

Promoting research for all – GMC/COPMeD Working Group discussions

Introduction

- 1** In September 2021, the GMC and COPMeD established a UK joint working group to consider how to improve inclusivity and address barriers in research and training activities across the UK. The working group also explored how the research element of the *Generic Professional Capabilities* (GPCs) could be enhanced across specialities and at different stages of training to ensure consistency and fair delivery.
- 2** The group brought together organisations across the four countries. Conversations have been encouraging and there was strong agreement across the system to improve inclusivity and address barriers to postgraduate trainees' and medical students' participation in research.
- 3** The GMC has published [key collaborative principles](#) which set out system changes that will help doctors and healthcare teams engage and support research as part of their clinical practice.
- 4** This paper explores the themes that have emerged from the GMC-COPMeD working group discussions and outlines practical steps that could improve future experience in research for medical students and doctors during training. We recognise that any proposals from the working group will require strong engagement with a range of stakeholders.

Case for change

- 5** Now, more than ever, the significance of research is evident. The pandemic has demonstrated the role research has in delivering high-quality patient care. We have heard however how the pandemic has impacted the ability to access opportunities to participate in research, with certain doctor and trainee groups affected more than others. Despite the growing pressure on the workforce, participation in research is linked to increased morale among staff, as well as improved retention and recruitment.
- 6** The areas in which research has had an effect on society are broad and wide ranging, but include improving clinical practice, delivering benefits to society which include public understanding of health issues and of science, and making improvements to health care internationally.

Recommendations

The areas of improvement discussed in the paper include:

For the GMC	1. Over the next five years the GMC plans to review all its education standards and outcomes, this work should also focus on how research competencies, knowledge and skills should be reflected in the General Capabilities Framework and Outcomes for graduates.
	2. To develop supplementary guidance aimed at medical schools and postgraduate trainees which outlines how GPCs in research can be demonstrated.
	3. Develop a series of case studies as a resource where students, trainees, and doctors across a range of specialities and career stages highlight their individual experience of research and the impact it has had on their professional development, their teams, and their patients.
Other regulators	4. With system regulators across the four countries explore ways to evaluate research opportunities.
For medical schools	5. MSC and medical schools should work together to create a model of research oversight, this could include development of named research lead.
	6. New and established schools should work together to form research groups/forums to enable students to network/share good practice.
	7. Explore mentorships/role modelling programmes to support students to develop research interests.
	8. Provide students with opportunities to experience ‘the research pathway from bench to bedside.’ This should include visits to pharmaceutical industry and signposting to industry placements.
	9. Ensure there are opportunities for students to engage in research through intercalated degrees
	10. Develop a package of support for students who wish to pursue intercalated options and research ideas including through MB PhD programmes.
	11. Develop a guide/directory of opportunities which could include a ‘toolkit’ of resources and reference the CATCH website.
Colleges	12. Work with the Academy of Medical Royal Colleges (AoMRC) to conduct a benchmarking exercise which focuses on the quality of training offers and the evidence required to demonstrate engagement in research.
For trusts, health boards and integrated care systems (ICSs)	13. Promote opportunities for postgraduate doctors to engage with research. Initiatives such as flexible portfolio training, trainee research collaboratives, and NIHR’s associate principal investigator schemes - which should be signposted and encouraged.
	14. Facilitate opportunities for role modelling/mentorship through local research departments and medical schools.
	15. Explore practical ways to allow clinicians more time to participate in research, this could be achieved through job planning and ring-fenced time for research.

	16. Develop and embed proportionate mandatory training requirements: a focus on learning during allocated research time, rather than formal assessment.
Statutory bodies across the four countries	17. Work with stakeholders to promote opportunities for postgraduate doctors, medical students and other health professionals to engage with research.
	18. Explore development of shadowing opportunities for trainees in Specialised Foundation Programmes and Academic-Clinical Training Pathways.
	19. With COPMED and MDRS, review person specifications for recruitment to specialty and academic training. This could include exploring different metrics to show interest and experience in research.
	20. To work together to explore the barriers in relation to doctor's participation in research and to consider a review to explore how the GPCs, including research competences are operationally delivered and reflected in the ARCP model.
Funders	21. Develop the infrastructure and capacity to increase research activity - funders, academies and cross-funder initiatives should work together to develop a model that enables medical students and trainees across all specialties to develop research interests which meet GPC and curricular requirements.

