

More hands-on training for doctors required if policy changes

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Research into views on whether doctors should be fully registered to practise on graduation has highlighted scope for improvements in the medical education training system. Students would benefit from more hands-on training and responsibility, research carried out at the Universities of Exeter, Cardiff, Dundee and Queen's University Belfast

indicates.

A paper written by a panel of experts including Karen Mattick, Professor of Medical Education at the University of Exeter, and Lynn Monrouxe, now Professor and Director of the Chang Gung Medical Education Research Centre, Taiwan, and published in *BMJ Open*, suggests that [medical students](#) need to be embedded in practice at an earlier stage. The team also found that assessments to judge medical students' clinical and professional capabilities in the workplace need further development.

The paper arises from research commissioned by the General Medical Council to evaluate the preparedness of graduates for medical practice. This specific issue arises from recommendations outlined in the Shape of Training report, an independent review of [medical education](#) published in 2013, which recommended that full registration should be granted when students graduate from medical school.

Currently junior [doctors](#) are only provisionally registered with the GMC on graduation and work for a year under close supervision as Foundation Year 1 (F1) doctors, with some restrictions on their practice.

However, the new findings have concluded that medical students should take on greater responsibility for patient care as undergraduates, that assessment methods in clinical practice and professionalism need improvement, and that good practice in postgraduate supervision and support must be shared. The conclusions were based on interviews with 185 participants across the UK, including foundation year doctors and other trainees, health professionals, leaders of undergraduate and postgraduate medical education, patients, and representatives of policy and government.

Professor Mattick said: "Research participants felt that medical students

currently do not get enough experience embedded in the workplace and in multidisciplinary healthcare teams. This makes it difficult to assess the domains of [clinical practice](#) and professionalism with confidence - for example with workplace based assessments of practical procedures, decision making, communication skills and team-working." Professor Monrouxe, who led the overarching study, said "Some felt that undergraduate programmes found it difficult to fail underperforming students."

The Shape of Training report's recommendations were underpinned by concerns with the current fragmented system where graduating medical schools remain responsible for aspects of the F1 doctors' training, even though many of them train remotely with an NHS employer and in a new postgraduate training environment. This is important given the alarming levels of career-related ill health in medicine and growing concerns about retention.

There is also growing competition for Foundation Programme places, with increasing numbers of graduates from UK medical schools and applications open to European and international medical graduates.

However, participants in the research described the F1 year as a 'safety net', which allowed new doctors to be closely supervised and supported, and senior doctors to identify struggling trainees. There was also an assumption that full registration would imply higher expectations from the outset, which might put further pressure on junior doctors.

Professor Monrouxe emphasised that the research was not designed to be an opinion poll, but when asked whether doctors should be fully registered at graduation, 57 per cent of comments were against the change while 23 per cent were supportive, with the remaining comments expressing no strong view. Professor Mattick said: "Our research indicates that, regardless of whether or not a change to the timing of

registration is ultimately made, the process of thinking through the implications could lead to positive and significant change, for example to undergraduate clinical placements and postgraduate supervision and support, which can only benefit medical students, trainees and patients."

More information: 'Implications of aligning full registration of doctors with medical school graduation: a qualitative study of stakeholder perspectives' is published today in *BMJ Open* by K Mattick, K Kaufhold, N Kelly, JA Cole, G Scheffler, CE Rees, A Bullock, GJ Gormley, and LV Monrouxe.

Provided by University of Exeter

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