Executive summary

We have recently consulted on our updated *Standards for Curricula and Assessment Systems*. As part of this work we are in the process of producing supporting guidance on assessment. This is part of our wider improvements to the statutory GMC curriculum approval process. This guidance is intended for those organisations including colleges and faculties that produce postgraduate medical curricula and in due course credentials. It will support organisations design and develop individual assessments, assessment frameworks and quality assures such systems. The guidance builds on, and will replace, previous guidance from PMETB.

The guidance is intended to set out our expectations around the design of assessment, to promote and support the development of best practice in assessment, and to address areas for improvement in postgraduate assessment. The guidance attempts to do this by incorporating perspectives from modern theoretical understanding and contemporary approaches to professional assessment. These align with the recent development of Generic Professional Capabilities and the emerging requirements of the new *Standards* regarding ‘outcomes based’ curricula.

It is essential that the guidance is both technically credible and feasible in practice, and we are seeking advice and feedback from several bodies to inform the further development of the guidance, a copy of which is provided in annex A.

Recommendation

The Board is asked to comment on the robustness of the principles, advice and GMC expectations given in the guidance by reference to best practice in assessment.
Background to the guidance

1. We are reviewing our *Standards for curricula and assessment systems*, which govern the process of approval of postgraduate curricula. These were produced in 2008 by PMETB and updated in 2010 at the time of the merger between PMETB and GMC. The consultation on new standards closed in November and we will provide an update on the results in due course.¹

2. The *Standards* have been supported by guidance on assessment issues. We intend to update and reissue this to support the new version of the *Standards*. This guidance, which issued between 2007-2011, remains our primary source of advice on postgraduate assessment and remains influential.

Why we want to develop new guidance to support the new Standards for curricula

3. The purpose of the new guidance is to explain the new curricular standards as they relate to assessment and assessment systems, and to describe how they might be met. This assessment guidance supports our approvals process and will need to align with any future GMC quality assurance arrangements in respect of postgraduate curricula and assessment. Much of the content of the PMETB guidance remains relevant, but several related issues make the development of new guidance timely:

- The development of the new standards for postgraduate curricula involves new requirements around assessment, such as a shift to ‘outcomes based’ curricula
- The generic professional capabilities (GPCs) for postgraduate training must be included in all postgraduate curricula. As GPCs describe higher level professional capabilities rather than discrete skills and knowledge, they may necessitate a shift in assessment practice for some colleges
- Concerns that the current assessment practice and guidance generates a heavy assessment burden, lacks validity and perhaps unintentionally drives suboptimal assessment practices and culture (Collins 2010:89)
- Advances in assessment theory since 2007 which are complementary to the other issues, such as changes in the way validity of an assessment is understood
- Approvals processes indicate assessment remains a challenge for colleges, who would like greater clarity on the approval of assessment changes
- Learning from the use and utility of workplace based assessment
- The identification of systematic patterns of differential attainment and recent judicial reviews in relation to the fairness of assessments (Esmail & Roberts 2013)
The development of joint guidance with the Academy of Medical Royal Colleges, which will include advice on how the GPCs should be assessed.

Key principles of the guidance

4 The guidance re-emphasises key principles from earlier guidance as well as outlining new (related) expectations concerning:

- The linking of curricula and assessment programmes and the adoption of an increasingly strategic approach to assessment programmes by colleges
- The interdependency of different components of assessment within a coherent programme of assessment and the justification of choices about (eg selecting types of) assessment by reference to their purpose and intent within the assessment programme
- Assessments to include the outcomes required by the GPC framework
- Emphasis on formative/developmental improvement of learners as a major component of programmes of assessment (and not just individual components).

5 These issues reflect the key requirements of the new standards, consultancy work, desk-based research, engagement with experts and with advisory groups supporting the update of the Standards, the AoMRC and the colleges. It also builds on requirements from previous guidance, eg regarding blueprinting and standard setting.

Advice required

6 We would welcome AAB’s feedback on:

- What would constitute appropriate regulatory advice on how to design assessments of performance in broad speciality and generic areas? What practical advice should we give on how judgements of performance can be made?
- Approaches to the assessment of professional performance have emphasised assessor judgement but note the difficulties of standardising such judgements. How can the guidance be improved to help make sure judgements are professionally grounded and defensible, particularly in relation to E&D issues?
- The approaches we have recommended might be interpreted as requiring heavy programmes of assessment, which we are concerned to avoid. Does the draft guidance address these tensions appropriately? How could it be improved?
Bibliography

Collins (2010), *Foundation for Excellence: An Evaluation of the Foundation Programme*, Medical Education England


1 A copy of the consultation document is included for information among the papers for Board members
Standards for postgraduate curricula and regulated credentials

A public consultation on our draft standards

General Medical Council

Working with doctors Working for patients
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About this consultation

What we are consulting on

We are consulting on draft standards for all GMC-approved postgraduate curricula and credentials.

This document sets out the standards and requirements for the design and development of curricula and credentials. It describes how curricula and credentials must address our professional requirements in Good medical practice (GMP), * the generic professional capabilities framework (GPC), † and other professional guidance and legal requirements.

