

General
Medical
Council

Education Quality Assurance Review

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Working with doctors Working for patients

Organisations we regulate

Medical schools

- Responsible for designing, delivering and managing undergraduate medical education
- Must meet the standards in *Promoting Excellence, Outcomes for Graduates* and the *Trainer Recognition Framework*

Postgraduate training organisations

- Responsible for managing and delivering postgraduate medical education and training across a region or country
- Must meet the standards in *Promoting Excellence* and the *Trainer Recognition Framework*

Local education providers

- Commissioned by PTOs to deliver postgraduate medical training and by MS to deliver undergraduate clinical placements
- Must meet the standards in *Promoting Excellence* and the *Trainer Recognition Framework*

Medical royal colleges

- Responsible for designing postgraduate medical curricula and assessment systems and for delivering assessments
- Must meet the standards in *Excellence by Design*

Numbers of students and doctors in training

Approx. 40,000 medical students
Across 34 medical schools

Medical Students
39,185
4-6 years

Approx. 60,000 postgraduate trainees
Working in approx:

- 600 hospitals
- 3,000 GP practices
- And 700 mental health settings
(plus a handful of other places)

Foundation
Years 1 and 2
15,409
2 years

Core training
programmes
8,430
2 years

GP training
10,898
3 years

Specialty training
25,629
5-8 years

Approx. 45,000 doctors working in our
recognised trainer roles



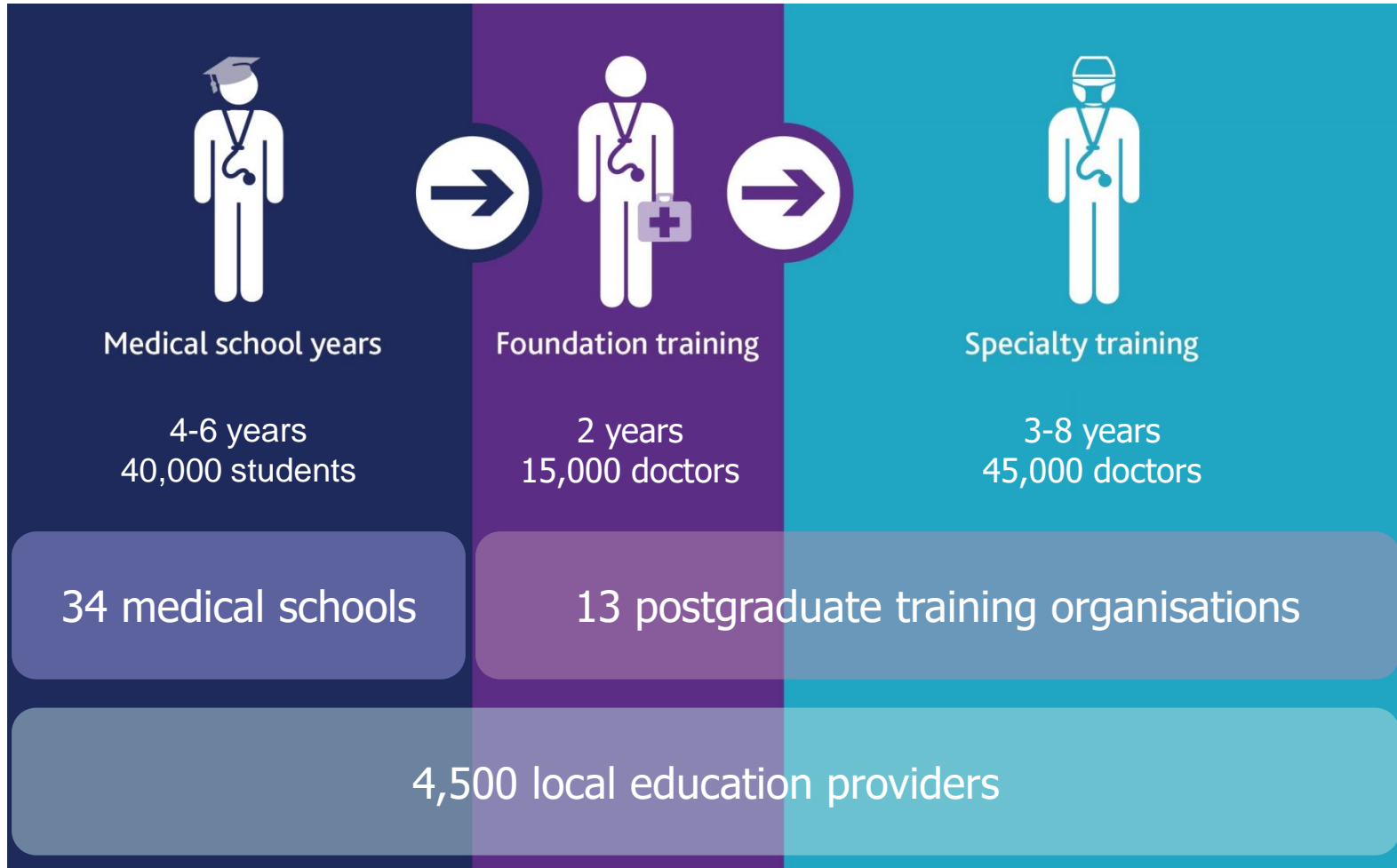
Doctors on GP
Register only
58,562



Doctors on Specialist
Register only
72,170

Non-training
post
41,546

Training pathway



Hierarchy of organisations

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Checks that medical schools and postgraduate organisations meet GMC standards

Quality assurance



Medical schools and postgraduate organisations conduct quality management activity to ensure that local education providers meet GMC standards

