

## Board Meeting

<b>Meeting Date</b>	17 December 2013
<b>Report Title</b>	HEE Proposals: Ensuring suitable medical school graduates are able to secure registration
<b>Paper Number</b>	HEE Dec 13.7
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<b>Lead Director</b>	Professor Wendy Reid
<b>FOI Status</b>	Applicable

<b>Report Summary</b>	The Board is asked to approve the attached report to DH. The HEE Mandate includes the commitment: "HEE must ensure that medical trainees who are competent and able to complete training programmes successfully are supported to secure full registration" and HEE is required to report to DH this Autumn on how this should be achieved. Following widespread stakeholder consultation, HEE's advice is that the point of registration should be brought forward to align with graduation, coupled with enhanced selection processes to the Foundation Programme to ensure the best applicants progress.
<b>Purpose (tick one only)</b>	Approval <input checked="" type="checkbox"/> To Note <input type="checkbox"/> Decision <input type="checkbox"/>
<b>Recommendation</b>	To approve the report and agree its submission to DH.

<b>Strategic Objective Links</b>	Ensure that staff are available with the right skills and knowledge, at the right time, and that the shape and structure of the workforce evolves to meet changing needs.
<b>Identified risks and risk management actions</b>	This is a major change to the structure of medical training, but is compatible with the Shape of Training recommendations. Risks include ensuring consensus, ensuring enhancements to quality and patient safety, agreeing governance arrangements for taking forward and meeting a challenging timetable to make the necessary amendments to legislation.
<b>Resource implications</b>	To the NHS long-term – this will provide savings compared to other options. To HEE short-term – will depend on DH response and agreed role of HEE in taking forward.
<b>Support to NHS Constitution</b>	Section 3a (Ensuring all staff have appropriate training for their jobs) and Section 3b (Ensuring the success of the NHS and delivering high quality care).
<b>Legal implications including equality and diversity assessment</b>	Fundamental changes required to the Medical Act. Equality and diversity assessment will be required.

## **HEE PROPOSALS: ENSURING SUITABLE MEDICAL SCHOOL GRADUATES ARE ABLE TO SECURE REGISTRATION**

### **Introduction**

1. The HEE Mandate includes the following commitment:

“HEE must ensure that medical trainees who are competent and able to complete training programmes successfully are supported to secure full registration.

The existing system needs reform, so that there is a clear and sustainable path which enables all suitable graduates to secure full GMC registration. Department of Health and HEE will work with partners, including the other UK health departments, the GMC, medical schools, employers and trainees to set out a reformed approach by autumn 2013 with a view to an introduction in autumn 2014. This objective will be updated to reflect progress when the mandate is refreshed in autumn 2013.”

2. This paper sets out a proposed reformed approach as mandated. It includes an options appraisal of three options that were shortlisted during wide ranging discussions on this issue. In terms of the cost and benefit analysis, it also widens the focus from simply ensuring suitable trainees obtain registration to consideration of quality and patient safety and opportunities to support the UK growth agenda through the accommodation of overseas students at UK medical schools. It also takes account of the recently published report of the Shape of Training review.

## HEE Recommendations

- I. Full GMC registration should be brought forward to the point of graduation.***
- II. Subsequent entry to the Foundation Programme should be through an enhanced, fair, open and transparent selection process.***
- III. Such changes should be considered alongside the relevant recommendation from the Shape of Training review.***
- IV. A decision to proceed is taken as swiftly as possible to ensure the required legislative changes could be enacted as part of the Law Commission proposed changes to the Medical Act***
- V. To meet this challenging timescale, resources are identified to ensure it can be delivered.***

## The issue

3. A solution is required to the issue of the predicted continued over-subscription to the Foundation Programme – it is anticipated there will be more applicants than places available. As training in the Foundation Programme is employment, there has to be fair and open competition for places, including applicants from medical schools outside the UK. This raises the prospect of some graduates of UK medical schools being out-competed and unable to secure a place on the programme. This will have the effect of halting their training and career progression as without obtaining full registration with the GMC (by successfully completing the first year of the Foundation Programme), such individuals would be unable to practise in the UK.
4. Most stakeholders agree this situation is unacceptable and that there is a “moral obligation” to ensure that all graduates of UK medical schools have the opportunity to obtain full registration so that they are able to practise medicine in the UK and progress their training<sup>1</sup>. A further argument deployed is that it is not good use of public money to fund students through medical school (funding after year 3) if they subsequently do not carry on to practise medicine. This “moral obligation” is reflected in HEE’s mandate commitment.

