

The Role of the Regulator

Excellent Training, Excellent Care

Dr Vicky Osgood

Assistant Director of Postgraduate Education

GMC

General
Medical
Council

Regulating doctors
Ensuring good medical practice

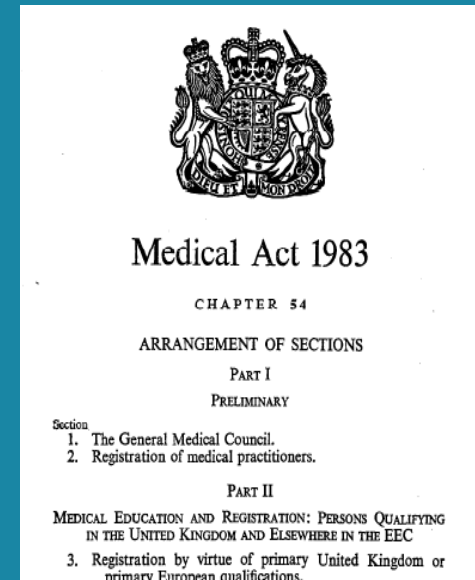
Last year



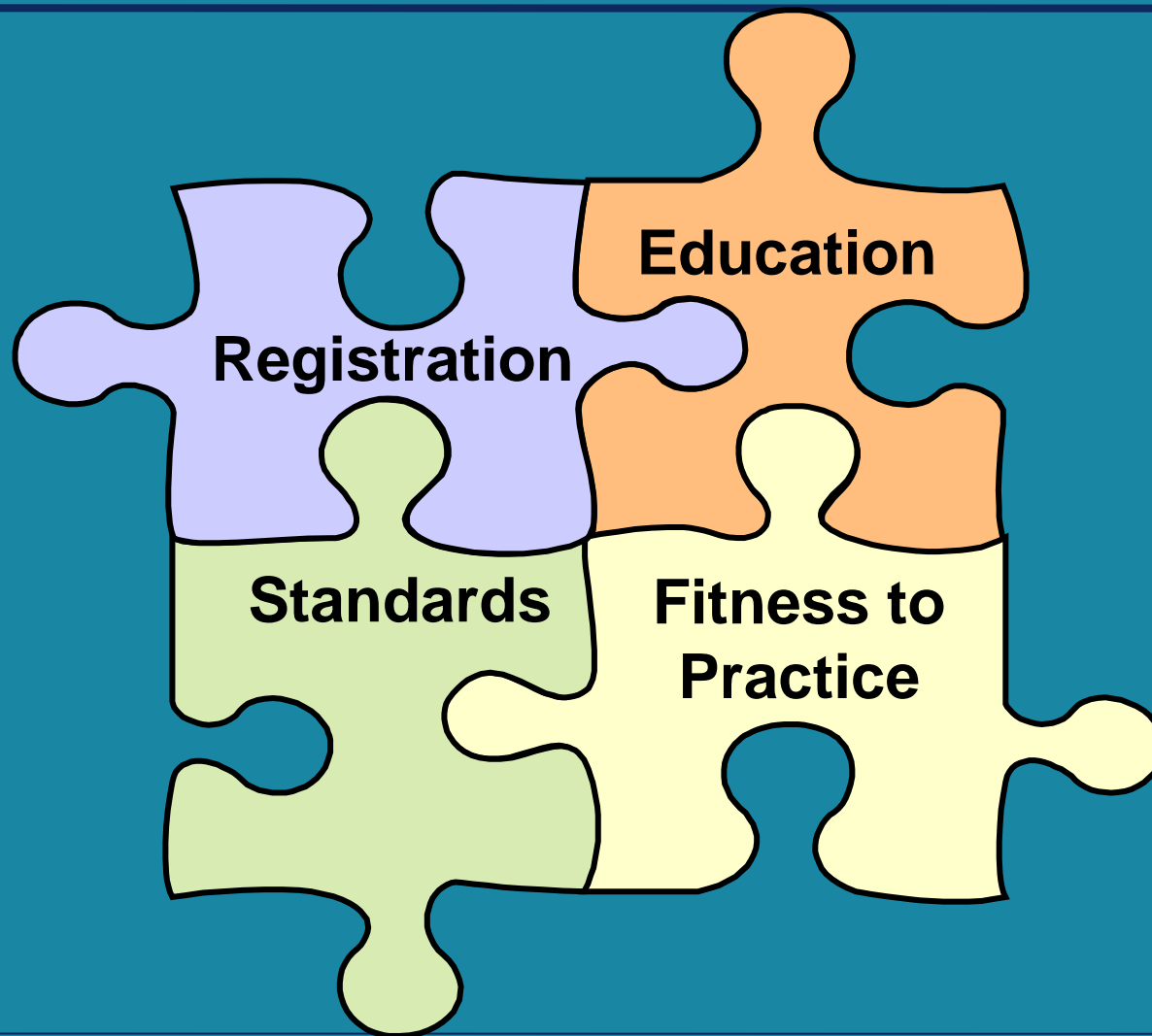
Why does the GMC exist?

