A large, abstract graphic consisting of several overlapping, semi-transparent purple circles of varying shades, creating a sense of depth and movement. The circles are positioned in the upper half of the page, with the largest one being a deep purple and others in lighter shades of purple and lavender.

# Standards for medical education and training

A public consultation on our draft standards

Working with doctors Working for patients

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General  
Medical  
Council



# About this consultation

We are consulting on our new, stronger and clearer standards, which put patient safety, quality of care, patient experience and fairness at the heart of educating and training medical students and doctors.

## Who is consulting?

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

We set the educational standards for all UK doctors through undergraduate and postgraduate education and training. We promote high standards and make sure that medical education and training reflects the needs of patients, medical students and doctors in training, and the healthcare systems across the UK.

To test whether or not medical schools meet our standards for undergraduate education we carry out monitoring and inspections, including talking to medical students about their experiences, and responding directly to any concerns raised.

We also approve postgraduate medical education and training – this includes approving training

programmes, curricula and assessments. Rigorous reviews and regular monitoring activities, such as our annual survey of doctors in training, help us to deal quickly with any concerns and to make sure that doctors are receiving the supervision and experience they need to treat patients safely and well.

## What is the consultation about?

We have reviewed our standards set out in *Tomorrow's Doctors* (2009)\* for undergraduate medical education and in *The Trainee Doctor* (2011)<sup>†</sup> for postgraduate medical training.

The review covered the parts of *Tomorrow's Doctors* called 'standards for the delivery of teaching, learning and assessment' and the parts of *The Trainee Doctor* called 'standards for postgraduate training'.<sup>‡</sup>

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\* General Medical Council (2009) *Tomorrow's Doctors* available at: [www.gmc-uk.org/tomorrowsdoctors](http://www.gmc-uk.org/tomorrowsdoctors) (accessed 15 January 2015)

† General Medical Council (2009) *The Trainee Doctor* available at: [www.gmc-uk.org/thetraineedoctor](http://www.gmc-uk.org/thetraineedoctor) (accessed 15 January 2015)

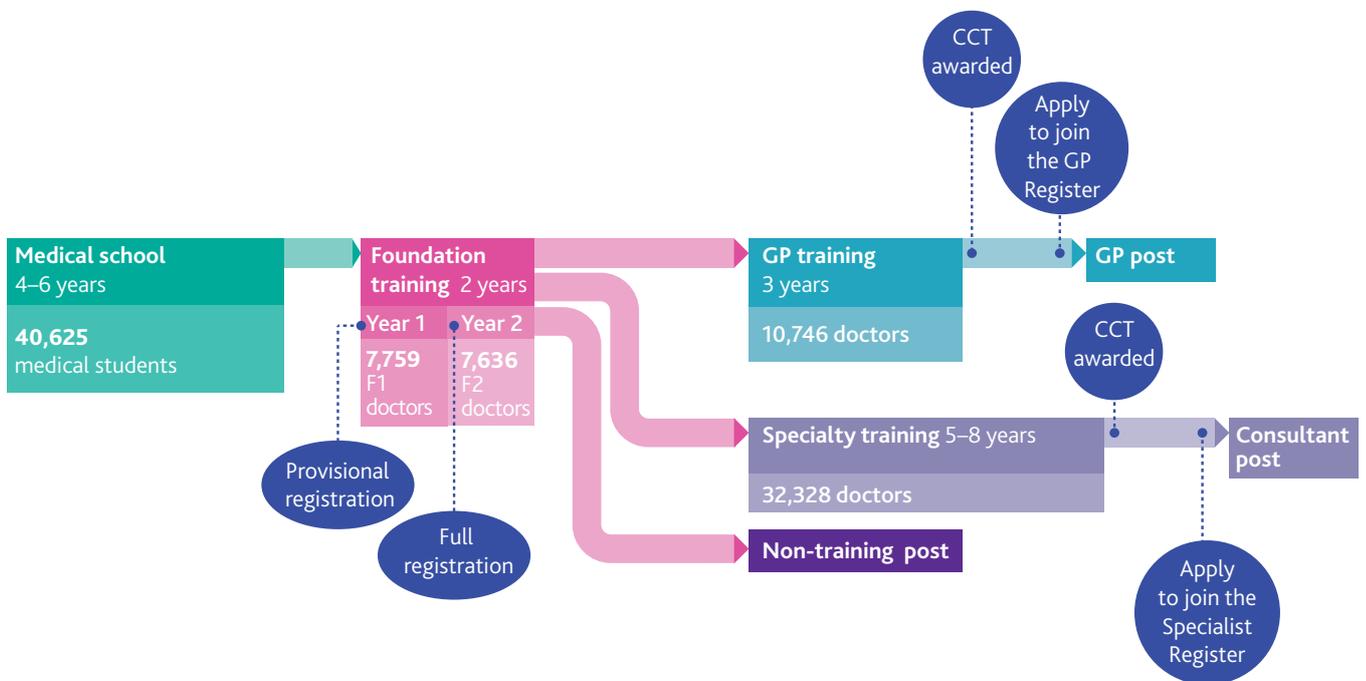
‡ The parts of *Tomorrow's Doctors* describing the outcomes and practical procedures for graduates were outside the scope of the review. Similarly, we have not reviewed the postgraduate *Standards for curricula and assessment systems*, which sit alongside *The Trainee Doctor*.

Our review had three main objectives.

- Making our standards more consistent and coherent across the continuum of undergraduate and postgraduate medical education and training to improve quality.
- Making sure our standards reflect the characteristics of a good learning environment and culture.
- Supporting our regional reviews of:
  - medical schools
  - postgraduate deaneries and local education and training boards (LETBs) in a geographical region (or country)
  - local education providers (LEPs).

This consultation sets out the standards and requirements that we expect medical schools, postgraduate deaneries and LETBs, and LEPs to meet when they educate and train medical students and doctors.

Good standards for medical education and training will have a wide impact. The figure below sets out how medical students and doctors progress through the different stages of medical education and training, and how many were at each stage in 2013. Many other doctors are involved in educating and training medical students and doctors.



