



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

<b>CONSULTATION:</b>	Over Subscription to Foundation Programme
<b>ORIGINATING SOURCE:</b>	Health Education England Scottish Government
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The Royal College of Physicians and Surgeons of Glasgow (RCPSG) notes the comprehensive consideration made by Health Education England as regards the best timing of full GMC registration. We support a review of this subject especially in light of the soon to report Shape of Training Review.

We have discussed this at our Council meeting and overall there is concern and a lack of support in regard to moving full registration to precede the FY1 year. We offer the following comments for consideration.

**1. Patient safety:**

- a. There is an assumption that a national exam for entry to the Foundation Programme would enhance patient safety.
- b. In our experience, the issues affecting those doctors who are subsequently found not to be fit for practise or to be 'in difficulty' are predominantly related to attitude, health and confidence rather than knowledge. Such doctors frequently perform well in knowledge-based assessments. Even OSCE style examinations are a suboptimal substitute for peer and patient based workplace observation, when it comes to detecting those doctors whose performance risks patient safety. Indeed, the GMC's own assessments as part of revalidation reflect the need for such peer and patient assessment.
- c. We do not believe that, in preparing students for practise, it is possible to substitute the work-experience setting for assessment, as currently provided during Foundation. Foundation doctors are not unsupervised. We believe that if there is a concern about their contribution to patient care, current measures to implement both Tomorrow's Doctors 3 coupled with the recognition of trainers, enhanced monitoring of supervision and increased attention to attitudinal and professional behavior (as undergraduates) would be of greater benefit than a new exam, on top of exiting undergraduate degree exams.
- d. We would support the requirement for non-UK entries to Foundation to undertake a national exam prior to entry, as evidence of equivalence in knowledge to a UK style degree. However, we would be concerned were such entrants to be eligible for full GMC registration having taken such an exam on its own and believe that the Foundation period of assessment is important to these doctors also.

**2. 'Moral obligation'**

- a. We support the concern regarding the need for sufficient provision of Foundation posts for UK graduates, especially as regards best utilization of public funds to train such students.

- b. We do not accept that a change in timing of full GMC registration is the correct response to ensuring such access, especially within a culture of manpower planning of UK health service posts.
- c. We believe that such planning should be extended to greater effect in respect of Foundation posts. There should be better control of UK student placements. Private medical schools should have to work within such restrictions and non-UK entrants to Foundation should have access to fixed numbers of UK posts.
- d. However, we appreciate that employment legislation may make it difficult to apply such restriction to non-UK entrants. If this is the case, we believe it may be better to extend University 'ownership' of the first Foundation year, within their regional Boards and reserve a national application process for the second year of Foundation only.
- e. We believe that such posts, linked to Universities, could still be funded by the NHS and could still be following basic MBChB graduation, but involve greater University involvement in a fitness to practise year prior to recommendation to the GMC, and be only accessible to students from the relevant University.
- f. We believe that non-UK entrants should be offered (after a further examination as above) separate pre-registration fitness to practise posts, whose GMC recommendation would involve Deanery and Health Board organizations only. However, we accept that the creation of such posts would involve additional funding. We cannot envisage how such additional funding can be avoided, given current circumstances. We believe that the above way of managing funds would encourage greater University interest in creating doctors who are knowledgeable and fit to practise and provide greater clarity as to the numbers of future student and Foundation places required within the UK.

In summary of the three options discussed, we would support Option 3.