

## **Academy Response to Tomorrow's Doctors**

The Academy of Medical Royal Colleges welcomes the draft new version of Tomorrow's Doctors – a vital document in determining the knowledge, skills and attitudes of the UK's medical graduates whose further education then becomes the responsibility of the Colleges. The Academy recognises the large amount of work that has been put into this revision and the many resulting improvements.

The Academy particularly welcomes the proposal to re-introduce student assistantships into undergraduate training. The UK differs from many other countries, including North America and Canada, in the lack of responsibility given to medical students. Responsibility and the need to make appropriate decisions drive motivation and active learning and there is a need to ensure this is increased appropriately in UK courses. Indeed the Academy would favour a progressive increase in the level of responsibility taken by students through the course, with senior students having significant responsibility, under appropriate supervision, on all attachments, rather than only during a few weeks when they are designated as student assistants.

Areas of this draft of Tomorrow's Doctors which we feel might be usefully improved include:-

### **Outcomes**

1. The document would read better if the outcomes came first.
2. The overarching outcome needs to incorporate the role of the doctor in promoting and protecting the health of the public as well as the care of the patient.
3. The outcomes should be re-ordered to put the doctor as a practitioner before the doctor as a scholar and a scientist and the doctor as a professional. Caring for patients and the public is the prime role of doctors.
4. Within doctor as a scholar and a scientist an early additional outcome should be "understands the working of the human body". This usefully extends 152a which is limited to disease presentations. There is a strong feeling among the Colleges that good clinical abilities are best founded on strong basic medical sciences and that these are also a necessary foundation to high quality medical research and innovation. It is important that the graduates understand the working of all organ systems including the brain/mind.
5. All doctors teach other doctors and health professionals and increasingly "teach" often well informed patients. There is a case to add the doctor as a teacher as a fourth outcome.
6. There should be reference to the need to understand the health benefits of work/employment, perhaps in point 153. It would be useful to include understanding of the importance of improving functional status as a key clinical outcome.

## **Domain 5 – Design and delivery of curriculum including assessment**

1. The statement in point 64 that the assessment process must establish that “graduates demonstrate all the ‘outcomes for graduates’ “ is almost certainly unachievable. Surely sampling is a better approach?
2. Similarly the statement that “Medical schools should have in place mechanisms to ensure comparability of standards with other institutions” is aspirational at best without either, or both, a national panel of external examiners or a common UK finals examination. Both would be desirable to ensure the public are treated by UK graduates who achieve the required standard.

## **Domain 6 – Support and development of students, teachers and local faculty**

Teachers must not only be trained but be given time (in their contracts) to teach.