Revision of the RCGP Curriculum

Reasons for revision
The need for a revision is informed by the analysis of the spontaneous and systematic feedback received about the curriculum.

The three main issues addressed in the revision are:

1. Trainers and trainees find the Curriculum too large.
2. Users have not fully understood the structure of the Curriculum, neither the overall structure nor the way it has been laid out in the different statements.
3. In parallel, The Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement have produced The Medical Leadership Competency Framework (MLCF) that all colleges have to integrate into their Curriculum.

The feedback containing the critique has been sourced by

- The Birmingham University evaluation project
- The Diary project
- Written and verbal, informal feedback from members of the training community

To support the development of the Curriculum in line with other major educational documents, the revision work has also been informed by

- The Revalidation version of Good Medical Practice for GPs
- The GMC four domain GMP version 4
- Core Competencies for all doctors, produced by The Academy of Medical Royal Colleges
- Changes in knowledge of best practice

As all members of the CDG and the Guardians’ group are educationalists and clinicians, the work has also been informed by available educational theoretical and empirical knowledge.

Additionally the CDG has established initiatives to coordinate across College work streams to develop support of GPs’ learning through the Curriculum, from undergraduate/foundation training to postgraduate training through to revalidation.

Aims of the revision
The overall revision aim is to provide the training community with a document that supports teaching and learning in general practice, building onto doctors competences achieved in earlier training and preparing them for independent practice and continued professional development.

The specific aims are to

1. Give the Curriculum a more consistent structure of a core Curriculum (Being a GP), and a number of exploring and exemplifying statements to illustrate the core (pt divided into the statements 2 – 15)
2. Give a better description of the theoretical educational frame for the Curriculum (six Curriculum domains and three essential features of the doctor) and how this can support the training and all work expected to be done by a GP
3. Illustrate better the connections between the doctor’s specialty training and earlier as well as future training and learning.
4. Update the content of the Curriculum to align with the changing knowledge of best practice, changes in service needs, changing patient expectations, changes in society, and changing training needs.

In January 2010 the core curriculum was updated to include the MLCF as it relates to GP professionalism. In this revision we aim to ensure that every curriculum statement gives examples of what clinical leadership means in a general practice context.

Since the launch of the Curriculum there have been urgent updates to several of the statements. These are continuing to be introduced in parallel to the 2010-2013 revision.

The 2010-2013 revision will change the format of the Curriculum in two stages:

August 2012: The Curriculum documents will be changed as described below, but still in pdf format
August 2013: The Curriculum will be accessible in an interactive web based format

Content of the revision

The process of revision has taken Stenhouse’s definition of a Curriculum (1975)^1 as a starting point, and within the vision of the Curriculum^2 as well as the vision of change of the Curriculum^3 approved by PTB in 2008.

The Curriculum revision is mainly in structure and format and less in content.

Changing the structure and format could give the impression of a new Curriculum. As the learning objectives are very little changed in content, and guided by a meeting with the GMC in September 2010, the revision to be submitted is a new version of the 2007 Curriculum.

During revision work we have found and addressed the following specific problems:

- **Structure:** The educational line was not entirely clear in the Curriculum. It did not strictly follow the theoretical frame of the EURACT Educational framework in all documents, and there was no clear illustration of the difference between the functions of the Core Curriculum and the other parts of the Curriculum.

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^1 Stenhouse definition of the Curriculum, "an attempt to communicate the essential features and principles of an educational proposal in such a form that it is open to critical scrutiny and capable of effective translation into practice." (Stenhouse 1975, An introduction to curriculum research and development. London)

^2 The Curriculum vision: The RCGP Curriculum is a living, dynamic description of the essential principles and features of what it means to work as a GP. The description is open to critical scrutiny and capable of effective translation into practice, reflecting changes in patients’ expectations; in the society; in the needs of the service; in current evidence of best practice; and in the needs of the training community.

^3 The vision of change of the Curriculum: The RCGP Curriculum is influenced by and influencing both primary audiences (e.g. the learners, the trainers/teachers, the patients, the education deliverers, the RCGP) and secondary audiences (e.g. the academic community, the regulatory bodies, the public culturally and politically).
• **Format:** The language was uneven and conceptually a mixture of assessment terminology and terminology from the EURACT Educational agenda. The single line up of statements to be downloaded in pdf format left little opportunity to work across the statements or to integrate other learning resources and available technology to train the complexity of the work in general practice. The structure of each document was more like a textbook than an educational learning resource encouraging to independent learning. The textbook structure invited to “silo-thinking” more than to understanding of complexity and person centeredness.