- ‘... to protect, promote and maintain the health and safety of the public.’
(Medical Act 1983)

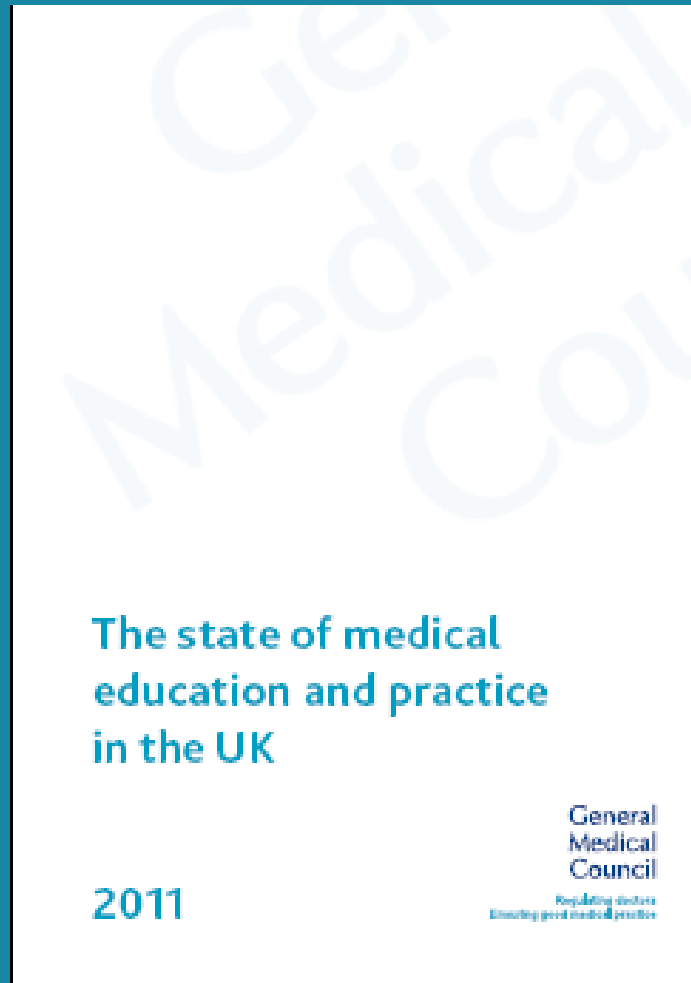
- Our purpose is to protect, promote and maintain the health and safety of the public *by ensuring proper standards in the practice of medicine.*
- We are the regulator of doctors rather than a professional body for doctors.