We will use these standards to simplify, clarify and improve processes around the approval and quality assurance of curricula, and to begin to approve regulated credentials.

The purpose of the consultation is to seek feedback on the standards. We are also looking to explore how we might apply these standards in order to reduce regulatory burden, where appropriate, and to better support those organisations designing and developing curricula and credentials to meet our standards.

Why we are reviewing the standards

We have a legal duty to set standards for medical education and training and to make sure those standards are being met through our quality assurance processes. As part of this, we review and formally approve postgraduate medical educational curricula and programmes of assessment to make sure they meet our statutory requirements.

The current Standards for curricula and assessment systems‡ were produced in 2007 by the Postgraduate Medical Education and Training Board (PMETB) and republished as GMC standards in 2010 when PMETB merged with the GMC. We need to refresh the standards and take account of developments in postgraduate training and assessment.

Further, a recent judicial review of high stakes professional examinations§ has led us to undertake a programme of work to investigate and better understand variation in performance and attainment in medical education and training; the new standards take account of this learning.

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* General Medical Council (2013) Good medical practice available at: [www.gmc-uk.org/gmp](http://www.gmc-uk.org/gmp)
The GPC framework was approved by Council early in 2016 after consultation last year, and the revised standards will embed GPCs into curricula and credentials.

Our Council agreed in April 2016 to introduce regulated credentials in a measured way with a small number of early adopters. While regulated credentials have not begun yet, these standards will inform these new approval and recognition processes. We have included credentials in these standards in order to provide support for future developments. Our website has information about our plans for regulated credentials.*

What we will do next

Discussions with key interest groups confirmed that much of what is in the current standards is valuable, and still relevant to contemporary curriculum design. We have therefore carried over a lot of the ideas and thinking of that document. For clarity, some of its content has been moved into guidance and operational processes, or has been already included in *Promoting excellence: standards for medical education and training,*† or *Recognition and approval of trainers.*‡

For details of how we developed the draft standards please see our website.§

We will analyse the consultation responses and continue to work with our external advisory group and others to develop a final set of standards, which we aim to publish in early 2017.

Have your say

We are seeking feedback on the draft standards from those involved in designing and developing curricula and programmes of assessment, and we welcome responses from anyone who is interested in these areas.

We have asked 15 questions about the standards, and another 11 questions to help us develop processes around application of the standards. We are not asking questions about every new standard or requirement but we welcome your comments on any or all of them. You do not have to answer all of the questions if you prefer to focus on specific issues.

When answering the questions, please bear in mind that our standards apply across all four countries of the UK, and to all medical specialties or subspecialties.

* Credentialing - [http://www.gmc-uk.org/education/continuing_professional_development/27258.asp](http://www.gmc-uk.org/education/continuing_professional_development/27258.asp)


§ Standards for curricula and assessment review - [http://www.gmc-uk.org/education/29569.asp](http://www.gmc-uk.org/education/29569.asp)
How to take part

This consultation runs from 5 September and is open until **28 October 2016**.

The simplest way to answer the questions is on our consultation website at:


You can also answer the questions using the text boxes in this document and send your completed response by email or post to:

- [educationconsultation@gmc-uk.org](mailto:educationconsultation@gmc-uk.org)
- Education policy team  
  General Medical Council  
  Regents Place  
  350 Euston Road  
  London NW1 3JN.

Please contact us using the details above if you would like a printed copy of this document. Or if you have any problems using this document or the consultation website please let us know if you would like to respond using a word document instead.
Standards for postgraduate curricula and regulated credentials

About these standards

This document sets out our standards and requirements that will be applied to all postgraduate curricula* and credentials that must be approved by the GMC, including any changes or revisions. They may be applied to other learning, assessment frameworks or tests of competence and training approval processes where appropriate.

These standards are to be used in conjunction with our Promoting excellence: standards for medical education and training.† Together they provide an integrated standards framework for the approval and provision of postgraduate medical education and training.

How these standards are organised

When developing and designing a curriculum or credential, four domains must be considered.

<table>
<thead>
<tr>
<th>Domain 1: Purpose</th>
<th>Domain 2: Governance and quality assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do you need to develop the curriculum or credential?</td>
<td>What processes will you use to develop and review the curriculum or credential?</td>
</tr>
<tr>
<td>- Intent and rationale</td>
<td>- Development and review process</td>
</tr>
<tr>
<td>- Four-country agreement</td>
<td>- Stakeholder input and support</td>
</tr>
<tr>
<td>- Needs analysis</td>
<td></td>
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<tr>
<td>- Service / workforce requirements</td>
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</table>

<table>
<thead>
<tr>
<th>Domain 3: Learning outcomes, approaches and experience</th>
<th>Domain 4: Programme of assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does a doctor need to achieve to progress?</td>
<td>How will you ensure doctors achieve and demonstrate the learning outcomes?</td>
</tr>
<tr>
<td>- Generic, specialist or particular capabilities</td>
<td>- Aligned to learning outcomes</td>
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<tr>
<td>- Critical progression points</td>
<td>- Defined levels of performance</td>
</tr>
<tr>
<td>- Appropriate levels of experience</td>
<td>- Promotes excellence</td>
</tr>
<tr>
<td>- Suggested educational methods</td>
<td>- Quality assure assessments</td>
</tr>
</tbody>
</table>

Patient safety

Excellence

Fairness

* The standards and requirements apply to both general practice and specialty curricula. In this document, references to specialty curricula or requirements include general practice.

