focus on the primarily clinical years of the course, although we will be pursuing other issues, including those deriving from *Duties of a Doctor*. We will also be monitoring your progress towards implementing our guidance about the pre-registration year, as set out in *The New Doctor*.

- The Education Committee's aims for the informal visits programme as a whole are given below:

  a. To monitor progress towards implementing the 13 principal recommendations in *Tomorrow's Doctors*;

  b. To identify obstacles to change, so that these may be drawn to the attention of bodies such as the Steering Group on Undergraduate Medical and Dental Education and Research;

  c. To identify examples of good practice/to note interesting developments so that the Committee may in due course draw them to the attention of other medical schools;

  d. Where progress towards change is slower than expected, to gain a clear picture of the intended timetable for implementation and to bring forward, as necessary, recommendations for further non-statutory or statutory visits.

  General clinical training

  a. To monitor implementation of the key features of *The New Doctor*, bearing in mind the Committee's wish to see the necessary changes introduced by April 2000;

  b. To identify examples of good practice/to note interesting developments so that the Committee may draw these to the attention of other universities with medical schools, the NHS Executive and the GMC/NHSE General Clinical Training Overarching Group;

  c. In the event that the visitors identify deficiencies in the arrangements for general clinical training in a hospital or institution approved by the university, to alert the Committee to these, so that it can:

- report its concerns to the university
- consider whether to carry out a further informal visit
- decide whether to institute a formal visit of the kind for which Section 13 of the Medical Act provides

1. DOCUMENTATION TO BE ATTACHED

Would you please append copies of the following documents:

A. General

- The programme-related self-assessment document prepared for the Quality Assurance Agency's purposes (if applicable)
- A list of those attending each meeting, including names and titles
- A list of venues for meetings
- An index to the documents available in the QAA base room/our base room

B. Undergraduate Curriculum

<u>If not included under A above</u>:

- The current Regulations for your primary medical qualifications
- A separate description of any:

  franchised programmes or partial components of programmes offered in collaboration with other institutions within or outwith the UK

  accelerated programmes for graduate entrants

  programmes with a major research component (e.g. MB/PhD courses)

  indicating the extent to which these depart from the structure of the basic course and framework of assessment

- A statement of the core content of the curriculum
- A list of special study modules currently available to students
- A list of the competencies/skills in which your students must be competent on graduation
- One study guide or other example of good practice in the preparation of teaching materials for the use of students completing the primarily clinical component of the course
- One example of a staff development programme which demonstrates good practice

- An updated timetable for implementation of the new curriculum in its entirety
- Diagrammatic representations of the curriculum and of the assessment structure
- A diagram of the structure for managing teaching and learning in the new curriculum, throughout all phases of the course and on all sites (where you are involved in franchising/collaborative endeavour)
- An updated SWOT analysis

C. *General Clinical Training*

- A list of the competencies/skills to be acquired by the end of the pre-registration year

- Information about the appraisal of PRHOs, and assessment of their suitability for full registration, in your deanery

- An example of the records kept about approved NHS Trusts and recognised posts in your deanery

- Your guidance about general clinical training for NHS Trusts, educational supervisors, PRHOs and others

- The document summarising the outcome of the most recent survey of PRHO opinion in your deanery

- Examples of good practice that have improved the professional life of PRHOs in your deanery

- Any other documentation illustrating quality of training in your deanery that you would like the visitors to see

2. ENQUIRY ABOUT THE UNDERGRADUATE CURRICULUM

Tomorrow's Doctor's addresses thirteen principal recommendations to the medical schools. The questions below are directed towards these, and to the points raised subsequently by the Chairman of our Education Committee in correspondence with all medical schools.[1]

(i) The management of change (principal recommendation 3)

a. Supervisory structures

Please describe:

- The roles and responsibilities of the bodies/individuals managing change in the curriculum
- The supervisory structures you have put in place to ensure that the medical school retains proper control of the scope and quality of clinical student learning both within and outwith the teaching hospital
- The ways in which you address any problems that may be identified with regard to management of the curriculum and of the student experience

b. Please tell us about the contribution of students and junior staff to curricular reform.

c. What arrangements are in place or planned for the development of staff in the university or in the NHS?

d. How do you go about promoting teaching as a valuable activity?

e. How does the work of the school/Faculty in this area interface with the university's policies and procedures?