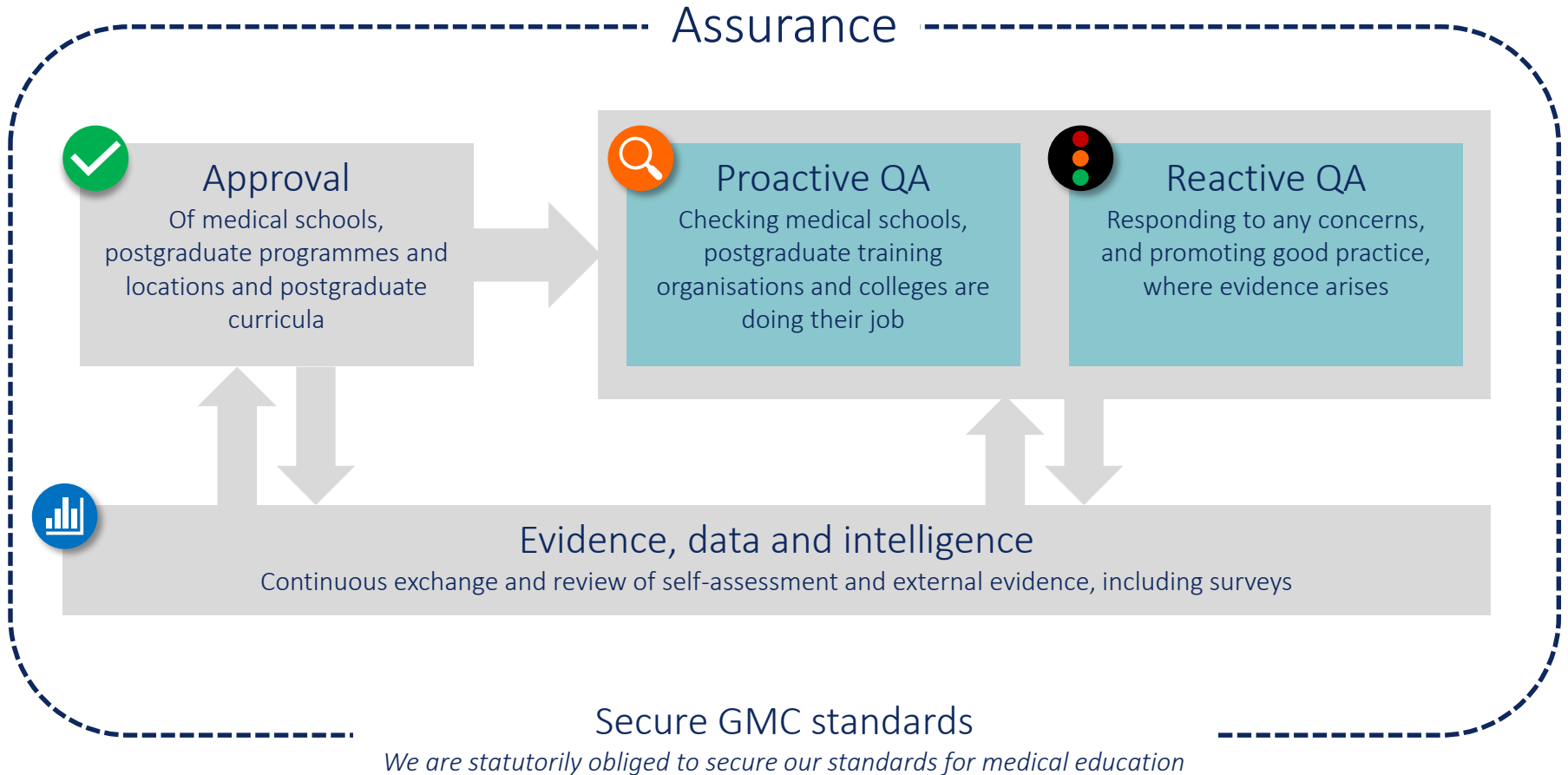
Quality management



Around 4,500 local education providers deliver education and training that meets GMC standards

Quality control

Assurance is achieved through a variety of activities



Proactive and reactive QA



Proactive

We require education organisations to actively provide assurance that they meet our standards and we combine risk-assessment and sampling to decide what to check

Quality assurance

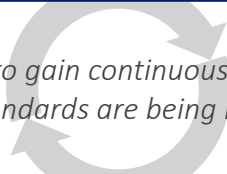
Checks that medical schools and postgraduate organisations meet GMC standards

GMC

Enhanced monitoring

The GMC actively works with the postgraduate organisation or medical school to resolve the issue.

Collaboration to gain continuous assurance that standards are being met



Risk threshold for enhanced monitoring



Quality management

Checks that local education providers meet GMC standards

Medical schools and postgraduate training organisations

Routine monitoring

Reported to and monitored by the GMC. The postgraduate organisation or medical school works directly with the LEP to resolve the issue.

Work together to ensure standards are met



Risk threshold for routine monitoring



Quality control

Local systems in place to deliver education and training that meets GMC standards

Local education providers

Local monitoring

Not reported to or monitored by the GMC. The postgraduate organisation or medical school works directly with the LEP to resolve the issue.

Aims of the QA pilot model

- Flexible and context specific
- Proportionate, reduce burden and reduce duplication
- Stronger more collaborative relationships
- Greater assurance
- Stronger self assessment
- Better value for money
- Greater focus on good practice

Quality assurance cycle

4-yearly

Declaration: organisations will re-declare that they meet the standards of Promoting Excellence. If we have serious concerns about an organisation's ability to meet the standards, we may defer their re-declaration.