What we do



State of Medical Education and Practice



Growth in Specialty and GP Doctors

Fig 5



Medical students



Foundation Programme trainees



Specialty trainees

Table 1: Growth in specialty and GP doctors by gender

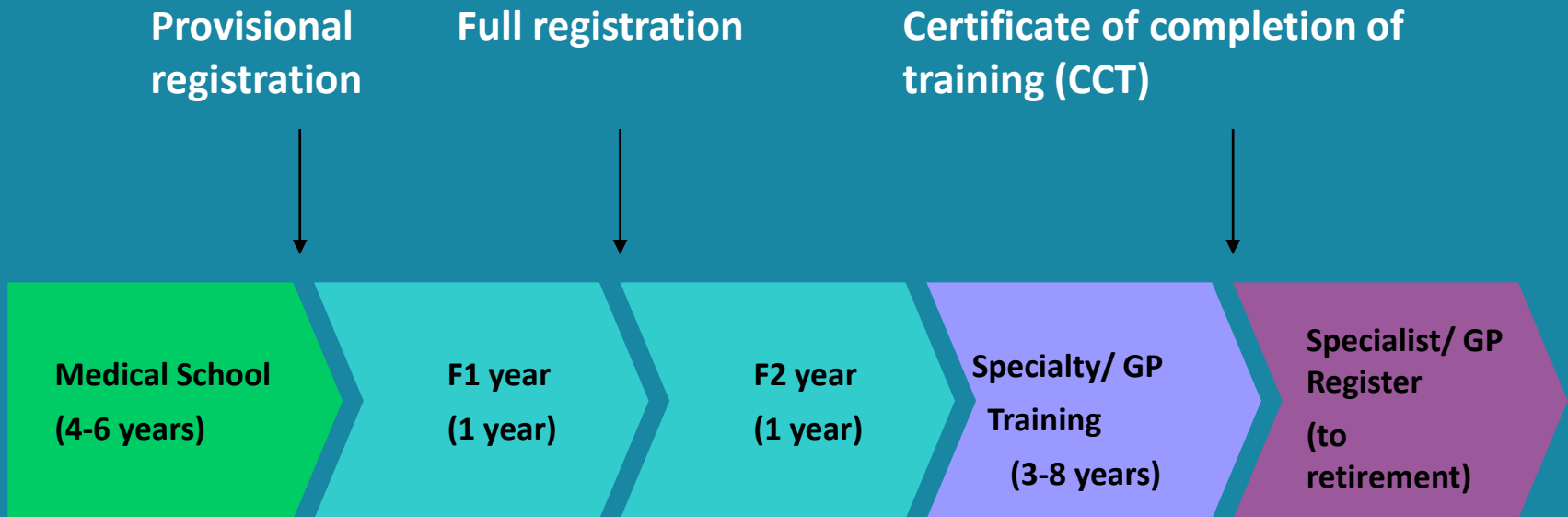
Specialist Register

Year	2001	2010
Male	76%	70%
Female	24%	30%

GP Register

Year	2006	2010
Male	58%	54%
Female	42%	46%

UK Training Pathway



Education Strategy



GMC Education Strategy 2011-2013

Shaping the future of medical education and training

General
Medical
Council
Regulating doctors
Ensuring good medical practice

Education Strategy

Aims and objectives in the Strategy are grouped under four headings:

1. Setting and assuring standards, and valuing training.
2. Promoting effective selection, transition and progression.
3. Defining outcomes for education and training.
4. Working with partners and promoting feedback and learning.

