Education and Standards Directorate
General Medical Council
350 Euston Road
London
NW1 3JN

10th January 2017

Re: Outcomes for graduates

Dear Sir / Madam,

The British Medical Association is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We welcome the opportunity to respond to this consultation on the revision of ‘Outcomes for graduates’ to ensure that the education of the doctors of the future is beneficial to both patients and doctors. Our comments on the consultation’s main themes are provided below.

The proposed outcomes

While we are supportive of the revised outcomes – including those on the knowledge, skills, values and behaviours that patients and the public expect from doctors – we believe that the revised outcomes could be improved to ensure they are fit for purpose and relevant for the medical students and doctors of the future.

We are concerned that they currently do not include a strong enough reference to future and emerging technologies, such as (but not limited to) the advance of genomics and genetic medicine, artificial intelligence and data analytics, among others. During their education and training, the doctors of the future must have the opportunity to be exposed to these emerging technologies so they are familiar with them when they start providing patient care, particularly in an age where patients have greater access to information about their treatment, and treatments that are available or in development. Medical schools are well positioned to provide this exposure, which in the long term will significantly benefit doctors and patients.

Similarly, medical research is now increasingly available online through a variety of sources. Doctors of the future should be made aware of this as they will use a variety of sources in both their undergraduate and postgraduate medical education.

We agree that medical students must understand how to access clear and accurate sources of current evidence and guidance and have established methods for making sure their practice is consistent with these. However, it is also important that medical students can appraise and critique these information sources.
All information must be appraised effectively with the needs and wishes of patients in mind, and discussion with patients on treatment options is vital. We suggest that this is included in a revised outcome that covers the appraisal of literature.

Including a list of procedures in the outcomes

We agree that there should be a list of procedures included in the outcomes, and that newly qualified doctors should be able to carry out an agreed range of practical procedures safely and effectively, with assistance from colleagues, medical and other professions as necessary and appropriate. We also agree that graduates must be able to interpret their findings in the context of the individual patient. However, we do have concerns (set out below) with some of the proposed procedures.

- **8 – Take blood cultures**
  We understand that a number of NHS employing organisations do not allow medical students, or indeed some foundation doctors, to undertake this procedure. As a result, graduates would be set up to fail if they were expected to demonstrate that experience. We are still enthusiastic to see this remain as a procedure in the outcomes, though provision of simulation for this procedure will be important.

- **20 – Ensure safe and appropriate blood transfusion**
  Similar to the issue raised on blood cultures above, there are concerns around how reasonable it is for a doctor to be able to demonstrate these skills. Simulation facilities need to be provided for students to demonstrate their competence for this procedure.

- **Inclusion of Otoscopy and Ophthalmoscopy as individual procedures**
  These procedures are often core diagnostic techniques that may be needed to treat patients of all demographic groups, and should be included in the list of procedures.

We otherwise support the inclusion of the procedures listed. We believe that while the use of simulation is an important development that should be fully utilised, newly qualified doctors should be able to demonstrate competence in undertaking these procedures on real patients.

Meeting the needs and expectations of patients, the public and employers

We feel that the proposed outcomes set out the knowledge, skills, values and behaviours that patients and the public expect of newly qualified doctors entering the profession. This includes the needs of both the foundation programme and graduates themselves. We agree that the outcomes are set at the correct level to ensure that newly qualified doctors will be able to meet their responsibilities and ensure patient safety is protected. We also agree that the proposed outcomes appropriately set out what newly qualified doctors must know and be able to do in relation to their responsibilities for equality and diversity, including safeguarding and protecting vulnerable individuals and groups.

Caring for patients

We welcome the emphasis on care in the community in the outcomes, but would wish to see this strengthened. Exposure to a broad variety of environments, as well as increased contact time with doctors who deliver care in community settings is crucial to ensuring that medical students develop a comprehensive understanding of the UK healthcare system. We believe that the expectations set out in the proposed outcomes regarding how recent graduates should manage patients with co-morbidities and long-term conditions have been sufficiently addressed.
Listing biomedical disciplines

We agree with the removal of the list of specified biomedical disciplines from the outcomes to emphasise the integration of biomedical science into patient care and practice. In addition, we feel that adding these to the outcomes would go against the high-level nature of the document – a structure that we support. We agree that providing a list of disciplines as a separate annex would be helpful.

The outcomes structure, and keeping them up to date

We are content with the structure of the proposed outcomes and how these have been mapped across to the Generic Professional Capabilities, notwithstanding the comments made above regarding the biomedical disciplines. We agree that the outcomes should be updated approximately every two years, to ensure they continue to reflect changes in medical education and medical care and practice.

Further comment

Following the GMC’s decision to approve an initial model for a Medical Licensing Assessment (MLA) for doctors wishing to enter UK practice, every opportunity should be taken to minimise assessment burden. With this aim in mind we believe that the coverage of the existing Prescribing Safety Assessment (PSA) should be incorporated within the MLA and the PSA ended as a separate additional exam that UK graduates or doctors in the Foundation Programme are required to pass.

We note the separate ethical guidance to the Outcomes, but believe that the ethical considerations for research could be strengthened and provided in more detail in the revised outcomes.

We hope that our submission is useful – please do not hesitate to contact us for more information if required. We would be happy for our comments to be identified and attributed to us in future reporting.

Yours sincerely,

Stella Dunn
Head of professionalism and guidance