Postgraduate Medical Education and Training Board

Development of the Regulation of Postgraduate Medical Education and Training

Purpose and structure

This paper outlines the key milestones in the development of the regulatory framework for postgraduate medical education and training in the UK and evolution of views on its nature and optimal shape.

The summary can be found at pages 1-3. A more detailed historical perspective follows at pages 4-14.

Summary

The 1975 *Merrison Report* concluded that postgraduate medical education and training was in need of a regulatory framework. The Committee found that neither the Royal Colleges or the then Postgraduate Councils, nor the NHS, had control of the overall standards. The Report recommended that the General Medical Council (GMC) undertakes this role in addition to its existing responsibilities for undergraduate and pre-registration training, and holds a register of specialists and GPs. These recommendations were not implemented, however the Report instigated establishment of the Education Committee of the GMC, with the general function of promoting high standards and co-ordinating all stages of medical education. The 1977 EEC Recognition Order provided for the GMC to issue Certificates of Specialist Training (CSTs) to doctors who completed the minimum period of training specified in the Medical Directive. Holders of CSTs could have their name included on the GMC's Specialist List. However, both CST and registration did little beyond facilitating recognition of UK qualifications in Europe.

The *Calman Report* of 1993 recommended that legislation should be enacted introducing the UK Certificate of Completion of Specialist Training (CCST) - awarded by the GMC to trained specialists on the advice from the appropriate Medical Royal College - thus ensuring consistency with EC law. Holders of CCSTs or EU equivalents could then have this reflected on the Medical Register. The report also recommended that medical Royal Colleges and Faculties should set standards in medical education, but that greater cooperation between bodies was required. It argued that the NHS management and Postgraduate Deans had a legitimate interest in training.

The April 1995 consultation paper, which followed the Calman report, proposed that the statutory arrangements in relation to training requirements should be adjusted to reflect practice at the time: the medical Royal Colleges and Faculties having responsibility for the content and standards of training in their specialties. It was, therefore, suggested that all functions listed in the Medical Directive relating to specialist medical training be assigned to a new body comprising representatives of all the UK Medical Royal Colleges, called the "Council of Medical Royal Colleges" or the "new College Council" (later to become the STA), which would be the UK competent authority. It was proposed that the GMC would be issuing CCSTs on receipt of appropriate information from the new College Council.

The European Specialist Medical Qualifications Order (1995) created the Specialist Training Authority of the Medical Royal Colleges (the STA). The legislation gave the Authority the statutory responsibility for specialist training, including award of CCSTs, and defined a predominantly profession-based membership. It also created the Specialist Register held by the GMC. General practice training was overseen by the Joint Committee on Postgraduate Training for General Practice.

In 2000, the *NHS Plan* called for a joint regulator for both specialist and general practitioner training, called the Medical Education Standards Board (MESB), with membership drawn from the profession, the NHS and the public. The *Bristol Inquiry* of 2001 called for more public and service involvement in all healthcare regulatory functions and supported introduction of MESB as part of the GMC to ensure co-ordination of activities around the continuum of doctors' education and training.

Later in 2001, the Government consulted on the proposed creation of MESB. The consultation document set out the argument in favour of an independent overarching regulator of postgraduate medical training with due public and NHS representation and influence. It was suggested that the Board remain separate from the GMC. Following the consultation, the Board was renamed as the Postgraduate Medical Education and Training Board (PMETB) to better describe its remit.

The 2002 consultation paper *Unfinished Business* supported the introduction of PMETB as a body bringing consistency to training and standards.

The legislation creating PMETB, *The General and Specialist Medical Practice (Education, Training and Qualifications) Order,* was made in 2003 and the Board took over the statutory responsibilities on 30 September 2005.

The proposals in *Good Doctors, Safer Patients*, issued in the light of *The Shipman Inquiry: fifth report* in 2006, included transferring the responsibility for undergraduate training from the GMC to PMETB for greater consistency across the continuum of medical education.

Following consultation, the White Paper *Trust, Assurance and Safety* issued in February 2007 concluded that, on balance, retaining two separate regulatory bodies cooperating through a three-Board approach would be more efficient, with the arrangements reviewed in 2011.