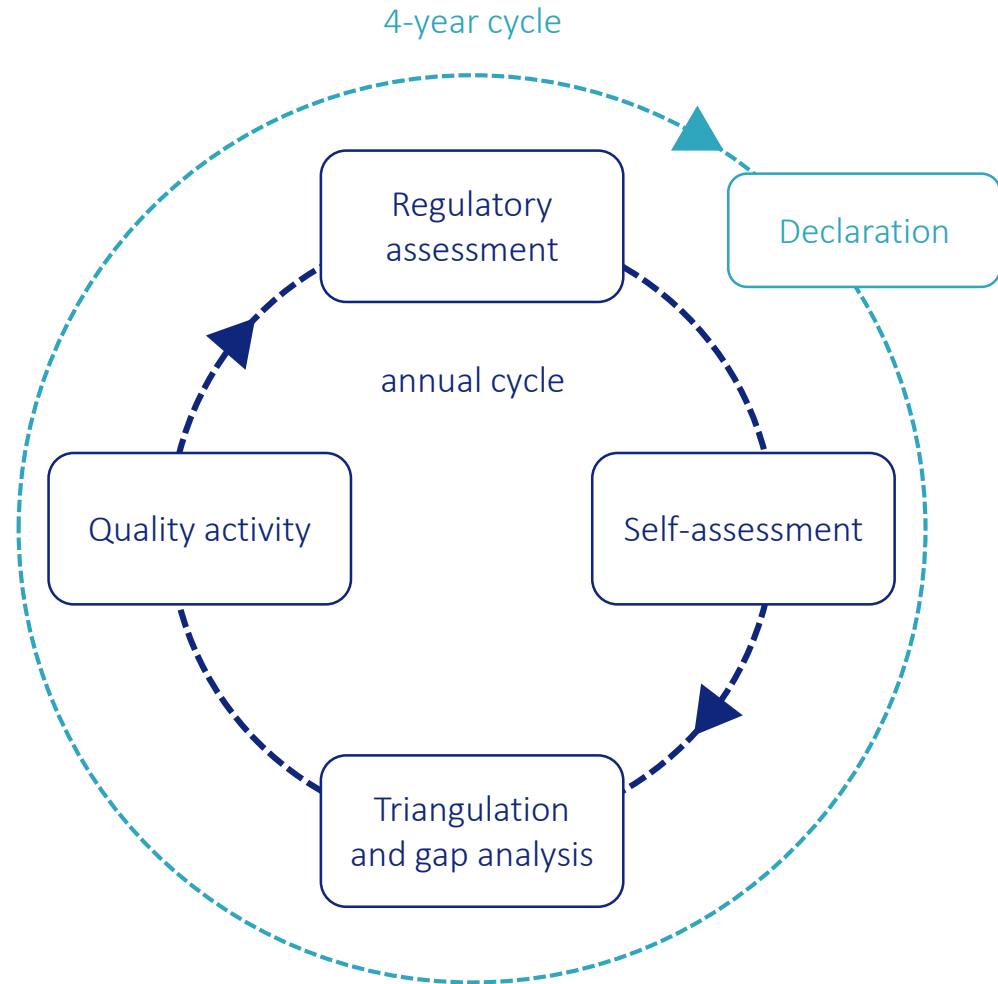
annual

Self-assessment: organisations will review their data and intelligence, as well as any we hold, and complete a self-assessment questionnaire.

Triangulation and gap analysis: we will review organisations' completed self-assessment questionnaires alongside our data and intelligence. We will meet with every organisation to discuss what quality activity is required.