[1] Topics mentioned by the Chairman include ethics, and multicultural health care.

(ii) *Aspects of the Core Curriculum (Principal Recommendations 1, 2, 5 and 7)*

a. Defining the core curriculum

- Please tell us about the process by which you defined the core curriculum
- What steps are you taking to refine the core curriculum for the first three years of the course?
- What are your monitoring mechanisms for this stage of the programme?
- How do you ensure that the core curriculum is delivered during the clinical years of the course?

b. Reducing the burden of factual information

- What steps have you taken to ensure that the burden of knowledge imposed on students has been substantially reduced both in years 1-3 and in the predominantly clinical years of the course?
- How do you/will you ensure that the factual burden continues to be contained?

c. Learning through curiosity

- What facilities are available in the university hospital and community to foster students' enthusiasm for and curiosity about medicine, so that they are encouraged to learn more about the problems they encounter during all stages of their education and training?

(iii) *Special Study Modules (Principal Recommendation 6)*

- Please describe your current special study module programme, including its scope and the number and length of modules undertaken by students at each stage of the course

- Please describe the objectives of the programme, and the steps you take to ensure that these have been met by every student

- How are students informed of the availability of special study modules and selected for individual modules?

- What systems do you have in place for ensuring that students have sufficient academic and personal support while undertaking SSMs?

- Please describe your approach to special study modules in the case of the borderline student

- Please state the percentage of student time devoted to special study modules in each year of the course

- What is your assessment policy for SSMs?

- What effect does the policy have on the outcome of the undergraduate course, as far as the individual student is concerned?

(iv) *Delivery of the curriculum*

a. Teaching methods

- Please tell us about the teaching methods you use to deliver the new curriculum throughout the course, including any innovative methods you deploy

- Please provide a breakdown in percentage terms of the various types of learning opportunities provided for students in each year of the course

- How do you ensure that:

  there is integration of clinical medicine with the basic sciences in the early part of the course

  clinical students continue their studies in the sciences basic to medicine

b. Computing and CAL facilities

- What CAL and other computer-based facilities are available to students in the university, the teaching hospital and the community?

c. Other learning resources

- What other learning resources are available to students in the university, the teaching hospital and the community?

d. Keeping up to date with educational theory and practice

- How do you ensure that those responsible for teaching and training medical students keep up to date with educational theory and practice?

(v) *Changing patterns of health care (Principal Recommendation 10)*

- What opportunities do students have to gain experience of primary care during their last two years?

- What opportunities do students have to gain experience of community medical services during the primarily clinical years of the course?

- What detrimental effects, if any, have the changing patterns of health care had on student opportunities for learning, for example about aspects of reproduction?

- What advantages have the changing patterns of health care afforded in terms of the organisation of clinical training for your students, for example the learning experiences provided by day case procedures?

(vi) The goals of undergraduate education - attitudes, skills and knowledge

Attitudes (Principal recommendation 3)

- Please tell us about the teaching and learning opportunities provided for your students covering:

  Good Medical Practice

  Attitudes towards patients, colleagues and society

  The ethical basis of decision-making

- When do your students receive the card containing *Duties of a Doctor*, and a copy of *Good Medical Practice?*

- What steps do you take to ensure that clinical students are provided with appropriate role models on each attachment?

- How do you promote the concepts of *Good Medical Practice* among your clinical teachers?

- How do you promote awareness of the importance of the teacher as a role model for the future doctor, among those with responsibility for educating medical students?

Essential skills (Principal recommendations 4 and 8)

- Please describe the arrangements you make for ensuring that your students acquire the following:

  Study skills

  IT skills

  Communication skills

  Clinical skills

  Teamworking skills

- How do you ensure that your clinical students maintain and enhance the skills listed above?