Shortly after, the *Independent Inquiry into Modernising Medical Careers 2007/08* recommended early amalgamation of PMETB's and the GMC's regulatory functions in one body to achieve greater continuity and economies of scale. For a number of reasons, including existing responsibility for two out of three stages of medical education and training, the Inquiry Panel suggested this to be the GMC. The recommendation was upheld by the *Health Select Committee Inquiry into MMC.*

In response to both inquiries, the Government agreed to merge the function of two bodies under the umbrella of the GMC. However, it pointed out that the legislative process did not allow this to happen before 2010.

Development of the regulatory framework

The move to establish an independent regulator for postgraduate medical education and training has a long history. Recurring themes in reports and debates that examine postgraduate medical education and training include the need for clear standards, and to ensure input from patients and the health service.

1. *Merrison Report*, 1975

The argument for an overarching independent regulator to set standards of postgraduate medical education and training can be traced back to 1975 in the *Merrison Report*[1]. The Report, written at the time when specialist education could be "likened to the state of undergraduate medical education before control was instituted in the nineteenth century", with no control of the overall standards or recognition of successful completion, sets out a strong case for specialist registration, and regulation of training leading thereto, under one roof by one regulatory body on the basis of equivalent standards.

The Committee's view on the Joint Committees on Higher Training, established not long before the Inquiry, was that "although... important in relation to the education of individuals... they do not provide any control of the overall standards of specialist education in the way in which the GMC controls the overall standards of undergraduate education". Neither were the standards set by the Postgraduate Councils, which "have undertaken a role in relation to standards of specialist medical education, but for various reasons... have not been able to fulfil the role". The Report states that "so far as any overall control of the standards of specialist education exists, it is by the NHS, through its appointments procedure", but deems this arrangement unacceptable as the local appointments committees "cannot be a good means of securing consistent standards even within one specialty, let alone among them all" as well as due to the lack of "the co-ordination of the planning of all stages of medical education."

The Report considered "...that the GMC's task of defining the educational requirements for entry to the register is in general its most important task".

The Committee agreed with the principles upon which the pre-registration year was based but criticised the organisational structure that had developed and the deficiencies in the legislative framework. It found that '...all too often the graduate is treated as a much needed extra pair of hands rather than a probationer doctor still requiring supervision and training at a significant point in his career. Some young doctors find themselves burdened with responsibilities they are not yet in a position to assume; others are given duties not necessarily relevant to their training needs'.

The Report closely linked education and training with subsequent registration. It disposed of the suggestion that two bodies might be set up

[1] HMSO (1975) *Report of the Committee of Inquiry into the Regulation of the Medical Profession*

- one dealing with education and the other with all other regulatory matters - on two grounds: the various functions of the regulating body (education, registration and control of fitness to practise) are intimately linked; and that the proposed powers in relation to education would not be acceptable to the profession without their having an important say in the use of those powers. Also, the Committee highlighted the importance of co-ordination of the post-registration specialist training with the preceding stages, and therefore recommended for the GMC to undertake this role in addition to its existing responsibilities for undergraduate and pre-registration education. "Registration is founded on a certain standard of competence. The GMC must therefore specify this standard of competence…A registration system of necessity demands a regulating body to indicate and bring about equivalent standards." The Report places great importance on "having one body overseeing all medical education… This seems to us the only way of making sure of the satisfactory supervision of each part."

The Committee recommended that "…the standards of general practice ought to be maintained in the same manner and to the same degree as other specialties" and that "general practice should be recognised as a specialty on the specialist register".

These recommendations were not acted upon.

However, the recommendations of the Committee led to the establishment of the Education Committee of the GMC, with the general function of promoting high standards of medical education and co-ordinating all stages of medical education in the *Medical Act 1978*.

The 1977 EEC Recognition Order[2] provided for the GMC, on advice of the relevant Committee on Higher Training, to issue Certificate of Specialist Training (CSTs) to doctors who completed the minimum period of training specified in the Medical Directive. Holders of CSTs could have their name included on the GMC's Specialist List, but this did not confer any right or expectation upon those included. Therefore, these measures did little beyond facilitating recognition of UK qualifications in Europe.

