

The Medical Education Standards Board: castrating the Medical Royal Colleges?

THE Department of Health has published its consultation paper on the proposed Medical Education Standards Board (MESB).¹ This new body, first proposed in The NHS Plan² of July 2000, will take responsibility for postgraduate training for general practice and all other NHS specialities. It will become the 'competent authority' in European legislation that will supervise all postgraduate medical education in England. Scotland and Northern Ireland will have their own arrangements. The consultation paper is remarkably vague about Wales.

The MESB will control entry to the specialist register for consultants and to a new general practitioner (GP) register. It will not be possible to work independently as a specialist or GP without being on the appropriate register. The specialist and GP registers will be kept by the General Medical Council (GMC) but the MESB will be responsible for setting curricula for training, supervising, and monitoring its delivery and certifying doctors who satisfactorily complete their training.

Taking over the roles of the Joint Committee on Postgraduate Training for General Practice (JCPTGP) and, for hospital specialities, the Specialist Training Authority of the Medical Royal Colleges (STA), the new body will be directly accountable to the Secretary of State. It will have no more than 25 members drawn from the medical profession, patients, the public, and the NHS.

The GMC would continue to be responsible for undergraduate medical education, the pre-registration house officer year, and for maintaining the medical register, including dealing with misconduct and seriously deficient performance.

Unfortunately, whereas the existing bodies responsible for postgraduate medical education — the JCPTGP, STA, and medical Royal Colleges — are solely concerned with promoting and maintaining high standards, the new MESB also has a clear role in manpower planning. Its members will be required to balance the need for well trained, adequately experienced doctors against the needs of the NHS to expand the number of doctors it employs as quickly as possible. The MESB will also be responsible for determining acceptable standards for non-European Union doctors who wish to be employed in the NHS.

The Royal Colleges, STA, and JCPTGP have a reputation for insisting on high standards of education and training for doctors. Although the Colleges will be represented on the MESB, it will be under direct political control. The new board may well be under pressure to take a pragmatic approach to standard setting and to reduce standards to meet manpower needs.

The government's reasons for introducing the MESB are that the Royal Colleges' 'current role in setting standards, providing training and assuring the quality of training in postgraduate medicine is valuable but, in the manner of its discharge, is incompatible with modern public expectations of accountability and transparency and with the needs of the NHS and its patients'. Is this really true? For example, part of

their argument hinges on the current lack of lay representation. Confusingly, the consultation document describes how both the STA and JCPTGP have lay representation then goes on to cite 'the absence of effective patient or public representatives' as a reason for reform. Another given example of the need for reform is the problem of employing training grade staff to deliver services in hospitals that lose their educational approval. Does this mean that educational approval will be automatic if a hospital can demonstrate the need for its services?

The MESB will be directly accountable to the Secretary of State who will have powers to 'direct the board in appropriate circumstances', to assume default powers in an emergency and to change the rules without 'cumbersome legislative change' if necessary to 'adapt to changes in the service, the profession and elsewhere'. In short, the government of the day will be able to take over or change the rules if it doesn't like the way the MESB is behaving.

The role of Royal Colleges would be diminished substantially. The MESB would have 'powers to enable it to harness effectively the contributions of those concerned with postgraduate medical education, including the Royal Colleges and the Deaneries'. The Royal Colleges would be required to supply manpower and expertise, while losing responsibility, in particular for setting appropriate standards for postgraduate medical education.

Despite losing much of its influence, the profession will be expected to pay for the MESB since it is expected to be self-financing through certification charges. In effect, the MESB will be financially supported by the profession but directly accountable to the government.

The medical Royal Colleges, including the Royal College of General Practitioners, have a reputation for traditionalism. Nevertheless, under their guidance and control, postgraduate medical education in the United Kingdom is among the best in the world. Medical Royal Colleges have not been afraid to challenge the government and to insist on high standards of education and training for doctors. Under these proposals the Royal Colleges, despite their achievements, will in effect be castrated. They will provide the manpower and their members will provide the funding, but responsibility for standards will be taken away from them.

The proposals are clearly intended to enable the Secretary of State of the day to direct that standards can be lowered to meet the manpower demands of the NHS. Such a direction would be a direct challenge to the Colleges' Royal Charters as well as to the best interests of the medical profession and, more importantly, our patients.

We should be proud of the standards of medical education and training in this country. The government should think carefully about giving responsibility for the conflicting demands of professional standards and NHS manpower requirements to one body. It is a recipe for conflict and the dismantling of a tradition of excellence. Is it too late for the government to respond by clearly separating the two func-

tions, so as not to subvert training to service needs?

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References

1. Secretary of State for Health. *Postgraduate medical education and training: the Medical Education Standards Board*. London: Department of Health, 2001.
2. Secretary of State for Health. *The NHS Plan*. London: The Stationery Office, 2000.

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