Document A: The GMC's role in relation to Women's Health and Menopause in Medical Education and Training

The GMC works to make sure that education and training prepares doctors, physician associates and anaesthesia associates to deliver good, safe patient care across the UK. We set the standards and outcomes for medical education and training in the UK. We regulate all stages of doctors' training and professional development, from undergraduate education at medical schools to postgraduate education.

The GMC's role

Under the Medical Act 1983, the GMC has two main education functions: setting the outcomes for graduates of UK medical schools and approving the curricula for postgraduate training. While we don't control specific curriculum content, we ensure through our standards and quality assurance that UK doctors are equipped with the professional behaviours, knowledge, and skills necessary to deliver safe and competent care. Curricula for undergraduate education are set by medical schools, and for postgraduate training by discipline-specific medical colleges and faculties, such as the Royal College of General Practitioners.

Promoting excellence: standards for medical education and training

Promoting excellence: standards for medical education and training sets out standards that we expect organisations responsible for educating and training medical students and doctors in the UK to meet. The standards and requirements are organised around five themes:

- Theme 1: Learning environment and culture
- Theme 2: Educational governance and leadership
- Theme 3: Supporting learners
- Theme 4: Supporting educators
- Theme 5: Developing and implementing curricula

Some requirements – what an organisation must do to show us they are meeting the standards – may apply to a specific stage of education and training.

Outcomes for Graduates

Whilst our powers do not extend to directing specific content in undergraduate curricula, schools must demonstrate to us that they meet both the outcomes and our standards.

We published Outcomes for graduates in 2018 after extensive consultation with stakeholders in medical education and training. The outcomes set out what newly qualified doctors, from all medical schools who award UK primary medical qualifications, must know and be able to do.

Medical students must apply their knowledge and skills in a competent and ethical manner. They must use their ability to provide leadership and to analyse complex and uncertain situations. Although *Outcomes for Graduates* does not refer comprehensively to issues related to women, the general approach to learning to manage patients and apply knowledge will include women's health. For example, under 'diagnosis and medical management' we say:

- *Newly qualified doctors 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.*

Under 'applying biomedical scientific principles' we also say:

- *Newly qualified doctors must be able to apply biomedical scientific principles, methods and knowledge to medical practice and integrate these into patient care. This must include principles and knowledge relating to anatomy, biochemistry, cell biology, genetics, genomics and personalised medicine, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and clinical pharmacology, and physiology.*

We also say that newly qualified doctors must be able to recognise and identify factors that suggest patient vulnerability and take action in response. They must be able to:

a) *explain how normal human structure and function and physiological processes applies, including at the extremes of age, in children and young people and during pregnancy and childbirth* (under section 'Applying biomedical scientific principles' – page 21).

b) *adhere to the professional responsibilities in relation to procedures performed for non-medical reasons, such as female genital mutilation and cosmetic interventions* (under section 'Safeguarding vulnerable patients' – page 12).

Women's health in undergraduate education

Undergraduate medical curricula are set by medical schools. However, we decide which organisations can award UK primary medical qualifications. We also carry out quality

assurance of institutions that want approval to issue a medical degree, or to start a new programme.

The UK Government's Women's Health Strategy for England has a helpful explanatory paragraph on our role in undergraduate medical education which states:

- *Undergraduate medical curricula for people training to be doctors are set by individual medical schools, with the GMC's Outcomes for graduates ensuring that all doctors have the requisite set of skills required to progress into specialty training. The GMC will be introducing the Medical Licensing Assessment for the majority of incoming doctors, including all medical students graduating from academic year 2024 to 2025 and onwards. Within this assessment, there are a number of topics relating to women's health. This will encourage a better understanding of women's health among doctors as they start their careers in the UK.*

Medical Licensing Assessment (MLA)

The Medical Licensing Assessment (MLA) is an assessment framework designed to test the core knowledge, skills and behaviours of doctors new to medical practice in the UK. Students graduating from UK medical schools at the end of this academic year (2024-25) – and in future academic years – must have passed the MLA as part of their medical degree programme for the GMC to recognise their degree as a primary medical qualification.

