

FSRH submission to the GMC's consultation on *Standards for postgraduate curricula and regulated credentials*

FSRH welcomes the opportunity to respond to this consultation on standards for postgraduate curricula and regulated credentials.

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the representative body for over 15,000 doctors and nurses working in sexual and reproductive healthcare, supporting healthcare professionals to deliver high quality care. We provide national qualifications in sexual and reproductive healthcare, clinical standards and evidence-based clinical guidance to improve sexual and reproductive healthcare for the whole of the UK in whatever setting it is delivered.

Overall FSRH welcomes the standards that the GMC sets out for postgraduate curricula and regulated credentials. We believe that standardising curricula and credentials will facilitate transferrable competencies and encourage multidisciplinary working. However, FSRH also believes that the draft standards document highlights the current challenges facing medical educators and the essential need to ensure continuously trained and supported medical educators who can promote excellence in education, training and professional practice.

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Question 1: Do you agree that the four domains are a helpful way of organising the standards?

Yes. FSRH believes that the four domains are a helpful way of organising the standards, giving a clear structure and aiding thinking around different elements from curricula design to assessment and evaluation.

Question 2: Do you agree that the structure of setting out the purpose, standards and requirements of each domain is helpful?

Yes. FSRH believes this structure is very helpful and provides initial quality criteria.

Question 3: Is the section at the beginning about patient safety, excellence and fairness helpful?

Yes. FSRH believes the outline of these core principles are useful anchors to underpin these education standards and welcomes that this section signposts to other relevant guidance. This section could be improved by expressing what 'excellence' looks like in concrete terms to serve as clear quality criteria.

Question 4: Is the section at the end describing responsibility and relationships clear and helpful?

Yes.

Domain 1: Purpose

Question 5: Have we identified the right standards and requirements for curriculum development and design under this domain?

Yes.

Domain 2: Governance and quality assurance

Question 6: Have we identified the right standards and requirements for curriculum development and design under this domain?

FSRH agrees in principle with these standards and requirements; however, we believe that there may be challenges to their implementation given regional variation to SRH service design across different care settings.

R2.2 – FSRH would welcome the identification of interdependencies between curricula and credentials across specialties. However, the successful implementation of this would require stronger working relationships between medical specialties and the establishment of formal processes to facilitate intercollegiate working and information sharing.

R2.6 - It would be helpful for the GMC to specify the types of data that they wish to be gathered.

R2.7 - As part of this statement FSRH believes it is important for the GMC to specify doctors expressing a conscientious objection in addition to doctors who share protected characteristics.

R2.10b – FSRH agrees that relevant patient groups, carers and lay people should have the opportunity to influence the design and development process of curricula and credentials. However across sexual and reproductive healthcare confidentiality is highly regarded by service users and therefore patient engagement may prove more difficult than in other medical specialties. Consequently, as patient input may vary from specialty to specialty, FSRH would welcome the development of a system to facilitate the meaningful input of services and service users into this process.

Domain 3: Learning outcomes, approaches and experience

Question 7: Have we identified the right standards and requirements for curriculum development and design under this domain?

Yes.

S3.2 – In terms of recognising excellence, FSRH would like to highlight that educational supervisors/appraisers will need support and training on how to appropriately give support and recognition to high achievers.

Requirements overall – Whilst we welcome these requirements as the gold standard to aspire to, it is important to recognise that in practical terms they may be difficult to implement across all medical specialties. For smaller specialties, such as that of sexual and reproductive healthcare, these requirements may be particularly difficult to implement as smaller specialties have a limited pool of medical educators (for whom this is not their primary role) who may need extra support in terms of their capacity and capability to achieve these requirements.

Domain 4: The programme of assessment

Question 8: Have we identified the right standards and requirements for curriculum development and design under this domain?

Yes.

R4.5 – As part of this statement FSRH believes it is important for the GMC to specify doctors expressing a conscientious objection in addition to doctors who share protected characteristics

Question 9: Do you think the standards and requirements under this domain are likely to help improve the quality of assessments?

Yes. However, FSRH would like to underscore that in order to achieve these standards and requirements assessors and examiners must be supported with continuous training and guidance to ensure that the roles that they carry out are fit for purpose when held against these standards.

Question 10: Are the standards and requirements under this domain sufficiently flexible to enable organisation to carry out assessments in a way which is most appropriate to the needs of their area of practice?

Not sure. FSRH believes that the assessment of these standards in practice would be the best way to determine their flexibility and areas for improvement.

Question 11: Do you think the standards and requirements will help embed the principles of fairness and equality in programmes of learning and programmes of assessment?