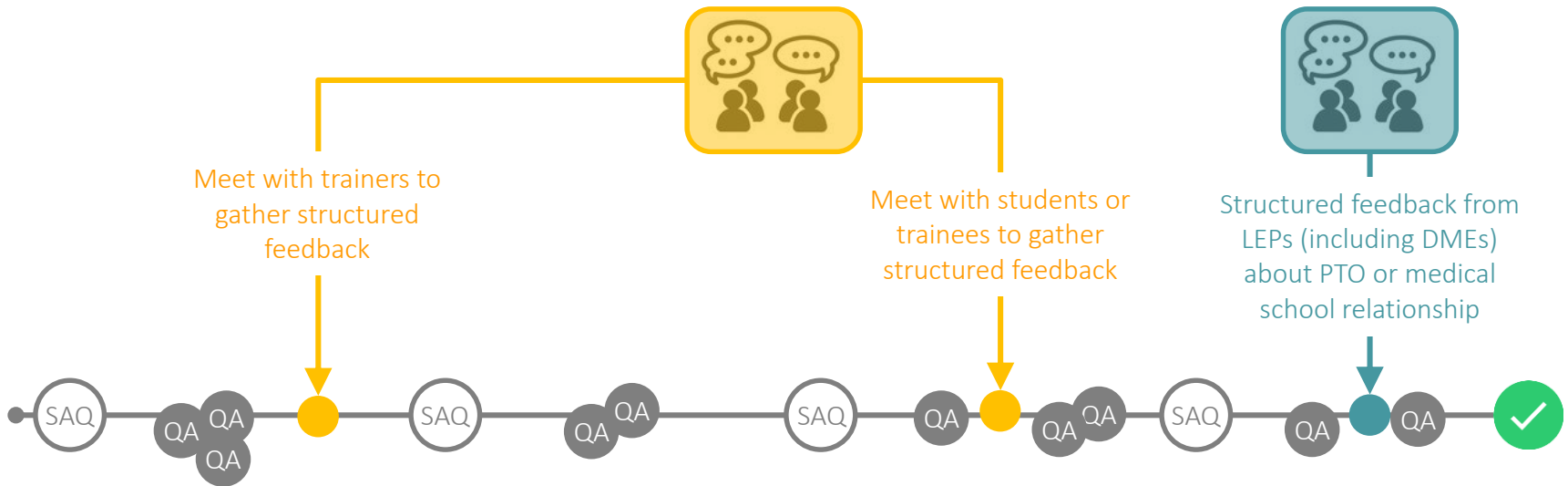
Quality activity: we will undertake proportionate regulatory activity to seek assurance or to confirm evidence of excellence, innovation or notable practice. Activities may include document requests, meetings, shadowing, observations, visits and document reviews.

Regulatory assessment: if we are not assured we will undertake further activity and ask the organisation to provide a response in their annual self-assessment. If we are assured we will say so in our annual quality summary.



Feedback from 'service users'

This is a typical four-year timeline for a medical school or PTO in the new process (the sequence of events would vary)