• **Content:** Topically the content covered a GP’s work in general practice, but lacked the perspective of the GP’s work within wider professional arenas.

The revision is described in relation to this analysis:

1. The structure of
   a. the overall Curriculum document
   b. each statement within the Curriculum document

2. The content of
   a. The entire Curriculum
   b. each of the statements within the Curriculum document

3. The format
   a. The language/terminology
   b. Dimensions and available technology

**The structure**

**The overall Curriculum document**

In the future version of the Curriculum the EURACT educational framework is presented more clearly by adding a ‘RCGP Curriculum Introduction and User guide’ to the entire Curriculum. It explains what a curriculum is, in what way it is different from a syllabus, how to become an independent learner, the normal development from a novice to an expert, and how this curriculum fits in with already achieved competencies and future CPD within general practice. The College is working towards similar ‘introductions’ in the Curriculum and the Revalidation guide, in order to support the understanding of learning in general practice as a lifelong journey.

Understanding how to work with the Curriculum will be aided by dividing the Curriculum into three parts: The Core Curriculum (Being a GP); the statements exploring the Core Curriculum elements in the context of general practice (the contextual statements); and the clinically applied curriculum (the clinical examples).

**The Core Curriculum** gives, as in the earlier version, a description of the framework consisting of six areas of competence and three applied essential features of the doctor.

**The contextual statements** give examples of the six Curriculum areas of competence and the three essential features of the doctor. This is done by describing

- The GP Consultation in Practice
- Patient Safety and Quality of Care
• The GP in the Wider Professional Environment
• Enhancing Professional Knowledge

The clinical examples give selected illustrations of learning from clinical situations during training.

A glossary of educational terms used in the documents is being prepared.

Historic information and information aimed at regulatory bodies is transferred into archived appendices.

The EURACT framework is a framework that is especially suitable to describe what it means to be a GP, however, as standards for assessing doctors’ performance is structured by the GMP it is also important that there is a clear line to the GMP. A mapping of the Curriculum to the GMP four domains is therefore attached as an appendix to the Core statement.

The structure of each statement within the Curriculum document

The Core Curriculum will be preceded by a ‘RCGP Curriculum Introduction and User guide’ explaining how to use and understand the Curriculum. The structure of this document guides the reader to the right part of the Curriculum and supports the understanding of the use of the Curriculum.

The Core Curriculum will have a slightly changed structure agreed as template for the statements. The contextual statements will start with a description of which Curriculum areas of competence and which applied essential features of the doctor are being explored in the statement.

The clinically applied statements are condensed into clinical examples, without an introduction, but within in the same overall structure as all statements. Wherever possible, cross referencing to other statements will be used.

The new template used means general changes to the structure of each of the statements:
• The title is followed by a standard paragraph explaining the purpose of the curriculum.
• The acknowledgements are moved to the end of the statement.
• Each statement includes a ‘case illustration’ with points for reflection. The way in which this links to each Area of Competence will be indicated.
• The learning outcomes are grouped (as previously) into the Areas of Competence. Each of these sections is now prefaced by a standard introductory sentence taken from ‘Being a GP’ to support the understanding of the use of the statements.
• Learning outcomes are prefaced by the stem ‘As a GP you should’.
• The heading ‘Essential Features of you as a doctor’ and an explanatory sentence are added. The three elements of the essential features is prefaced by a standard introductory sentence taken from ‘Being a GP’ and the content in introduced by ‘Some examples of this are ..’.
• The ‘knowledge base’ and ‘psychomotor skills’ sections from the previous template are not included, as these are remnants from assessment terminology. Any points from these sections are moved into learning outcomes under the appropriate Area of Competence.
• The ‘Promoting learning about ..’ section is renamed ‘Learning strategies’. A new subsection ‘Formal learning’ is added.
• ‘Further reading’ is renamed ‘Learning resources’ and is moved to after the learning strategies.
• ‘References’ is renamed ‘References underpinning this statement’.

The content

The content of the entire Curriculum

The Curriculum is aiming at being distinct as a teaching and learning document, not a syllabus; internally consistent; and without unnecessary repetition.