Setting and assuring standards and valuing training

Alignment and review of standards

Valuing training

Recognition and Approval of trainers

? Approve educational environments

Developing a smarter evidence base

Review our approach to quality assurance

Response to concerns

Defining outcomes for education and training

Foundation Programme

Generic outcomes for specialty training

Equivalence routes to the specialist and GP registers

Working with partners and promoting feedback and learning

Closer engagement with doctors, the public and patients

Developing the use of surveys

Feedback and learning

Recognition and Approval of Trainers



Recognition and Approval of Trainers

- Postgraduate

 - Named educational supervisors

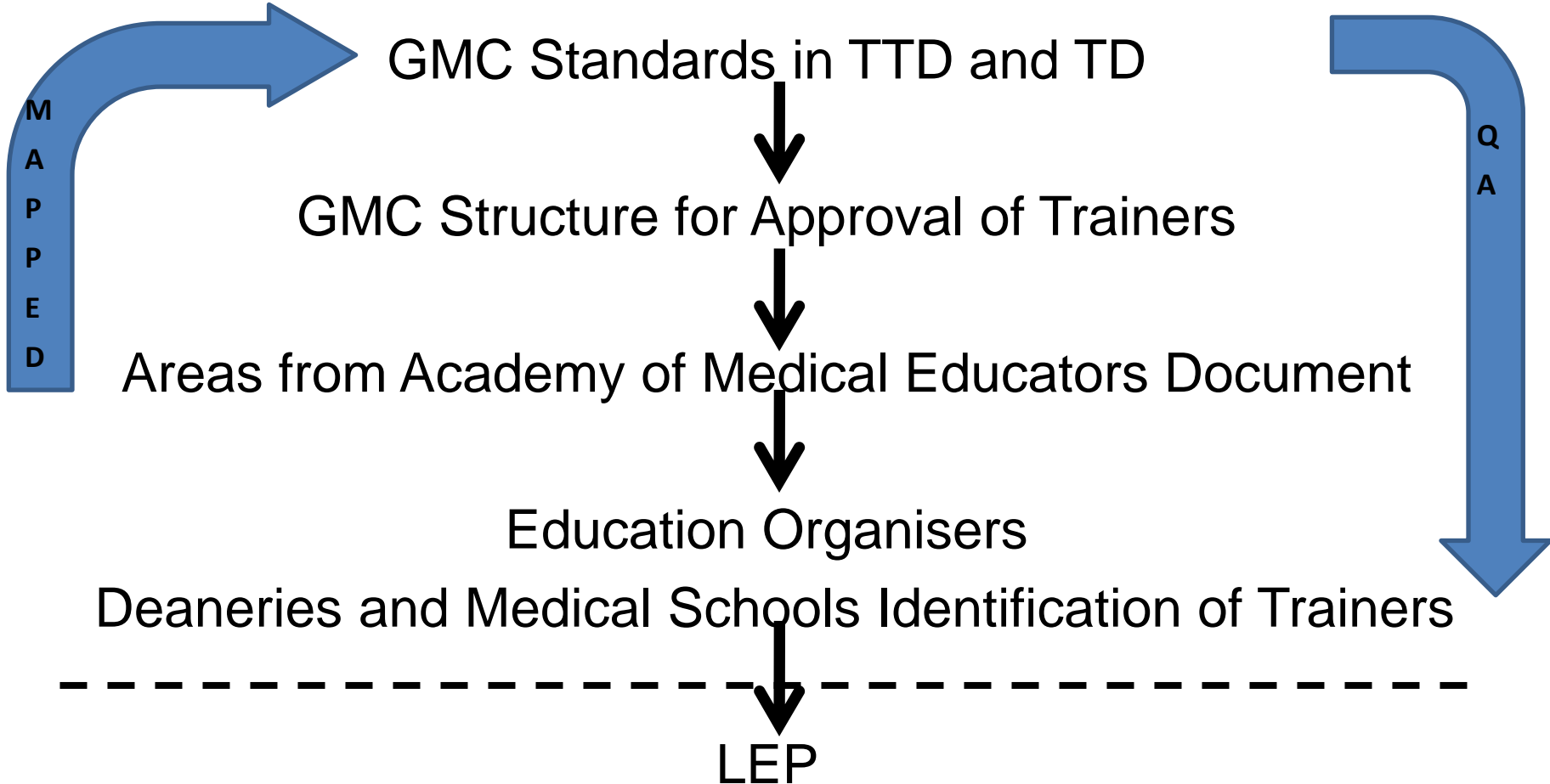
 - Named Clinical supervisors

- Undergraduate

 - Lead coordinators of undergraduate training

 - Doctors responsible for overseeing students' educational progress

Recognition and Approval of Trainers



Map current training and identification of trainers against 7 headings with evidence in appraisal

Framework



ACADEMY OF
MEDICAL EDUCATORS

A Framework for the Professional Development of Postgraduate Medical Supervisors

Guidance for deaneries, commissioners and
providers of postgraduate medical education

