

# The Tooke report: responses from the profession

## A coherent approach is needed and welcome

The General Medical Council (GMC) is responsible for regulating the undergraduate medical education provided by UK medical schools. Our work in setting standards, and in assuring high quality through a robust programme of quality assurance, is highly regarded both at home and internationally. However, medical education and training stretch beyond the point of graduation, through specialist and GP training, and continuing professional development. The aim is to ensure that doctors remain up to date and fit to practise throughout their careers, able to adapt, respond and innovate as health-care provision continues to develop.

The GMC has systems in place and resources available to bring the regulation of all stages of medical education and training under one roof. In our 2006 paper, *Proposals on Healthcare Professional Regulation*, we recommended that we do just that. Sir John Tooke echoed our suggestion in his recent report, *Aspiring to Excellence*, proposing that the Postgraduate Medical Education and Training Board (PMETB) should be assimilated into the GMC's regulatory structure. We welcome this coherent approach and are ready to take on this role, bringing the key interests together – patients and the public, the NHS and other health-care providers, the profession, and medical schools and medical Royal colleges.

Sir John Tooke and his colleagues have produced a comprehensive report with positive solutions for postgraduate medical education and training. The report identifies fundamental issues that must be addressed. We agree that there needs to be a clear understanding of the doctor's role and what society requires from doctors. We also agree that there has been an erosion of the partnership between the health and education sectors. It is important that this partnership is reinforced. As the national regulator for the medical profession, we will play a key role in strengthening this relationship.

Aspiring to excellence means aspiring to an education, training and career structure that is in the interests of patients, the public and the profession.

**Sir Graeme Catto**

*President  
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## 'Wondrous true, lest I be misTooke'

There is little doubt that Modernising Medical Careers (MMC) and the medical training application service (MTAS) have been one of the largest debacles in workforce planning which a civilised country has ever inflicted on its own citizens. That many of those responsible remain in denial – the evangelists who dreamt up the ideology of MMC, the do-gooders of political correctness who thought MTAS too clever to need piloting or validation, and the camp-guards who marched the victims to career-ruin – renders the report of Sir John Tooke all the more welcome as a breath of fresh air dispelling the propaganda and falsehoods of last year.

A forensic analysis of the disaster leads Tooke to a damning indictment of rudderless incompetence on a grand scale at the Department of Health, associated unfortunately with a failure of the medical profession's leaders to act collectively, decisively and wisely on behalf of their junior charges. It beggars belief that Tooke with a handful of colleagues in a few months could reach and report such cogent conclusions, when a whole department at Whitehall took years to invent the vacuous motherhood and apple-pie of MMC's seven pillars – only to see these collapse like a pack of cards under the legitimate weight of international doctors whose existence the Department hoped the Courts would deny.

Ultimately the details of Tooke matter less than the victory of pragmatism over dogma, than the recognition that medical education should never again be reformed by a civil servant prepared to sacrifice one lost tribe for another, or dependent on an

employer who thinks excellence means culling two thirds of her workforce.

**Morris Brown**

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## Understanding what excellence in medicine is

In an unprecedented way the profession has welcomed the findings of this inquiry and the substance and purpose of its recommendations. The report has captured the aspirations of doctors at every stage of their careers, declaring just what should be understood by excellence in medicine.

The report has shown the failings – some deep rooted – of organizations and systems that were entrusted with the task of modernising medical careers. It has given a clear direction on what we must do together to correct those failings – no less than patients, citizens and taxpayers are right to expect.

The recommendations are not designed and presented simply as a list of corrective actions, although correction and redirection is what they are about. They chart a way forward, identifying the closely related, often interdependent elements that must be treated as the essential parts of a new enterprise, not a patched up, unfit one.

There is a bold overarching recommendation – that a new body, NHS:Medical Education England (NHS:MEE), should be created in England to ensure a coherent approach to medical education. NHS:MEE would relate to a much-strengthened medical workforce advisory machinery, would hold the overall budget for postgraduate medical education, and would act as a professional interface between policy development and implementation in matters germane to postgraduate medical education and training. It would promote national cohesion in England while facilitating local responsiveness and it would work with equivalent bodies in the devolved administrations to facilitate UK-wide collaboration.

I agree with the Inquiry panel that establishment of such a body is fundamental to the future excellence of medical education. Further, I believe that restoring trust requires the changes that the Inquiry has set out.