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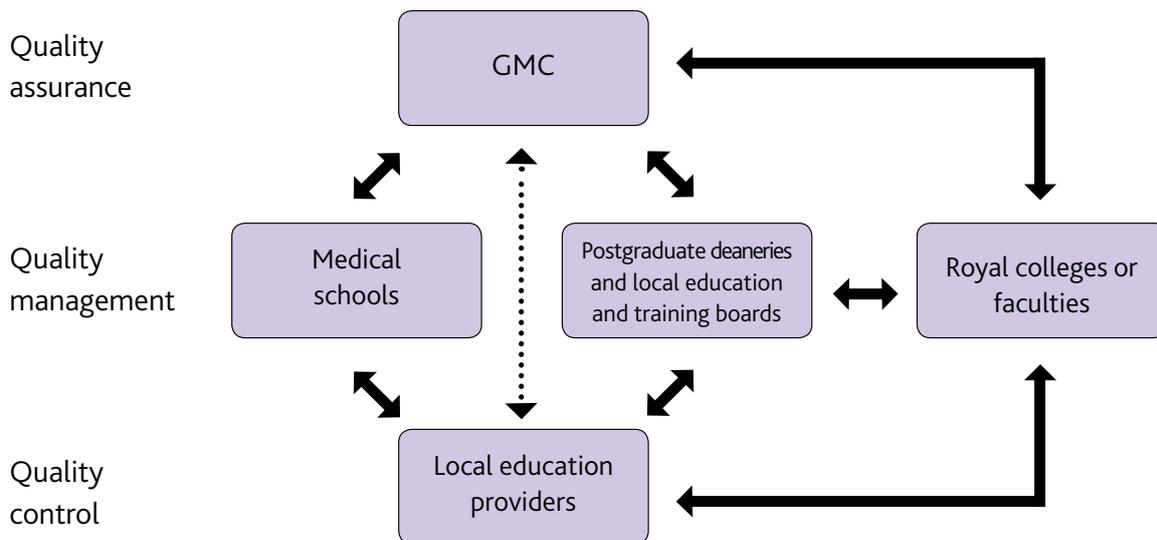
## How do we assure the quality of medical education and training?

We have overall responsibility for assuring the quality of medical education and training. Our *Quality improvement framework*\* sets out how we do this.

We set the standards and requirements that we expect medical schools, postgraduate deaneries and LETBs, and LEPs to meet when they educate and train medical students and doctors. We assure the quality of medical education and training against our standards through a combination of inspections, surveys and other data gathered from across the education and training system.

We are supported by the quality management systems of medical schools, postgraduate deaneries and LETBs. Through these systems, they must be satisfied that LEPs have quality control systems in place that make sure medical students and doctors in training are taught and trained in a way that meets local, national and professional standards.

### Our quality improvement framework



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\* General Medical Council (2011) *Quality improvement framework for undergraduate and postgraduate medical education and training in the UK* available at: [www.gmc-uk.org/Quality\\_Improvement\\_Framework\\_1114.pdf\\_48903478.pdf](http://www.gmc-uk.org/Quality_Improvement_Framework_1114.pdf_48903478.pdf) (accessed 15 January 2015)

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## What led to this review?

Before 2010, two organisations oversaw foundation and postgraduate training. We were responsible for the first year of the Foundation Programme, when a doctor holds provisional registration with the licence to practise, and the Postgraduate Medical Education and Training Board (PMETB) was responsible for postgraduate training, including the second year of the Foundation Programme.

Leading up to our merger with PMETB, we invited Lord Naren Patel to look at options for overseeing medical education and training. In his report,<sup>\*</sup> he was interested in achieving greater coherence and consistency across undergraduate and postgraduate medical education and training, and whether we should approve the wider learning environment, not just individual training posts and programmes. The recommendations that came out of the inquiry into Mid Staffordshire NHS Foundation Trust<sup>†</sup> have reinforced that creating a safe and supportive learning environment is key.

Following our merger with PMETB in 2010, we consolidated the foundation and postgraduate standards into one document – *The Trainee Doctor* – which we published in 2011. We also began regional quality assurance, where we visit all organisations involved in undergraduate and postgraduate medical education and training across one region.

Although there are similarities between *Tomorrow's Doctors* and *The Trainee Doctor*, such as a shared structure around nine domains, our regional visiting has sometimes highlighted the differences between the standards. On a practical level, it would be far easier to work within one set of standards. So, in 2013, we started a more fundamental review of our standards.

## How have we reviewed the standards?

We have been advised by a group of GMC associates and individuals whose interest, experience and expertise cover regulation of the health service, and undergraduate, foundation, and postgraduate training in all four countries of the UK.

We set ourselves the question: is it feasible to develop a single set of standards for managing and delivering both undergraduate and postgraduate medical education and training?

We analysed our existing standards, looking at how we use them in our inspections and other quality assurance activities, and identifying areas for further investigation. We looked at how well the standards in *Tomorrow's Doctors* and *The Trainee Doctor* align with each other, and we considered how *Good medical practice*<sup>‡</sup> applies to our medical education and training standards. We also looked at other regulators' standards to find potential improvements or alternative approaches we could consider.

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\* General Medical Council, Postgraduate Medical Education and Training Board (2010) *Final Report of the Education and Training Regulation Policy Review: Recommendations and Options for the Future Regulation of Education and Training*, section 16 available at: [www.gmc-uk.org/4\\_\\_\\_Annex\\_B\\_\\_\\_Outcome\\_of\\_Consultation\\_on\\_the\\_Review\\_of\\_the\\_Future\\_Regulation\\_of\\_Medical\\_Education\\_and\\_Training.pdf\\_31275463.pdf](http://www.gmc-uk.org/4___Annex_B___Outcome_of_Consultation_on_the_Review_of_the_Future_Regulation_of_Medical_Education_and_Training.pdf_31275463.pdf) (accessed 15 January 2015)

† The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* available at: [www.midstaffspublicinquiry.com/report](http://www.midstaffspublicinquiry.com/report) (accessed 15 January 2015)

‡ General Medical Council (2013) *Good medical practice* available at: [www.gmc-uk.org/gmp](http://www.gmc-uk.org/gmp) (accessed 15 January 2015)

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We have taken up recommendations made by the Mid Staffordshire inquiry to make the environment and culture in which medical education and training takes place safer and more caring for patients.\*

We developed an early draft of the standards, which we shared with a wide range of stakeholders throughout the UK between May and July 2014, and we revised the standards in response to their suggestions.

You can find all the documents from the review on our website at [www.gmc-uk.org/education/21767.asp](http://www.gmc-uk.org/education/21767.asp).

## How do I take part?

We are asking medical students, doctors in training, trainers, teachers, as well as the organisations that educate and train medical students and doctors, if we have got the standards right. Anyone who is interested in medical education and training can respond to the consultation.

There are 29 questions in the consultation document. We are not asking questions about every new standard or requirement but we do welcome your comments on any or all of them. When answering the questions, please bear in mind that our standards apply across the UK.

The consultation is open until **24 March 2015**.

The simplest way to read the new standards and answer the questions is on our consultation website at <https://gmc.e-consultation.net/econsult/default.aspx>.

