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The GMC's future vision for medical training must be challenged

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On 12 March the General Medical Council (GMC) published *Our Vision for the Future of Medical Education and Training*.¹ This was accompanied by an explanatory blog from Colin Melville,² the GMC's medical director and director of education and standards, in which he queried whether the current system of undergraduate and postgraduate medical training was "fit for purpose" and suggested that "medical education needs transformation." An enthusiastic and uncritical endorsement was published the next day by the three Royal Colleges of Physicians of London, Edinburgh, and Glasgow.³

Readers might wonder why this "vision" is even worthy of comment. But, as with so many policy documents that pass by the attention of jobbing clinicians busy with patient care, both the policy statement and the accompanying blog bear further scrutiny. The GMC outlines changes in three key areas of undergraduate and postgraduate training:

- Building a bigger workforce including multidisciplinary educators,
- Changing "prequalification education," and
- Supporting career development and lifelong learning.

Superficially, this all seems completely reasonable. The teaching of doctors has always involved staff other than doctors, especially academic scientists during the undergraduate years and specialist allied health professionals and nurses in postgraduate settings. More of this would be useful. However, what's actually being suggested is that staff other than doctors should be involved in all aspects of educating, supervising, training, and mentoring doctors.

The changes proposed to undergraduate education are even more radical. Melville is explicit that, since the advent of the mobile phone, doctors no longer need a "huge repository of facts in [their] heads." This would allow medical school curriculums to be "streamlined" and quite possibly much shorter.

The GMC then responds to the problem of younger doctors declining to enter traditional postgraduate medical training (the five to eight years needed to become a GP or consultant). Instead of career progression being contingent on formal training pathways, this will be replaced by an approach based on "outcomes rather than time spent or numbers."

Changing patient population

Readers may ask what's contentious about any of this. As Melville admits, UK medical graduates feel increasingly unprepared for work as doctors. So, perhaps a radical shake-up is exactly what the doctor ordered.

The GMC and Melville link their proposals to the changing nature of the patient population (more people living longer with multiple long term conditions, using multiple services) and the greater need for population health approaches. Both require a greater emphasis on skilled expert generalism, holistic approaches to care, and a focus on prevention.

The last attempt to improve postgraduate education, 2013's *Shape of Training*,⁴ made a considered effort to tackle these issues. But the relative lack of success of those proposals doesn't mean that narrower and shorter training, with less emphasis on knowledge, will better prepare today's doctors for caring for increasing numbers of older and more complex patients.

Plenty of doctors would support a reduction in the burden of portfolio assessments and documentation. But the rigour of multistage exams and repeated assessment, based on curriculum content developed over the past two decades, is a key plank of postgraduate medical training. This also ensures that all doctors have basic competencies to practise safely, regardless of where they train. While other countries have shown that innovations such as modular training can provide the flexibility much desired by the younger generation, it's surprising to see royal colleges, whose international reputations are built on high standards, happy with suggestions that assessment of competence should devolve to local employers.

A few things are striking about the GMC's new vision and its endorsements. The first is that major changes to medical education and training are usually presaged by a period of intensive evidence gathering and self-examination, with the publication of a detailed analysis of what's wrong and how this might be fixed. This is entirely absent from these proposals. The GMC already seems confident that it knows exactly what the problems are and how to fix them.

Second, there's a stated and naked urgency to this. The GMC claims that it has already been "working in the background" to get buy-in—yet this is the first that many people involved in medical education have heard of this initiative. And now the GMC seems to gallop ahead with a brief period of "listening" and then the formation of a "stakeholder group," while simultaneously working on enabling legislation.

Quickly and cheaply

None of this is reassuring to a profession already uneasy and unhappy. Much has been driven by a GMC that has emphatically not been listening to concerns about the scope of practice of physician associates and has instead been reactive and tone deaf to legitimate concerns about patient safety. The sad conclusion is that this is really about bums on

seats, producing the next generation of doctors as quickly and cheaply as possible. This comes at the cost of less education, less training, less experience, and less expertise—which in the long run can only lead to poorer and less safe care for patients.

Future doctors will also be the losers. It's very likely that other countries will no longer recognise British doctors as adequately trained and allow them registration without additional qualifiers, if at all. Moreover, the stated desire to take the responsibility for the next generation of doctors away from doctors, devolving this to other staff and employers, strikes at the very heart of what it means to be a profession. Only doctors should be responsible for supervising, training, mentoring, and setting standards for the next generation.

The GMC's vision for the future of medical education and training risks destroying the rigour and credibility of the medical profession and the reputations of its once illustrious universities and royal colleges for years to come. Let us please wake up and push back, before it's too late.

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