November 2010

An Academy of Medical Educators publication arising from a project commissioned and funded by the
Department of Health in the period March 2009 - May 2010.
Preparatory reports and supporting evidence available at www.medicaleducation.ac.uk
For further background information please contact project lead, Professor Tom Swanwick, at
tom.swanwick@postgradmeded.ac.uk

Academy of Medical Educators, 1st Floor, Charles Darwin House, 12 Roger Street, London WC1N 2JQ
Charity no. 1129168 Company no. 5963178 www.medicaleducators.org

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development

7. Continuing professional
development as an educator

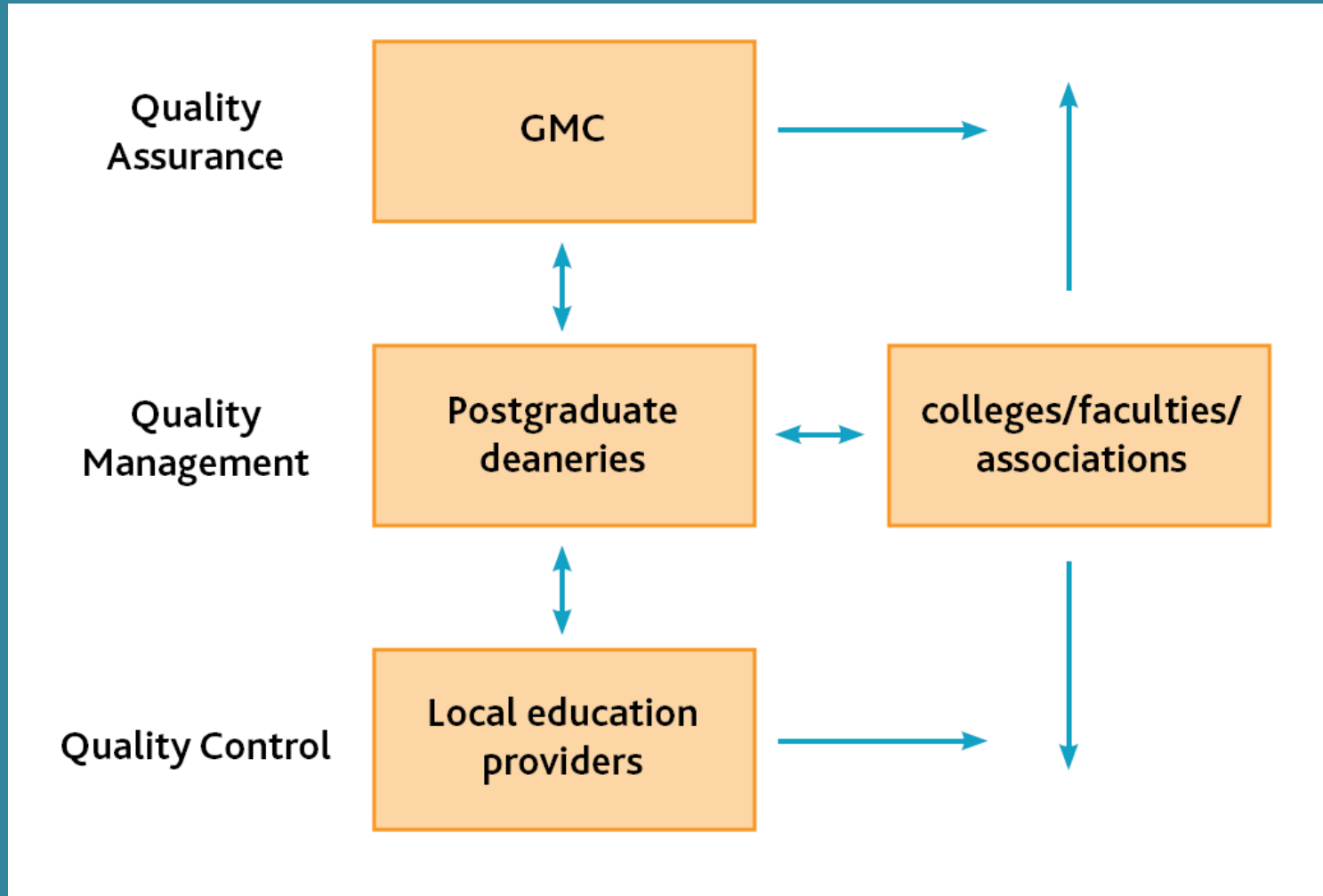
Recognition and Approval of Trainers

- Define the group
- Approve GPs and recognise others (until statute changed)
- Trainers will need to collect evidence for their appraisal
- Evidence judged against the A of ME Framework
- In the future part of scope of practice for revalidation
- LEPs to collect information
- Deanery and MS training and organisation to meet framework
- Deanery and MS to collect and collate information
- Deanery pilots engaging with LEPs for information

Approval of Trainers

- Consultation opened last Friday
- No trainers survey 2012 but publishing review of last 4 years
- Pilots completed
- Implementation 2013

Review of Quality Assurance



Quality Assurance



Not just visits!

Thematic assurance:

- a different kind of visit for smaller specialties
- building the evidence base on high-risk areas
e.g. assessment, ARCP

Response to Concerns

- Concerns raised by deaneries and medical schools
 - Patient safety
 - Trainee safety and training
- Could be raised by others
- Accompanying deanery visits
- Significant changes
- Working with other regulators

Surveys

Revamp of trainee survey

Access much easier via GMC online

Information up front so (almost) instant reporting

Question revamp

Academic input

Reviewing indicators

Testing new questions

Much shorter

