

14 June 2021

Mr Philip Barlow

Assistant coroner

London Inner South Coroner's Court
[REDACTED]

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Dear Mr Barlow

Regulation 28: Report to Prevent Future Deaths – Ella Adoo Kissi-Debrah

I was very sorry to hear of the tragic circumstances of Ella Adoo Kissi-Debrah's death. I extend my sincere condolences to Ella's family and to other families affected.

You raise three concerns in your report, the last of which should be addressed by the named organisations. As the Medical Director and Director of Education and Standards at the General Medical Council, I am able to respond to both 3a (undergraduate medical education) and 3b (postgraduate medical education).

I note that Ella's death occurred in February 2013. Since that time, we have made significant changes to our standards and guidance relating to the education and training of doctors. I will first summarise the role of the GMC as a regulator and then explain how it relates now to the education and training of doctors around air pollution exposure and related environmental issues.

Our role as a medical regulator

Our powers in medical education, as set out in the Medical Act 1983, are in three parts: firstly, we set the outcomes for graduates of UK medical schools leading to entry on to the medical register; secondly, we approve the curricula for postgraduate training of doctors; and thirdly, we quality assure all 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 regularly review our guidance and educational outcomes to make sure they keep up to date with new information and developments in healthcare and reflect changing patient needs.

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. This is supplemented by a set of core [Practical skills and procedures](#) graduates must have achieved when they start work for the first time so they can practise safely. The [content map](#) which underpins the forthcoming Medical Licensing Assessment (explained in more detail later) is based on these outcomes and practical procedures.

Our powers don't extend to mandating specific content in undergraduate curricula, but the outcomes do describe relevant key themes around the environmental factors contributing to health. These include requiring newly qualified doctors to:

- recognise signs of environmental exposure
- evaluate environmental factors which influence health and disease in different populations
- evaluate related hazards in ill-health with ways to mitigate effects.

We decide which organisations can award a UK primary medical qualification, and an organisation looking to establish a new medical school is subject to a multi-stage process of quality assurance and accreditation to ensure they can deliver a programme that delivers the *Outcomes for graduates* and meets the standards set out in [Promoting excellence: standards for medical education and training](#).

Foundation Programme

All doctors enter the two-year Foundation Programme after graduating from medical school. It provides new graduates with 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 the outcomes all Foundation doctors should demonstrate on completion of the programme. We approve the curriculum. The current curriculum includes a requirement to recognise the impact of wider determinants of health and advise patients on preventative measures. A new curriculum has been approved for implementation from August 2021 and includes a specific section on health promotion and public health as a specific area of core learning.

The Foundation programme curriculum requires first year trainees to meet the outcomes we have set out in [Outcomes for provisionally registered doctors with a license to practise](#), which includes fifteen core clinical and procedural skills. This enables the trainee to apply to the GMC for full registration and a license to practice, which is a requirement of entry to the second year of the Foundation Programme.

Specialty training

The curricula for postgraduate specialty training are set by individual medical royal colleges and faculties. In 2017 we published revised standards for curricula - [Excellence by design](#) - which requires curricula to be mapped against our [Generic professional capabilities framework](#) of shared generic and specialty-specific outcomes. The framework sets the essential capabilities which underpin professional medical practice and are a fundamental part of all postgraduate training programmes. The capabilities include a section on understanding health inequalities and health promotion, which is required of all doctors in training. Most royal colleges and faculties have now reviewed their specialty curricula against our revised standards.

Quality assurance of education and training

We also have a duty to make sure medical education and training in the UK is meeting our standards. We expect organisations responsible for educating and training medical students and doctors in the UK to meet the standards set out in [Promoting excellence: standards for medical education and training](#).

We quality assure medical schools, postgraduate deaneries and their local offices, and local education providers (such as trusts and health boards) to check they are meeting our standards. Our quality activities are risk based, which means we look at our evidence and decide which areas are likely to be of concern. We provide feedback to organisations on areas of good practice and can take action if they are not meeting our standards.

More information on [how we quality assure](#) can be found on our website.

Our response to this report to prevent future deaths

In the report, you raise the concern that the adverse effects of air pollution on health are not being sufficiently communicated to patients and their carers by medical and nursing professionals.

