

InMedEd

An International Medical Education Quarterly Newsletter

A joint publication of the Federation of State Medical Boards of the United States, Inc. and the Educational Commission for Foreign Medical Graduates

Volume I, No. 3
Winter 2006

Contents

1. The Medical Education System in the United Kingdom
2. ECFMG® Celebrates 50th Anniversary

The Medical Education in the United Kingdom

There are currently forty-one medical schools in the United Kingdom listed in the *International Medical Education Directory* (IMED). Twenty-eight of these medical schools are schools currently operating. Because IMED contains historical as well as current listings, thirteen of the schools listed are either closed or have since merged with other medical schools.

The General Medical Council (GMC) is the authority in the United Kingdom responsible for both undergraduate medical education and medical licensure. The main objective of the General Medical Council, as stated on the council's website, is "to protect, promote and maintain the health and safety of the public."¹

The council's publication "Safeguarding Good Medical Practice"², states the council accomplishes this goal by:

- Establishing standards of good medical practice, which reflect what society and the profession expect of doctors
- Assuring the quality of basic medical education in the United Kingdom, and coordinating all stages of medical education
- Setting and administering fair systems for entry and retention to the medical register (licensure)
- Dealing firmly and fairly with doctors whose fitness to practice is questioned.

The General Medical Council and The Medical Act of 1983

The General Medical Council is governed by the provisions of the Medical Act of 1983 (amended in 1995, 1996, 1997, 2000 and 2002). The GMC's members are elected,

¹ The General Medical Council website may be accessed at www.gmc-uk.org

² All GMC publications cited in this article may be downloaded from the Council's website

appointed or nominated, with the number of elected members exceeding those appointed or nominated.

Elected members are physicians who hold full, provisional or limited registration (licensure) in the United Kingdom. Appointed members are chosen by universities, the Royal Medical Colleges and other bodies designated by the GMC. Nominated members are nominated by the Queen on the advice of the Privy Council (council of ministers), one member each from England, Wales, Scotland and Northern Ireland, who are not registered (licensed) physicians and do not hold a registerable qualification.

Under the Medical Act of 1983, seven committees of the GMC were established:

1. Education Committee
2. Interim Orders Committee
3. Preliminary Proceeding Committee
4. Professional Conduct Committee
5. Assessment Referral Committee
6. Committee on Professional Performance
7. Health Committee

Of the seven committees, only the Education Committee is concerned with undergraduate medical education; the other six committees are responsible for aspects of medical registration (licensure) and fitness to practice.

The general function of the Education Committee as set out in the Medical Act is to “promote high standards of medical education, co-ordinating all stages of medical education.”³ To this end, the duties of the Education Committee are:

1. To determine knowledge and skills required for granting of primary UK qualification and secure that instruction given in universities is sufficient
2. To determine standards of proficiency to be required from candidates at qualifying examinations and secure maintenance of that standard
3. To determine patterns of experience suitable for general clinical training

According to the Medical Act, a “primary UK qualification” is a Bachelor of Medicine or Bachelor of Surgery degree granted by a UK university, a licentiate degree of the Royal College of Physicians of London or the Royal College of Surgeons of England, or of the Royal College of Physicians of Edinburgh, or the Royal College of Surgeons of Edinburgh, or the Royal College of Physicians and Surgeons of Glasgow, or a licentiate degree in medicine and surgery of the Society of Apothecaries of London.

A person who obtains a primary UK qualification is required to have undergone medical training of at least a six-year course, or 5500 hours of theoretical and practical instruction given in a university or under supervision of a university.

³ Medical Act of 1983

A university or other body granting a primary UK qualification is required by the Medical Act to provide information to the Education Committee concerning courses of study and examinations and the requisites for obtaining the qualification. The Education Committee may appoint inspectors to visit the medical schools, and to attend the qualifying examinations.

The new General Medical Council

On July 1, 2003, a new General Medical Council was established, instituting reforms approved by the Privy Council in December 2002. These reforms were aimed at:

1. Reducing the size of the governing body of the Council
2. Reforming “fitness to practice” procedures
3. Reforming registration procedures

The previous GMC had 104 members; the current Council has 35 members. Of these, 14, or 40%, are members of the public appointed by the Privy Council, 19 are elected by registered (licensed) physicians and 2 are academics appointed by the Council of Heads of Medical Schools and the Academy of Medical Royal Colleges.

Tomorrow’s Doctors

In 1993, the General Medical Council published *Tomorrow’s Doctors*, recommendations on the undergraduate medical education system. The emphasis of medical education in the United Kingdom changed from gaining knowledge to a “learning process that includes the ability to evaluate data as well as to develop skills to interact with patients and colleagues.”⁴

Based on these guidelines, medical schools introduced new curricula, and the GMC Education Committee then carried out a series of informal visits to the medical schools.