Yes.

Question 12: Do you think the standards and requirements are likely to adversely affect any particular groups of doctors or other people who share protected characteristics?

Not sure.

Question 13: How clear is the draft standards document?

Fairly clear. FSRH believes this document is very helpful, it highlights the gold standard to aspire to in curricula and credential design and development, whilst also provoking thought as to the challenges and responsibilities arising for medical educators.

Question 14: Is there anything missing from the draft standards document or anything that should be removed?

Yes. As FSRH outlines in the above responses a clear outline of how the GMC defines 'excellence' is lacking, as well as clarity regarding the types of data that should be collected.

FSRH also believes it is important for the GMC to recognise those doctors expressing a conscientious objection within requirements that focus on evaluating impact and making reasonable adjustments with regard to fairness, equality and diversity.

Question 16: Will it be straightforward to develop new curricula or review current curricula based on these standards?

Not sure. Whilst FSRH recognises that these draft standards would provide a robust initial framework and quality criteria on which to base the development/review of curricula, the practical implications arising from their implementation, i.e resources, capacity and capability may problematize their application.

Question 17: What would be a reasonable transition period for all curricula to meet the new standards and requirements?

Given the aforementioned practical implications that must be duly considered and addressed for these standards and requirements to be successfully applied, FSRH believes a reasonable and realistic transition period would be more than 5 years.

Question 18: Do you think these standards will be suitable for the design and development of regulated credentials?

Yes. FSRH believes that a strong educational framework, such as that set out in these standards, should be applied across all education and training to ensure high-quality patient care. In addition, the use of these standards for the design and development of regulated credentials will facilitate collaborative working between medical specialties in the development of credentials, encouraging transferrable competencies and high-quality, multi-disciplinary working.

Question 19: Should organisations that develop and design curricula have a more formal role in our quality assurance of curricula and programmes of assessment at the local level?

Yes. FSRH believes that this is important to provide the necessary support to achieve high-quality educational outputs and outcomes. However, this would require suitable governance and structures to achieve this.

What information and evidence should we consider?

FSRH believes that there should be an assessment as to whether we can collect meaningful data that measures the impact of these applied standards. Suggested measures would include measuring the shift in medical professionals' knowledge and skills, the quality of these skills when applied in practice and the difference in patient outcomes.

Question 21: Do you agree that curricula and credentials should be reviewed every 3-5 years to make sure they remain relevant? This could involve a process for 'retiring' elements of the curriculum, learning outcomes, or the curriculum itself, when no longer relevant.

Yes. FSRH believes that this review process should take place nearer to the 5-year mark.. A longer review period would enable measurements such as those outlined above (shift in knowledge and skills, quality of these skills in practice and difference in patient outcomes) to be accurately taken and assessed, as well as meaningful continuous training needs analysis informed by evolving patient and service needs and changes to evidence bases to be conducted.

This review system should also include a process whereby CCT curricula and regulated credentials are assessed and compared to avoid duplication.

Question 22: Should generic professional capabilities, in order to be responsive to workforce and service needs, be reviewed every 3-5 years?

Yes. As above.

Question 23: What kind of support, structure or bodies might be helpful in developing or revising curricula or credentials?

FSRH believes it would be useful for leadership organisations for education and training such as the GMC and Health Education England to have a collaborative approach to identifying different regional and national service and workforce needs. In addition, in order to successfully develop curricula and credentials that encourage transferrable competencies and multidisciplinary working, the establishment of better information sharing processes between medical specialties and colleges would be extremely useful.

Question 24: Do you agree that the introduction of a system that ensures that the service and patients have meaningful input into development of curricula and workforce needs are consistently identified and addresses would be helpful?

Yes. It is important to recognise the difficulties surrounding patient engagement across different specialties; therefore, FSRH would welcome the introduction of a system to facilitate meaningful service and patient input. As part of this system, in order for patient input to be truly inclusive and meaningful, it would be important to ensure that there are mechanisms in place to give patients feedback about their participation and convey that their feedback has been taken on board.

Question 25: How can we ensure four-country agreement for curricula or credentials?

Four-country agreement for curricula or credentials should be outcome rather than output driven due to variance in local service, workforce and patient needs.

Question 26: What particular areas would you like to see addressed in explanatory guidance in applying these standards and on the GMC's curricula and credential approval process?

FSRH would like the GMC to clearly outline what 'excellent' looks like and give opportunities for continuous feedback and the collaborative development of these standards to ensure that they are fit for purpose and can be successfully implemented.