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Mr Sean Horstead

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Dear Mr Horstead

Regulation 28: Report to Prevent Future Deaths

The details of the tragic circumstances of Averil Hart's death are upsetting to read. I extend my sincere condolences to Averil's family and to other families affected.

You list four key concerns in your report. As the Medical Director and Director of Education and Standards at the General Medical Council, I can respond to the first (*Inadequate training of doctors and other medical professionals re eating disorders*) and also your fourth key concern about the impact of the COVID-19 pandemic.

The provision of consistent, comprehensive medical education and training on eating disorders (ED) remains an important issue for us since the Parliamentary and Health Service Ombudsman (PHSO) identified concerning themes in their 2017 '[Ignoring the Alarms](#)' report. I appeared before the Public Administration and Constitutional Affairs [Select] Committee in 2019 to give evidence about our progress towards the PHSO's recommendation that we review training for all doctors. The [written evidence](#) I submitted may be helpful as it details our regulatory role, our requirements for doctors, and our early actions in response to the PHSO report. Since then, we've used our regulatory powers and influence to find solutions to inconsistency in training to address patient safety concerns.

I will summarise our role as a regulator and how it relates to the education and training of doctors around ED, and then describe the actions we've taken since the PHSO report.

Our role as a medical regulator

Our powers in medical education, as set out in the Medical Act 1983, are two-fold: to set the outcomes for graduates of UK medical schools leading to entry on to the medical register, and to approve the curricula for postgraduate training of doctors. We quality assure both aspects of medical training against our standards for the management and delivery of medical education and training. The principle of patient safety drives our work.

Medical education must adapt to the needs of society and be appropriately responsive to patients and the public. We keep our standards and requirements for medical education up to date with timely revisions to make sure they reflect changing patient needs as well as contemporary medical practice, scientific basis, and professional behaviours. We review our guidance to make sure it keeps up to date with new information and developments in healthcare.

Undergraduate education

We determine and publish the high-level outcomes all medical students are required to demonstrate in order to graduate. We updated our '[Outcomes for graduates](#)' in 2018 after extensive consultation. Our powers don't extend to mandating specific content in undergraduate curricula, but the outcomes do describe relevant key themes around mental health, nutrition, and vulnerable groups. We required schools to embed the new outcomes in undergraduate curricula for all students commencing academic year 2020/21. However, many schools had already introduced changes to their curricula for current student cohorts.

To keep driving improvement, we're introducing a new way of assessing medical students, as well as international medical graduates, that will ensure they meet a common and consistent threshold for safe practice before they're licensed to work in the UK. The Medical Licensing Assessment will be based on a comprehensive content map which sets out the range of skills and knowledge that students will be required to have and could be tested on. The [content map is available](#) on our website. It includes eating disorders. All students graduating from UK medical schools from the academic year 2024/25 will need to pass the new assessment, which will also replace our current test for international medical graduates in early 2024.

Foundation Programme

All doctors enter the two-year Foundation Programme after graduating from medical school. It trains graduates to develop a range of essential interpersonal and clinical skills for managing acute and long-term conditions. The Academy of Medical Royal Colleges (AoMRC) develops the Foundation Programme curriculum, which describes specific outcomes all Foundation doctors should demonstrate on completion of the programme. Our regulatory role is to approve the curriculum. It requires doctors to show skills including: recognising eating disorders, referring to specialist services, addressing nutritional needs, and communicating these during care planning, formulating recovery plans, and investigating and managing weight gain.

Specialty training

The curricula for postgraduate specialty training are set by individual medical royal colleges and faculties. We approve them against our standards for postgraduate curricula. In 2017 we published new standards requiring curricula to be mapped against our framework of shared generic and specialty-specific outcomes. Our '[Generic professional capabilities framework](#)' sets the essential capabilities which underpin professional medical practice and are a fundamental part of all postgraduate training programmes. The capabilities include mental health, nutrition, safeguarding vulnerable groups, communication, leadership, and multidisciplinary team (MDT) working. Most specialty curricula have now been mapped to the new outcomes. Specific

requirements for identifying, assessing, and safely managing patients with ED are specified in a number of relevant specialty and GP curricula.

Changes we've made to the training of doctors re eating disorders

You highlight that there is a widespread and continuing lack of training, knowledge, or experience on the part of doctors and other healthcare staff. The provision of education and training on ED is evidentially inconsistent and sometimes insufficient to prepare all doctors to recognise and manage or refer patients with ED. Since the PHSO report, we've taken actions in collaboration with others to strengthen education and training around ED.

Crucial to preventing future deaths is for all doctors to have skills to recognise ED and support care, including the recognition and management of emergencies such as life-threatening nutrition. Patients may present to doctors in various contexts with other symptoms and complications, which could include: diabetes, abdominal issues, fertility problems, suicide attempts, and multiple others. Every interaction with patients is an opportunity to identify and act on these signs. The earlier they are picked up, the more treatable the underlying ED. Doctors' capabilities in ED should become progressively more complex as their responsibility for, or level of exposure to patients who have eating disorders, increases.