The new recommendations emphasize that the principals established for practicing physicians in the GMC publication *Good Medical Practice* should also be at the center of undergraduate medical education.

The recommendations of *Tomorrow’s Doctors* include:

1. That students must develop attitudes and behaviors suitable for a physician
2. That the core curriculum must set out essential knowledge, skills and attitudes of the physician, but factual information must be kept to the essential minimum students need on the undergraduate level. The core curriculum must be supported by a series of student-selected components and must be formed by clinicians, basic scientists and medical educators working together

⁴ *Tomorrow’s Doctors* is available on the GMC website

3. That the essential skills required by graduates entering the pre-registration year (equal to a pre-licensure internship) must be gained under supervision, and medical schools must provide assessment schemes that both support the curriculum and assess student competence.
4. That the curriculum must stress the importance of communication skills and of the health and safety of the public
5. That clinical education must reflect changing patterns of health care and provide experience in a variety of clinical settings

Council of Heads of Medical Schools

The Council of Heads of Medical Schools (CHMS) was established in January 1992 and presently has 29 members, normally the Head or Dean of the medical school or faculty in each of the universities in the United Kingdom and of those colleges of the University of London with a medical school.

The purpose of the CHMS is to be a source of “informed opinion and advice on all matters concerning basic medical education, medical school research and the relationship between medical schools and the National Health Service, to improve and maintain quality in basic medical education and general clinical training, to promote medical education and research through collaboration with the National Health Service and other organizations, and to promote and develop relationships with medical schools and universities in other countries.”⁵ The CHMS, with the Royal Medical Colleges, appoints two members to the General Medical Council.

Admission Requirements to a Medical College

The CHMS has established “guiding principles” for the selection and admission of medical students to medical schools in the United Kingdom. Among these guidelines are:

1. Selection for medical school implies selection for the medical profession as a degree in medicine automatically entitles the new graduate to be provisionally recognized by the GMC and to practice medicine
2. The selection process for medical students must offer equality of opportunity
3. The selection process must attempt to identify the core academic and non-academic qualities a doctor must possess.
4. Candidates must have obtained some experience of what a career in medicine involves, and demonstrate their suitability for a caring profession
5. A high level of academic achievement will be expected
6. The practice of medicine requires the highest standards of professional and personal conduct. Criminal offences and other related matters must be declared by applicants

⁵ from the CHMS website www.chms.ac.uk

7. The primary duty of care is to patients. Students who have infectious diseases that could be translated to patients will not normally be admitted to medical school

8. The practice of medicine requires the highest standards of professional competence, and this implies there may be particular circumstances which require special consideration. A disability or history of mental ill health may not jeopardize the applicant's career in medicine if he/she can fulfill the rigorous demands of professional fitness to practice as a pre-registration house officer.

9. Failure to declare information that has a material influence on a student's fitness to practice medicine may lead to termination of the medical course.

Medical Education Curriculum and Degree Awarded

Although the General Medical Council (GMC) and the Council of Heads of Medical Schools (CHMS) may make recommendations, the content of a medical school curriculum is determined by the individual medical schools and universities.

The degrees awarded by medical schools in the UK are the Bachelor of Medicine, Bachelor of Surgery (may be abbreviated MB ChB, or MB BChir), the Bachelor of Medicine and the Bachelor of Surgery (issued as separate degrees) or the Bachelor of Medicine, Bachelor of Surgery, Bachelor of Obstetrics (MB, ChB, BAO).

License to Practice Medicine--The Medical Register

The GMC maintains the Medical Register, which is a listing of physicians registered and eligible to practice in the United Kingdom.

There are five main types of registration:

1. **Full Registration** allows the unsupervised practice of medicine in the National Health Service (NHS) or in private practice. To be eligible for full registration, a doctor must hold one or more Primary UK Qualifications and complete a prescribed period of supervised medical training in an approved hospital, institution or medical practice, engaging in at least two branches of medicine.
2. **Provisional Registration** allows newly-qualified doctors to undertake the general clinical training required for full registration. A doctor with provisional registration may work only in resident junior house officer posts in hospitals or institutions approved by the GMC for pre-registration service.
3. **Limited Registration** is awarded to physicians whose Primary Medical Qualification (PMQ) is awarded by a medical school outside the United Kingdom and European Union. The PMQ must be recognized by the GMC (currently, the GMC accepts about 1600 overseas qualifications) and the physician must pass the Professional Linguistic Assessment Board (PLAB) examination or provide alternate evidence of capability of practicing medicine in the UK. Limited registration is granted for a maximum of five years and may be converted to full registration at the discretion of the GMC.