**Dame Carol Black**

*Chairman  
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**This flickering beacon must be supported by doctors**

January's eponymous root is the Roman god Janus – the god of beginnings and endings – and it is to be hoped that the publication of Sir John Tooke's final report in this particular month adds some symbolic gravitas to its resonance in the world of medicine. For, if the Tooke report is taken forward, it will be the beginning of a reassertion of rational and logical evolution of UK training. Conversely it will herald the end of a period of irrational, unvalidated revolution guided by the illogical dogma of medical educationalists.

Before immersing ourselves in fantasy we must acknowledge what the report is at this stage; nothing more than 1.1 megabytes of hope (downloadable from the MMC Inquiry site). What we know is that many of Tooke's recommendations fly in the face of the new orthodoxy that paved the way for MMC. We also know that the Teflon-coated high priests of the MMC catastrophe from the medical profession, Department of Health and government have either survived or been promoted. There is therefore an abundance of high-level interested parties for whom Tooke's delivery will be unpalatable.

The report must therefore be supported in its entirety by the only people who can guarantee its implementation: grass roots doctors. Debate over detail can wait, and will only weaken the unity of support by the profession. It must be considered an all-or-nothing proposal at this stage. If it is allowed to be diluted by the Department of Health into 'MMC-lite' all is lost.

Therefore, ignore Tooke at your peril. It may be the most important document for the medical profession in living memory. We will see.

**Matt Jameson-Evans**

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**All stakeholders must contribute**

The publication of the final report of the Inquiry into MMC sets out important recommendations to address the problems that threatened to engulf MMC last year. Yet the report should be seen not just as the conclusion of a difficult period for postgraduate medical education and training but as an opportunity to engage in a much wider debate about how we equip doctors for their future careers.

Two important recommendations have the potential to establish a long-term settlement for postgraduate medical education and training. First, the report recommends the creation of NHS:MEE. PMETB supports the principles underlying this significant proposal, which offer the opportunity for a more coherent approach to postgraduate medical education and training and would complement our UK-wide regulatory role. This new body should have a crucial role to play in developing, alongside the regulator, a long-term response to the issues facing postgraduate medical education and training – for example, the impact of the European Working Time Directive, changes in medical science and practice, and evolving public expectations of health care.

Second, the report calls for a debate about the role of doctors. Without a clear, widely supported view of the skills and knowledge required by the doctors of the future, we run the risk of training doctors for careers which may not be relevant to future need. PMETB's own work on the future training needs of doctors, along with Lord Darzi's *Our NHS, Our Future* review and work undertaken elsewhere, provides a starting point.

Should the government accept these proposals then it must ensure that the widest possible range of stakeholders contribute to their development. Concern for the training of doctors reaches beyond the medical profession. Service and patient representatives must be positioned prominently.

**Paul Streets**

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**Tooke brings a welcome clarity**

Few could have disagreed with the original educational tenets of MMC. It was a time to reassess the training of doctors to enable them to practise in the 21st century. However,

when rolled out, it was inflexible, gave little time for trainees to choose their future careers and there were concerns about many aspects of progression in different specialities. These concerns were compounded by the disastrous failure of MTAS.

Sir John Tooke's report, based on much evidence and consultation, is therefore extremely welcome. It has brought some clarity to postgraduate medical training, emphasizing flexibility and an aspiration to excellence. However, it highlighted that there was no consensus on the actual 'role' of doctors for the future – vital for organizing and developing any future training. There must be clear, shared policy objectives as well as guiding principles for postgraduate medical education and training, if possible, with an evidence base. Education should be outcome focused but training and service objectives must be integrated. The suggestion of merging PMETB with the GMC to facilitate a common philosophy and approach across the continuum of medical education sounds eminently sensible, enabling the linkage of accreditation with registration.

The creation of NHS:MEE for medical education and training for England is to be welcomed. It would hold a ring-fenced budget to define basic principles, training numbers, give coherent advice to government and, in general, promote cohesion of postgraduate deanery activities, commissioning functions, oversee accountability and act as a governance body for MMC in future changes in education and training.

This report and its recommendations are an excellent tool on which to base the future of training. There are many details to be sorted out – all 47 recommendations need careful consideration. For example, the foundation years are considered to be one of the successes of MMC and it would be sad to see the 2 years being uncoupled. Nevertheless, success in achieving some of these aims will be by working together in sorting out the detail. This is a 'must' if we are to keep Britain in the forefront of medical education worldwide.

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