You can also download a PDF from our website ([www.gmc-uk.org/education/26040.asp](http://www.gmc-uk.org/education/26040.asp)), fill in your answers and email it to us at [educationconsultation@gmc-uk.org](mailto:educationconsultation@gmc-uk.org) or post it to us at: Education policy team (Standards review), General Medical Council, 350 Euston Road, London NW1 3JN.

## What happens next?

We will analyse the responses to the consultation and consider how we should change the new standards to take account of the comments we receive.

We will revise the *Quality improvement framework* in the first half of 2015 to reflect the new standards and current quality assurance processes, and develop a plan to implement it. We will relaunch it along with the final standards when they are published in mid-2015.

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\* The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* available at: [www.midstaffpublicinquiry.com/report](http://www.midstaffpublicinquiry.com/report) (accessed 15 January 2015)

# A new framework for the standards

## One set of standards across medical education and training

We have developed a set of standards covering both undergraduate and postgraduate medical education and training.

We propose ten standards setting out the level of quality we expect from the organisations responsible for educating and training medical students and doctors in the UK. We recognise that the way in which organisations meet those standards may vary between settings, so the standards are expressed broadly.

Increasingly, the organisations we inspect are also responsible for managing the quality of education and training for other professions. We have drafted the standards to reflect the multiprofessional aspects of training and care and, where appropriate, create opportunities for alignment with standards used by others.

## Four themes to structure the standards

We have structured the standards and requirements around four themes, to replace the domains used in *Tomorrow's Doctors* and *The Trainee Doctor*. The four themes are:

- learning environment and culture
- educational governance
- supporting learners and trainers
- developing and delivering curricula and assessment.

We developed this structure by looking at the issues and concerns raised through our quality assurance work. We had feedback that the nine domains are cumbersome to use for reporting on quality assurance activities.

### The standards under each theme\*

#### Theme 1: Learning environment and culture

**S1.1** The learning environment is safe for patients and supportive for learners. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

**S1.2** The learning environment and culture value and facilitate education and training so that learners are able to demonstrate all the outcomes for graduates or to gain the knowledge, skills and behaviour set out in *Good medical practice* as required by their training programme.

#### Theme 2: Educational governance

**S2.1** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.

**S2.2** The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

**S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality.

\* Each standard has 'S' as a prefix to make clear it is a standard. The first number after the 'S' shows which theme it belongs to. We have numbered the standards and requirements to help people refer to them when they are used in quality assurance activities.

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### Theme 3: Supporting learners and trainers

**S3.1** Learners receive the educational and pastoral support they need to be able to demonstrate all the outcomes for graduates or to gain the knowledge, skills and behaviour set out in *Good medical practice* as required by their training programme.

**S3.2** Trainers are selected, inducted, trained, and appraised to reflect their educational responsibilities.

**S3.3** Trainers are provided with support, resources and time to deliver effective education and training.

### Theme 4: Developing and delivering curricula and assessment

**S4.1** Medical school curricula and assessments are developed and delivered so that medical students are able to demonstrate all the outcomes for graduates.

**S4.2** Postgraduate curricula and assessment are delivered so that doctors in training are able to gain the knowledge, skills and behaviour set out in *Good medical practice* as required by their training programme.

## How we have addressed patient safety

In his report on the Mid Staffordshire public inquiry,\* Sir Robert Francis QC said we should make sure that patients' safety is the first priority of medical training and education.

Patient safety is woven throughout the standards. We have prefaced the standards with a statement that patient safety is fundamental to all the standards, rather than include it as a separate domain as we do in *Tomorrow's Doctors* and *The Trainee Doctor*.

## How we have addressed equality and diversity

One of our main changes – grouping the standards and requirements under four themes instead of the nine domains – has meant we no longer have a domain called 'equality, diversity and opportunity'. Instead, as with patient safety, we have woven fairness, and equality and diversity through all the themes. We have also kept the standard we had in *Tomorrow's Doctors* and *The Trainee Doctor* about equality and fairness – it is now theme 2, educational governance, standard 2.3.

## Requirements

In each theme, we have a set of requirements – what an organisation must do to show us they are meeting the standards. The requirements need to be achievable in the UK health service. Some requirements may apply to a specific stage of medical education or training.

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\* The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* available at: [www.midstaffspublicinquiry.com/report](http://www.midstaffspublicinquiry.com/report) (accessed 15 January 2015)

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We are also developing our quality assurance processes so we can better identify evidence based good practice and encourage quality improvement. We want these standards to be dynamic – when we identify good practice, we will consider whether it should be published as a developmental requirement and, over time, become a core requirement.

## Exploratory questions

We are making our work more transparent, so when we implement the standards we will develop and publish what we are calling exploratory questions.

Exploratory questions will look at topics and areas we want to investigate when we are deciding if a standard is being met. For example, an exploratory question about the learning environment and culture might be: how often do doctors in training feel out of their depth and take on tasks beyond their competency? Or: if a doctor in training had been involved in a patient safety incident how would you know?

We will use them to help plan our visits to organisations, and we will ask different groups the questions during the visits. Specific questions may change over time, based on evidence collected from sources such as our national training survey, deans' reports and medical school reports. We came up with the idea of exploratory questions because we want to encourage organisations to be innovative about how they show us they are meeting the standards.

## Additional guidance on how to meet the standards

The existing standards include advice about how to meet them, in some cases describing processes that organisations should follow. We have omitted such detail. However, we will consider publishing additional guidance, similar to that supporting *Good medical practice* and *Tomorrow's Doctors*, if there is a demand for further explanation of our expectations.

We might also consider using our work on good practice to publish examples of how to meet the standards.

# Standards for medical education and training

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## Patient safety is the first priority

Patient safety is at the core of these standards. Just as good medical students and doctors make the care of their patients their first concern, so must the organisations that educate and train medical students and doctors.

We set out the professional values, knowledge, skills and behaviours required of all doctors working in the UK in *Good medical practice*. We also expect medical students to meet these standards when they have contact with patients. The learner's\* ability to develop the appropriate professional values, knowledge, skills and behaviours is influenced by the learning environment and culture in which they are educated and trained.

Patient safety runs through our standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners. Where our standards previously focused on protecting patients from any risk posed by medical students and doctors in training, we will now make sure that education and training takes place where patients are safe, the care and experience of patients is good, and education and training are valued.

## Theme 1: Learning environment and culture

### Purpose

This theme is about making sure that the environment and culture for education and training meets learners' needs, is safe, and open, and provides a good standard of care and experience for patients.

Education and training should be a valued part of the culture, so that learners have a good experience and trainers are valued. The clinical learning environment is essentially multiprofessional, so a good learning environment and culture will value and facilitate learning opportunities and support for all learners in a range of professional groups.