Scope and flexibility of curricula and credentials

GMC-approved postgraduate curricula must be applicable to the UK as a whole and have outcomes that receive the full support of the four countries in the UK.

The particular capabilities, outcomes and expectations set out in a regulated credential must be recognised by all four UK countries. Credentials must be supported by and relevant to the service or workforce requirements in at least one of the four UK countries.*

Although the outcomes of approved curricula and credentials must be consistent across the UK, local implementation will be as flexible as possible. Organisations will then be able to better manage their local educational capacity and capabilities, patient and service needs, and training opportunities.

We will make sure, through our quality assurance processes, that the implementation of the curricula and regulated credentials meet our standards as set out in Promoting excellence: standards for medical education and training.

Applying these standards

During GMC approval processes, organisations† will be required to describe and evidence how the standards and requirements have been addressed in the design and development of a proposed curriculum or credential.

For an approval process to be meaningful, it must address many interdependent factors such as patient expectations, equality and diversity, workforce gaps, system coherence, service needs, as well as operational and professional perspectives. Our approval process must ensure that all of these different dimensions have been effectively considered and addressed effectively during the development and design process.

This will allow us to ensure the proposed curriculum or credential is credible and feasible, is supported strategically and has addressed the different challenges in providing safe, effective and relevant medical education and training.

More details on how we are developing processes around application of these standards are available on our website.‡

* As we further develop and introduce a regulated credential process, we will publish appropriate advice and support.
† Organisations are broadly defined in this document to make sure it is flexible as possible to future changes in medical education and training. Most likely the organisations that will develop postgraduate curricula will be medical colleges and faculties. Regulated credentials will likely be developed by colleges and faculties as well as other credible bodies in the relevant field of practice.
‡ Standards for curricula and assessment review web page - http://www.gmc-uk.org/education/29569.asp – will have details added as processes are developed.
Core principles

Patient safety is the first priority
Patient safety is at the core of these education standards. Just as all doctors must make the care of their patients their first concern, so must the organisations that design and develop postgraduate curricula and credentials.

Addressing known patient safety issues must be central to curricula and credential design. To be approved, they must identify and explain how key areas of patient safety and clinical risk are identified, defined and addressed. This should include a focus on safety-critical content, clarity on expected levels of professional performance, and guidance, expectations and requirements for learning methods, outcomes and experiences.

Upon satisfactory completion, we expect learners to be able to work safely and competently in the defined area of practice and to be able to manage or mitigate relevant clinical risks effectively. Patient safety is a key domain in our Generic professional capabilities framework (GPC). This framework must be included in all postgraduate curricula and referenced in the key requirements for all credentials.

Patients must be protected from harm during educational activities. Where there are serious patient safety concerns, the curriculum or credential should specify key educational interventions or particular learning methods to mitigate these risks, such as simulation or enhanced clinical supervision. These explicit requirements should be proportionate and be used where there are no other appropriate or acceptable ways to limit or reduce patients’ exposure to the risk of training.

Excellence is the aspiration
Whilst patient safety is essential, we expect curricula and credentials to promote excellence in education, training and professional practice.

Learners should be given opportunities to aim for, and be recognised for achieving levels of achievement above the expected outcomes.

Fairness is a guiding principle
Like patient safety, fairness is central to our standards and requirements. All postgraduate curricula or credentials must demonstrate how they will support efforts to ensure fairness in terms of content, educational approach and activities. This will involve supporting efforts to reduce barriers, promote opportunities, and value diversity.

Equality and fairness are fundamental principles for providing effective care for patients and ensuring medical professionals can work effectively in diverse teams. These principles must be embedded in the development processes and learning outcomes identified in the training programme or learning activities.
Particular consideration must be given to ensuring that entry-to-training requirements, assessments and progression decisions are fair and robust.

Organisations developing postgraduate curricula and credentials must demonstrate that they have met their statutory obligations under equality legislation. They must show they have taken account of good practice in equality and diversity, including providing reasonable adjustments. Organisations must also consider the impact of, and outcomes from, learning programmes for all learners, including people who share protected characteristics.

Key to meeting these standards will be taking account of our equality and diversity guidance.*

In order to help ensure progression is fair and transparent, data on the impact and outcomes of the training programme or credential should be monitored, analysed and published where possible. We will require such information to be provided to us for our quality assurance processes.

* Approving changes to curricula, examinations and assessments: equality and diversity requirements – available at http://www.gmc-uk.org/education/postgraduate/EandD_college.asp – describes the responsibilities of organisation designing curricula. It defines terms like protected characteristics and reasonable adjustments.
Domain 1: Purpose

Purpose of this domain
This domain is about making sure the curriculum or credential is based on a stated strategic workforce need. The purpose statement must clearly identify and address patient and service needs. It must describe the generic professional, specialty, and particular capabilities expected of doctors in the area of practice, which must be demonstrated in order to grant a CCT or award a credential.