The adverse effects of air pollution are a public health matter which goes beyond the health service and affects society as a whole. Our approach to regulating medical education is underpinned by the [principles of the World Health Organisation](#), health depends on the three interlinked factors of physical, mental, and social wellbeing. Every human being has a fundamental right to enjoy the highest attainable standard of health without distinction of race, religion, political belief, economic or social condition.

The revisions to our *Outcomes for graduates* and the introduction of the generic professional capabilities framework have enhanced the focus on health promotion, illness prevention and addressing health inequalities.

The following section sets out our requirements and expectations for communication with patients, all of which has been revised since Ella's death in February 2013. To clarify, the GMC's role is to approve curricula and set standards of practice - we are not responsible

for deciding what information is given to patients. I will also outline work we are doing to improve standards of practise and patient safety.

Guidance on communication with patients

In [Good medical practice](#), our core guidance for all registered doctors, we stipulate that doctors 'must give patients the information they want or need to know in a way they can understand' (para 32). They must also 'work in partnership with patients, sharing with them the information they will need to make decisions about their care' (para 49), and 'support patients in caring for themselves to empower them to improve and maintain their health' (para 51).

And in [Outcomes for graduates](#) we say that newly qualified doctors from UK medical schools 'must be able to communicate effectively, openly and honestly with patients, their relatives, carers or other advocates, and with colleagues (para 10). They also 'must be able to work collaboratively with patients, their relatives, carers or other advocates to make clinical judgements and decisions based on a holistic assessment of the patient and their needs, priorities and concerns, and appreciating the importance of the links between pathophysiological, psychological, spiritual, religious, social and cultural factors for each individual.' (para 14).

However, this is not a comment on whether the doctor(s) in this case followed the guidance sufficiently well.

Introduction of Medical Licensing Assessment

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. It concentrates on the professional skills, knowledge and behaviours that are essential for safe practice. It also includes social and population health, and the list of practical procedures includes conditions related to this.

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.

Shared learning across postgraduate specialties

We are working with the Academy of Medical Royal Colleges (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. 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.

We will explore with the AoMRC whether the themes raised (environmental impacts/social inequality/health promotion) could be areas where key transferable content, knowledge and skills could be shared across postgraduate specialties.

Credentialing

We are introducing GMC credentials to formally recognise a doctor's expertise in a specific area of practice. Our aim is to approve credentials in areas of practice where they will help reduce risks to patients and support the service to provide better patient care. These credentials will be developed and delivered by other bodies, but approved, quality assured, and recognised by the GMC.

Health Education England (HEE) are currently developing a system for identifying and supporting the [development of multi-professional and uni-professional credentials](#), which may be England-wide or UK-wide. HEE have confirmed that they will add the theme of environmental impacts/social inequality/health promotion to the list as a potentially important area to consider as they progress the credentialing agenda.

Lifelong learning

Our Corporate Strategy 2021-25 commits to looking at making training for the medical workforce more flexible, throughout their careers – 'The medical workforce has access to and capacity for lifelong learning to ensure they continually develop their skills for better patient care'.

We are looking at how we can be more proactive in supporting doctors' lifelong learning and continued professional development, which currently is done mostly through high level guidance and advice or targeted interventions such as *Welcome to UK practice* workshops.

Final reflections

I welcome the publication of this Prevention of Future Deaths report as an important measure to raise awareness of the impact of exposure to excessive air pollution with those who can take action to prevent future deaths.

The GMC is committed to work with others in the health and care sectors to improve training of the professionals we regulate so that environmental factors contributing to ill health, are better recognised and treated. We have agreed to share our response with Professor ██████████ (Chief Medical Officer), ██████████ (Chief Nursing Officer for England) and all the organisations who attended a multi-agency meeting hosted by Dr ██████████ on 1 June 2021. We are pleased to note that in our conversations with others across the system, there seems to be a real desire to address these issues holistically, and that will require cooperation across numerous areas of government, the health service, regulators and the public at large.

Yours sincerely

A handwritten signature in black ink, appearing to be 'A. G. Jones' or similar, written in a cursive style.

Professor [REDACTED]
Medical Director and Director of Education and Standards

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