2. *Calman Report*, 1993

The Report of the Working Group on Specialist Medical Training[3], established by the Secretary of State, called for "more structured and better organised" specialist training programmes leading to a Certificate of Completion of Specialist Training (CCST). The Group recommended that the CCST should be awarded by the GMC on advice from the relevant Medical Royal College, and possession of a UK CCST or its EC equivalent should be indicated – at a holder's request – against his/her entry on the Medical Register.

[2] SI 1977 No 828 *Medical Qualifications (EEC Recognition) Order 1977*
[3] HMSO (1993) *Hospital Doctors: Training for the Future. The Report of the Working Group on Specialist Medical Training*

One of the fundamental principles identified was that "specialist training is part of an overall continuum of medical education which extends from entry to medical school until retirement from medical practice", and the Working Group recognised that the GMC was "ultimately responsible for standards of medical practice and general oversight of all medical education". While noting the progress they already made by Colleges/Faculties in developing more organised specialist programmes, the Group observed variations in the speed of progress and recommended that all Colleges/Faculties should specify the curricular requirements for specialist training programmes in each of the specialties by a deadline of just over a year. It recommended that, in respect of specialist training, the Medical Royal Colleges and their Faculties should continue to have "the key responsibilities for determining content of training and the standard to be achieved". However, the Report made clear that the CCST standard should be "compatible with independent practice and eligibility for consideration for appointment to a consultant post… or as a principal in general practice". Thus, it called for "improved liaison between the Medical Royal Colleges, Faculties and Postgraduate Deans" as well as the NHS management, or the employing authorities, as "both NHS management and Postgraduate Deans have legitimate interest in the development of structured training".

3. The College Council (later the Specialist Training Authority (STA)) consultation, 1995

The April 1995 consultation paper[4], which followed the Calman report, proposed that the statutory arrangements in relation to training requirements should be adjusted to reflect practice at the time: the medical Royal Colleges and Faculties having responsibility for the content and standards of training in their specialties. It was, therefore, suggested that all functions listed in the European Medical Directive[5] relating to specialist medical training be assigned to a new competent authority comprising representatives of all the UK Medical Royal Colleges, called the "Council of Medical Royal Colleges" or the "new College Council" (later to become the STA). It was suggested that the GMC would remain the competent authority for all purposes relating to the mutual recognition arrangements, including registration. The GMC would be issuing CCSTs on receipt of the appropriate information from the new College Council. Holders of CCSTs (and equivalent EEA specialist qualifications) would be entitled to have their name included on the "New Specialist List" and only those on the list would be entitled for consultant appointments.

[4] Department of Health (1995) *Hospital Doctors: Training for the Future. Proposals for implementing Legislation "The Specialist Medical Order"*

[5] Council Directive 93/16/EEC of 5 April 1993 to facilitate the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualifications http://eur-lex.europa.eu/LexUriServ/site/en/consleg/1993/L/01993L0016-20040501-en.pdf

4. ESMQO 1995: creation of the STA

The *European Specialist Medical Qualifications Order*[6] was made in 1995 and the Specialist Training Authority of the medical Royal Colleges (the STA) was established in 1996. The STA was given the statutory responsibility for specialist training in the UK, including award of CCSTs on completion. The same legislation established the Specialist Register, held by the GMC.

Regulation of general practice training was undertaken by the Joint Committee on Postgraduate Training in General Practice, the equivalent of a Joint Committee on Higher Training for clinical specialties. There was no register of general practitioners who successfully completed their postgraduate training.

Although specialist (bar general practice) training was now regulated by an overarching body, the governing legislation had significant limitations. These were explored in the government consultation on MESB in 2001.

5. *NHS Plan 2000*: prelude to creation of PMETB

In 2000, *the NHS Plan*[7] was presented to Parliament, signed by all major stakeholders including the Royal Colleges and Faculties. Among other reforms, it contained the plan "to rationalise the complex arrangement for medical education" through establishment of the new body – the Medical Education Standards Board (MESB):

> "to provide a coherent, robust and accountable approach to postgraduate medical education, replacing the separate bodies for general practice (the Joint Committee for Postgraduate Training in General Practice) and hospital specialties (the Specialist Training Authority). The Board will ensure that patient interests and the service needs of the NHS are fully aligned with the development of the curriculum and approval of training programmes. Membership of the new body will be drawn from the medical profession, the NHS and the public. It will accredit NHS organisations as training providers."