Standards
S1.1 The curriculum or credential has a stated and clear purpose based on workforce and patient need.

Requirements
The curriculum or credential must:

R1.1 Set out the need for the curriculum or credential based on a workforce gap or needs analysis, and support from the service.

R1.2 Set out the purpose, objective and aim of the curriculum or credential, including how it links to each stage of progression.

R1.3 Identify broadly what capabilities and levels of performance can be expected by doctors in the area of practice in order to satisfy the requirements for a CCT or for the awarding of a credential.

R1.4 Demonstrate it has secured four-country consensus on the purpose statement.
Domain 2: Governance and quality assurance

Purpose of this domain
This domain is about making sure curricula and credentials are developed through rigorous and demonstrable processes that are informed by patients, learners, trainers, the system, the service and educational providers. The curriculum or credential must demonstrate how it integrates with the wider healthcare workforce, other disciplines or professions, and how it addresses critical interdependencies.

Standards
S2.1 Clear and robust governance processes are used to develop, regularly review and keep the curriculum or credential up to date.

S2.2 The curriculum or credential results in feasible, practical and sustainable training programmes or learning activities that can be implemented locally by those organisations responsible for training and service provision.

S2.3 The curriculum or credential addresses interdependencies with other disciplines, professions, and areas of practice. It also clearly defines the expectations in the wider service and healthcare system.

Requirements

Development processes
The processes for curriculum or credential design, development and review must:

R2.1 Describe how the curriculum or credential was scoped out, including how input was sought from key groups and how workforce, safety, and patient needs were identified, based on appropriate information and evidence for the area of practice.

R2.2 Describe how the interdependencies between the curriculum or credential and other training programmes or credentials, areas of practice, or professions have been identified, analysed and managed.

R2.3 Describe how consensus was achieved about the learning outcomes, or where consensus was not obtained, why learning outcomes are still necessary and have been included, for example to address significant patient safety concerns or future workforce capability.

Evaluation of the curriculum or credential
The processes for implementing curricula or credentials must:
R2.4 Set out plans for how the curriculum or credential should be introduced, including a clear plan for the transition of learners.*

R2.5 Describe how the curriculum or credential will be evaluated and monitored over time through quality management and internal quality assurance processes.

R2.6 Describe the arrangements that will be used to gather data, including minimum data sets required by the GMC.

R2.7 Describe how the curriculum or credential will evaluate its impact or that of its learning outcomes on different groups of doctors, especially those who share protected characteristics.

R2.8 Describe mechanisms that will be used to keep the curriculum or credential up to date and current, including how innovations in the area of practice or training will be incorporated over time and out-of-date elements will be removed.

R2.9 Describe how the curriculum or credential, including the programme of assessment and its associated measures of quality assurance, will be communicated clearly and publicly to learners, the public, and to those providing the education and training.

Input and feedback

R2.10 The curriculum or credential must describe, at all stages of the design and development process, how input and involvement was sought from:

a Employers, service providers and organisations responsible for planning learning and development. Input must be obtained when developing the need for, purpose, content and expected generic professional, specialty and particular capabilities necessary for doctors working in the area of practice.

b Patients, relevant patient groups, carers and lay people. Input from these groups will differ depending on the area under consideration – the purpose is to ensure patients, carer and others have an opportunity to influence and validate expected outcomes and to identify what should be included or prioritised in training or development programmes.

c Education or training providers. Input should be sought early on, and throughout, in relation to its feasibility and practical implementation.

d Learners, including specific input from doctors who share protected characteristics.

e  Professionals, including generalist, specialist and expert input to identify appropriate outcomes for the intended level of performance.

f  Assessment experts.
Domain 3: Learning outcomes, approaches and experience

Purpose of this domain
This domain is about making sure the curriculum or credential is educationally coherent and clearly describes an outcomes-based approach. We expect a focus on high level professional capabilities rather than many individual competencies. We expect the curriculum or credential to describe a clear minimum scope of practice, expected levels of performance and professional capability, as well as guidance about appropriate experience at critical progression points.

Standards
S3.1 Curricula or credentials reflect the generic, specialty and / or particular capabilities as specific learning outcomes, describing expected levels of performance and capabilities as well as experience that learners must demonstrate in order to progress or to achieve a CCT or an award of a credential.

S3.2 Learners are encouraged to, and recognised for, achieving proficiency or excellence in the area of practice.

Requirements
The curriculum or credential must:

R3.1 Describe how learning outcomes, educational approaches and experiences match the stated purpose and aim of the curriculum or credential.

R3.2 Include *Good medical practice* and the content of the *Generic professional capabilities framework*.

R3.3 Offer guidance on describing appropriate minimum levels of experience and learning opportunities.

R3.4 Describe expected levels of performance against the learning outcomes at critical progression points or for successful completion.

R3.5 Describe how levels of performance can encourage learners to aspire to excellence.

R3.6 Describe the expectations to ensure educators, programme leaders and managers are clinically credible and competent as medical educators.