It is acknowledged that early intervention for ED is crucial to successful treatment. This means doctors have a pivotal role to play in identifying the potential that a patient presenting to them with varying symptoms may have an eating disorder. We are asking education providers to reach an agreed core set of knowledge and skills for all doctors to be able to draw on in critical meetings with patients, although enforcing exactly what education providers teach is not within our remit.

Survey of medical schools

To build a better picture of coverage in undergraduate curricula, I sent a letter to all medical schools in 2019 raising the issue and requesting details of teaching in ED. All 35 medical schools responded with helpful detail on how students are taught about ED. The survey identified some good practice but also areas where education and training could be improved. There was variability across schools in coverage, in links between teaching on mental and physical health, and in exposure to patients with ED. We are working with schools to ensure coverage is improved and especially the link between physical and mental health. We reported our findings to schools, highlighting both good practice and gaps, and suggesting schools work together to develop a shared approach. We're currently working with schools, in collaboration with Beat, the eating disorders charity, to address these gaps and bring consistency to undergraduate education on ED.

Training resources

We supported Beat, the eating disorders charity, in their development of new all-encompassing training resources, with expertise from the Royal College of Psychiatrists' Faculty of Eating Disorders, which are available to use as of March 2021. They introduce students and Foundation doctors to the knowledge, skills, and tools they need to identify, diagnose and treat or refer patients. We're working with representatives from the UK Foundation Programme as well as the

Medical Schools Council and education and curriculum leads from individual medical schools to develop implementation plans for the new resources. Although there are pressures on space in the curriculum, encouragingly, education providers have expressed enthusiasm to make use of this helpful resource. We hope that teaching on ED will be embedded in their teaching programmes. We'll include this in our quality assurance of medical schools in 2022 to ask about changes they implemented, or if they need further support. We hope that this will give schools time to embed the new training resource. Data from the e-Learning platform will help us to monitor uptake of the training and consider what further work is required.

Shared learning across postgraduate specialities

We are working with the AoMRC on the details for a process to identify and develop areas where key learning can be shared in postgraduate training across the various specialties and subspecialties. The aim of this will be to ensure high standards in core clinical areas. We have asked that one of the case studies to test the shared learning process must be ED. As the shared learning work develops, we will feed into the AoMRC's work that these skills are needed. The process to identify and develop shared learning across specialties will consider post-qualification development as part of a programme of lifelong learning across a doctor's career. We expect this work will begin later in 2021.

Health Education England (HEE) and NHS England/Improvement (NHS E/I) have developed intensive 'whole team' adult eating disorder training with expertise from the Royal College of Psychiatrists' Faculty of Eating Disorders, where specialist ED or non-specialist e.g. GP practice team members jointly acquire the knowledge and skills to enable the safe and effective management of patients with ED. We welcome the initiative by HEE and NHSE/I, and we're actively following HEE and NHSE/I's work. As it matures, we will consider ways to showcase this whole team ED training as good practice, and as part of our lifelong learning strategy to enable doctors to develop throughout their career.

Progress towards the PHSO recommendation

I hope this assures you that we have already taken significant actions within our powers to address the concerns you raise. I have also identified areas where we can take further actions and have indicated timelines for these.

Shortage of ED specialists

The final point you raise as part of the first concern is that there is a serious shortage of ED specialists. We've heard evidence of a continuing shortage of ED specialists across the country, with many trusts finding it difficult to fill vacancies. These shortages inevitably impact on the level and quality of support available to primary care providers and other specialists. Your report evidences this staffing crisis, whereby heavy workloads with insufficient staffing compounded failings in Averil's care. Although workforce issues are not specifically within our powers, we are working with the workforce bodies and health care providers across the UK to identify and implement solutions.

The impact of the COVID 19 pandemic

You identify a concern that the pandemic increases the risk of further deaths because it has impacted all aspects of care, including training. The pandemic has impacted on training across all countries of the UK and in different ways for the differing specialties. A lot of teaching was moved online, but the clinical experience was inevitably affected. We are working with medical schools, the MSC, the national education bodies and service providers to re-establish all training opportunities as quickly as possible. We continue to work with education providers to ensure students and doctors in training can meet their outcomes and progress safely, and we're reviewing the impact of the pandemic on training.

The pandemic also impeded our plans for this work in 2020. We had planned to follow up with medical school Deans one year after our 2019 survey, but we decided to postpone this measure since schools faced significant disruption. Instead, we communicated with schools in other ways, by contributing to a letter HEE sent to schools encouraging uptake of the new training resources, as well as communicating directly with medical school education leads and the Medical Schools Council.

Final reflections

Thank you for highlighting these important issues in your report. Better care for ED is so important, especially considering its growing prevalence. We're committed to providing workable solutions to address the risk of insufficient training, knowledge, and experience of doctors. We believe the changes we're making to enhance medical education and training will contribute to improved patient outcomes, and we will monitor progress to ensure they are effective. I'm extremely grateful for the efforts of our partners in this work who've collaborated to achieve significant goals in better care for people with eating disorders.

Yours sincerely



[REDACTED]
Medical Director and Director of Education and Standards
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