6. *The Bristol Royal Infirmary Inquiry*, 2001

Shortly after, the *Bristol Inquiry*[8] reinforced the need for independent regulation and standard setting with "the public…involved in those processes designed to secure the competence of healthcare professionals, particularly in those bodies charged with setting standards for education, training…"

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[6] SI 1995 No 3208 *The European Specialist Medical Qualifications Order 1995* http://www.opsi.gov.uk/si/si1995/uksi_19953208_en_1.htm

[7] Department of Health (2000) *The NHS Plan. A plan for investment, a plan for reform* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002960

[8] The Bristol Royal Infirmary Inquiry (2001) *Learning from Bristol. The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary1984–1995* http://www.bristol-inquiry.org.uk/final_report/rpt_print.htm

The Inquiry Panel thought that "There remains insufficient co-ordination in setting standards. Guidelines appear from a variety of bodies giving rise to confusion and uncertainty". The Report recommended that "Standards must be patient centred. They must not be the product of individual professional groups talking to themselves" and that "All the various bodies and organisations concerned with regulation, besides being independent of government, must involve and reflect the interests of patients, the public and healthcare professionals, as well as the NHS and government."

The Panel concluded that "For each group of healthcare professionals (doctors, nurses and midwifes…) there should be one body charged with overseeing all aspects relating to the regulation of professional life: education, registration, training, CPD, revalidation and discipline…We support greater co-ordination of all the activities which make up the continuum of doctors' education, training and development. The GMC is probably best placed to do this, with its responsibility to ensure that doctors meet generic standards of professional practice throughout their working life."

The framework of regulation proposed by the Panel included an overarching organisation independent of government, a Council for the Regulation of Healthcare Professionals, to bring together those bodies which regulate healthcare professionals, and a Council for the Quality of Healthcare, to bring together those bodies which regulate healthcare standards and institutions. These "organisations must ensure that there is an integrated and co-ordinated approach to setting standards, monitoring performance, and inspection and validation".

Regarding the education of healthcare professionals, the Panel said "universities should develop closer links between medical schools and schools of nursing education with a view to providing more joint education between medical and nursing students". The Panel also said the "attributes of a good doctor, as set down in the GMC's 'Good Medical Practice' must inform every aspect of the selection criteria and curricula of medical schools".

The Panel endorsed "the proposal to establish a Medical Education and Standards Board (MESB), to co-ordinate postgraduate medical training. The MESB should be part of and answerable to the GMC which should have a wider role."

7. Medical Education Standards Board (MESB) consultation document, 2001

Later that year, the consultation document[9] by the Department of Health set out the case for reforming the regulation of postgraduate medical education with the introduction of MESB.

> "Decisions about PGME have substantial impact on NHS services, but the PGME system currently has little or no input from the NHS or patients. It has grown up

[9] Department of Health (2001) *Postgraduate Medical Education and Training: The Medical Education Standards Board. A Paper for Consultation* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008458

piecemeal, and does not have a single authoritative body to ensure consistent standards across the United Kingdom. Decisions on PGME are not informed by an NHS based quality assurance and accountability framework".

The consultation document includes a detailed analysis of the arrangements for regulating postgraduate medical education in place in 2001, their history and weaknesses. Namely, in order to comply with the requirements of the European Directive 93/16/EEA[7], the European Specialist Medical Qualifications Order (1995) established the Specialist Training Authority of the medical Royal Colleges and outlined its remit. In general practice, while the NHS Act 1977 made vocational training compulsory for GP principals, it was only extended to all GPs in 1995. Although the Directive required a competent authority to supervise PME, the JCPTGP had no statutory existence although it carried out these statutory functions.

Furthermore, the document states that

"[The membership of the JCPTGP comprises] principally representatives of the Royal College of General Practitioners and the General Practitioners Committee of the British Medical Association…. It is entirely funded by Government for its activities. It operates internally according to its own rules and procedure over which neither patients, the NHS nor the Health Departments have influence. It therefore chooses its own chairmen and determines its own membership".