R3.7 Describe how learners, educators and education providers will receive meaningful and timely feedback.
Domain 4: The programme of assessment

Purpose of this domain
This domain is about making sure the organised set of assessments planned for the curriculum or credential where appropriate – the programme of assessment – and its individual components are based on fair and robust assessment principles, practices and processes. These broad assessment principles must be demonstrated across all assessments which enable or contribute to decisions about progression in, or completion of, a training programme or credential. However the way they are demonstrated may vary depending on the training context or on the type of individual assessment.

The primary purpose of the programme of assessment is to demonstrate how the learning outcomes have been achieved. It must articulate clearly the professional standards and specific levels of performance expected of learners at critical progression points and for successful completion. It must also address the professional responsibilities of assessors in making dependable judgements about learners’ performance and behaviour.

Key to meeting these standards will be taking account of our assessment guidance that describes good practice in developing programmes of assessment.*

Standards

S4.1 The programme of assessment is valid, fair, acceptable, feasible and cost effective. It enables reliable judgements, and has a positive educational impact.

S4.2 The programme of assessment discriminates effectively between different levels of performance and capacity, includes critical progression points, supports longitudinal professional development, and recognises successful completion of the training programme or credential by demonstrating the stated outcomes of the curriculum or credential.

S4.3 The programme of assessment incorporates opportunities for reflective and formative feedback linked to learning outcomes.

* The guidance is being developed in parallel with this document and will be published alongside these standards.
Requirements

Developing the programme of assessment

R4.1 The process for developing the programme of assessment must describe clearly how assessments which enable or contribute to decisions about a learner’s progress have been:

a Selected and integrated to produce valid and reliable judgements; purpose of each individual element within the programme of assessment and its contribution to the programme of assessment as a whole must be clear.

b Blueprinted and mapped to the learning outcomes described in the curriculum or credential, so that it is clear how and when curricular outcomes are demonstrated.

c Sequenced and applied across the curriculum or credential, particularly around critical progression points to ensure patient safety.

d Appropriately calibrated and standard set to clearly describe expected levels of performance, using a methodology that is consistent, robust and fair over time.

e Conducted reliably and fairly with appropriate guidance for learners, examiners and assessors.

f Subject to appropriate quality assurance of individual methods and items.

The programme of assessment must also:

R4.2 Integrate information about the learner’s performance and behaviour across the programmes of assessment to evidence decisions about progression and satisfactory completion of the training programme or credential in accordance with the blueprint.

R4.3 Provide learners, where appropriate, with regular, constructive and meaningful feedback on their performance and behaviour, development and progress against curricular outcomes at appropriate points in their training or credential.

R4.4 Meet the legal obligations set out in equalities legislation and good practice regarding fairness, equality and diversity, including ensuring reasonable adjustments are offered based on appropriate professional advice.

R4.5 Consider the impact of the assessments on all doctors, with particular consideration given to doctors who share protected characteristics.
Monitoring the quality of the programme of assessment

R4.6 The programme of assessment must be subject to review systems and processes that monitor and continuously improve the quality of all its components.

R4.7 Where appropriate, the quality control and management of assessments carried out locally must be integrated into the local mechanisms to monitor and improve the programme of assessments.

R4.8 Information from quality control and management systems and process must be provided to support the GMC’s quality assurance and monitoring of postgraduate medical training and credentials.

Communication

The programme of assessment must:

R4.9 Describe how the design of the programme of assessment for the curriculum or credential will be communicated widely so the assessment methodologies, their specific intent and their interdependency within and across the programme of assessment are understood.

R4.10 Disclose the quality performance metrics of high stakes summative or progression assessments.

R4.11 Describe how those involved in assessments provide meaningful and timely feedback to candidates following assessment and how they are provided with feedback about their performance in summative assessments.

Assessors

R4.12 The programme of assessment must provide guidance about the role of assessors, including what is expected in selected, inducted, trained, appraised and resourced assessors.* Examiners are included as assessors.

R4.13 There must be clear and regular processes for calibrating and benchmarking assessors and reviewing their performance.

R4.14 Assessors must be trained to make professional judgements about learners’ performance and behaviour to an agreed standard and be able to demonstrate that they can consistently distinguish between different levels of performance and behaviour. This includes training on the equality and diversity issues that are relevant to their role as assessors, and fair decision-making.

* More information about our expectations for assessors is in the supplementary guidance on assessment – this document is currently in development and will be published alongside these standards in 2017.
Responsibilities and relationships

Roles, responsibilities and interdependencies

The diagram below shows the roles, responsibilities and interdependencies among organisations in medical education and training, and how the two sets of standards apply.

The quality assurance framework (QAF)* shows how the quality assurance, quality management, and quality control functions work together.

Promoting excellence: standards for medical education and training applies to both undergraduate and postgraduate medical education and training.

* Details about the QAF and how we monitor the quality of education and training are on our website: http://www.gmc-uk.org/education/qaf.asp and http://www.gmc-uk.org/education/27080.asp.
Our role in medical education and training

The General Medical Council (GMC) is required by law to set educational standards for all doctors in undergraduate and postgraduate education and training in the UK. We do this, in part, by approving postgraduate medical education and training – this includes approving in advance curricula and associated training posts, programmes and assessments.

