Workshop: How the RCGP Curriculum is Changing and Why

- Curriculum rearranged rather than rewritten
- Being a GP statement is not only this but also a job description for all GPs – the curriculum is designed to reflect what the job of a GP is.
- It is a Curriculum, not a Syllabus!
- The RCGP has adopted Stenhouse’s definition of Curriculum. It should be open to criticism, open to development and progress and is “capable of effective transition into practice”. It must address:
  - The needs of the training community
  - Changes in society
  - Changing patient expectations
  - The needs of the service
  - Current evidence of best practice
- New things on the curriculum webpages
  - User guide with interactive tabs and links
  - Glossary
  - Made clear that there are three types of curriculum statement – the same content but has been restructured
    - Being a GP
    - Contextual Statements
      - The GP Consultation in Practice
      - Patient Safety and Quality of Care
      - The GP in the Wider Professional Environment
      - Enhancing Professional Knowledge
    - The Clinical Examples (not exhaustive – just 21 examples). These are here for purely political reasons. The RCGP and GMC view is that these should really be scrapped as they give the impression of a syllabus, not a curriculum and make it more specialty based rather than generalist based.
- “Key messages” in each Curriculum Statement have been reduced and condensed
- Case illustrations have been added to highlight the Curriculum in everyday General Practice
- Reflective questions have been included at the end of each Curriculum Statement to train the mind into thinking about the professional competencies and achieving these.
- Six areas of competence are AREAS, not DOMAINS
- Go to the following webpages for more information:
  - www.rcgp.org.uk/curriculum