### Responsibility

**Local education providers (LEPs)<sup>†</sup>** – specifically the leadership at board level or equivalent – provide the learning environment and culture. They are accountable for how they use the resources they receive to support medical education and training. They must work with postgraduate deaneries and medical schools in recognising and rewarding trainers.<sup>1</sup>

**Postgraduate deaneries and local education and training boards (LETBs) and medical schools** make sure that education and training takes place in an environment and culture that meets these standards through their quality management of, or agreements with, LEPs.

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\* Learners are medical students and doctors in training.

† LEPs are organisations responsible for the environment (usually clinical) in which training is taking place, whether in primary, secondary, community or academic placements. LEPs include health boards, NHS trusts, independent sector organisations and any other service providers that host and employ medical students and doctors in training.

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## Standards

**S1.1** The learning environment is safe for patients and supportive for learners. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

**S1.2** The learning environment and culture value and facilitate education and training so that learners are able to demonstrate all the outcomes for graduates<sup>2</sup> or to gain the knowledge, skills and behaviour set out in *Good medical practice*<sup>3</sup> as required by their training programme.

## Requirements

**R1.1** Organisations\* must promote and encourage a learning environment and culture that allows learners and trainers to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.<sup>4</sup> Organisations must investigate and take appropriate action to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

**R1.2** Organisations must promote and encourage a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.

**R1.3** Organisations must promote and encourage a culture that reflects on and learns from mistakes, incidents and near misses. Learning will be facilitated through reporting mechanisms, feedback, and clinical governance activities.

**R1.4** Organisations must promote and encourage a culture that both seeks and responds to feedback from learners and trainers on compliance with standards of patient safety and care, and education and training.

**R1.5** Organisations must make sure that learners are made aware of processes for educational and clinical governance, and management activities.

**R1.6** Organisations must make sure there are enough staff members, and that learners have appropriate working patterns and workload, for patients to receive care that is safe and of a good standard, while creating learning opportunities.

**R1.7** Organisations must make sure that at all times there is senior medical supervision of learners by a named doctor who can provide ongoing clinical supervision; advising or attending during the session as needed (sometimes referred to as a sessional supervisor).<sup>5</sup> Foundation doctors must always have on-site access to a senior colleague who has the knowledge, skills and experience to deal with problems that may arise during the session.<sup>†</sup>

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\* Organisations that have responsibility for the learning environment and culture.

† This will normally be a medical practitioner but in some placements it may be appropriate that it is a senior healthcare professional.

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**R1.8** Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of supervision.

**R1.9** Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.

**R1.10** Learners must take consent<sup>6</sup> only for procedures appropriate for their level of competence. Learners must act in accordance with our guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.

**R1.11** Organisations must design rotas to:

- a** make sure learners have appropriate supervision
- b** support learners to develop the professional values, knowledge, skills and behaviours required of doctors working in the UK
- c** provide learning opportunities that meet the requirements of the curriculum and training programme
- d** give learners access to educational supervisors
- e** minimise the adverse effects of fatigue.

**R1.12** Organisations must make sure learners have an induction for each placement that clearly sets out:

- their duties and supervision arrangements
- their role in the team
- how to gain support from senior colleagues
- the clinical guidelines and workplace policies they must follow.

As part of the process learners must meet their team and other health and social care professionals they will be working with.

**R1.13** Handover\* of care must provide continuity of care for patients and maximise the learning opportunities in clinical practice.

**R1.14** Organisations must make sure that all work undertaken by learners involves opportunities to be taught and get feedback on performance, and gives an appropriate breadth of clinical experience.

**R1.15** Learners must have protected time for learning while they are doing clinical work, and to attend organised sessions, training days, courses and other learning opportunities. They must have support to undertake this activity whenever possible, especially for activities required by their curriculum. In timetabled educational sessions, foundation doctors must not be interrupted for service requirements.

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\* Handover at start and end of periods of day or night duties every day of the week.

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- R1.16** Organisations must support every learner to be an effective member of the multiprofessional team, promoting collaboration between specialties and professions.
- R1.17** Organisations must make sure that assessment is valued and that learners are given adequate time and resources to do the assessments required by their curriculum.
- R1.18** Organisations must have the capacity, resources and facilities to offer relevant learning opportunities and practical experiences required by the curriculum or training programme, and to offer the required educational supervision and support.
- R1.19** Learners must be able to access their learning portfolio to meet the requirements of their training programme.
- R1.20** Learners must have access to technology enhanced learning opportunities as required by their curriculum.
- R1.21** Organisations must make sure learners are able to meet with their educational supervisor as frequently as required by their curriculum or training programme.
- R1.22** Organisations must support trainers, supervisors and learners to undertake activity that drives improvement in education and training to the benefit of the wider health service.

## Theme 2: Educational governance

### Purpose

This theme is about making sure that organisations have effective systems of educational governance to manage and control the quality of medical education and training.

These systems should treat learners according to principles of equality and fairness, manage their progression, and share outcomes of education and training programmes. It is in patients' interests that there is effective and fair oversight of learners.

The theme covers sharing information between educational and clinical governance systems to make sure that learners have the professional knowledge and skills needed to treat and care for patients.

### Responsibility

All organisations demonstrate leadership of medical education and training through educational governance. Working together, they should integrate educational and clinical governance to keep patients safe and create an appropriate learning environment and culture.

Postgraduate deaneries and LETBs manage the quality of postgraduate training programmes provided by LEPs in their regions.

Medical schools (and the universities of which they are a part) manage and control the quality of their primary medical qualifications (PMQ). They make sure LEPs appropriately educate their medical students.

LEPs control the quality of education and training in their local organisations. A non-executive director would usually be accountable for educational governance.

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Colleges, faculties and specialty associations manage the quality of curricula, exams and entry criteria for the specialty training that they oversee. They work in partnership with national bodies, postgraduate deaneries, LETBs and LEPs to select learners to training programmes.

### Standards

- S2.1** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.
- S2.2** The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
- S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality.

### Requirements

- R2.1** Organisations\* must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.
- R2.2** Organisations must clearly assign accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting our standards.

**R2.3** Organisations must consider the impact of policies, systems or processes on learners. They must take account of the views of learners, trainers, local faculty and, where appropriate, patients, the public, and employers.

**R2.4** Medical schools, postgraduate deaneries and LETBs must regularly evaluate and review curricula, education and training programmes and placements to continuously improve the quality of education and training. This should include evaluating information about learners' progression – such as the results of exams and assessments – and collecting, analysing and using data on quality, and equality and diversity.