We assure the quality of medical education and training by carrying out rigorous reviews and regular monitoring activities to ensure our Promoting excellence standards are being met by education providers. These GMC quality assurance processes help us to identify and deal quickly with any concerns and so make sure that doctors in training receive safe and effective training and appropriate clinical supervision in settings that provide safe patient care.

We also accredit specific or defined areas of particular medical practice – called regulated credentials.*

Responsibilities in designing curricula or credentials

The General Medical Council

Alongside our functions described above about our role in medical education and training, the GMC has the specific responsibilities listed below.

- Sets the professional standards for all UK doctors through Good medical practice and other professional guidance.

- Oversees and maintains the generic outcomes of the generic professional capabilities framework. This is done in partnership with the Academy of Medical Royal Colleges (AoMRC).

- Approves posts and programmes of learning for postgraduate training programmes and GMC-approved regulated credentials where appropriate.

- Quality assures regulated and approved curricula or credentials by monitoring and checking to make sure that our educational standards are maintained.

- Provides system leadership in determining critical interdependences across, between and within programmes of learning.

* Regulated credentials are in the early stage of development – more details and guidance will be available in 2017.
The four UK governments and their related organisations

- Identifies and prioritises strategic, system, service or workforce needs including, through their related organisations, the funding, planning, commissioning and quality management of programmes of learning.

Funders/commissioners and employers

- Identifies and prioritises service and workforce needs.
- Supports and provides sponsorship, funding and opportunities for education, training and professional development including the quality management of local programmes of learning or credentials.

College/faculties or other credible professional bodies

- Designs and develops a curriculum or credential.
- Maintains and monitors a curriculum or credential and associated programmes of assessment.
- Ensures the curriculum or credential meets its obligations under equality legislation and good practice on fairness, equality and diversity.
- Contributes to and supports the GMC in its quality assurance and statutory responsibilities.

Educational providers

- Implements elements or complete curricula.
- Provides local quality control and participates in local quality management of education and training.
Glossary

Assessor
An assessor provides an assessment and is responsible for interpreting the learner’s performance in that assessment. Assessors should be appropriately trained and should normally be competent (preferably expert) in the area that is being assessed.

Clinical governance
Clinical governance is the system through which National Health Service (NHS) organisations are accountable for continuously monitoring and improving the quality of their care and services, and for safeguarding the high standard of care and services.

Credential
A credential is a formal accreditation of attainment of knowledge, skills, performance and behaviour in a defined area of practice outside of current postgraduate specialty training, at a level that provides confidence that the individual is fit to practise and can work without supervision in that area.

Curriculum
A curriculum is a statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme or course, including a description of the structure and expected methods of learning, teaching, assessment, feedback and supervision. The curriculum should set out what learning outcomes the learner will achieve.

Doctor in training
This is the GMC’s preferred term for a doctor participating in an approved postgraduate training programme (Foundation Programme or specialty including general practice training).

Education organisers
Education organisers are postgraduate deans and medical schools who are responsible for recognising trainers in four specific roles, in accordance with our requirements for recognising and approving trainers. Education organisers work together to recognise trainers where there is overlap between the groups of trainers.
**Educators**

Educators are individuals with a role in teaching, training, assessing and supervising learners. This includes:

- a individuals in a recognised and approved trainer role
- b other doctors or healthcare professionals involved in education and training in the course of their daily clinical or medical practice
- c academic staff from a range of disciplines with a role in education and training.

Educators may also include patients and members of the public who have roles in medical teaching or training, and other people whose knowledge, experience or expertise is used in teaching or training.

**Generic professional capabilities framework**

The generic professional capabilities framework is a matrix of educational outcomes that describe essential and critical capabilities underpinning core professional practice in the UK.

**Learners**

Learners are medical students receiving education leading to a primary medical qualification and doctors in postgraduate training leading to a certificate of completion of training (CCT) or doctors completing a regulated credential.

**Learning outcomes**

Learning outcomes are the knowledge, skills, capabilities, behaviours and expected performance that a learner must acquire by the end of a period of education or training.

**Medical college or faculty**

A medical college or faculty is a professional body responsible for the development the professional standards and expectations for one or more medical specialties.

The medical colleges and faculties provide curricula and assessment systems for specialty training, professional examinations and also provide continuing professional development support and advice for their members.
Medical trainer
A medical trainer is an appropriately trained and experienced doctor who is responsible for educating and training medical students or doctors in training within an environment of medical practice.

Four medical trainer roles are performed only by recognised or approved trainers who are registered doctors holding a licence to practise. The arrangements do not cover other doctors whose practice contributes to teaching, training, assessing or supervising medical students or doctors in training, but whose role does not need to be formally recognised.

Organisations designing and developing curricula or credentials
Most likely the organisations that will develop postgraduate curricula will be medical colleges and faculties but there is nothing to prevent other credible organisations developing a curriculum for approval by the GMC.

Regulated credentials will likely be developed by colleges and faculties as well as other credible bodies in the relevant field of practice.

