Standards for deaneries
The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
  - Keep your professional knowledge and skills up to date
  - Recognise and work within the limits of your competence
  - Work with colleagues in the ways that best serve patients’ interests
- Treat patients as individuals and respect their dignity
  - Treat patients politely and considerately
  - Respect patients’ right to confidentiality
- Work in partnership with patients
  - Listen to patients and respond to their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - Respect patients’ right to reach decisions with you about their treatment and care
  - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
  - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
  - Never discriminate unfairly against patients or colleagues
  - Never abuse your patients’ trust in you or the public’s trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.
Standards for deaneries

July 2008, updated April 2010

In April 2010, the Postgraduate Medical Education and Training Board (PMETB) was merged with the General Medical Council (GMC).

There are significant benefits to be delivered through a more seamless and consistent approach to education and training throughout doctors’ careers. A single point of responsibility from admission to medical school, through postgraduate training, to continued practice until retirement will help to ensure consistency of expectations and standards.

Through the merger, the GMC has acquired the legal functions formerly performed by PMETB in relation to the regulation of specialty including GP training. These functions include setting standards for specialty including GP training and providing quality assurance of the delivery of specialty including GP training against those standards.

Documents and webpages that continue to apply have been reviewed and where necessary updated to reflect the merger.
Introduction

1 This document sets out the standards and requirements that the GMC will hold postgraduate deaneries accountable for, in accordance with the Medical Act 1983. Each standard has its own accompanying set of requirements which articulate how deaneries are able to demonstrate achievement of the relevant standard.

2 These standards were introduced following the positive response to proposals on Quality Management as set out in the Quality Assurance Framework Consultation (September 2007). Quality Management (QM) is the term used to describe the arrangements by which a postgraduate deanery discharges its responsibility for the standards and quality of specialty including GP training. Through its QM activities, a deanery satisfies itself that local education providers are meeting the GMC standards through robust reporting and quality control mechanisms.

3 The GMC’s Standards for deaneries provides clarity on the responsibilities of every postgraduate dean and deanery in the UK, in relation to its QM arrangements. By meeting all of the standards and requirements set out herein, all parties involved with the GMC’s Quality Framework can have confidence that the deanery has discharged its duties fully and with due care and attention.
Standards for deaneries

Standard 1  The postgraduate deanery must adhere to, and comply with, GMC standards and requirements.

Mandatory requirements

1.1 Local QM should aim to improve the quality of specialty including GP training as well as ensuring that it meets national standards.

1.2 The deanery QM activities must be set and reported within the framework of the published GMC standards and requirements for specialty including GP training.

1.3 The deanery must draw upon the principle of educational governance.

1.4 The deanery must effectively discharge its responsibilities for implementation of programmes within the principles of good regulation.

1.5 The deanery must provide an annual report to the GMC to the requirements set by the GMC.
Standards for deaneries

Standard 2  The postgraduate deanery must articulate clearly the rights and responsibilities of the trainees.

Mandatory requirements

2.1  Trainees must have full opportunity to raise, individually or collectively, matters of proper concern to the deanery without fear of disadvantage and in the knowledge that privacy and confidentiality will be respected.

2.2  Sources of impartial help, advice, guidance and support should be available and advertised widely.

2.3  Trainees and deaneries share responsibility for ensuring that they seek prospective approval by the GMC for training where appropriate and necessary.

2.4  All trainees should comply with any QM processes such as completion of the trainee survey and taking part in any QM interviews, coordinated by the deanery and/or the GMC.
Standard 3  The postgraduate deanery must have structures and processes that enable the GMC standards to be demonstrated for all specialty including GP training, and for the trainees, within the sphere of their responsibility.

Mandatory requirements
Structures

3.1 The deanery must have structures, groups and committees that enable the full and active involvement of the specialist bodies: the medical Royal Colleges, Faculties and specialty associations.

3.2 The deanery must have in place effective mechanisms for working with the medical Royal Colleges, Faculties and specialty associations for the review and development of assessment systems.

3.3 The committees and groups set up by the deanery must be fit for purpose, ensuring attainment of GMC standards, but also promoting the dissemination of notable practice.
Processes

3.4 The monitoring of specialty programmes, posts and trainers by the deanery must take due account of external national, local and specialty guidance, the deanery strategic plan, and the deanery business/operational plan.

3.5 The monitoring of specialty programmes and posts by the deanery should identify the level of risk and plan accordingly.

3.6 The review of specialty programmes and posts must take full account of all those involved, including trainees, trainers and, where appropriate, patients.

3.7 The deanery must promote the maximum response to all of the national surveys conducted by the GMC.

3.8 The deanery must provide a clear documented response to all of the national surveys through the annual report to the GMC.

3.9 The deanery must ensure that actions are followed up to remedy any shortcomings, and that records are kept and made available on request by the GMC.

3.10 The monitoring of specialty programmes and posts by the deanery must routinely involve external advisers.
Standard 4  The postgraduate deanery must have a system for the use of external advisers.

Mandatory requirements

4.1 There must be external input at key stages of the specialty including GP training involving ‘independent and impartial advisers’. The number of such external advisers required will depend on the size of the deanery and, where relevant, the number of specialty programmes.

4.2 External advisers may be medical or lay, depending on the area for advice and/or scrutiny. Medical advisers will have expertise appropriate for the specialty programme, course or school being considered and will normally be drawn from the medical Royal Colleges, Faculties or specialty associations.

4.3 The external advisers will verify that standards are being attained by trainees and so help deaneries maintain the quality of the provision.

4.4 The external advisers scrutinising the assessment processes should be able to confirm that they are sound and fairly operated.

4.5 External advisers should record notable practice that they have identified. This should promote comparability of the trainee experience between deaneries, in the same specialty.

4.6 There must be clear identification of roles, powers and responsibilities assigned to external advisers by the deanery.

4.7 Deaneries should incorporate their responses to the external advisers’ comments and considerations into the annual report to the GMC.
Standard 5  The postgraduate deanery must work effectively with others.

Mandatory requirements

5.1 The deanery must ensure effective liaison with other organisations, particularly the local education providers, and medical Royal Colleges/Faculties.

5.2 The deanery must ensure active and meaningful involvement and engagement of key stakeholders: trainees, trainers, patients, and the service or employer.

5.3 The deanery should have systems and structures that enable each local education provider to contribute to the delivery, maintenance and development of specialty including GP training programmes and posts.
Appendix – Principles for Commissioning

Prior to its merger with the GMC, the Postgraduate Medical Education and Training Board agreed Principles for Commissioning which were subsequently updated and adopted by the GMC as an appendix to the *Standards for deaneries*.

The GMC would expect the following principles to be adopted by any organisation responsible for the commissioning of specialty including GP training in the UK.

The commissioning organisation must:

1. have a commissioner, identified to the GMC, responsible for specialty including GP training

2. have the quality of delivery of specialty including GP training as their prime priority

3. have the authority to manage the quality of delivery of the training and to decommission a provider when the required standards are not met

4. be accountable to the regulator for the quality management of the approved programmes in the GMC *Quality Framework*. 
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