## Progress to date

5. However, how this can be delivered is complex and, despite considerable debate in recent years, has yet to be resolved. In the last twelve months, Department of Health and Health Education England officials have been consulting with stakeholders to discuss a range of options, but none of these provided a straightforward solution and to date there has been a lack of consensus on the best way to take this forward.

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<sup>1</sup> As full registration with the GMC currently requires completion of the first year of the Foundation Programme and it is not legal to favour graduates of UK medical schools over other applicants in the selection process, this obligation in reality currently extends to securing Foundation places for all applicants.

6. This process, though, was helpful in narrowing down the options to three. These were:

*Option 1 - Full GMC registration should be brought forward to the point of graduation, but entry to the Foundation Programme should then be, in part, through a national examination open to all applicants*

*Option 2 – Align graduation and registration by extending undergraduate education by a year so the current Foundation year 1 is replaced by a further year of study*

*Option 3 - Manage the current system better*

7. Following discussions with the Department of Health, it was agreed that HEE should focus on these three options and provide an options appraisal and recommendation.
8. To inform the options appraisal, HEE undertook a process of stakeholder engagement that included discussions with the General Medical Council, the Junior Doctors and Medical Students Committees of the British Medical Association, the Devolved Administrations (including the four UK Chief Medical Officers), Medical Schools Council, NHS Employers, the Academy of Medical Royal Colleges and NHS Education for Scotland.

## Wider context

9. In these discussions, it also became clear that this should not be considered in isolation as there were overlaps with other key issues – in particular:
- the patient safety and quality agenda – although quality and patient safety considerations have always been paramount in the planning and delivery of postgraduate medical education, this focus has been strengthened by the Government and through the recent Francis and Berwick reports. The link between Foundation trainees and patient safety concerns has yet to

be proven, but data from the UK Foundation Programme Office show that around 200 Foundation doctors require remedial training in F1 and a similar number in F2. Following remediation, a small number are asked to leave the programme with 0.3% of F1 doctors referred to the GMC for consideration of their fitness to practise and 0.4% of F2 doctors. It could be argued quality would be enhanced by identifying these graduates who are likely to develop difficulties earlier in the system; and

- the UK growth agenda - there are potential benefits to “UK-plc” in encouraging more international students to study at UK medical schools. However, under the current system, this runs counter to the aim of ensuring all graduates of UK medical schools obtain a place on the Foundation Programme as it increases the competition for such places.

10. As a result, HEE has ensured these wider issues were considered as key elements of the cost benefit analysis of the three options.

### ***The Shape of Training Review***

11. The report of the Shape of Training review was published on 29 October and submitted to Ministers in the four UK Health Departments. It includes the recommendation:

“Full registration should move to the point of graduation from medical school, subject to the necessary legislation being approved by Parliament and provided educational, legal and regulatory measures are in place to assure patients and employers that the doctors are fit to practise”

12. This is consistent with the first option HEE was asked to consider with stakeholders. As the analysis at Annex A shows, there was an emerging consensus from stakeholders in support of this option, with an analysis of the related funding issues also showing it to be the most cost-effective solution. That the independent Shape of Training review has come, through a separate

process, to the same conclusion can only add weight to this being the favoured and recommended option.

13. This also raises a question about the decision-making process on the issue of the long-term solution to the Foundation issue. The four UK Health Departments have yet to respond to the Shape of Training report, but if that response was to accept its recommendations, then by definition option 1 from this work would have been accepted. Consequently, HEE recommend that both this report and this aspect of the Shape of Training review are considered together.

### **Scale of the problem**

14. The Foundation Programme was over-subscribed in 2013 – to ensure all eligible applicants were placed and the “moral obligation” met, HEE and the Devolved Administrations agreed to fund the creation of (around 160) additional programmes to meet demand.

15. Firm predictions of future demand are difficult as a number of factors could influence the final position, but based on best estimates such over-subscription is expected to continue.

