The Current Situation and Future Trends of Medical Education in the UK

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Medical Education

1. Acquiring Knowledge - Academic

2. Acquiring Competencies - Practical
UK Medical Education

- Institution based Delivery and Assessment
- National Regulation through Accreditation Validation and Licensing

General Medical Council-GMC

US Medical Education

- Institution based Delivery of Nationally agreed Curriculum and Single National Assessment
- Nationally based Accreditation of Medical Schools State Based Licensing to Practice

Liaison Committee on Medical Education- LCME
Accreditation Council for Graduate Medical Education- ACGME
Federation of State Medical Boards - FSMB
General Medical Council (GMC)

- Regulator of Medical Education
- Established by 1858 ‘Medical Act’
- Operates as an Independent Charity - a non Government body
- Responsible for establishing and maintaining quality of medical education
- Issues License to Practice and maintains the Medical Roll
UK Medical Schools

- Currently 32 Med Schools: 24 in England, 5 in Scotland, 2 in Wales and 1 in N. Ireland
- First (St Barts London) opened 1123
- 1960’s ~20 operating
- 1968 Todd report 3 new schools Leicester, Nottingham and Southampton
- 1998 Campbell Review 8 New Medical Schools since 2000 including Warwick
High School Entry

- Traditional Medical School Entrance
  
  Five or Six Year Programme
  
  2 - 2.5 Years Pre-clinical - University based
  
  2-2.5 Years Clinical - Hospital Based.

- 1990’s onward Revised curricula - Greater integration of Pre-clinical and Clinical with various structures:
  
  2/3 + 2 + 1 (London and others),
  
  1 + 2 + 2 (Cardiff),
  
  1 + 3 + 1 (UEA)
Graduate Entry

• New development since 2000
• Recruitment after 1st degree (3 years)
• Accelerated curriculum - 4 years
• Differing entry requirements in relation to undergraduate programme followed
• Currently offered by 15 medical schools
• Only 2 Medical Schools only Graduate Entry - Warwick and Swansea (Wales)
Warwick Medical School

- Established as Leicester-Warwick Medical School in 1999 moved to Independent Degree awarding in 2006

- First wholly graduate entry Medical School in UK

- First entry (64 students) in 2000 - current entry 178

- ~1200 Graduates to-date
Modes of Knowledge Delivery

- **Lecture Based Learning (LBL)**
  
  Traditional Mode - Teacher based
  Large Groups - Resource Efficient

- **Problem Based Learning (PBL)**
  
  Pioneered by McMaster (Canada) and Maastrict (Holland)
  First adopted in UK by Manchester Medical School (1994)
  Modern Mode - Student Based
  Small Groups - Resource Intensive
Tomorrow’s Doctor -2009

Sets out Framework for Medical School operation defined in series of Graduate Outcomes:

1. Doctor as a Scholar and Scientist - Application of Biomedical scientific principles, methods and knowledge

2. Doctor as a Practitioner - abilities in relation to consultation with a patient

3. Doctor as a Professional - behave according to ethical and legal principles
The Current Model of Medical Education

High quality, limited flexibility

- **Provisional registration**
  - Medical School (4-6 years)

- **Full registration**
  - F1 year (1 year)
  - F2 year (1 year)

- **Certificate of completion of training (CCT)**
  - Specialty/GP (3-8 years)
  - Specialist/GP (to retirement)

SASG (specialty doctors)
Responsibilities of GMC (April 2010 -)

1. Undergraduate Medical Education
2. Foundation Years
3. Speciality including GP Training
4. CPD and Re-validation
Re-Validation of Doctors

License to Practice  Specialist Certification

5 Year Cycle

Process Begins in Dec. 2012:

20% done April 2013 - March 2014
40% done April 2014 - March 2015
40% done April 2015 - March 2016
Framework for Appraisal and Revalidation

Four domains

- Knowledge, Skills and Performance
- Safety and Quality
- Communication, Partnership and Teamwork
- Maintaining Trust
A flexible model - for the future

- Doctors need to be equipped to deal with changing healthcare needs.
- Postgraduate training should be flexible enough to allow doctors to move between specialties.
- Doctors also need a higher level of core competence than training programmes currently allow.
“Faced with the choice between changing one's mind and proving that there is no need to do so, almost everybody gets busy on the proof.”

John Kenneth Galbraith Economist
“One of the best lessons children learn through video games is... that standing still will get them killed quicker than anything else.”

Jinx Milea and Pauline Little

Why Jenny Can’t Lead
GMC Definition of The Good Doctor

‘Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity.’
Three apprenticeships of learning

- **The cognitive apprenticeship**
  The learner develops knowledge and understanding

- **The practical apprenticeship**
  The learner develops skills and competencies

- **The moral apprenticeship**
  The learner develops the ability to practise medicine with integrity and respectability
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The hospital is dead, long live the hospital

- "NHS hospitals currently try to be all things to all people and deliver every healthcare service to everyone.
- This is no longer clinically or financially sustainable and it holds the NHS back from delivering better, safer and higher quality care."

- Professor Paul Corrigan CBE, Caroline Mitchell
- Reform, September 2011
<table>
<thead>
<tr>
<th>Year</th>
<th>Old system</th>
<th>New system</th>
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<tbody>
<tr>
<td>1</td>
<td>Pre Registration House Officer (PRHO)</td>
<td>Foundation Programme (2 years)</td>
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<td>2</td>
<td>Senior House Officer (SHO)</td>
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<td>3</td>
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<td>4</td>
<td>Specialist Registrar (StR, 4-6 years)</td>
<td>Specialist Registrar (StR, 3 years)</td>
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<td>5</td>
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<tr>
<td>6</td>
<td>Specialist Registrar (StR, 4-6 years)</td>
<td>Specialist Registrar (StR, 6 years)</td>
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<tr>
<td>7</td>
<td>General Practitioner (4 years)</td>
<td>General Practitioner (5 years)</td>
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<td>8</td>
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<td>9</td>
<td>Consultant (7-9 years)</td>
<td>Consultant (8 years)</td>
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Positive Attributes of Graduate Entry

- Some Relevant knowledge acquired
- Increased Social skills?
- Increased Maturity
- Greater Vocational Commitment
A flexible model - for the future

“The major demand on healthcare over the next 20 years will be the ageing population and with it increasing prevalence of long-term conditions and multiple pathologies and a need for high quality end of life care.

There will remain a huge demand for elective and acute care in hospital settings, but it will be essential that the education of doctors keeps pace with the shifts in healthcare design and delivery and creates doctors who can work flexibly in new environments.”