

GMC policy statement: Transition of learners to a new curriculum

Updated May 2021

Purpose of this statement

- 1** This statement sets out the General Medical Council's (GMC) requirements for doctors in training who are working towards a Certificate of Completion of Training (CCT¹) to move to the most recent GMC approved curriculum and programme of assessment.
- 2** The statement also sets out requirements for how curriculum changes should be applied to doctors applying for a Certificate of Eligibility for Specialist or GP Registration (CESR/CEGPR).
- 3** The GMC's role is to protect and promote the safety of the public, including setting and securing the standards of medical education and training and ensuring that the needs of employers and those engaging the services of general practitioners and specialists within the UK health services are met by the standards. *Excellence by design* (2017) sets the standards for the development and design of postgraduate curricula.
- 4** Postgraduate curricula, approved by the GMC, set the standard of performance required for entry to the specialist or GP register. In the interests of patient safety and maintaining educational quality, doctors will be trained and assessed against the most recent standards for the specialty. At any one time there should only be a maximum of two approved curricula per specialty. This will mitigate educational quality concerns arising from managing trainees on multiple and out-of-date curricula.
- 5** This updates our statement published in November 2012, and the revised statement is effective as of the date of publication.

¹ Where CCT is referred to this also includes Certificate of Eligibility for Specialist or GP Registration through the combined programme pathway to specialist/GP registration.

Curriculum transition of learners in GMC approved training programmes

- 6 *Excellence by design* requires plans for how the curriculum or changes will be introduced, including a clear plan for the transition of learners.
- 7 Doctors in training in all specialties, and in General Practice, should move to the most recent GMC approved curriculum and its programme of assessment. The transition should be completed as soon as it is feasibly possible, taking account of patient and trainee safety whilst also balancing the needs of the service. Some cohorts of trainees may experience a greater impact than others and require longer to prepare for the transition. As a guide we consider two years from the implementation date to be a reasonable transition period for all trainees to have moved to new curricula.
- 8 Doctors in their final year of training, or for whom it would not be in the interests of patient safety or impractical to support to move to a new curriculum, will normally remain on the curriculum in place prior to the new approval.

Who is covered by these revised requirements?

- 9 The revised requirements are relevant to those involved in the design and delivery of postgraduate medical education and training in the UK, and those trainees who are in GMC approved postgraduate training programmes leading towards a CCT.
- 10 They are also relevant to doctors applying for specialist or GP registration through the Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for General Practice Registration (CEGPR) pathway. There are some differences in the requirements for CESR/CEGPR applicants (from here referred to as CESR applicants), as described later in this document.

Background

- 11 In 2017 we launched a new set of standards, [*Excellence by Design*](#), which required that curricula for all medical specialties be revised to become outcomes-based and aligned to patient and service need. The standards require that organisations developing curricula must set out plans for how the curriculum or changes will be introduced, including a clear plan for the transition of learners.
- 12 Our 2012 position statement outlined that all doctors in training, excluding those in their final year, should transfer onto new curricula within two years of approval. We have updated the statement to allow greater flexibility where a two-year transition would be at odds with the interests of patient safety and educational quality.
- 13 Our 2012 position statement didn't outline how curriculum changes impact CESR/CEGPR applicants, but our operational approach was to assess CESR applicants against the most recently approved curriculum. This meant CESR applicants didn't

benefit from a transition period and were required to meet all new requirements from the point of approval. Introducing a transition period for CESR applicants gives doctors more flexibility, as they will have advance notice of the detail of forthcoming curriculum changes, and an opportunity to submit an application before a new curriculum becomes effective. Introducing a transition period for CESR applicants also provides greater parity between the approach to curriculum changes for CCT and CESR pathways.