16. This may change over the longer term as medical school intakes have been reduced (by 2% in England and 6% in Scotland) and there is now more robust pressure to ensure medical schools do not exceed their intake targets (as happened in previous years).

17. On the other hand, demand may rise as a result of:

- increased numbers of applications from graduates of EEA medical schools – particularly given EEA expansion and economic difficulties in some Member States; and

- the expected development of private medical schools in the UK (the GMC is considering proposals (currently at different stages) from the Universities of Buckinghamshire, Central Lancashire and Aston) and other schemes involving UK medical schools in partnership with overseas Faculties. If these prove successful there may be more in the longer term, which would make a commitment to create Foundation places for all graduates unrealistic.

### UK Dimension

18. Postgraduate medical training, including the Foundation Programme, is organised and regulated on a UK-wide basis. Consequently, although HEE is leading work on this issue, a UK-wide solution is sought.

### The Three Options

19. These are explained below, with a brief discussion of their relative merits and risks.

*Option 1 - Full GMC registration should be brought forward to the point of graduation, but entry to the Foundation Programme should then be, in part, through a national examination open to all applicants.*

20. This would:

- meet the “moral obligation” to provide all graduates of UK medical schools with full GMC registration;
- help promote the quality and patient safety agenda; and
- potentially aid the UK growth agenda.

21. By definition, all students successfully completing a medical degree in the UK would obtain full registration with the GMC.



22. But selection to the Foundation Programme would be informed by enhanced selection tools, possibly a national examination (taken by all applicants – ie from UK, EEA and overseas medical schools). This would allow applicants to be ranked for the purpose of allocation to the number of Foundation places required. This would allow us to shift the moral imperative from the promise to medical students into a promise to patients for the highest quality care from the best candidates entering UK training. Doctors not succeeding in getting into Foundation Programme posts would be fully registered, able to work elsewhere in the world but not access training in the UK unless they re-entered and subsequently progressed through the selection process. In pursuing this option, it would be important to counter suggestions that a year's less education before registration would have a negative impact on quality.

23. This option could increase the competition to Foundation training as more doctors would be eligible to apply. But given the proposed quality and patient safety criterion, it might be possible to lift the current cap on international students and thereby support the UK's growth agenda. (Alternatively, competition to the Foundation Programme might be reduced if moving the point of registration meant eligibility for Tier 4 visas was withdrawn from non-EEA students at UK medical schools – again, this could suggest a lifting of the overseas cap, but careful thought would be needed on this issue if there was an adverse impact on the attractiveness of studying in the UK).

*Option 2 – Align graduation and registration by extending undergraduate education by a year so the current Foundation year 1 is replaced by a further year of study*

24. This would:

- meet the “moral obligation” to provide all graduates of UK medical school with full GMC registration - by definition, all students successfully completing a medical degree in the UK would obtain full registration with the GMC;

- it could be argued the stiffer competition for post-registration training would enhance quality and patient safety as only the better performers should progress. It would also mitigate the concern with option 1 of doctors being registered a year sooner;
- it could also potentially aid the UK growth agenda as it, too, might allow the lifting of the overseas cap.

25. Consequently, this option has considerable appeal at a strategic level. But further consideration of the practicalities suggests there would be formidable obstacles to its implementation – particularly costs, implications for service and lack of support from key stakeholders.

### *Option 3 - Managing the current system better*

26. This option entails developing measures to tighten the criteria for selection to Foundation is also predicated on the view that over-subscription will not be a long term issue, but of course contains the inherent risk that this prediction cannot be guaranteed. Consequently, it:

- may or may not meet the “moral obligation”;
- does not specifically address patient safety issues unless one of the elements of managing the system better is to apply stricter requirements for entry to the Foundation Programme;
- does not really help the growth agenda as increased numbers of international medical students would add to the competition for Foundation places.

