

## **FSRH consultation response - updating our expectations of newly qualified doctors in the UK: reviewing the Outcomes for graduates by the GMC**

The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to respond to this consultation on the revisions to the outcomes for graduates by the General Medical Council (GMC). FSRH is the largest UK professional membership organisation working at the heart of sexual and reproductive health (SRH), supporting a diverse range of multidisciplinary healthcare professionals in the delivery of high quality SRH care.

FSRH is responding to this consultation in its capacity as the UK organisation setting clinical, service and educational standards in SRH. FSRH provides national qualifications in SRH care, overseeing the Community Sexual and Reproductive Healthcare (CSRH) Specialty Training Programme. It also produces service standards and evidence-based clinical guidance to improve SRH in the UK in the various settings where it is delivered.

### **Online questionnaire**

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

**Yes** / No / Not sure

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

The Faculty is pleased to see that the revised outcomes are gender neutral, reflecting GMC's concern for developing non-judgemental and fair outcomes against which medical graduates will be assessed. However, at times this means that specific reproductive health needs that women have become invisible in the face of gender-neutral language. Women make up over half of the population and spend a great portion of their reproductive lives trying to avoid and/or plan pregnancies. Consequently, the outcomes need to reflect aspects of care which are women-specific. Important learning outcomes for new graduates should include the capacity to carry out pregnancy risk assessments effectively, helping determine the best course of action when a patient is at risk of pregnancy.

This outcome will require effective communication skills in SRH, focused on pregnancy planning, contraception and abortion care. It is important that graduate doctors possess the ability to carry out basic consultations on pregnancy planning, contraception, pre-conception and abortion care in a sensitive manner that respects choice and shows an understanding of the factors that affect it.

Another missing element in the outcomes, relevant for all healthcare professionals, is the understanding of conscientious objection and its ethical implications in practice. Doctors need to be aware that opting out of training or treatment that is legally available and clinically appropriate is a serious decision which has the potential to adversely affect patient care. It is crucial that new graduates understand that practical steps must be devised to ensure that patient care is never negatively impacted by a decision to not provide medical treatment due to personal beliefs.

Finally, FSRH would welcome a stronger emphasis on outcomes in knowledge about Public Health. FSRH believes this should be an essential part of the basic toolkit for the next generation of doctors, especially approaches to whole-population care including epidemiology, prevention and health promotion. A strong focus on Public Health would be beneficial to reinforce graduates' understanding of the social, economic and environmental determinants of health, how they affect the individual as well as her/his capacity and will to follow through a course of treatment.

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

Yes / **No** / Not sure

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

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

Yes / **No** / Not sure

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

Yes / **No** / Not sure

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

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

**Yes** / No / Not sure

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

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

Real patients / Simulation / **Not sure**

*Please tell us why*

FSRH believes that performing procedures on real patients and in simulation can both be good options. Performing procedures on real individuals provides the student with a learning opportunity that is very close to a real-life scenario; however, it might also prove to be marred with ethical challenges.

Technological advancements already in place and yet to come provide invaluable tools for learning that complement training with real patients. Advantages of simulation include hands-on learning, better grasping of concepts and acquiring and maintaining clinical skills - including dealing with rare conditions -, among others<sup>1</sup>.

Despite its positive contribution, simulation also presents disadvantages such as an inability of specific simulations to fully mimic real-life scenarios; encouraging the omission of important steps such as gaining patient consent and carrying out safety procedures; discouraging the development of effective communication skills and others<sup>2</sup>. An interesting option would be for students to observe consultations which give them insight into the reality of patient's lives; e.g. an abortion consultation.

Therefore, despite its potential and the many reasons to be introduced in undergraduate medical training<sup>3</sup>, simulation must be carefully considered in relation to the desirable learning outcomes.

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

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

Yes / **No** / Not sure

*Why?*

FSRH believes that the outcomes would meet the expectations and needs of patients, the public and the employers **provided that** they reflect learning in women's reproductive health. As mentioned in question Q1a, it is crucial that new graduate doctors possess the ability to carry out basic consultations on pregnancy planning/risk assessments, contraception and abortion care in a sensitive manner that respects choice and shows an understanding of the factors that affect it. They should also feel confident raising issues concerning sex and sexuality so that the patient does not feel any discomfort or embarrassment.

