

Medical Education in Scotland

The 25% ME Group is proud to host a group of patients and carers who have come together under the banner 'Taking M.E. Forward' with the aim of improving understanding and awareness of M.E. in Scotland.

September 2014 will mark two years since the closure of the Cross Party Group on ME at the Scottish Parliament.

In the aftermath, patient representatives felt it appropriate to try to make progress on some of the issues that must be resolved to achieve change for the better for people for M.E. in Scotland.

Taking ME Forward (TMEF) was thus established and our first focus was on GP education in Scotland.

Medical School Curricula

The matter of medical education in Scotland had been raised at the Cross Party Group. A sub group formed to progress work in this area placed FOI requests to the five Scottish medical schools regarding the content of their under-graduate course curriculum.

Due to copyright restrictions the Universities did not want their teaching materials published in their original form. However a synopsis was put together and circulated at what proved to be the final CPG meeting.

Dr Gregor Purdie stated at this meeting that none of the training provided in any of the course content would fit in terms of enabling him to diagnose and support a patient who presented with M.E.

This is not surprising when one sees the content of what is taught.

Two Medical Schools mention ME in their undergraduate curricula:

- One (St Andrews) describes ME as an alternative name for CFS, which is taught as a psychosomatic disorder.
- The other (Dundee) describes ME as a Neurological Somatoform Disorder under 'Medically Unexplained Symptoms' (MUS), and queries the usefulness of the terms ME, and Post Viral Fatigue Syndrome; moreover the course content clearly equates 'CFS' to 'chronic fatigue'.

The other three medical schools do not mention ME at all. They do cover 'CFS', which is viewed as a manifestation of:

- 'Medically Unexplained Symptoms' (Aberdeen);
- MUS/Functional Somatic Syndrome (Edinburgh),
- Functional Somatic Syndrome (Glasgow).

There could be no clearer example of why, although we live in a world where the power to decide which terms are used and what they are used to relate to does not lie with us, it is vital to continue to make the case for clear blue water between patients who fit stringent criteria for myalgic encephalomyelitis and patients who are merely fatigued.

Taking ME Forward approached the medical schools

Taking ME Forward are of the view that addressing the failure of Scottish medical school curricula to educate our doctors on M.E. is vital if progress is to be made.

We wrote to the five medical school, citing various research documents as evidence for serious concerns on how misinformation and misunderstanding in course curricula was impacting on patients and their care.

Glasgow have been the only medical school to engage constructively over the issue and have stated their willingness to include a lecture within a Royal College of Physicians & Surgeons Glasgow education event.

Aberdeen initially responded to a reminder with the message: "Medical schools receive frequent approaches from special interest and lobbying groups who believe that their own topic should have priority. Your particular point of view will be considered."

TMEF replied that we are not a lobbying group and are not seeking any priority, and briefly reiterated the case as to why their undergraduate curriculum is seriously flawed.

A further response from Aberdeen was received: "to indicate that we are taking the views of ME Forward seriously. I will ask my Teaching & Learning team to consider the question once more to see whereabouts in our course we cover the disorder. Any recommendation for change would be taken to our Curriculum Steering Group. In considering the issue further perhaps you can give me a few examples from other Medical Schools of their teaching on the subject?"

Having explained that there are copyright and intellectual property right restrictions on sharing such information, TMEF cited some possible examples of what student doctors might usefully be made aware of:

Myalgic encephalomyelitis/chronic fatigue syndrome and encephalomyelitis disseminata/multiple sclerosis show remarkable levels of similarity in phenomenology and neuroimmune characteristics

Morris & Maes BMC Medicine 2013, 11:205

Acute enterovirus infection followed by myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and viral persistence

Chia et al. Journal of Clinical Pathology, first published on line 14 October 2009

Discriminative Validity of Metabolic and Workload Measurements to Identify Individuals With Chronic Fatigue Syndrome