The addition of a ‘RCGP Curriculum Introduction and User guide’ explaining how to work with the Curriculum is produced as a series of slides to be the electronic entrance portal to the Curriculum for this revision.

The content of each of the statements

Duplications and “copy paste sentences” are deleted, and cross referencing is used instead.

The first 10 statements (statement 2; 3.1-3.7; and 4.1-42) are merged into four statements. These explore the Curriculum areas of competence and applied essential features of the Core Curriculum. The four statements will describe the same topics that are present in the existing 10 statements, but be put into context to better illustrate the complexity of general practice. This will support the move away from ‘silo thinking’, as well as encourage the understanding of CPD within the GMP framework.

The first four statements, exploring the Core:

<table>
<thead>
<tr>
<th>Current Curriculum statements</th>
<th>Contextual statements for implementation 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements 2 (The general practice consultation); 3.3 (Clinical Ethics and Values-Based Practice); 3.4 (Promoting Equality and Valuing Diversity) and part of 3.5 (Evidence-Based Practice)</td>
<td>The GP consultation in practice</td>
</tr>
<tr>
<td>Statements 3.1 (Clinical Governance); 3.2 (Patient Safety) and parts of the MLCF</td>
<td>Patient safety and quality of care</td>
</tr>
<tr>
<td>Statements 4.1 (Management in Primary Care) and parts of the MLCF</td>
<td>The GP in the wider professional environment</td>
</tr>
<tr>
<td>Statements Part of 3.5 (Evidence-Based Practice); 3.6 (Research and Academic Activity); 3.7 (Teaching, Mentoring and Clinical Supervision)</td>
<td>Enhancing professional knowledge</td>
</tr>
</tbody>
</table>

4 “Concise statement of the main subjects of a course of teaching, lecture.” *Oxford Dictionary*
Statement
4.2. (Information Management and Technology)

IMT is seen more like a suite of tools for all work than a topic that should be described outside the specific situation. The content of this statement is therefore integrated into all of the four first statements.

The last statements constitute the “clinically applied curriculum” and they illustrate the core Curriculum with clinical examples.

<table>
<thead>
<tr>
<th>Current Curriculum statements current version</th>
<th>Clinical examples for implementation in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy people</td>
<td>Healthy people</td>
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<tr>
<td>Genetics in Primary Care</td>
<td>Genetics in Primary Care</td>
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<tr>
<td>Care of acutely ill people</td>
<td>Care of acutely ill people</td>
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<tr>
<td>Care of Children and young people</td>
<td>Care of Children and young people</td>
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<tr>
<td>Care of older adults</td>
<td>Care of older adults</td>
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<tr>
<td>Women’s health</td>
<td>Women’s health</td>
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<tr>
<td>Men’s health</td>
<td>Men’s health</td>
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<tr>
<td>Sexual health</td>
<td>Sexual health</td>
</tr>
<tr>
<td>Care of people with cancer and palliative care</td>
<td>End of life care.</td>
</tr>
<tr>
<td>Care of People with mental health problems</td>
<td>Care of People with mental health problems</td>
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<tr>
<td>Care of people with Learning disabilities</td>
<td>Care of people with intellectual disabilities</td>
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<tr>
<td>Cardiovascular problems</td>
<td>Cardiovascular problems</td>
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<tr>
<td>Digestive problems</td>
<td>Digestive problems</td>
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<tr>
<td>Drug and alcohol problems</td>
<td>Drug and alcohol problems</td>
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<tr>
<td>ENT and facial problems</td>
<td>ENT and facial problems</td>
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<tr>
<td>Eye problems</td>
<td>Eye problems</td>
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<tr>
<td>Metabolic problems</td>
<td>Metabolic problems</td>
</tr>
<tr>
<td>Neurological problems</td>
<td>Neurological problems</td>
</tr>
<tr>
<td>Respiratory problems</td>
<td>Respiratory problems</td>
</tr>
<tr>
<td>Rheumatology and conditions of the Musculoskeletal system (including trauma)</td>
<td>Rheumatology and conditions of the Musculoskeletal system</td>
</tr>
<tr>
<td>Skin problems</td>
<td>Dermatological problems</td>
</tr>
</tbody>
</table>

The format

The language/terminology
The revision is changing the educational terminology and linguistic style. The Curriculum needs to follow the educational terminology of the EURACT Educational Agenda, however, it also needs to be edited into consistent language, accessible to the younger generation of doctors. The revision
has illuminated the need for changes, but also provides the opportunity to adjust the conflicting terminology of the areas of competence in the Curriculum and its assessments.