**R2.5** Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet our standards. They must have systems and processes to monitor the quality of teaching and facilities on placements, and must respond when standards are not being met.

**R2.6** Organisations must have a system for raising concerns about education and training. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.

**R2.7** Organisations must share the outcomes of managing and controlling the quality of medical education and training with other organisations responsible for this, to improve the quality locally and more widely.

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\* Organisations that are responsible for educational governance.

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- R2.8** Organisations must monitor how educational resources are allocated and used. This should include direct accounting of funds for education and training, and time in trainers' job plans.
- R2.9** Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
- R2.10** Organisations must have systems to manage learners' progression, with input from multiple people, to inform decisions about their progression.
- R2.11** Medical schools must have one or more doctors at the school who oversee students' educational progression. They must have one or more doctors at each LEP, who coordinate training of medical students, supervise their activities, and make sure these activities are of educational value.<sup>1</sup>
- R2.12** Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.<sup>1</sup>
- R2.13** Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or series of placements.<sup>1</sup>
- R2.14** Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's progress, performance, health or conduct that may affect patient safety.
- R2.15** Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, well-being or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.
- R2.16** Medical schools (and the universities of which they are a part) must have a process to make sure that only those students who are fit to practise as doctors are permitted to graduate with a PMQ. Students who do not meet the outcomes for graduates or are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical

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schools with our requirements with respect to PMQs. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with our guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the General Medical Council (GMC).

**R2.17** Organisations must have systems to make sure that education and training comply with all relevant legislation\* and public duties to protect people from direct and indirect discrimination.

**R2.18** Organisations must make sure that recruitment, selection and appointment is transparent and fair, with clear entry criteria that are evaluated.

### Theme 3: Supporting learners and trainers

#### Purpose

This theme is about making sure learners get educational and pastoral support, so they can gain the knowledge, skills and behaviour required by their medical course or training programme.

This theme also makes sure that trainers, teachers and local faculty get the support they need to promote and enable effective education and training.

#### Responsibility

Postgraduate deaneries, LETBs, and medical schools provide and manage structures and systems of support for learners, and make sure that those who contribute to the teaching, training or supervision of learners have the resources and support they need. Postgraduate deans and medical schools – as education organisers<sup>†</sup> – have to meet our requirements<sup>1</sup> for formally recognising and approving trainers in four specific roles.<sup>‡</sup>

LEPs provide support and learning opportunities for learners, and provide support and resources for trainers, teachers and local faculties. LEPs must work with postgraduate deaneries, LETBs and medical schools in recognising and rewarding trainers.<sup>1</sup>

Learners are responsible for their own learning, including achieving all the outcomes for graduates or gaining the knowledge, skills and behaviour required by their training programme. They should take part in structured support opportunities for learners, as set out in *Good medical practice*. Learners must make care of patients their first concern and must not compromise safety and care of patients by their performance, health or conduct. Learners have a duty to follow the guidance in *Good medical practice* and must understand the consequences if they fail to do so.

Trainers are responsible for engaging positively with training, support and appraisal relating to their role, and are accountable for the resources they receive to support education and training. Trainers must act in line with our guidance in *Good medical practice* and *Leadership and management for all doctors*.<sup>7</sup>

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\* Relevant legislation includes the *Working Time (Amendment) Regulations 2003*, the *Data Protection Act 1998*, the *Equality Act 2010* and the *Freedom of Information Act 2000*.

† Education organisers are the bodies responsible for recognising trainers.

‡ The four roles are: trainers who oversee students' progress at each medical school, the lead coordinators for undergraduate education at each LEP, and the named educational supervisors and the named clinical supervisors for postgraduate training.

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Medical trainers in the four specific roles are responsible for complying with the arrangements set out by medical schools and postgraduate deans to meet our requirements for recognising and approving trainers.<sup>1</sup>

### Standards

**S3.1** Learners receive the educational and pastoral support they need to be able to demonstrate all the outcomes for graduates or to gain the knowledge, skills and behaviour set out in *Good medical practice* as required by their training programme.

**S3.2** Trainers are selected, inducted, trained, and appraised to reflect their educational responsibilities.

**S3.3** Trainers are provided with support, resources and time to deliver effective education and training.

### Requirements

#### Supporting learners

**R3.1** Learners must be supported to meet professional standards as set out in *Good medical practice* and other relevant guidance. Learners must have a clear way to raise ethical concerns.

**R3.2** Learners must have access to educational and pastoral support, including:

- a** confidential counselling services
- b** careers advice and support
- c** occupational health services.

**R3.3** Learners must be encouraged to take responsibility for their own health and well-being.

**R3.4** Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.

**R3.5** Organisations\* must make reasonable adjustments for disabled learners, in line with the *Equality Act 2010*. Organisations must make sure learners have access to information about reasonable adjustments, with named contacts. Organisations must minimise repeat assessments for reasonable adjustments when learners move between placements and stages of education and training, for example, by sharing information about the reasonable adjustments they have made.

**R3.6** Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.

**R3.7** When learners progress from medical school to foundation training, they must be supported by a period of shadowing that is separate from and follows the student assistantship. This normally lasts at least one week and takes place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should involve tasks in which the learner can use their knowledge and skills in the working environment they will join, including out of hours. Shadowing should be distinct from and not interrupted by classroom-based orientation sessions, such as induction for new employees.

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\* Organisations that are responsible for supporting learners.

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**R3.8** Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.

**R3.9** Doctors in training must have information about academic opportunities in their programme or specialty and if they have the appropriate skills and aptitudes, be guided to pursue an academic career.

**R3.10** Medical students must have appropriate support while studying outside medical school, including on electives, and on return to the medical programme.

**R3.11** Doctors in training must have access to systems and information to support less than full-time training.

**R3.12** Doctors in training must have appropriate support on returning to a programme following a career break.

**R3.13** Doctors in training must be able to take study leave appropriate to their curriculum or training programme, up to the maximum time permitted in their terms and conditions of service.

**R3.14** Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme. Feedback must come from their clinical supervisor, other doctors, health and social care professionals and, where possible, patients, families and carers.

**R3.15** Learners whose progress, performance, health or conduct gives rise to concerns must be supported to overcome these concerns or, if needed, given advice on alternative career options.

**R3.16** Medical students who are not able to complete a medical qualification or to meet the outcomes for graduates for any reason, must be given advice on alternative career options, including alternative pathways to gain a qualification if this is appropriate.

### **Supporting trainers**

**R3.17** Trainers must be selected against suitable criteria and receive an appropriate induction to their role, access to professional development and training for their role, and an appraisal against their educational responsibilities.

**R3.18** Trainers must have time in job plans to meet their educational responsibilities. They must be able to carry out their role in a way that promotes safe and effective care and a positive learning experience.