Although the STA's membership and operational framework differed and were largely defined by the legislation, the government's view was that

"…the NHS as the principal employer of doctors has no direct influence on the standards and training for key members of its workforce. … Independently, they [the medical Royal Colleges] also set examinations, which have been accepted by the Specialist Training Authority of the Medical Royal Colleges as part of the evidence of progress through specialist training. The Royal College representatives form the dominating majority of members of the STA. Acting in concert as the STA, they therefore approve the standards and examinations they offer individually as Colleges. As a result, individual Colleges and Faculties are effectively free to make decisions about curricula and training approval for their respective specialties. However, the growing awareness of the need to ensure that decisions taken about PGME do not adversely affect the provision of NHS services means that training systems now need to reflect the views of the NHS and patients working alongside the medical profession." The document highlights the accountability difficulties "As the Royal Colleges exist independently under their Royal Charters, it has previously been difficult to involve them in an accountability framework… Their current role in setting standards, providing training, and assuring the quality of the training in postgraduate medicine is valuable but, in the manner of it discharge, is incompatible with modern public expectations of accountability and transparency and with the needs of the NHS and its patients."

While highlighting the benefits of a regulator that would bring under one roof the standards for both specialist medicine and general practice, the

document opposes the idea of making the Board part of the GMC, as suggested by the Bristol Inquiry Report, as

> "it would place this broad ranging function within an organisational culture which is quite properly heavily focussed on complaints and fitness to practice and which has no strong relationship with service delivery units in the NHS. There are some benefits in placing arrangements for all medical education under one roof. But we would still have to… ensure appropriate NHS, patient and public representation…"

The consultation resulted in a Statement on Policy[10] issued by the Department of Health in 2002, setting out the intended remit and role of the new Board. At the same time, in order to better describe this remit, its name was changed from the Medical Education Standards Board to the Postgraduate Medical Education and Training Board.

8. *Unfinished Business*, 2002

Sir Liam Donaldson, in his 2002 consultation paper *Unfinished Business*[11], set out the case for reform of the Senior House Officer (SHO) training grade, which had "long-standing problems with the job structure, working conditions and training opportunities".

The paper emphasised the importance within the new framework to "…publish programme curricula, ensure a coherent approach to setting standards and managing delivery of training… ensure a consistent and valid approach to assessment, place a strong emphasis on quality assurance of training…". It highlighted that "there has been no comprehensive and fundamental review of the College examination system… and the 'fitness' of the examinations for purpose. Nor are the examinations subject to any external quality assurance, which is unusual compared to other fields of education and training" and proposes "that a system of external accreditation of medical Royal College examinations should be introduced" as "…in their present form, Royal College examinations are not clear indicators of satisfactory progress through specialist medical training".

The proposed reforms to the structure of SHO training were to establish '…a two year foundation programme, including the pre-registration year'… 'and one of eight (or so) broad-based ,time-capped basic specialist training programmes, including training for general practice.'

The document concluded that "…a new Postgraduate Medical Education and Training Board will be required to ensure that, throughout training, all assessments and examinations… are appropriate, valid and reliable."

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[10] The Department of Health (2002) *Postgraduate Medical Education and Training: The Postgraduate Medical Education and Training Board. Statement on Policy* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009345

[11] Department of Health (2002) *Unfinished Business, Proposals for reform of the Senior House Officer grade. A report by Sir Liam Donaldson, Chief Medical Officer for England. A paper for consultation* http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4018808.pdf

9. *The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003*: establishment of PMETB

The General and Specialist Medical Practice (Education, Training and Qualifications) Order[12], establishing PMETB, was made in 2003. The Board - an independent regulator with remit laid out in the legislation - has taken over the statutory responsibilities for postgraduate medical education in the UK, including in general practice, on 30 September 2005. The Board set out its operational rules and established, for the first time ever, the overarching standards and requirements for postgraduate medical education and training, including curricula and assessment systems, trainers and deaneries.

Under the legislation, the responsibility for holding the Specialist and the new General Practitioner Registers remained with the GMC, as did the responsibility for undergraduate training.

PMETB and the GMC share the responsibility for foundation training, including joint principles of good medical education and training (issued in 2005), the curriculum (approved in 2006), and quality assurance of foundation programmes.