Curriculum transition for CESR/CEGPR applicants

- 14** For CESR applicants, the new (most recently approved) and previous curriculum (the one in place prior to the new approval), will generally be expected to run concurrently from the point the new curriculum is approved, including those approved with conditions¹. CESR applicants should be able to apply against either the previous or new curriculum until the transition period no longer applies. This will usually be when the transition period ceases to apply to doctors in training and the previous curriculum is decommissioned.
- 15** Recommendations on the transition period for curricula for CESR applicants will be made by the relevant Royal College or Faculty, to the Curriculum Approval Group (CAG). Where a Royal College or Faculty consider an alternative approach necessary, they should outline what they would consider to be an appropriate transition period for CESR applicants and justify why a different approach is required.
- 16** CAG will then make a recommendation on whether to accept the Royal College or Faculty's transition plan to the GMC, and the GMC will make the final decision.
- 17** In making a recommendation about the transition period for CESR applicants, Royal Colleges and Faculties should take account of the guidance provided in our ['Making changes to your curricula guidance'](#), as well as the policy and criteria outlined in this document.

Use of curricula in CESR applications during transition

Introduction of a new curriculum

- 18** When a new curriculum is approved (including 'approved with conditions'), CESR applicants will usually be able to choose to open an application against either the new or previous curriculum. This choice provides flexibility for CESR applicants.

¹ Where an application has met all of the standards of *Excellence by design* and the curriculum can be approved and implemented, but with some limitations.

- This means that CESR applicants will be able to use the new curriculum before it has been implemented for CCT.
- Doctors who already have a CESR application open will be able to choose to change this to an application against the new curriculum at no additional cost.

Removal of a previous curriculum

19 CESR applicants will be able to continue to open and submit applications against the previous curriculum until the end of the agreed transition period.

- CESR applicants opening an application after this point will have to use the new curriculum.
- CESR applications under the previous curriculum must be submitted by the end of the transition period agreed for them, regardless of when the application was opened. Therefore CESR applicants should consider on opening the application whether they will have enough time to complete and submit their application before the cut-off date.
- CESR applications under the previous curriculum which are not submitted by the end of the agreed transition period will be closed and applicants will have to open a new application against the new curriculum.

Development of transition plans for CESR applicants

20 Colleges should consider the impact of changes on current and future CESR applicants when developing new curricula. As early as practical, a description of planned changes should be made accessible to CESR applicants, and their views sought to develop a transition plan.

Alternative transition arrangements

- 21** Examples of situations in which a Royal College or Faculty may feel an alternative transition arrangement for CESR applicants is necessary, include where:
- i a non-standard transition plan is agreed, or
 - ii they have concerns that application of this policy for a particular specialty might lead to an adverse impact on CESR applicants or doctors in training.

Non-standard transition period

22 By a 'non-standard' transition period we mean, a transition period that:

- a has no firm end date (e.g. without a defined month and year in which all CCT trainees must have transferred to the new curriculum), and/or
- b does not transition the majority of CCT trainees (except those in their final year pre-CCT) to the new curriculum within two years of approval, or
- c transitions doctors in training to a new curriculum within a timeframe which is too short to provide adequate notice of impending curriculum changes for CESR applicants, or
- d is determined by the GMC to be non-standard for another reason, and to require a case-by-case decision on transition for CESR applicants.

23 Where a Royal College or Faculty considers it appropriate to develop an alternative transition period for CESR applicants, their proposed alternative should include consideration of the following:

- How long will any period of dual running of curricula be?
- When will the new curriculum be made available for CESR applicants to use in beginning their applications?
- When will the previous curriculum cease to be available to CESR applicants?

Criteria for transition periods for CESR applicants

24 In considering how the curriculum or changes will be introduced for CESR applicants, Colleges should ensure that the following criteria are met. curricula transition periods for CESR applicants should:

- be developed with input from CESR applicants
- be communicated during the curriculum development phase, as far as practicable, and on approval of new curricula
- provide a minimum period of 12 months before the previous curriculum is decommissioned
- include an end date for CESR transition
- demonstrate parity and fairness with the transition plan for CCT as far as practicable
- take account of the different context for CESR's applicants compared with doctors in training (eg how they use the curriculum, the support available to them, and the process of applying for specialist registration).