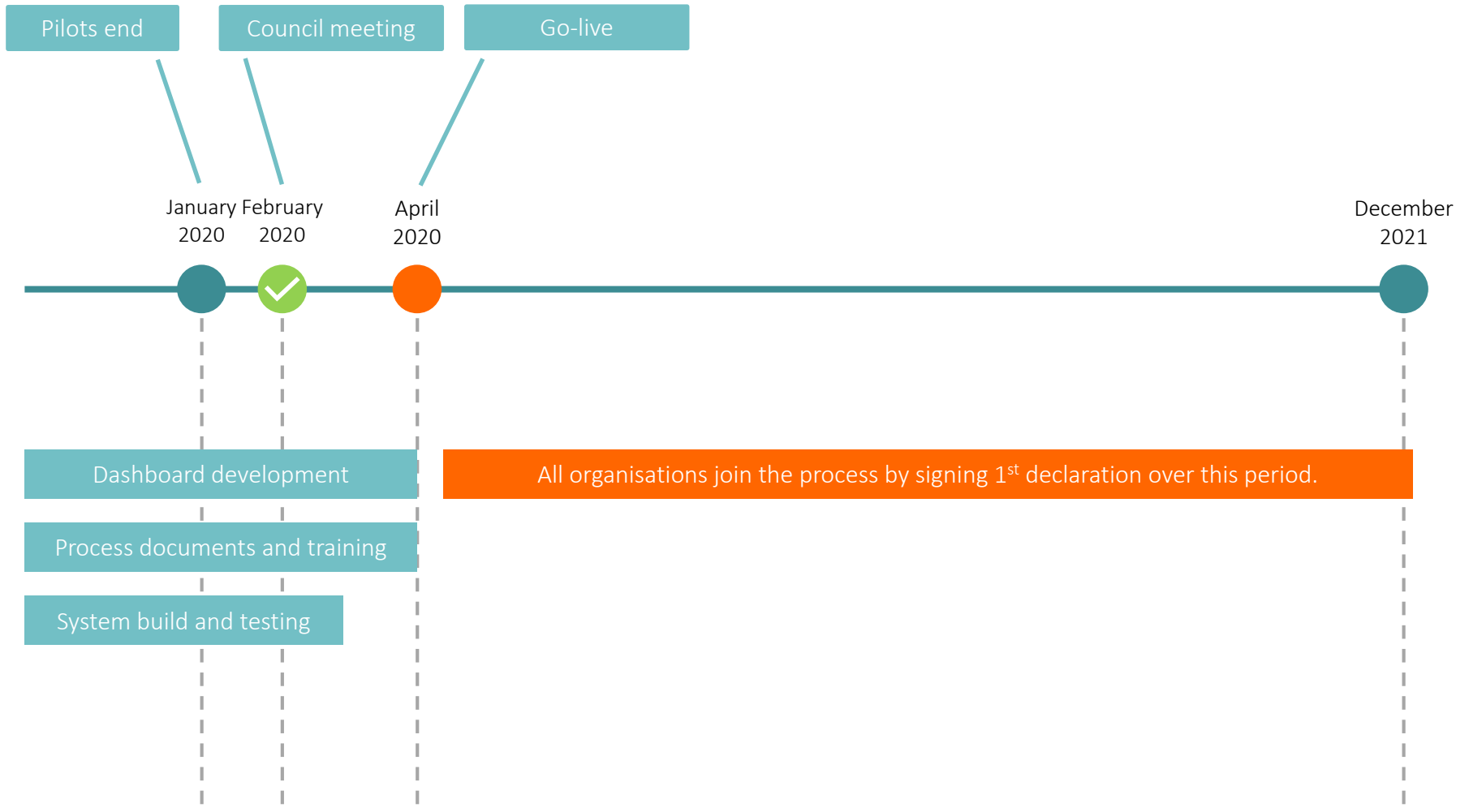


We would expect gather direct, structured feedback for each organisation, at least once per four-year cycle, from students/trainees, trainers, LEPs.

We would capture structured feedback using a specially designed questionnaire, which would then contribute to the QA process.

We would share it with the organisation. If it highlighted an area of interest (good or bad), we may follow that up through the self-assessment questionnaire or quality activities.

Roll out plan



Governance model

The purpose of governance in this context is to check that decisions are fair, consistent transparent and defensible. Different approaches are needed to cover the different aspects of good governance.

Annual report in State of Medical Education and Practice (SOME P)

To ensure public accountability and transparency, we will report operational metrics, review and audit figures, and discuss change proposals, as well as reflecting on the year to date in SOME P.

Operational decisions

We will check that decision making is fair and consistent

1%

Audit

Every two years (approx.) we will invite an external audit

5%

Associate panel

We will routinely escalate cases to a panel of associates for review

25%

Peer review

Team members will check each other's decisions as part of their day-to-day work

Process development decisions

We will ensure that change proposals are sense checked and defensible

Education Advisory Forum (EAF)

EAF will advise on any proposed changes at a strategic level



Survey Advisory Group

Survey Advisory Group will sense-check the operational details of any proposed changes to the process



Future developments

- Post roll-out evaluation plan- does the new framework:
 - Reduce risk?
 - Provide increased assurance?
 - Improve customer satisfaction?
 - Provide value for money?
- Medical licensing assessment:
 - Initial assessment of schools' readiness to deliver the new MLA by 2023, to roll out in 2024
 - Eventual absorption of MLA QA into this process
- Primary and community care:
 - Working with Royal Colleges of GPs and Psychiatrists to develop new QA model for education and training in small settings
- Thematic reviews:
 - Develop a framework for selection and implementation of focused, national reviews

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Questions??

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