Postgraduate dean
In England, the roles of the postgraduate dean and deanery sit within Health Education England. In Northern Ireland, these roles are held by the Northern Ireland Medical and Dental Training Agency. In Scotland, the postgraduate deans and the Scotland Deanery are part of NHS Education for Scotland. In Wales, the postgraduate dean is part of the Wales Deanery (School of Postgraduate Medical and Dental Education), Cardiff University. These are the UK bodies that the GMC has authorised to manage approved training programmes and the training posts.

Programmes of assessment
A programme of assessment is the organised set of assessments planned for the curriculum, which demonstrates how the learning outcomes must be achieved, articulating clearly the professional standards and specific levels of performance expected at critical progression points and for successful completion.
Quality control and management

Educational governance is the systems and standards through which organisations control their educational activities and demonstrate accountability for and the continuous improvement of the quality of education.

Educational governance may be part of a wider, integrated governance framework comprising elements such as clinical audit, risk management and organisational development, which fall within the responsibility of other regulators, and are outside the direct scope of these standards. However, an indicator of how effective educational governance is could be how well integrated these elements are within the overall governance of the organisation.

Training programme

A training programme is a formal alignment or rotation of posts that together comprise a programme of postgraduate training in a given specialty or subspecialty. A programme may deliver the full curriculum through linked stages to a CCT, or the programme may deliver different component elements of the approved curriculum.
Consultation questions

Questions about the draft standards

Structure of the standards document

1. Do you agree that the four domains are a helpful way of organising the standards?
   - □ Yes
   - □ No
   - □ Not sure
   Comment

2. Do you agree that the structure of setting out the purpose, standards, and requirements under each domain is helpful?
   - □ Yes
   - □ No
   - □ Not sure
   Comment
3. Is the section at the beginning about patient safety, excellence, and fairness clear and helpful?

☐ Yes  ☐ No  ☐ Not sure

Comment

4. Is the section at the end describing responsibility and relationships clear and helpful?

☐ Yes  ☐ No  ☐ Not sure

Comment
Content of the standards document

Content under each domain

Domain 1: Purpose

5 Have we identified the right standards and requirements for curriculum development and design under this domain?

☐ Yes  ☐ No  ☐ Not sure

Please tell us about anything you think should be added, changed or removed, referencing standard or requirement numbers where applicable.

Domain 2: Governance and quality assurance

6 Have we identified the right standards and requirements for curriculum development and design under this domain?

☐ Yes  ☐ No  ☐ Not sure

Please tell us about anything you think should be added, changed or removed, referencing standard or requirement numbers where applicable.
Domain 3: Learning outcomes, approaches and experience

7 Have we identified the right standards and requirements for curriculum development and design under this domain?

☐ Yes  ☐ No  ☐ Not sure

Please tell us about anything you think should be added, changed or removed, referencing standard or requirement numbers where applicable.

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Domain 4: The programme of assessment

8 Have we identified the right standards and requirements for curriculum development and design under this domain?

☐ Yes  ☐ No  ☐ Not sure

Please tell us about anything you think should be added, changed or removed, referencing standard or requirement numbers where applicable.
9 Do you think the standards and requirements under this domain are likely to help improve the quality of assessments?

☐ Yes  ☐ No  ☐ Not sure

Please explain your answer.

10 Are the standards and requirements under this domain sufficiently flexible to enable organisations to carry out assessments in a way which is most appropriate to the needs of their area of practice?

☐ Yes  ☐ No  ☐ Not sure

Please tell us why.
Equality and diversity

11. Do you think the standards and requirements will help embed the principles of fairness and equality in programmes of learning and programmes of assessment?

☐ Yes  ☐ No  ☐ Not sure

Comment

12. Do you think the standards and requirements are likely to adversely affect any particular groups of doctors or other people who share protected characteristics?

☐ Yes  ☐ No  ☐ Not sure

Please explain who might be affected and how, and what you think we could do to address any adverse impacts. Or tell us if you think there may be a positive impact.
The standards overall

13 How clear is the draft standards document?

☐ Very clear ☐ Fairly clear ☐ Not very clear ☐ Not clear at all ☐ Not sure

Please tell us about anything you found unclear, and let us know if there are any terms you think should be added to the glossary.

14 Is there anything missing from the draft standards document, or anything that should be removed?

☐ Yes ☐ No ☐ Not sure

Please tell us about anything you think should be added, changed or removed, referencing standard or requirement numbers where applicable.
15 Do you have any other comments on the draft standards document?
Questions about applying the standards

Transition and implementation

16 Will it be straightforward to develop new curricula or review current curricula based on these standards?

☐ Yes  ☐ No  ☐ Not sure

Please explain your response.

17 What would be a reasonable transition period for all curricula to meet the new standards and requirements?

☐ <1 year  ☐ 1-2 years  ☐ 2-3 years  ☐ 3-4 years  ☐ 4-5 years  ☐ >5 years

Comment
18 Do you think these standards will be suitable for the design and development of regulated credentials?

☐ Yes  ☐ No  ☐ Not sure

Please explain your response, and tell us what else might be needed to make the standards work for regulated credentials.

Quality assurance and quality management

We think that organisations that develop and design curricula should have a more formal role in our quality assurance of curricula and programmes of assessment at the local level.