To visualise the different functions of the Core statement, the numbering will change from 1 – 31, to:

1 for the Core Curriculum,
2.x for the contextual statements and
3.x for the clinical examples

The full list is given at the end of this paper.

An editor, Dr. Frances Peck, is working with the College and in close cooperation with the CDG and the Guardians. All linguistic changes as well as educational terminology are developed in collaboration with the CDG/MD of Curriculum.

Examples of the changes are:

• ‘Domains’ as a concept is not understood by the training community. We have therefore chosen “Areas of Competence” This is in line with the terminology of the EURACT Educational Agenda, and was actually used once in ‘Being a GP’ (2005 version) as a synonym to ‘the domains’.

• The term ‘Essential Features’ is not well understood, so it is changed to be expanded to ‘Essential Features of you as a doctor’.

The style of the language is changing from passive to active and engaging with the reader.

Dimensions and available technology

In terms of integration of learning resources modern available technology is planned to be applied to add several new dimensions to the Curriculum. The revision of the statements is preparing the Curriculum for substantial electronic cross referencing and linking, which can take the learner into clinical cases with multiple possible endings, across areas of competence in different statements within the curriculum, but also within other learning resources, such as the e-GP modules, the condensed curriculum guide, textbooks and guidelines. This is expected to be implemented in August 2013.

Process of further development

The process of revision is planned to continue to be done within the vision of the Curriculum as well as the vision of change for the Curriculum. The PTB has been informed and commenting on all stages of the revision from day one. RCGP Council has approved of the revision. The GMC has received the description of the planned revision.

An AiT group and a group of educational supervisors have agreed to feedback on the revised statements.

The editor has agreed to undertake all of the revision to ensure a consistent line in the new version of the Curriculum.

There is a need for an updated literature search on the references underpinning the Core Curriculum. It is a substantial task, but is budgeted to be done in 2011.

The Birmingham evaluation project will give a final report on the project in July 2011. This will inform us further about the implementation of the Curriculum and its assessments until June 2010. The source of the future systematic feedback is still to be decided.
Consequences for learning resources and the assessments
As the revision is more rearranging the content of the present Curriculum than a re-construction of the Curriculum, there are only minor changes to the content, learning resources and assessments. Changing the Curriculum documents will however change the perception of the structure of the other learning resources. The revision work has therefore been done, and will continue to be done, in close cooperation with the RCGP work streams of CDG, Blueprinting, assessments, revalidation, CPD, AiT, the First5, and e-GP, to make sure that the revision is taking into account the consequences for these elements of training.

The Condensed Curriculum guide and InnovAiT have so far linked systematically to the statements. The Condensed Curriculum guide is in need of an update, and the Guardians have agreed to function as resource persons/co-authors in a new version of the condensed guide. This update is not yet scheduled. Members of the CDG and e-GP will also work with the InnovAiT board. The ePortfolio will need to update in accordance with the revision of the Curriculum statements.

Curriculum Revision – structure of the revised curriculum

From August 2012 the Curriculum will be structured as follows:

(Introduction and User Guide)

1. The Core Curriculum Statement: Being a General Practitioner

2. The Contextual Statements:
   2.1 The GP Consultation in Practice
   2.2 Patient Safety and Quality of Care
   2.3 The GP in the Wider Professional Environment
   2.4 Enhancing Professional Knowledge

3. The Clinical Examples
   3.01 Healthy People, Promoting Health and Preventing Disease
   3.02 Genetics in Primary Care
   3.03 Care of Acutely Ill People
   3.04 Care of Children and Young People
   3.05 Care of Older Adults
   3.06 Women’s Health
   3.07 Men’s Health
   3.08 Sexual Health
   3.09 End-of-Life Care
   3.10 Care of People with Mental Health Problems
   3.11 Care of People with Intellectual Disabilities
   3.12 Cardiovascular Problems
   3.13 Digestive Problems
   3.14 Drug and Alcohol Problems
   3.15 ENT and Facial Problems
   3.16 Eye Problems
3.17  Metabolic Problems
3.18  Neurological Problems
3.19  Respiratory Problems
3.20  Rheumatology and Conditions of the Musculoskeletal System (including Trauma)
3.21  Skin Problems

(Glossary of Terms)