## Results of options appraisal

27. It is clear from both the costing analysis and stakeholder engagement that option 1 is the favoured option. HEE also strongly supports this as the way forward.
28. In terms of costs, option 1 does attract pressures in terms of the need for medical schools to adapt curricula and new Foundation selection tools to be developed, piloted and then administered. However, if it is assumed that registered doctors working in Foundation year 1 can provide more service than provisionally registered doctors as now, then this option could even realise savings. It is also straightforward in that it requires no changes to terms and conditions or funding arrangements. Certainly, it is clear that the costs incurred (if there were no savings to be realised) would be minimal when compared to the other two options. Whilst, of course, costs should not be the only factor driving such significant change, given anticipated pressures on budgets and the opportunity costs of committing funds to this issue (ie where else resources could be deployed) it is a critical consideration.
29. In terms of stakeholder engagement, there was widespread support (from the Devolved Administrations, Medical Schools Council, General Medical Council, NHS Employers, Academy of Medical Royal Colleges) – with the Junior Doctors and Medical Students Committees of the the BMA, although this is not yet confirmed as their formal position, being the only organisation to express caution (and they did not favour either of the other two options as a solution either). There are strong educational arguments for moving the point of registration and ensuring graduates of UK medical schools are better prepared to move into employment in the NHS. It is difficult to argue against the quality consideration of ensuring the best candidates progressed into Foundation training – although there was some debate whether this should be through a national examination or other enhancements to the selection process.

## Legal advice

30. Counsel advice would be required to ensure the proposed arrangements would be compliant with all relevant legislation – and, specifically:

- whether moving the point of registration could be introduced for students currently in, or having applied to medical school under, the current arrangements; and
- to confirm the Department of Health legal view that graduate entry to medical school can be maintained.

## Timing

31. For every year until the point of registration is moved, to meet the “moral obligation” of ensuring Foundation places for all applicants, the only solution is to create and fund additional posts to meet demand. Clearly, this is at significant cost. Consequently, the sooner this option is taken forward equates to significant cost savings.

32. The preferred option requires major change to existing legislation within the Medical Act. There is an ideal opportunity to enact this change through the Law Commission legislative changes proposed to be submitted to Parliament in 2014. If this opportunity is missed, the momentum for change might be lost and the scheduling of further opportunities to amend the legislation might prove difficult. As explained above, every year lost equates to significant cost to the public purse.

33. However, to meet the 2014 opportunity will be challenging: the detail of the proposals will need to be worked through, a three month consultation will be required and a Bill team would need to ensure the appropriate drafting of the proposed amended legislation.

34. HEE argues that urgent investment in resources to deliver this would be justified on educational, service and cost grounds (ie the costs of delay would be far greater than investment in resources now). This will require urgent consideration of the resources required, along with agreement on appropriate governance arrangements and composition and accountability of an implementation team.

## Handling links to the Shape of Training review

35. As discussed, there is also a Shape of Training recommendation to move the point of registration. The current Department of Health response to the Shape of Training report is:

"We are grateful to Professor Greenaway for this report which will help to inform our decisions on these important issues. We will consider his recommendations carefully and respond to them in due course."

36. Should the UK Health Departments (in conjunction with the Department of Health) decide to accept the recommendations, then such a decision presumably overrides decision-making in response to HEE's report on this issue.

37. However, it is not clear when that decision will be forthcoming. Given the urgency described above, and as the preferred solution in this report and the Shape recommendation are compatible, it is suggested that the Government should make a decision to proceed on moving the point of registration in advance of decisions on the wider Shape report.

## Conclusion

38. HEE strongly recommends that

*Full GMC registration should be brought forward to the point of graduation, but entry to the Foundation Programme should then be through an enhanced selection process open to all applicants.*

39. This:

- would meet HEE's mandate commitment to ensure that medical trainees who are competent and able to complete training programmes successfully are supported to secure full registration;
- supports the quality agenda in that graduates of UK medical schools would be better prepared to make the transition from education to employment;
- supports the quality agenda by ensuring only the best suited applicants progress to the Foundation Programme;
- opens up opportunities to consider the access of international medical students to UK medical schools;
- is supported by an options appraisal that demonstrated:
  - the costs of taking this forward would be significantly lower than the other options identified, and
  - stakeholders were largely in support; and
- is compatible with the recommendations of the Shape of Training review

40. HEE recommends urgent action is taken to:

- further consider and work through the detail of the proposal (for example, the question of whether a national examination or other enhancements to Foundation selection are required); and
- ensure the necessary legislative changes can be accommodated with the forthcoming Law Commission amendments to the Medical Act.