Updating our expectations of newly qualified doctors in the UK: reviewing the Outcomes for graduates (General Medical Council)

Are there things missing or things that shouldn't be included?

We are interested in whether you think there is anything missing from the outcomes and procedures. Or if there are any outcomes or procedures that are not necessary or appropriate for newly qualified doctors to be able to do at this stage in their career.

Q1a. Do you think there is anything missing from the draft outcomes?

X Yes X No ☐ Not sure

If you think there are things missing, please tell us what they are and why. If you are not sure, please tell us why.

Please see suggested amendments below.

Q1b. Do you think there is anything in the draft outcomes that shouldn't be there?

☐ Yes X No ☐ Not sure

If you think there are things that shouldn't be there, please tell us what they are. If you are not sure, please tell us why.

Q2a. Do you think there is anything missing from the draft procedures?

X Yes X No ☐ Not sure

If you think there are things missing, please tell us what they are and why. If you are not sure, please tell us why.

Please see suggested amendments below.

Q2b. Do you think there is anything in the draft procedures that shouldn't be there?

☐ Yes ☐ No X Not sure

If you think there are things that shouldn't be there, please tell us what they are. If you are not sure, please tell us why.

Q3. Do you think there should be a list of procedures included in the outcomes?

X Yes ☐ No ☐ Not sure

If you don't think the list of procedures should be included or are not sure, please tell us why

The Society suggests reviewing outcome 18 with the aim of being more specific about the limits of responsibilities with regard to insulin prescribing and being more consistent with regard to the spectrum of high risk prescribing. The outcome currently implies full involvement in one of the most hazardous procedures any healthcare service delivers (ie carrying out administration of insulin) and which is responsible for many of the most serious incidents we see. We would suggest using other examples of high-risk prescribing such as anticoagulation monitoring, and decisions and pain control with opioids as these are clearly demonstrated to be responsible for a significant number of prescribing errors

Q4. If you answered 'yes' to question three, do you think newly qualified doctors should have experience of performing the procedures on real patients, or in simulation?

X Real patients ☐ Simulation ☐ Not sure

Please tell us why

Venepunture should certainly be performed on real patients; it is an essential and frequently utilised skill. The remaining skills can be learnt in a skills laboratory setting.

Do the outcomes meet the expectations and needs of patients, the public and employers?

Q5. Do you think the draft outcomes set out the knowledge, skills, values and behaviour that patients and the public expect of newly qualified doctors entering the profession?

X Yes ☐ No X Not sure

Why?

The Society believes that the outcomes are very comprehensive and it is difficult to dispute any of them. However, those in paragraphs 26/27/28 are much more granular and far outnumber those in paragraph 25. We would suggest reviewing the emphasis in these areas because they do not appear to reflect the day-to-day work that FY1 and FY2 doctors face. (Notably as they spend much of their time taking histories, doing examinations, making diagnoses, prescribing medicines, monitoring patient progress and recording these matters).

Q6. Do you think the draft outcomes set out the knowledge, skills, values and behaviour that employers need from newly qualified doctors entering the workplace and the Foundation Programme?

X Yes ☐ No X Not sure

Why?

As noted above, *the Society believes that the outcomes are very comprehensive and it is difficult to dispute any of them. However, those in paragraphs 26/27/28 are much more granular and far outnumber those in paragraph 25. We would suggest reviewing the emphasis in these areas because they do not appear to reflect the day-to-day work that FY1 and FY2 doctors face. (Notably as they spend much of their time taking histories, doing examinations, making diagnoses, prescribing medicines, monitoring patient progress and recording these matters).*

Patient safety

Q7. Do you think the outcomes set out, at the right level and in the right detail, what newly qualified doctors must know and be able to do in relation to their responsibility for patient safety?

X Yes ☐ No ☐ Not sure

Why?

The Society believes that it is essential to recognise that these outcomes are high level but overall believes that they are at the appropriate level for those overviewing the expectations of newly qualified doctors and for those planning the delivery of education.

The Society would also like to note that although the document puts much emphasis on 'safety', the delivery of 'effective' care that is at the appropriate (i.e. realistic and appropriate to the patient's expectations) intensity is also extremely important. For example, 'prescribing safely' is only highlighted in the subtitle on page 18. We would suggest changing the subtitle above paragraph 20 to 'Prescribing medicines effectively and safely' to reflect the great importance of the former.

Equality and diversity

Q8. Do you think the outcomes set out, at the right level and in the right detail, what newly qualified doctors must know and be able to do in relation to their responsibilities for equality and diversity?

x Yes ☐ No ☐ Not sure

Why?

Caring for patients in a variety of settings Newly qualified doctors will need to be able to provide care in a range of settings, including in the community, in general practice and in hospitals.

Q9. Do you think we have sufficiently addressed the need for newly qualified doctors to be able to provide care in a variety of settings?