Improving undergraduate education

- 7** UK medical schools develop the doctors of tomorrow and exposure to a research rich environment is an important part of medical education. Greater focus on role modelling and mentoring early on in a student's education can help develop skills, values, behaviours and shape career paths. The UK Research and Innovation agency (UKRI) was suggested as an organisation who may be able to advise, as they support research activity across higher education institutions in England alongside the Health Research Authority (HRA), National Institute for Health and Care Research (NIHR) and Medical Research Scotland and similar bodies throughout the UK. The HRA and NIHR functions apply to research undertaken in England, but they also work closely with the other countries in the UK to support research activity.
- 8** The group agreed that undergraduate students would benefit from opportunities to observe and experience research from "bench to bedside" including pharmaceutical industry visits. The option of structured visits and placements would provide students with an understanding of medicine development and complement learning. The Association of the British Pharmaceutical Industry already host industry placements and visits that would allow students to engage, taste, and be enthused about research.
- 9** A presentation delivered by a Year 3 medical student highlighted that there is an appetite amongst students from new medical schools to develop skills in research. To enable this, areas that could be strengthened include signposting to academic training, reviewing recruitment criteria to specialised foundation programmes, and widening access to intercalated degrees and opportunities for experiential research training.

Good practice for undergraduates

- 10** Currently under review, the [INSPIRE](#) scheme was highlighted as an example of good practice. Coordinated by the Academy of Medical Sciences, the programme offers funding to medical schools to create locally designed research partnerships and is aimed at informing and enthusing students about the benefits and potential of a career in research.
- 11** The group heard about an innovative educational programme that is currently being trialled between Brighton and Sussex Medical School, the Association for British Pharmaceutical Industry, and the Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians. Aimed at improving undergraduate understanding of medicine development, the programme has been successful in preparing students with the knowledge, skills and behaviours to enhance patient care. The group were keen to explore the future scalability and signposting of the programme and similar initiatives.
- 12** The MSC are supportive of this work and are committed to raising awareness of the benefits of research activity. They have shared future plans to improve research oversight which may include developing a named lead researcher at every UK medical school. Whilst at an early stage, responsibilities could include championing research development, keeping abreast of research innovation and feeding this back into curriculum. If realised, this role could support the development of research cultures in new medical schools.

Enhancing research in training

- 13** The GMC has developed the [Generic Professional Capabilities](#) framework with the Academy of Medical Royal Colleges (AoMRC) which describe the fundamental, career-long, generic capabilities required of every doctor. The framework includes a domain on research which sets out the skills, knowledge and attributes that need to be demonstrated. Participation in research exemplifies the ethos that learning is integral throughout a doctor's career. The group agreed that teaching of research skills could be enhanced to include additional opportunities for trainees to experience different aspects of the research pathway and to explore or focus on the interests of the student/trainee.

Research opportunities

- 14** The group recognised that opportunities to observe and experience research should be available for all doctors at different career stages. Exposure to experiential research opportunities can be limited for some postgraduate trainees and students, with certain groups facing increased challenges. This point was highlighted during our workshop on normalising research at the DEMEC conference in 2021, where we explored issues around access to participation in research. We heard that some groups, particularly women, trainees from BME backgrounds and those based in rural hospitals can have difficulty accessing opportunities to experience research.

- 15** Research access should be equitable across the UK to ensure that all trainees can benefit, and further work should be undertaken to improve inclusivity and to reduce some of the barriers that exist.

Research competencies

- 16** Review of the GMC's newly approved curricula found that research elements are included to a satisfactory standard, but the interpretation of the GPCs may vary across specialities. A reason for this could be that the availability and duration of research opportunities differs across specialties and therefore some trainees find it more difficult to get exposure to research in training. The group agreed that by developing a model that allows trainees to get a baseline exposure to research would allow them to build on their knowledge and skills throughout their careers.
- 17** Discussion also focused on how research competencies are demonstrated, considered, and reflected in the Annual Review of Competency Progression (ARCP). The group agreed there is a need to build in a mechanism whereby engagement in research and associated competencies can be adequately and fairly reflected in the ARCP process.
- 18** The recent GMC perception survey which looks at how our audiences perceive the GMC's work revealed that out of a range of different skill areas, confidence amongst new consultants and providers was lowest in research. Overall, only 36% of new consultants felt confident in their research skills, whilst only 33% of providers had confidence in this group's research skills. As we move forward from the pandemic, we need a step-change at national and local level in the way research is perceived, to stop seeing it as an optional add-on and ensuring it is included as an integral part of every medical career.