**R3.19** Trainers must have access to the resources they need to meet the requirements of the training programme.

**R3.20** Organisations must support trainers by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.

**R3.21** Organisations must support trainers to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.

**R3.22** Trainers in the specific roles must be supported, as set out in our requirements for recognising and approving trainers.<sup>1</sup>

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## Theme 4: Developing and delivering curricula and assessment

### Purpose

Our responsibilities for regulating curricula and assessments differ according to the stage of training. This theme is about making sure medical school and postgraduate curricula and assessments are developed and delivered to meet our outcome or approval requirements.

### Responsibility

We set the outcomes that medical students are expected to meet when they graduate and the standards that medical schools must meet when teaching and assessing medical students. Medical schools develop and deliver curricula and assessments to make sure that medical graduates can demonstrate these outcomes. Medical schools, in partnership with LEPs, also make sure that clinical placements give medical students the learning opportunities they need to meet these outcomes.

Colleges, faculties, specialty associations and other organisations develop postgraduate curricula and assessments, and we approve them against our standards for curricula and assessment systems.<sup>8</sup> Postgraduate deaneries and LETBs make sure that LEPs are meeting the requirements for delivering postgraduate curricula and assessments, and that training programmes and placements enable the doctor in training to gain the knowledge, skills and behaviour required by their curriculum.

### Standards

- S4.1** Medical school curricula and assessments are developed and delivered so that medical students are able to demonstrate all the outcomes for graduates.
- S4.2** Postgraduate curricula and assessments are delivered so that doctors in training are able to gain the knowledge, skills, and behaviour set out in *Good medical practice* as required by their training programme.

### Requirements

#### Undergraduate curricula

- R4.1** Medical school curricula must be planned and show how students will meet the outcomes for graduates across the whole programme.
- R4.2** The development of medical school curricula must involve medical students, doctors in training, employers and patient, carers and their families.
- R4.3** Medical school curricula must give medical students:
- a** early contact with patients that increases in duration and responsibility as students progress through the programme
  - b** experience in a range of specialties (including general practice, medicine, obstetrics and gynaecology, paediatrics, psychiatry and surgery), in a variety of settings, with the diversity of patient groups that they would see when working as a doctor
  - c** experience of following patients through their care pathway
  - d** the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds and with a range of disabilities, illnesses or conditions
  - e** learning opportunities that integrate basic and clinical science, enabling them to link theory and practice
  - f** the opportunity to choose areas they are interested in studying while demonstrating the outcomes for graduates

- 
- g** at least one student assistantship during which they act as assistant to a foundation doctor, with defined duties under appropriate supervision, and lasting long enough to enable the student to become fully integrated into the team. The student assistantship must help prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work.

### **Undergraduate programmes and clinical placements**

**R4.4** Medical school programmes must give medical students:

- a** sufficient practical experience to demonstrate the outcomes for graduates
- b** an educational induction to make sure they understand the curriculum and how their placement fits within the programme
- c** the opportunity to develop their clinical and practical skills through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation
- d** experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum
- e** the opportunity to work and learn with other health and social care professionals and students to support multiprofessional working

- f** placements that are long enough to allow them to become members of the multiprofessional team, and to allow team members to make reliable judgements about their abilities, performance and progress.

### **Undergraduate assessment**

**R4.5** Medical schools must assess medical students against the outcomes for graduates at appropriate points, and make sure that all the outcomes have been met before they graduate. Medical schools must not use compensatory mechanisms to allow students to graduate without having demonstrated they are competent in all the outcomes.

**R4.6** Medical schools must set consistent and reliable standards for assessment that allow them to decide whether medical students have achieved outcomes for graduates.

**R4.7** Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.

**R4.8** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly assessing the medical student's performance and being able to justify their decision.

### **Postgraduate curricula**

The development of postgraduate curricula is addressed in our standards for curricula and assessment.<sup>8</sup>

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## Postgraduate training programmes and clinical placements

**R4.9** Postgraduate training programmes must give doctors in training:

- a** training posts that deliver the curriculum and assessment requirements
- b** sufficient practical experience to achieve and maintain the clinical competencies and demonstrate the knowledge, skills and behaviour required by their curriculum
- c** educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
- d** the opportunity to develop their clinical and practical skills through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation
- e** the opportunity to work and learn alongside other health and social care professionals to support multiprofessional working
- f** regular, useful meetings with their educational supervisor
- g** placements that are long enough to allow them to become members of the multiprofessional team, and to allow team members to make reliable judgements about their abilities, performance and progress

- h** a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible.<sup>9</sup> Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.

## Postgraduate assessment

**R4.10** Assessments must be mapped to the requirements of the curriculum and appropriately sequenced to match doctors' progression through their education and training.

**R4.11** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly assessing the doctor in training's performance and being able to justify their decision.

**R4.12** Trainers are responsible for the pattern and quality of assessments undertaken.

## Reasonable adjustments

**R4.13** Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the *Equality Act 2010*, although the standards themselves cannot be changed. This includes reasonable adjustments to how they deliver the curriculum and assessments, and clinical placements.

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## References

- 1 General Medical Council (2012) *Recognising and approving trainers: the implementation plan* available at: [www.gmc-uk.org/education/10264.asp](http://www.gmc-uk.org/education/10264.asp) (accessed 15 January 2015)
- 2 General Medical Council (2009) *Tomorrow's Doctors* available at: [www.gmc-uk.org/tomorrowsdoctors](http://www.gmc-uk.org/tomorrowsdoctors) (accessed 15 January 2015)
- 3 General Medical Council (2013) *Good medical practice* available at: [www.gmc-uk.org/gmp](http://www.gmc-uk.org/gmp) (accessed 15 January 2015)
- 4 General Medical Council (2012) *Raising and acting on concerns about patient safety* available at: [www.gmc-uk.org/raisingconcerns](http://www.gmc-uk.org/raisingconcerns) (accessed 15 January 2015), paragraph 9
- 5 NACT UK (2013) *Faculty Guide: The Workplace Learning Environment in Postgraduate Medical Training* available at: [www.nact.org.uk/documents/national-documents](http://www.nact.org.uk/documents/national-documents) (accessed 15 January 2015)
- 6 General Medical Council (2008) *Consent: patients and doctors making decisions together* available at: [www.gmc-uk.org/consent](http://www.gmc-uk.org/consent) (accessed 15 January 2015)
- 7 General Medical Council (2012) *Leadership and management for all doctors* available at: [www.gmc-uk.org/leadership](http://www.gmc-uk.org/leadership) (accessed 15 January 2015)
- 8 General Medical Council (2010) *Standards for curricula and assessment systems* available at: [www.gmc-uk.org/education/postgraduate/standards\\_for\\_curricula\\_and\\_assessment\\_systems.asp](http://www.gmc-uk.org/education/postgraduate/standards_for_curricula_and_assessment_systems.asp) (accessed 15 January 2015)
- 9 Academy of Medical Royal Colleges (2014) *A charter for postgraduate medical training: value of the doctor in training* available at: [www.aomrc.org.uk/publications/reports-a-guidance](http://www.aomrc.org.uk/publications/reports-a-guidance) (accessed 15 January 2015)

# Questions about the draft standards

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## The structure of the standards

### One set of standards across medical education and training

We have developed a set of standards covering both undergraduate and postgraduate medical education and training.