19 Do you agree?

☐ Yes  ☐ No  ☐ Not sure

Please explain your response and tell us your ideas on how this might work.
20 What information and evidence should we consider?

We think curricula and credentials should be reviewed every 3-5 years to make sure they remain relevant. This could involve a process for ‘retiring’ elements of the curriculum, learning outcomes, or the curriculum itself, when no longer relevant.

21 Do you agree?

☐ Yes  ☐ No  ☐ Not sure

Please tell us how you think this might work, or if you disagree, why.
We think generic professional capabilities, in order to be responsive to workforce and service needs, should be reviewed every 3-5 years.

22  Do you agree?

☐ Yes  ☐ No  ☐ Not sure

Comment

Support and structures

We know that there are some requirements that some organisations might struggle with.

23  What kind of support, structures or bodies might be helpful to you in developing or revising curricula or credentials?
We want to introduce a system that ensures that the service and patients have meaningful input into development of curricula, and workforce needs are consistently identified and addressed.

24  Do you agree that this would be helpful?

☐ Yes  ☐ No  ☐ Not sure

Please tell us how you think this might work, or if you disagree, why.

25  How can we ensure four-country agreement for curricula or credentials?
We will be providing explanatory guidance on applying these standards and on our curricula and credential approval processes.

26. What particular areas would you like to see addressed?
Questions about you

Finally, we’d appreciate it if you could give some information about yourself to help us analyse the consultation responses.

Your details

Name

Job title (if responding as an organisation)

Organisation (if responding as an organisation)

Email

Would you like to be contacted about our future consultations?

☐ Yes  ☐ No

If you would like to know about upcoming GMC consultations, please let us know which of the areas of the GMC's work interest you:

☐ Education  ☐ Standards and ethics  ☐ Fitness to practise

☐ Registration  ☐ Licensing and revalidation

Data protection

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000 which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box provided below. Please tick if you want us to treat your response as confidential. ☐
Responding as an individual
Are you responding as an individual?
☐ Yes          ☐ No

If yes, please complete the following questions. **If not, please complete the ‘responding as an organisation’ section on page 42.**

Which of the following categories best describes you?
☐ Doctor          ☐ Medical educator (teaching, delivering or administering)
☐ Medical student ☐ Member of the public
☐ Other healthcare professional
☐ Other (please give details) ____________________________________________

Doctors

For the purposes of analysis, it would be helpful for us to know a bit more about the doctors who respond to the consultation. If you are responding as an individual doctor, would you please tick the box below that most closely reflects your role?

☐ General practitioner          ☐ Consultant
☐ Other hospital doctor         ☐ Doctor in training
☐ Medical director              ☐ Other medical manager
☐ Staff and associate grade (SAS) doctor
☐ Sessional or locum doctor
☐ Other (please give details) ____________________________________________

**If you are a doctor, do you work**
☐ full time?          ☐ part time?

What is your country of residence?
☐ England          ☐ Northern Ireland          ☐ Scotland          ☐ Wales
☐ Other - European Economic Area
☐ Other - rest of world (please say where) _________________________________

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Would you be happy for your comments in this consultation to be identified and attributed to you in the reporting?

☐ Happy for my comments to be attributed to me

☐ Please keep my responses anonymous

To help ensure that our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

What is your age?

☐ Under 25  ☐ 25-34  ☐ 35-44  ☐ 45-54  ☐ 55-64  ☐ 65 or over

Are you:

☐ Female  ☐ Male

Would you describe yourself as having a disability?

☐ Yes  ☐ No  ☐ Prefer not to say

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person’s ability to carry out normal day-to-day activities.
What is your ethnic group? (Please tick one)

White
- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish ☐ Gypsy or Irish traveller
- ☐ Any other white background, please specify ________________________________

Mixed or multiple ethnic groups
- ☐ White and black Caribbean ☐ White and black African ☐ White and Asian
- ☐ Any other mixed or multiple ethnic background, please specify ________________

Asian or Asian British
- ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese
- ☐ Any other Asian background, please specify ________________________________

Black, African, Caribbean or black British
- ☐ Caribbean ☐ African
- ☐ Any other black, African or Caribbean background, please specify ______________

Other ethnic group
- ☐ Arab
- ☐ Any other ethnic group, please specify ________________________________
Responding as an organisation

Are you responding on behalf of an organisation?

☐ Yes  ☐ No

If yes, please complete the following questions. If not, please complete the ‘responding as an individual’ section on page 39.

Which of the following categories best describes your organisation?

☐ Body representing doctors  ☐ Body representing patients or public
☐ Government department  ☐ Independent healthcare provider
☐ Medical school (undergraduate)  ☐ Postgraduate medical institution
☐ NHS / HSC organisation  ☐ Regulatory body
☐ Other (please give details) ____________________________________________

In which country is your organisation based?

☐ UK wide  ☐ England  ☐ Scotland
☐ Norther Ireland  ☐ Wales  ☐ Other (European Economic Area)
☐ Other (rest of the world)

Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting?

☐ Happy for my comments to be attributed to my organisation
☐ Please keep my responses anonymous