

# Tomorrow's Doctors – good enough?

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The General Medical Council's (GMC) recently issued new *Tomorrow's Doctors*,<sup>1</sup> which UK medical schools will be expected to comply with by the start of the 2011/12 academic year, is more comprehensive and better structured than its predecessors. The attributes that the GMC wants demonstrated by all new medical graduates are clearly presented as a set of outcomes following leads set perhaps most influentially by the five Scottish medical schools.<sup>2</sup> Few would argue with the outcomes, which appear under three main headings: the doctor as a scholar and scientist, the doctor as a practitioner and the doctor as a professional. They vary considerably in their detail, from the general ('explain normal human structure and function') to the specific ('provide a safe and legal prescription'). Attention has been paid to areas as diverse as clinical skills, scientific education, partnership with patients and colleagues, leadership, National Health Service (NHS) priorities, the protection of children and vulnerable people, the prevention and control of infection, and safety.

Some of the additions or developments reflect issues that have engaged health services and the profession in recent times, while others have emerged in response to comments, evidenced or not, on recent graduates. There is now also a list of practical procedures in which proficiency must be attained. In addition to what it expects from graduates, the GMC also directs medical schools to increase the emphasis on practical experiential learning, including working as part of the clinical team, so as to smooth the transition of new doctors to the Foundation programme. Medical schools will have to ensure curricular space for all of this, with the likelihood of even more to come in future versions, without compromising what the GMC has specified earlier and hopefully without overstuffing undergraduate curricula. The schools are still free to choose their own curricular styles, to encourage the various learning methods of their students – most importantly surely those of self-directed evidence-based learning – and to innovate in the design of teaching and assessment. Those involved in the growing discipline of medical educational research will readily find topics for study in the GMC's requirements, which should include the examination of some of its assertions.

The largest section of *Tomorrow's Doctors* concentrates not on the outcomes but on the standards that the GMC

will expect of undergraduate medical education, standards that will fall largely to the medical schools to satisfy. A mass of quality assurance data will be required – on everything from student selection, through equality, diversity and opportunity and the design and delivery of the curriculum and assessment, to the support and development of students and teachers, the management of teaching and learning and even to educational resources. Each school will have to develop new and detailed documentation of processes, a significant extra bureaucratic load on its own academic and administrative staff, but potentially also on clinical teaching staff more generally. The standards will be formally assessed by the GMC's Quality Assurance of Basic Medical Education (QABME) process, which involves annual returns from and twice-decennial visits to each of the UK's medical schools.

Should you read *Tomorrow's Doctors*? Yes, if you work in a health authority or postgraduate deanery, since you will be expected to work with the medical schools on the implementation of the proposals. If you are a medical student, you will find the document too general; your own school's outcomes and curriculum provide much more detailed and practical information, including precisely what will be required of you. Members of the general public are unlikely to find either the generalities of aspiration or the push for excellence they might have wished for; they would have written a very different version. While highlighting the primacy of patients, this document in some ways views them as passive recipients of doctors' skills, with little recognition that increasing numbers see the profession as only one source to be consulted for information and advice on their problems.

What if you are a teacher? According to the GMC, all those who teach medical students should read the document, but is it likely that many will, other than perhaps to check whether and how their own specialty interest is covered? Yet it is the teachers who will have to ensure that the outcomes are attained, by providing the opportunities, the encouragement and hopefully even the inspiration for students to learn, as well as the role models for their development.

Most of the teaching of our medical students is done by NHS staff, not always doctors, who are already busy with

their own clinical duties, continuing development, managerial and administrative responsibilities and with changes taking place in postgraduate education and training. To ensure that the teaching of medical students, who have increased in number by about a third in the past ten years across the UK, is also a priority, consultant job plans and contractual service level agreements between medical schools and clinical groups must begin to designate protected time and detailed responsibilities for teaching and teaching-related duties, reflecting the considerable sums of money – in Scotland, the Additional Cost of Teaching funds – which are embedded in NHS budgets specifically for undergraduate medical education.

What if you work outside the UK – is *Tomorrow's Doctors* of any relevance or interest? Yes for the outcomes, since they are essentially generic and easily adaptable for use anywhere. The standards reflect a particular stage of scrutiny from above for UK use, but it is very difficult to argue against standards, national or international, if they are effective, and regulatory authorities worldwide who have not yet moved in this direction are increasingly likely to do so.

Overall, however, given that the main thrust of *Tomorrow's Doctors* is on the process and standards of medical education and on its checks, it is inevitable that its closest scrutiny will come from the medical schools themselves. Each will now be considering how to ensure cover of all that is required of its students and how to provide the evidence of compliance to standards that the QABME process demands.

There is always the danger that documents such as this are seen as tick-lists focusing on lowest common denominators. That would be unfair. The standards will help guide medical schools to areas that may need attention or further research, while the attributes expected by the GMC in new graduates are by any measure sensible and should promote the development of competent, reflective practitioners. Competence, however, must mean more than just adequate; the bar needs to be set high for individuals who, after all, started out among the best and most altruistic of all university entrants. While it is probably unrealistic to expect more of *Tomorrow's Doctors*, somewhere there also need to be incentives to stimulate enthusiasm and excellence in the doctors of tomorrow. Where will they come from?

## REFERENCES

- 1 General Medical Council. *Tomorrow's doctors. Outcomes and standards for undergraduate medical education*. London: General Medical Council; 2009. Available from: [http://www.gmc-uk.org/education/undergraduate/tomorrows\\_doctors\\_2009.asp](http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp)
- 2 Scottish Deans' Medical Education Group. *The Scottish doctor. Learning outcomes for the medical undergraduate in Scotland: a foundation for competent and reflective practitioners*. Dundee: Association for Medical Education in Europe; 2008. Available from: <http://www.scottishdoctor.org/index.asp>

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