X Yes ☐ No ☐ Not sure

Why?

Caring for patients with multiple morbidities and long term conditions

Q10. Do you think we have sufficiently addressed the need for newly qualified doctors to be able to care for patients with multiple morbidities and long term physical and mental conditions?

☐ Yes ☐ No Not sure

Why?

Outcome 25 is a revised version of outcome 8 in the 2009 outcomes, which reads as follows: 9 The graduate will be able to apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology. We have removed the list of specified biomedical disciplines from the outcomes to emphasise the integration of biomedical science into patient care and practice. But we know some medical schools find the list to be a useful reference for the disciplines that could be included in curricula. We could set out the list in separate guidance, which we could update more easily and frequently as care and practice develops in areas such as genomics.

Q11. Do you think outcome 25 should include the list of disciplines?

x Yes ☐ No ☐ Not sure

Why?

The removal of this list would signal a further drift of the guidance away from the fundamental sciences that remain the basis of most our understanding of practice medicine towards social and population sciences. While the latter are important they impinge much less on day-to-day early medical practice than the current outcomes would suggest. They should be retained and careful consideration should be given as to whether the basic sciences of anatomy, physiology and pharmacology are now sufficiently represented.

Q12. If you answered 'no' to question 11, do you think the list of disciplines should be included in a separate guidance document or online resource?

☐ Yes ☐ No ☐ Not sure

Why?

The structure of the outcomes

We could structure the outcomes to match the nine domains of our Generic professional capabilities framework, which sets out the capabilities and education outcomes for postgraduate training in medicine. Linked to this consultation is a version of the outcomes, which is structured to match the nine domains.

Q13. Do you think we should structure the outcomes to match the nine domains of the Generic professional capabilities framework?

☐ Yes ☐ No x Not sure

Why?

The Society does not feel strongly about this. The current structure is considered very accessible to the casual reader.

Keeping the outcomes up to date

We want to keep the outcomes up to date by making timely revisions, to make sure they reflect contemporary medical practice and science. We think there should be a two-yearly cycle for minor updates (for example, adding, removing or amending a small number of outcomes) and a longer cycle for more comprehensive review. But we don't want to cause disruption or burden to medical schools and students by updating the outcomes too often.

Q14. Do you think we should update the outcomes approximately every two years, to reflect changes in medical education and medical care and practice?

☐ Yes X No Not sure

Why?

The Society would suggest a longer timeline for all revisions. We would deem every five years an appropriate length of time.

Q15. Please give any suggestions on how, and how often, we should update the outcomes. Further comments on the outcomes

The Society would deem every five years an appropriate length of time.

Q16. Do you have any suggestions on drafting of specific outcomes?

The Society would like to make the following suggestions to the drafting of specific outcomes:

- The subheading of Paragraph 16 should follow the example of 'using information effectively and safely' and be reworded to *'prescribing medicines effectively and safely'*, reflecting the importance of being effective as well as safe
- Point 16b should be reworded to: *'carry out an assessment of benefit and risk before prescribing medication, taking into account the other prescribed medicines, co-morbidities, potential adverse reactions and interactions, and patient goals and expectations.'*
- Point 16e should be expanded to reflect the rapid changes in this process for most doctors to *'write a safe and legal prescription, tailored to the specific needs of individual patients, using either paper or electronic systems with decision support tools.'*
- Point 16f: We would like to suggest changing "understand the role of pharmacologists and pharmacists and prescribe in consultation with these and other colleagues from the medical and other professions as appropriate' to read *'clinical pharmacologists'*, rather than 'pharmacologists'. This reflects the fact that 'clinical pharmacologists' (rather than 'pharmacologists') form a recognised medical specialty in the health service.
- Point 16g would be better worded as *'communicate appropriate information to patients about the indication for their medicine, what benefits to expect, any important adverse effects that may occur and what follow-up will be required'*
- Point 25e should be changed to *"Demonstrate knowledge of drugs and drug actions. Including pharmacokinetics, pharmacodynamics, adverse effects and interactions, managing multiple medications, treatment of long-term conditions and non-prescribed drugs, as well as population effects of individual prescribing decisions (e.g. antimicrobial resistance).*
- *Point 29g should be changed to 'Understanding stratification of risk and concept of personalised medicine to deliver care tailored to the needs of individual patients' (We are unsure whether many people will know what to do when responding to 'understanding stratified risk.' 'Personalised medicine' is more easily understood but there is an obvious opportunity to talk about delivering care 'tailored to the needs of individual patients')*
- Appendix procedure 18: We would like to suggest replacing the 'sliding scale' with *'variable rate insulin infusion' (please note the point above)*

Q17. Is there anything you'd like to add?

The Society would like to note that the diagrams on page 7, 14 and 21 with concentric circles are not considered particularly helpful or easy to understand. It is unsure whether the placing of the subheadings in the inner and outer concentric circle have particular significance.