The MLA consists of an applied knowledge test and a clinical and professional skills assessment. The content of both must derive from the GMC's comprehensive *MLA content map*. The *MLA content map* sets out the key topics that could be covered in either part of the MLA. These include topics relating to women's health, for example, menopause, pregnancy, breast and vaginal conditions. Medical schools will therefore need to prepare their students to answer these topics. This will encourage a better understanding of common women's health problems among newly qualified doctors as they start their careers in the UK.

International doctors who want to join the UK medical register through our examination route will continue to take PLAB which is now compliant with our MLA requirements. These international doctors will take assessments that draw from the same topics as the assessments for students in UK medical schools.

Generic Professional Capabilities

Our Generic professional capabilities (GPCs) describes the essential capabilities which underpin professional medical practice and are a fundamental part of all postgraduate training programmes. The framework was published in 2017, alongside Excellence by design which sets out the standards all postgraduate curricula in the UK must meet.

The framework sets out the core professional values, knowledge, skills and behaviours that all doctors should be aware of.

By the end of specialty training, students are expected to be capable of applying and adapting to a range of clinical and non-clinical contexts.

Under domain 3 (professional knowledge) of GPC we say, Doctors in training must be aware of their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice, for example:

- female genital mutilation
- equality and diversity, including legally protected characteristics.

Women's health in postgraduate education

The UK's medical royal colleges and faculties design the curricula and programmes of assessment for postgraduate specialty and GP training. We then approve these curricula and assessments, making sure they meet our standards.

They are responsible for the delivery of the post-graduate curricula. We actively check on postgraduate training organisations to ensure they are meeting our standards. Our model aims to be a flexible and collaborative approach to the quality assurance of the organisations we work with.

Women are included as part of the broader population in outcomes, curricula and Generic Professional Capabilities. However, we recognise their lack of direct visibility in these standards can lead to a default male bias in how health is viewed. As they are not always articulated separately in curricula, often doctors in training are only exposed to women's health opportunistically on placements. Where a patient first presents, i.e. the care setting, will generally impact on how they are treated.

However, through *Generic professional capabilities*, we look to influence competence in managing healthcare of different groups. Some examples of topics covered in curricula include:

General Practice

- Reproductive health and maternity
- Gynaecology and breast

Obstetrics & Gynaecology

- Recognising, assessing and managing emergencies in gynaecology and early pregnancy and obstetrics

- Recognising, assessing and managing non-emergency gynaecology and early pregnancy care, and obstetrics care.
- Championing healthcare needs of people from all groups within society.
- Playing an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease.

Community Sexual & Reproductive Health

- Pregnancy planning, abortion care and general gynaecology
- Ultrasound scanning
- Menopause and PMS

Good Medical Practice

Good medical practice is at the heart of UK healthcare. It sets the standards of care and professional behaviour expected of all medical professionals registered with us. The updated version became effective for doctors on 30 January 2024 and for physician associates and anaesthesia associates on 13 December 2024.

The updated professional standards have a stronger focus on behaviours and values which create respectful, fair and supportive workplaces, key themes include:

- Creating respectful, fair and compassionate workplaces
- Promoting patient centred care
- Helping to tackle discrimination
- Championing fair and inclusive leadership
- Supporting continuity of care and safe delegation

The Future of Career Development and Education

- The Future of Career Development and Education is a five-year programme focused on reviewing the GMC's education framework, including both undergraduate and postgraduate standards, outcomes, and guidance, with the goal of publishing a new framework by 2029. We are committed to working with partners to ensure the framework delivers a positive impact for both the public and the profession.
- Our vision for the future of medical education includes improving support for educators, driving innovation and enhancing career development and lifelong learning for all medical professionals.

- We agree that there needs to be greater awareness, focus, and recognition of women's health, including menopause and perimenopause, which are highly individual experiences. This is an area we are considering as part of the review of our education standards to ensure that medical professionals are better equipped to manage these important health issues.
- Any changes we make will reflect the views of our stakeholders across the UK through engagement and consultation exercises. To gather input, we will begin a 12–18-month listening exercise, exploring key themes related to our future approach to education and training. This process will ensure that the updated framework aligns with the needs and priorities medical professionals, patients and the wider health system.