Snell et al. Journal of the American Physical Therapy Association Vol 93 Nov 2013 pgs 1484-1492

Chronic Fatigue Syndrome/Myalgic Encephalomyelitis and Parallels with Autoimmune Disorders

Brenu et al. Chapter 10 in 'Genes and Autoimmunity - Intracellular Signaling and Microbiome Contribution'

Edited by [SpaskaAngelovaStanilova](#), ISBN 978-953-51-1028

Publisher: InTech, March 13, 2013

Lower frequency of IL-17F sequence variant (His161Arg) in chronic fatigue syndrome patients

Metzger et al. 2008 Biochemical and Biophysical Research Communications Nov 7;376(1):231-3.

This met with the rather baffling reply: "I am sorry you feel unable to send any responses from other schools given that we share information between schools on our courses all the time. As I have said we will review what we teach on the subjects at our Curriculum Review committees and if we feel changes are needed will implement them. Thank you for drawing this issue to our notice."

Dundee responded to the alert about their course content with a "reassurance" that: "We are continually reviewing our curriculum and its content with input from subject specialists to ensure the programme meets the requirements of Tomorrows Doctors 2009, is up to date, reflects changes in healthcare and advances in understanding of medical conditions and teaches an evidence based approaches to their management. I hope therefore that you are reassured that ME will be considered when and where appropriate as part of this ongoing review."

TMEF replied that in view of the description provided "The Dundee University MBChB course should, therefore include medical facts concerning the proven multi-system pathophysiological nature of neurological G93.3 myalgic encephalomyelitis; the fact that it does not requires to be urgently addressed."

Silence from Dundee since.

Neither **Edinburgh** nor **St Andrews** responded at all.

Taking ME Forward also wrote to other bodies

The General Medical Council (GMC) were asked for an opinion on why Scottish universities are not teaching this neurological disease in line with the WHO ICD categorisation, but are instead redefining it under mental and behavioural disorders. The response received abdicated responsibility for university course content stating: “As you will have seen from *Tomorrow's Doctors*, our curricular requirements on medical schools set out generic 'outcomes' but we do not specify what should be taught about particular conditions”.

[*Tomorrow's Doctors*](#), according to the UK Medical Schools website (www.medschools.ac.uk), "sets out the General Medical Council's (GMC) requirements for the knowledge, skills and behaviours of undergraduate medical students and for the delivery of teaching, learning and assessment. These standards provide the framework that UK Medical Schools use to design their own detailed curricula and schemes of assessment."

It is notable that *Tomorrow's Doctors* includes a section on *Quality assurance, review and evaluation* which states:

“Concerns about, or risks to, the quality of any aspect of undergraduate medical education will be identified and managed quickly and effectively.” (Tomorrow's Doctors 2009)

The Medical Schools Council stated that it is:

“the role of the General Medical Council (GMC) to assure the quality of medical education in the UK at all stages of a doctor's training. The GMC therefore has a role for ensuring quality and regulating undergraduate medical education in Scotland.”

The Scottish Council of Deans Curriculum Subgroup offered no response at all to our query.

The Scottish Government sidestepped any responsibility in the education of our future doctors claiming “universities are required to ensure that their curricula content relating to the care professions (i.e doctors, dentists, nurses etc.) is approved by the relevant professional regulator..... In the case of medicine, the General Medical Council (GMC) protects the public by ensuring proper standards in the practice of medicine.”

It is apparent from these communications that everyone, apart from the GMC, regards the GMC as being responsible for regulating course content.

We therefore conclude that no-one is regulating course content in Scottish medical schools.

Taking ME Forward is also looking to make progress on

Ensuring Safety of Physiotherapy and other non pharmacological interventions

TMEF has asked the Scottish Government to clarify any existing arrangements regarding the reporting of adverse events and ensuring safety of non-pharmacological interventions.

Diagnosis & Misdiagnosis More recently TMEF approached the Scottish Government to voice serious concerns over the issue of misdiagnosis.

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