#### 1 Do you agree that the standards should cover both undergraduate and postgraduate medical education and training?

Yes

No

Not sure

Comments

We propose ten standards setting out the level of quality we expect from the organisations responsible for educating and training medical students and doctors in the UK.

#### 2 Do you agree with the ten standards?

Yes

No

Not sure

---

**3 Do you have any comments on the ten standards?**

Yes

No

Comments

**Four themes**

The standards are grouped into four themes:

- learning environment and culture
- educational governance
- supporting learners and trainers
- developing and delivering curricula and assessment.

**4 Do you agree with the four themes as a way of grouping the standards?**

Yes

No

Not sure

Comments

---

## How we have addressed patient safety

Patient safety is at the core of these standards. We have addressed patient safety in the four themes, rather than include it as a theme on its own. The statement 'patient safety is the first priority' summarises the importance of patient safety to medical education and training.

### 5 Do you agree with how we have addressed patient safety?

Yes       No       Not sure

Comments

## How we have addressed equality and diversity

We have addressed equality and diversity in the four themes, rather than include it as a theme on its own. We want the standards to be fair and to make sure our changes don't disadvantage anyone. We would like your views on whether the changes might affect particular communities or groups.\*

### 6 Do you agree with how we have addressed equality and diversity?

Yes       No       Not sure

Comments

---

\* The *Equality Act 2010* specifies nine protected characteristics that cannot be used as a reason to treat people unfairly: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

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**7 Do you think the standards are likely to adversely affect any particular medical students, doctors in training or other people who share protected characteristics?**

Yes       No       Not sure

If so, please tell us who and how you think we could reduce or prevent any adverse effects.

Comments

**How we have reflected *Good medical practice***

We have incorporated principles set out in *Good medical practice* in the standards. However, *Good medical practice* is mainly about an individual doctor's work, whereas these standards are about how organisations educate and train medical students and doctors.

**8 Do you agree with how we have reflected *Good medical practice*?**

Yes       No       Not sure

Comments

---

## Exploratory questions

We are making our work more transparent, so when we implement the standards we will develop what we are calling exploratory questions.

### 9 Do you agree that it would be useful to publish exploratory questions to help organisations show they are meeting the standards?

Yes       No       Not sure

Comments

## Additional guidance on how to meet the standards

The existing standards include advice about how to meet them, in some cases describing processes to be followed. We have omitted such detail, but we will consider publishing additional guidance if there is a demand for further explanation of our expectations.

### 10 Do you have any suggestions for additional guidance?

Yes       No       Not sure

Comments

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## Theme 1: Learning environment and culture

We have included requirement 1.1 about raising concerns about patient safety, and the standard of care or of education and training. This broadens the scope of the standards to investigating and taking action when poor care of patients is found in the learning environment.

### 11 Do you agree this is a helpful addition?

Yes       No       Not sure

Comments

The first part of requirement 1.2 is:

*Organisations must promote and encourage a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour...*

### 12 Do you agree that a reference to the duty of candour is a helpful addition?

Yes       No       Not sure

Comments

---

The first part of requirement 1.3 is:

*Organisations must promote and encourage a culture that reflects on and learns from mistakes, incidents and near misses.*

**13 Do you agree that this is helpful to include?**

Yes       No       Not sure

Comments

Requirement 1.4 is:

*Organisations must promote and encourage a culture that both seeks and responds to feedback from learners and trainers, on compliance with standards of patient safety and care, and education and training.*

**14 Do you agree that this is helpful to include?**

Yes       No       Not sure

Comments

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We have revised requirement 1.7 about supervision to describe more clearly how learners must be supervised.

**15 Do you agree that the requirement about supervision is clear?**

Yes       No       Not sure

Comments

Requirement 1.22 is:

*Organisations must support trainers, supervisors and doctors in training to undertake activity that drives improvement in education and training to the benefit of the wider health service.*

**16 Do you agree that this is helpful to include?**

Yes       No       Not sure

Comments

---

## Theme 2: Educational governance

The first part of requirement 2.2 is:

*Organisations must clearly assign accountability for educational governance in the organisation at board level or equivalent.*

**17 Should we be explicit that a non-executive director must be accountable for educational governance in an LEP?**

Yes       No       Not sure

Comments

Requirement 2.8 is:

*Organisations must monitor how educational resources are allocated and used. This should include direct accounting of funds for education and training, and time in trainers' job plans.*

**18 Do you agree that this is helpful to include?**

Yes       No       Not sure

Comments

---

Requirement 2.18 is:

*Organisations must make sure that recruitment, selection and appointment is transparent and fair, with clear entry criteria that are evaluated.*

**19 Is anything missing from this requirement about recruitment, selection and appointment?**

Yes       No       Not sure

Comments

### Theme 3: Supporting learners and trainers

Requirement 3.5 includes:

*Organisations must minimise repeat assessments for reasonable adjustments when [disabled] learners move between placements and stages of education and training...*

**20 Do you agree that this is helpful to include?**

Yes       No       Not sure

Comments

---

Requirement 3.18 is:

*Trainers must have time in job plans to meet their educational responsibilities. They must be able to carry out their role in a way that promotes safe and effective care and a positive learning experience.*

**21 Do you agree that this is helpful to include?**

Yes       No       Not sure

Comments

The standards are drafted to reflect our requirements for recognising and approving trainers. We have referred to the implementation plan\* rather than repeating all the detail contained in that document or carrying over the 'standards for trainers' in *The Trainee Doctor*.

**22 Do you agree with how we have reflected our requirements for recognising and approving trainers?**

Yes       No       Not sure

Comments

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\* General Medical Council (2012) *Recognising and approving trainers: the implementation plan* available at: [www.gmc-uk.org/education/10264.asp](http://www.gmc-uk.org/education/10264.asp) (accessed 25 November 2014).

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## Theme 4: Developing and delivering curricula and assessment

We have kept the list of specialties in which medical students must have experience in requirement 4.3b. They are general practice, medicine, obstetrics and gynaecology, paediatrics, psychiatry and surgery.