(iv) Aspects of the knowledge base

Public health medicine (Principal recommendation 9)

- How do you ensure that health promotion, illness prevention, the targeting of population needs and awareness of environmental and social factors in health and disease continue to form a key element in student learning during the primarily clinical years?

- In particular, how has your school responded to recent government publications which address aspects of the population's health, in terms of the undergraduate curriculum?

Legal and ethical issues

- What opportunities do you provide for clinical students to consider legal and ethical issues arising in the course of their training for patient care?

Medicine in a multicultural society

- How do you ensure that your students are properly prepared for the practice of medicine in a multi-cultural society?

Complementary medicine

- What opportunities do your students have to learn about 'treatments that do not conform to the conventional orthodoxies'?[2]

[2] *Tomorrow's Doctors*, paragraph 6.

(viii) Assessment of the process and the product (Principal recommendation 12)

The outcome of the course

The goals and objectives of the core programme of undergraduate medical education are set out at paragraphs 39 and 40 of ***Tomorrow's Doctors****. The GMC's expectations of every registered doctor are set out in* ***Good Medical Practice.***

- How do you define the product of your medical school, in terms of these goals and objectives, and of our code of professional conduct?

- How do you seek to guarantee to the GMC, employers and the public that every graduate of your medical school has attained the necessary goals and objectives and is 'fit for purpose' as a registered doctor and pre-registration house officer?

- What are the threshold standards applied by your university for graduation in medicine?

- How do you ensure that in addition to the necessary professional skills, your graduates possess the expected range of transferable skills including those in communication, informatics, presentation and teamworking?

Assessment methodology

- What is your overall philosophy of student assessment?
- What systems of assessment are used throughout the course?
- Are your assessment criteria known to students and staff?
- How have you ensured that your system of assessment of practical competence, knowledge and professional values:

    a. reflects the nature of the core curriculum

    b. properly tests attainment of the goals and objectives set out in *Tomorrow's Doctors*

    c. is mapped onto *Good Medical Practice?*

    d. is of increasing complexity, to match the developmental stages of the students concerned

- In particular, how do you assess the competence of the graduating student in terms of your own statement of threshold standards?
- What do you perceive as your strengths and weaknesses in relation to assessment?

(ix) *Other Issues*

Student support

- Please describe your induction programme for new students
- Do you have a system whereby senior students act as mentors to new students, or to new clinical students, or both? If so, how is this organised?
- What systems do you have in place to ensure students have sufficient academic support during the core component of the course?
- What systems do you have in place to ensure students have sufficient personal support

  in the early years of the course?

  in the predominantly clinical phase?
- How do you identify students in difficulty, whether academically or personally, and how do you tackle the problem?
- What mechanisms do you have in place for assisting the student who, for whatever reason, is leaving medicine?
- What steps have you taken to minimise any stress students may experience when transferring to primarily clinical work?
- How do you ensure that students in district general hospitals or out in the community have the support they need?
- What help is given to students in terms of travel to and from distant centres?

Feedback to students

- Please describe your system for giving formal and informal feedback to students.
- Can students request extra informal feedback on their work and if so are they aware of this?

Quality control

We have assumed that in the case of schools which have been or are in the process of being reviewed by the QAA, the self-assessment document will cover the points in which we are interested. We have however listed them below both for reference purposes, and for the benefit of schools not involved with this exercise.

- What mechanisms are in place for assessing the quality of:
    - the learning provision at the School
    - learning and educational supervision in the clinical setting
    - learning materials
    - student support, whether academic or personal
    - assessment procedures
    - feedback to students (including its immediacy and its relevance)

- What mechanisms does the school have for ensuring student concerns about the quality of their training are addressed?
- What part do external examiners play in the quality control mechanisms?
- What use is made of external advisers in assisting with the achievement of quality control?

(x) Other

Please use this space to tell us of anything special about the training provided at your school which you have not been able to include in your responses to our specific questions.