Improved specialty questions

Surveying other groups

Generic Outcomes for Specialty Training

- We now have 61 specialties and 36 subspecialties
- Curriculum approval is a major issue
- Could we do this differently?

Shape of Training

Paraclesus

On the qualifications of a good surgeon

Regarding his innate temper

A clear conscience

Desire to learn and gather experience

A gentle heart and a cheerful spirit

Moral manner of life and sobriety in all things

Greater regard for his honour than money

Greater interest in being useful to patients than to himself

He must not act without judgement

He must not accept belief without understanding

He must not scorn the workings of chance

He must not boast of knowing anything without experience

He must never boast or praise himself

He must despise no one

continued

He must not be married to a bigot

He should not be a runaway monk

He should not practise self abuse

He must not have a red beard

1493-1541

Duties of a Doctor

The duties of a doctor registered with the General Medical Council

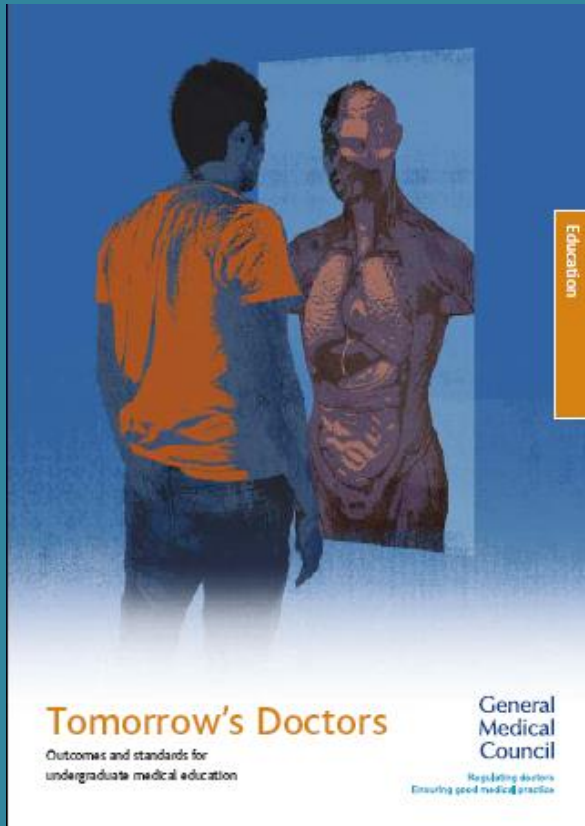
Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
 - Keep your professional knowledge and skills up to date
 - Recognise and work within the limits of your competence
 - Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
 - Treat patients politely and considerately
 - Respect patients' right to confidentiality
- Work in partnership with patients
 - Listen to patients and respond to their concerns and preferences
 - Give patients the information they want or need in a way they can understand
 - Respect patients' right to reach decisions with you about their treatment and care
 - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
 - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
 - Never discriminate unfairly against patients or colleagues
 - Never abuse your patients' trust in you or the public's trust in the profession

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.