### 23 Do you agree that medical students must have experience in these specialties?

Yes       No       Not sure

Comments

## Have we covered everything?

### 24 Do you think there is anything else the standards and requirements should cover?

Yes       No       Not sure

Comments

---

**25 Is there anything that should be removed from the standards and requirements?**

Yes       No       Not sure

Comments

**26 Do you have any other comments about the standards and requirements?**

Yes       No       Not sure

Comments

---

## How the standards are written

The main audience for this document is people involved in educating and training medical students and doctors: medical schools, postgraduate deaneries, LETBs and LEPs. But we know that the information is also popular with medical students and doctors in training, so we want to make sure it is easy to read and navigate.

### 27 Did you find the standards easy to read and navigate?

Very easy     Quite easy     Quite difficult     Very difficult     Not sure

If not, what can we do to improve this?

Comments

### 28 Did you understand all the terms used?

Yes     No     Not sure

If not, which terms were not clear?

Comments

---

**29 Did you find the headings we use easy to understand: purpose, responsibility, standards and requirements?**

Very easy     Quite easy     Quite difficult     Very difficult     Not sure

If not, what can we do to improve this?

Comments

# About you

Finally, we'd appreciate it if you could give some information about yourself to help us analyse the consultation responses.

# Your details

---

Name

Job title (if responding as an organisation)

Organisation (if responding as an organisation)

Email

**1 Would you like to be contacted about our future consultations?**

Yes  No

**2 If you would like to know about upcoming GMC consultations, please let us know which of the areas of the GMC's work you are interested in:**

Education  Fitness to practise  Licensing and revalidation  
 Registration  Standards and ethics

### Data protection

The information you supply will be stored and processed by the GMC in accordance with the *Data Protection Act 1998* and will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

**3 Are you responding as an individual or as an organisation?**

**As an individual.** Go to the section 'Responding as an individual'.  
 **As an organisation.** Go to the section 'Responding as an organisation'.

# Responding as an individual

---

## 4 Which of the following categories best describes you?

- |  |  |
|--|--|
| <input type="checkbox"/> Doctor                            | <input type="checkbox"/> Medical educator (teaching, delivering or administrating) |
| <input type="checkbox"/> Medical student                   | <input type="checkbox"/> Member of the public                                      |
| <input type="checkbox"/> Medical manager                   | <input type="checkbox"/> Medical researcher  |
| <input type="checkbox"/> Other healthcare professional     |  |
| <input type="checkbox"/> Other (please give details) _____ |  |

## DOCTORS

For the purposes of analysis, it would be helpful for us to know a bit more about the doctors who respond to the consultation. If you are responding as an individual doctor, could you please tick the box that most closely reflects your role:

- |  |   |
|--|---|
| <input type="checkbox"/> General practitioner              | <input type="checkbox"/> Consultant                             |
| <input type="checkbox"/> Other hospital doctor             | <input type="checkbox"/> Staff and associate grade (SAS) doctor |
| <input type="checkbox"/> Medical director                  | <input type="checkbox"/> Other medical manager                  |
| <input type="checkbox"/> Sessional or locum doctor         | <input type="checkbox"/> Doctor in training                     |
| <input type="checkbox"/> Other (please give details) _____ |   |

## 5 If you are a doctor, do you work Full-time Part-time

## MEDICAL EDUCATORS

If you are a medical educator it would be helpful for us to know a bit more about your role. Please tick the box that most closely reflects your role.

- |   |   |
|---|---|
| <input type="checkbox"/> Educational supervisor   | <input type="checkbox"/> Director of medical education/clinical tutor         |
| <input type="checkbox"/> Clinical supervisor  | <input type="checkbox"/> Lead coordinator of undergraduate training at an LEP |
| <input type="checkbox"/> Doctor responsible for overseeing students' educational progress at a medical school |   |

---

**6 What is your country of residence?**

- England       Northern Ireland       Scotland       Wales
- Other – European Economic Area
- Other – rest of the world (please say where) \_\_\_\_\_

To help make sure that our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

**7 What is your age (years)?**

- <25       25–34       35–44       45–54       55–64       ≥65

**8 Are you**

- Female       Male

**9 Would you describe yourself as having a disability?**

- Yes       No

The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

---

**10 What is your ethnic origin?** (Please tick one)

**Asian or Asian British**

Bangladeshi

Indian

Pakistani

Any other Asian background (please specify) \_\_\_\_\_

**Black or black British**

African

Caribbean

Any other black background (please specify) \_\_\_\_\_

**Chinese or other ethnic group**

Chinese

Any other ethnic group (please specify) \_\_\_\_\_

**Mixed or multiple ethnic groups**

White and Asian

White and black African

White and black Caribbean

Any other mixed or multiple ethnic group (please specify) \_\_\_\_\_

**White**

British (English, Scottish or Welsh) or Northern Irish

Irish

Any other white background (please specify) \_\_\_\_\_

## Responding as an organisation

---

**11 Which of the following categories best describes your organisation?**

- |  |   |
|--|---|
| <input type="checkbox"/> Body representing doctors         | <input type="checkbox"/> Body representing patients or the public |
| <input type="checkbox"/> Government department             | <input type="checkbox"/> Independent healthcare provider          |
| <input type="checkbox"/> Medical school (undergraduate)    | <input type="checkbox"/> Postgraduate medical institution         |
| <input type="checkbox"/> NHS/HSC organisation              | <input type="checkbox"/> Regulatory body                          |
| <input type="checkbox"/> Other (please give details) _____ |   |

**12 If your organisation is a postgraduate medical institution please tick the box that most closely reflects your organisation.**

- |  |   |
|--|---|
| <input type="checkbox"/> College, faculty or specialty association | <input type="checkbox"/> Postgraduate deanery or LETB |
|--|---|

**13 In which country is your organisation based?**

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> UK wide   | <input type="checkbox"/> England | <input type="checkbox"/> Scotland                       |
| <input type="checkbox"/> Northern Ireland                                      | <input type="checkbox"/> Wales   | <input type="checkbox"/> Other – European Economic Area |
| <input type="checkbox"/> Other – rest of the world (please give details) _____ |                                  |   |

**Thank you.**

Please email your completed questionnaire to **educationconsultation@gmc-uk.org** or post it to:  
Education policy team (Standards review),  
General Medical Council, Regent's Place,  
350 Euston Road, London NW1 3JN.

Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)  
Website: [www.gmc-uk.org](http://www.gmc-uk.org)  
Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: **please dial the prefix 18001** then  
**0161 923 6602** to use the Text Relay service

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