4. **Limited Registration** is granted in certain cases for doctors entering the UK to provide specialist medical services for a short period, such as demonstrating a medical technique.
5. **Specialist Registration** is given to physicians holding full, limited or temporary registration and is required to hold a consultant post in the National Health Service in a medical or surgical specialty. Generally, physicians working in unsupervised private practice also hold specialist registration as it may be required by institutions or insurance companies.

There are three main groups for purposes of registration, each with a different path to registration.

1. Doctors with Primary UK Qualifications (those who have completed medical education in the UK) are eligible for provisional registration and after completion of requirements, for full registration.
2. According to European Union law, a national of a European Union (EU) country holding an EU primary medical qualification or specialist qualification may practice medicine in any country in the EU. The period of basic medical training must be at least a six-year course or 5500 hours of theoretical and practical instruction. Doctors meeting these requirements are eligible for full registration in the UK. Doctors qualified in Switzerland, which is not an EU member state, and who are not citizens of an EU member state, are also eligible for full registration.

As of July 2004, the member states of the European Union are Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and United Kingdom.

3. Doctors qualifying in other countries not listed above may be eligible for limited or full registration.

Fitness to Practice⁶

The GMC can take action against doctors if:

- The doctor has been convicted of a criminal offence.
- There is evidence of conduct that appears to be so serious that it is likely to call into question the doctor's fitness to continue in medical practice (serious professional misconduct)

⁶ from the GMC website: <http://www.gmc-uk.org/probdocs/default.htm>

- There is evidence of a repeated departure from good professional practice, whether or not it is covered by specific GMC guidance, sufficiently serious to call into question a doctor's registration (seriously deficient performance)
- There is evidence that a doctor is not fit to practice medicine because of the state of his or her health.

If a doctor is found guilty of Serious Professional Misconduct, the Professional Conduct Committee (PPC) of the GMS can:

- Erase the doctor from the register;
- Suspend the doctor's registration;
- Impose conditions on the doctor's registration;
- Give the doctor a warning.

If the PCC find that the doctor is not guilty of Serious Professional Misconduct, it may decide to take no action against the doctor or may issue advice about future conduct.

Update:

It was announced in January 2006 that candidates applying for admission to UK medical schools for the class of 2007 will be required to take the UK Clinical Aptitude Test (UKCAT).

The UKCAT is developed by the UKCAT Consortium of Universities and Pearson VUE, a computer-based testing business.

Professor Ian Johnson, Chair of the UKCAT Consortium stated the UKCAT will “assess a wide range of general skills and attributes rather than strictly academic achievement and will assist universities in creating a level playing field for applicants from diverse educational and cultural backgrounds.”⁷

The UKCAT website, www.ukcat.ac.uk, will be available in April 2006.

ECFMG® Celebrates 50th Anniversary

In 2006, ECFMG will celebrate 50 years of promoting excellence in international medical education. Established in 1956 to evaluate the qualifications of international medical graduates entering graduate medical education in the United States, ECFMG has grown to meet the needs of physicians, medical educators, licensing and credentialing agencies, and those involved in the evaluation and certification of health care professionals, both in the United States and abroad.

⁷ press release, Hull York Medical School 1/18/06

ECFMG's New Look

ECFMG is introducing a redesigned logo in conjunction with its 50th anniversary. Our new logo continues to convey the global scope of our mission, while providing a contemporary image for the organization as it begins its second half-century. To view ECFMG's redesigned logo, visit the ECFMG website at www.ecfm.org.

The new logo is being introduced according to the following schedule. Refer to this schedule for the date that the new logo will begin to appear on specific publications and documents.

August 31, 2005

- 2006 ECFMG *Information Booklet* - ECFMG's annual publication for international physicians that contains detailed information on ECFMG Certification and related services.

December 1, 2005

- ECFMG website (excluding on-line services)
- Downloadable forms
- Some ECFMG business correspondence

February 1, 2006

- Documents related to ECFMG Certification, including the Standard
- ECFMG Certificate (see below)
- ECFMG On-line Services
- Remainder of ECFMG business correspondence

Certification-related Documents are Changing

As outlined above, ECFMG's Standard ECFMG Certificate will be redesigned and will include the new logo. Other documents related to ECFMG Certification will also change to reflect ECFMG's new logo. These changes will be effective for documents issued beginning February 1, 2006. These documents include, but are not limited to:

- Standard ECFMG Certificates
- Permanent Validation Stickers for Standard ECFMG Certificates
- ECFMG's Certification Verification Service (CVS) Reports
- Requests for Verification of Applicants' Medical Education Credentials, sent by ECFMG to International Medical Schools
- ECFMG Examination History Charts
- ECFMG CSA® History Charts

Certification-related documents issued that were through January 31, 2006 will bear ECFMG's former logo.

For More Information

Visit the [ECFMG website](#) for detailed information on ECFMG's programs and services, as well as ECFMG's 50th anniversary.