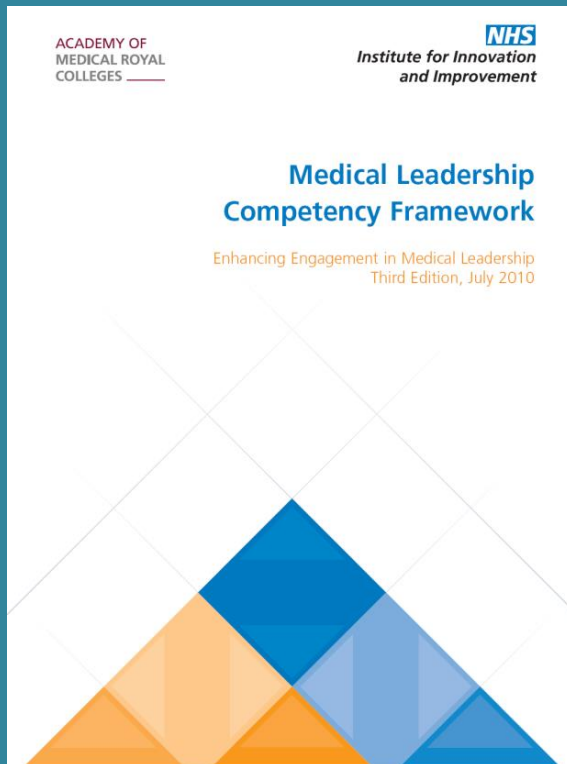
Leadership



It is not enough for a clinician to act as a practitioner in their own discipline. They must act as partners to their colleagues, accepting shared accountability for the service provided to patients. They are also expected to offer leadership, and to work with others to change systems when it is necessary for the benefit of patients.¹

Leadership

Medical Leadership Competency Framework embedded in all 61 curricula



1. Demonstrating Personal Qualities 1.1 Developing Self Awareness

Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Able to use information from peers, staff and patients to develop further learning	Undertakes 360 degree feedback as part of appraisal	Engages in reflective practice
Reflects on performance in end of term discussion and identifies own strengths and weaknesses	Takes part in peer learning to explore leadership styles and preferences	Uses information from psychometric measures
Makes presentation at end of Student Selected Modules (SSM) and obtains feedback	Takes part in case conferences as part of multidisciplinary and multi-agency team	Represents the profession as part of a multidisciplinary management team
Acts as Chair in small group activities		

Leadership

Jan 2011 Defining Generic Outcomes research

Management and Leadership 91% curricula cover

Leadership Subsections 74.4% covered

Less clear how these are assessed

Generic outcomes will be a workstream for the future

Looking to work with Colleges and Deaneries

Developing Leadership

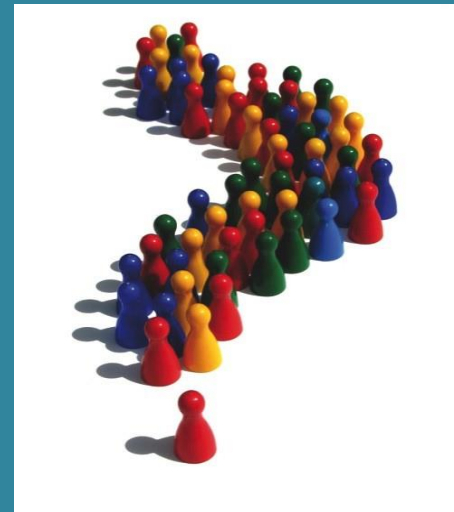
Fellows schemes National and Local

GMC has one of the fellows

Service improvement

Development courses or qualifications

DONCS?



Quality is not act it is a habit

Aristotle