Doctors also need to be aware that opting out of treatment that is legally available and clinically appropriate – the right to exercise conscientious objection – is a serious decision which has the potential to adversely affect patient care. It is the doctor's duty to ensure that effective measures are taken so that patient care is never negatively impacted by a decision to not provide medical treatment due to personal beliefs.

Additionally, FSRH would welcome a stronger emphasis on learning outcomes related to Public Health, especially approaches in epidemiology, prevention and health promotion in a context of an overburdened NHS. Recent graduates should have the ability to grasp the effects of the social, economic and environmental determinants of health on the individual.

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<sup>1</sup> Krishnan, D.G., Keloth, A. U. & Ubedulla S., 2017. Pros and cons of simulation in medical education: A review. *International Journal of Medical and Health Research*, 3(6), pp. 84-87

<sup>2</sup> Ibid.

<sup>3</sup> Datta, C. R., Upadhyay, B. KK., VSM† & Jaideep, C.N., 2012. Simulation and its role in medical education. *Medical Journal Armed Forces India*, 68(2), pp.167–172.

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

Yes / No / Not sure

Why?

Please see answers to questions Q1 and Q5.

### ***Patient safety***

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

Yes / No / Not sure

Why?

Please see answers to questions Q1 and Q5.

### ***Equality and diversity***

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

Yes / No / Not sure

Why?

FSRH welcomes GMC's intention to make undergraduate medical education inclusive of important concerns in equality and diversity. The doctors of tomorrow must undoubtedly be aware of the diversity of contexts and patients they will meet throughout their careers.

FSRH would like to make some suggestions to improve the section that deals with equality and diversity issues, "*Capabilities in safeguarding vulnerable groups*". Understanding equality issues is reflected in outcome "j", which refers to grasping the basic principles of equality legislation in the context of patient care. FSRH believes that an understanding of equality goes beyond than just a legalist approach; graduates could be required to have a basic transdisciplinary understanding of equality and diversity stemming from the social sciences as well, not just Law.

It is important to note that the word "diversity" does not figure in the outcomes document at all. The document also falls short of providing a definition of vulnerability to guide students. If the outcomes are to be used in benchmarking and assessing graduates' knowledge, a definition is of necessity. This section on vulnerabilities also lack an outcome on people living with mental health conditions and the consequences of complex trauma. Similar to outcome "i", graduates should be required to recognise where mental health issues are contributing to ill physical health.

Finally, the outcomes on safeguarding (“d” and “e”) could benefit from being clearer. Outcome “e”, “*understand the needs of, and support required, for people who are the victims of domestic or other abuse*”, must also include victims of gender-based violence generally and, in particular, victims of sexual abuse and violence of any age.

### ***Caring for patients in a variety of settings***

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

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

**Yes** / No / Not sure

Why?

### ***Caring for patients with multiple morbidities and long term conditions***

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

**Yes** / No / Not sure

### ***Keeping the outcomes up to date***

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

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

**Yes** / No / Not sure

Why?

FSRH believes that a two-year timeframe seems to be ideal to allow for change in education outcomes that follows the rapid developments in science and medicine without causing too much disruption.

### ***Further comments on the outcomes***

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

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

As mentioned in Q1a and Q05, the outcomes need to consider certain aspects of care in women's reproductive health, including pregnancy risk assessments, contraception and abortion care. Learning outcomes should also encompass conscientious objection and knowledge in Public Health.

FSRH would like to suggest the following to be included in the outcomes:

*"Newly qualified doctors must be able to:*

- Undertake a pregnancy risk assessment and determine the best course of action when a patient is at risk of pregnancy*
- Carry out basic consultations on contraception and abortion in a sensitive manner that respects choice and shows an understanding of the factors that affect it*
- Take practical steps to ensure that patient care is never adversely impacted by a decision to opt out of providing any medical treatment because of personal, moral and/or religious beliefs*
- Demonstrate basic knowledge about Public Health, especially approaches in epidemiology, prevention and health promotion*
- Demonstrate an understanding of the social, economic and environmental determinants of health, how they affect the individual as well as her/his capacity and will to follow through a course of treatment."*

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