10. *Good Doctors, Safer Patients* consultation, 2006

Following publication of *The Shipman Inquiry: fifth report*[13], Sir Liam Donaldson issued a set of proposals[14] for changes to medical regulation, including review of the respective roles of the GMC and PMETB. Sir Liam noted that, in general, international medical regulation "is moving from the premise of pure self-regulation to one of regulation in partnership between the profession and the public. Regulatory bodies are becoming more accountable, lay involvement is much increased and adjudication is often an independent function". He found that "lighter-touch regulation of doctors – whether on grounds of costs, regulatory ideology or professional acceptability – would mean that some ongoing risks to patients would have to be tolerated by society". Sir Liam noted Dame Janet's conclusion that there was "the perception of many doctors that the General Medical Council is supposed to be 'representing' them, not regulating them" and found that "for members of the public or those taking a public interest perspective, the concern has been that medical regulatory processes have been too secretive… and too dominated by the professional interest, rather than that of the patient".

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[12] SI 2003 No. 1250 *The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003* http://www.opsi.gov.uk/SI/si2003/20031250.htm

[13] HMSO (2004) *The Shipman Inquiry: fifth report. Safeguarding patients: lessons from the past – proposals for the future* http://www.the-shipman-inquiry.org.uk/fifthreport.asp

[14] Department of Health (2006) *Good Doctors, Safer Patients. Proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232

He proposed transferring some of the GMC's functions to PMETB, for example in setting the content of the medical undergraduate curriculum and inspecting and approving medical schools, in order to "enable the approach to curricula, standards and inspection in medical education from undergraduate through to postgraduate to be addressed more seamlessly than at present". Sir Liam subsequently acknowledged publicly that his key aim was to place responsibility for all medical education and training 'under one roof', whether that be the GMC or PMETB.

In response to the consultation, PMETB agreed that there were clear advantages in a single regulator in medical education and training – with most benefit to be achieved through a new body, a diversion from the existing PMETB and the GMC - but called for a more careful consideration of the benefits against the costs of such change.

11. *Trust, Assurance and Safety*, 2007

After consultation, the Government rejected any early move to amalgamate the GMC's and PMETB's responsibilities for medical education. Instead, its White Paper *Trust, Assurance and Safety*[15] stated that it

> "recognises the gains to be secured from single oversight of medical education, but believes that change should be introduced in such a way as to preserve the expertise and experience of the present organisations that undertake this role. The Government agrees with the proposal, set out in the GMC's response to consultation, for a three-board model covering undergraduate education, postgraduate education and continuing professional development. The Department will work with the GMC to establish an undergraduate board and a continuing professional development board in the GMC. The Postgraduate Medical Education and Training Board will continue as a separate legal entity, fulfilling the role of the postgraduate board within this three-board approach. Both organisations will continue to have a duty of cooperation".

The Government agreed to review the effectiveness of the new arrangements for the regulation of medical education in 2011.

The White Paper also outlined changes to governance and accountability of the national professional regulators, including the GMC, aimed at assuring their independence. For example, the regulatory councils were to have, as a minimum, parity of lay and professional members; be independently appointed rather than elected; and be more accountable to Parliament. At the same time, the paper brought a new and significant dimension to the regulators' scope of activities: it called for arrangements for the revalidation of statutory professional registration to enable periodic demonstration of continued fitness to practise. In relation to doctors, it introduced *relicensure* for all doctors every five years, enabling them to remain on the medical register and practise, and *specialist recertification*

[15] Department of Health (2007) *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century* http://www.official-documents.gov.uk/document/cm70/7013/7013.pdf

for all specialist doctors including general practitioners, requiring them to demonstrate that they meet the standards that apply to their particular medical specialty. The latter standards are to be set and assessed by the medical Royal Colleges and their specialist societies, and approved by the GMC.

The wide package of reform set out in the White Paper has already been implemented through two Orders[16,17]. Among other things, the Orders introduced changes to the constitution and governance of the Council of the GMC, give the GMC responsibility for maintaining and publishing the list of recognised providers of UK primary medical qualifications, and transfer GMC's statutory education functions from the Education Committee to the Council of the GMC.