Good practice in research

- 19** The group recognised the need for exemplars to demonstrate what good practice looks like. The GMC is currently developing a series of case studies for the website as a resource where students, trainees, and doctors across a range of specialities and career stages highlight their individual experience of research and the impact it has had on their professional development, their teams, and their patients. The aim is to 'bring to life' the different experiences of research in practice and the case studies will feature a medical student, patient, MAPS groups and doctors. The Clinical Academic Training Forum (CATF) has launched the CATCH website to promote the role of clinical academics and once published, the case studies will be signposted on the website.
- 20** Doctors need to keep abreast of changes in medicines and technologies to ensure a benefit to patients. The new draft of *Good Medical Practice* sets out the standards of professional behaviour and patient care expected from doctors. The proposed changes around research emphasise behaviours in terms of knowledge, skills, and interactions with patients which are compassionate, civil, inclusive, and fair. This means that doctors and trainees should proactively

identify and seek opportunities for patients to be involved in research and pursue development opportunities to equip themselves with baseline research skills.

- 21** Our patient representative reflected on his personal experience of clinical trials and stressed that patients should be encouraged to explore opportunities to be involved in research and this should include signposting to relevant resources and networks. This knowledge would equip patients to make informed choices about participating in research.
- 22** Discussion also focused on the role of the CQC and whether there was an opportunity to strengthen assessment of clinical research activity as an indicator of care within assessment processes for trusts and ICSs.

Inclusiveness and leadership

- 23** All doctors have a role in supporting research, many will contribute, and some will be research leaders. We have heard how the response to the COVID-19 pandemic saw many more clinicians positively engaging with clinical research. This enthusiasm could be harnessed so that more clinicians continue to participate in research in the long term. Employers have a central role to play and could publicise research focused mentoring schemes, especially to those underrepresented in research such as women and people from diverse backgrounds. Creating a research-rich culture has benefits that extend beyond research itself and provides doctors with skills in teamwork and communication.
- 24** Doctors in training working in the NHS should be supported to become involved in research during their training. High-quality research in the NHS is everyone's responsibility and a core part of clinical care. However, there are barriers to participation for some doctors including the lack of role models/mentors and availability of experiential opportunities in some institutions.

Challenges

- 25** We recognise a major challenge for doctors in training is the lack of time in the working week for patient-facing research and we have acknowledged this in our key principles, when we say that 'doctors and other clinicians should have time protected in their job to carry out professional activities like leading research.'
- 26** However, we recognise there are currently many significant pressures impacting the healthcare workforce, some of which will be sustained for some time ahead. This inevitably impacts the ability of doctors in training to take time away from clinical duties to undertake research activities and the time available for supervisors to oversee these activities too. However, we do know that engaging in research (and teaching etc) can be motivating for doctors and enrich their enjoyment of work and wellbeing.

- 27** To facilitate the engagement of medical students and doctors in training in research, we need agreement across the system to drive change as research is vital to drive improvements in healthcare, by identifying new means to prevent, diagnose and treat disease.

Leadership

- 28** Whilst the working group contained few employer voices, the group recognised their role in supporting doctors to pursue research activity. Employers should strive to ensure that learning and development departments are equipped to provide leadership, support, and advice on research processes. Providing these resources would ensure that research time is well spent. Engaging in clinical research at an early stage enables trainees to develop professional skills they can draw on throughout their career. Participating in research within a multi-disciplinary setting provides opportunities to develop and demonstrate skills in leadership. The Integrated Academic training (IAT) was highlighted as a key route for developing future clinical academic leaders as the programme supports individuals to gain research experience as part of their clinical training. Similar routes are offered across the four countries including the Scottish Clinical Research Excellence Development Scheme (SCREDS), the Welsh Clinical Academic Training (WCAT) Fellowship and the Academic Clinical Fellowship (ACF) in Northern Ireland.

GMC - Opportunities to drive change

- 29** We are committed to using our role in education and training to help develop a diverse medical workforce with the right skills, so patients receive the best quality care. Our work on fairer training cultures explores perceptions of the fairness in postgraduate medical education and the causes of differential attainment by ethnicity and country of primary medical qualification. We are working across the healthcare sector to drive change, but we recognise that more needs to be done to ensure that all trainees and doctors have the same opportunities to provide their maximum contribution to the health service.
- 30** Over the next five years, we plan on reviewing our standards and outcomes. Part of this work will include reviewing our approach to lifelong learning for doctors. We have identified that we need to highlight the role of doctors who undertake research activity as part of their scope of practice and provide advice on the evidence they need to collect to revalidate.
- 31** Our pledge to increase awareness of the value of research will include committing to supporting research in clinical practice and linking in with the flexibility work in the GMC to raise awareness of our findings. Ongoing work on integration and better collaboration across the NHS and social care is in line with our ambitions to work better with other regulators and healthcare partners and do more to embed patients' experiences in everything we do. Through collaboration with health and research organisations, we will look for opportunities to promote a message supporting research in clinical practice for doctors at all levels.

Seeking views of COPMeD

- 32** As key stakeholders, we would greatly appreciate the views and advice of COPMeD as to how we can progress the recommendations.