

Bristol Royal Infirmary Inquiry

Points for discussion on Education and Training

Education and Training

The emphasis in clinical training. How do we:

- Select students who are likely to be academically capable of the science, educationally equipped for lifelong learning, and personally suited for the humanities of medicine (especially communication with and empathy for patients)?
 - What is a ‘good doctor’ and what are the best predictors that help us identify a future good doctor at the admissions to Medical School stage?
 - Medical schools receive huge numbers of applications from amazingly talented people. How can the admissions process be made more objective and fair (with the inherent temptation to use quantifiable academic criteria) whilst ensuring that students with the right personal qualities are admitted?
- Equip students for medical practice?
 - Are medical graduates of the new medical curricula better equipped for the changing demands of medicine and society?
 - Are they less well grounded in the ‘basics’ than they were?
 - How can the values of medicine best be taught in medical schools?
- Ensure that graduating students are suitable for medical practice, and that those who prove unsuited to medicine are encouraged to put their skills to other uses?
- Promote and secure high quality teaching?
 - Is teaching quality (as distinct from academic/research ability) sufficiently recognised?
 - Are doctors to whom students are attached during undergraduate training good role models? Are pre-registration house officer (PRHO)¹ posts of sufficient quality to deliver good quality training, or are PRHOs too often used as ‘service fodder’?
 - Are links between medical schools and the Trusts in which PRHOs and students are placed good enough?

¹ PRHO posts are for medical graduates doing their year’s training before full registration

- Ensure lifelong learning in health care professionals
 - Is revalidation (as proposed by the GMC) a means of ensuring that health care professionals remain up to date and fit to practise?

Governance

What are the aims of governance, and how should they be achieved?

- Securing the best possible care for patients
 - Who defines 'adequate' standards of care?
 - Should rationing of health care – and its implications for standards of quality – be made more explicit?
- Enabling the public to articulate their expectations of health care, and to participate in decisions about its delivery
 - How should this be done in practice? Who are 'the public'? What information do the public need to contribute? What are the mechanisms for their input?
- Enabling the public (and, on their behalf, management and regulators) to be satisfied that standards are being met
 - How should information be made available? What information?
- What is the role of professional governance/regulation? Are its key features
 - Requiring each professional to monitor his or her performance, and strive for continuous improvement?
 - Instilling a sense of ownership in the individual – motivating professionals to give their best, and to abide by their profession's standards. Is 'self-regulation' the best way of motivating professionals?
 - Ensuring that there are robust, fair systems in place to pick up, remedy, and report dangerous practice?
 - Working in partnership with members of the public to define the reasonable expectations of patients, and to deliver them?
 - Working in partnership with other regulators (for example employing authorities)? How can professional regulation and contractual regulation (clinical governance) be made complementary? How can the regulators of different professions best work

together to secure quality health care in multi-disciplinary teams?

- How can professional regulation be trusted by the public?
 - Lay involvement – who, what proportion of membership? Should the degree of lay involvement vary according to the regulatory function?
 - Accountability – to whom, how?
 - Are stronger powers needed to enable the GMC (and the regulators for other professions) to regulate more effectively?
 - Will periodic revalidation of all doctors help to improve trust?