12. Tooke Inquiry: Modernising Medical Careers, 2007/08

The House of Commons Health Committee: Modernising Medical Careers, 2008

The Independent Inquiry into MMC was established by the Secretary of State for Health following the perceived failure and abandonment of the online Medical Training Application Service (MTAS) in spring 2007 and concerns about the new system of medical postgraduate training known as Modernising Medical Careers (MMC), launched in August 2007.

The Inquiry Panel took extensive evidence and, while concentrating solely on matters relating to MMC, it touched upon regulation of postgraduate education and PMETB in particular. In its interim report[18], the Panel acknowledged the significant progress achieved by PMETB in ensuring uniformed training standards across all specialties in the UK. One of its recommendations was a co-location of regulatory functions for the continuum of medical education in a single regulatory body - to enable "shared expertise and philosophy as well as… economies of scale" - which would report directly to the Parliament and have strong lay representation. It was suggested that this overarching role is assimilated, as soon as possible, under the GMC, which already "regulates two out of three components of medical education, …reports to Parliament", has greater resources and could facilitate links between regulation and registration. This recommendation was supported by over 81 per cent of the respondents to the consultation[19].

The House of Commons Health Committee, which undertook a parallel inquiry into the events surrounding Modernising Medical Careers and its

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[16] SI 2008 No. 2556 *The Health Care and Associated Professions (Miscellaneous Amendments) Order 2008 (Commencement No 1) Order of Council 2008* http://www.uk-legislation.hmso.gov.uk/si/si2008/pdf/uksi_20082556_en.pdf

[17] SI 2008 No 3131 *The Medical Profession (Miscellaneous Amendments) Order 2008* http://www.uk-legislation.hmso.gov.uk/si/si2008/pdf/uksi_20083131_en.pdf

[18] MMC Inquiry (2007) *Aspiring to excellence. Findings and recommendations of the Independent Inquiry into Modernising Medical Careers.*

[19] MMC Inquiry (2008) *Aspiring to excellence. Final report of the Independent Inquiry into Modernising Medical Careers* http://www.mmcinquiry.org.uk/Final_8_Jan_08_MMC_all.pdf

implementation, and reported[20] shortly after Tooke's Inquiry, agreed that "in order to improve the regulation …of postgraduate training… the amalgamation of the Postgraduate Medical Education and Training Board (PMETB) with the GMC be carried out in 2010 as planned. We advise the Department to proceed carefully with this reform and to recognise that merging the two regulators is a substantial and complex task which, if mishandled, could further destabilise the training system."

13. The Secretary of State for Health's Response to Aspiring to Excellence, 2008
The Government Response to the Health Select Committee Report 'Modernising Medical Careers', 2008

In response to the Tooke Inquiry Report, the Secretary of State[21] has "accepted the Inquiry's recommendation to merge PMETB with the GMC at the soonest possible time. The legislative process means that this will not be before 2010. We will publish a timetable for doing so once a plan has been worked through… The PMETB contribution to the regulation of medical education has been significant and I will be looking to both organisations to establish a joint business continuity plan to ensure that the good work PMETB has begun can continue."

This message was reiterated in the Government's response to the Health Committee's recommendations[22].

On 4 June 2009, the Department of Health (England) launched consultation on draft legislation which will provide the legislative and governance foundation for the transfer of functions from PMETB to the GMC[23]. This is the first step in realising the benefits of bringing the regulation of medical education under one roof within an integrated regulatory framework of education, standards, registration and fitness to practise.

July 2009

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[20] The Stationery Office (2008) *The House of Commons Health Committee, Modernising Medical Careers, Third Report of Session 2007-08*
http://www.publications.parliament.uk/pa/cm200708/cmselect/cmhealth/25/25i.pdf

[21] Department of Health (2008) *The Secretary of State for Health's response to Aspiring to Excellence: Final report of the Independent Inquiry into Modernising Medical Careers*
http://www.dh.gov.uk/en/Publicationsandstatistics/DH_083203

[22] The Stationery Office (2008) *The Government Response to the Health Select Committee Report 'Modernising Medical Careers'*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086020

[23] Department of Health (2009) *The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010. The Postgraduate Medical Education and Training Order of Council 2010*
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_100128