



Making changes to postgraduate curricula and programmes of assessment

A guide for medical royal colleges
and faculties

General
Medical
Council

This guidance is for royal college/faculty staff who are involved in developing postgraduate curricula and assessments and are responsible for making applications to the GMC for approval.

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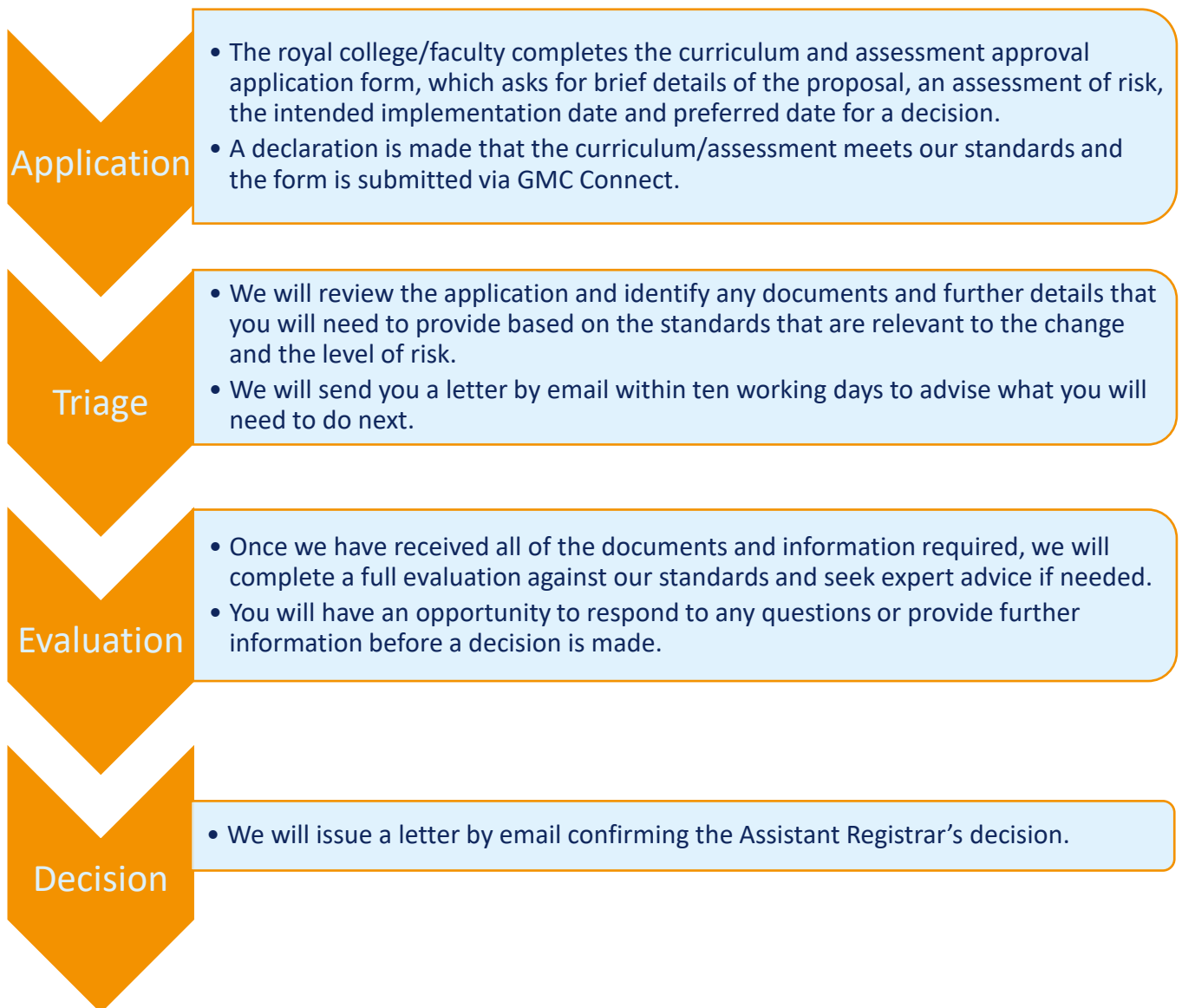
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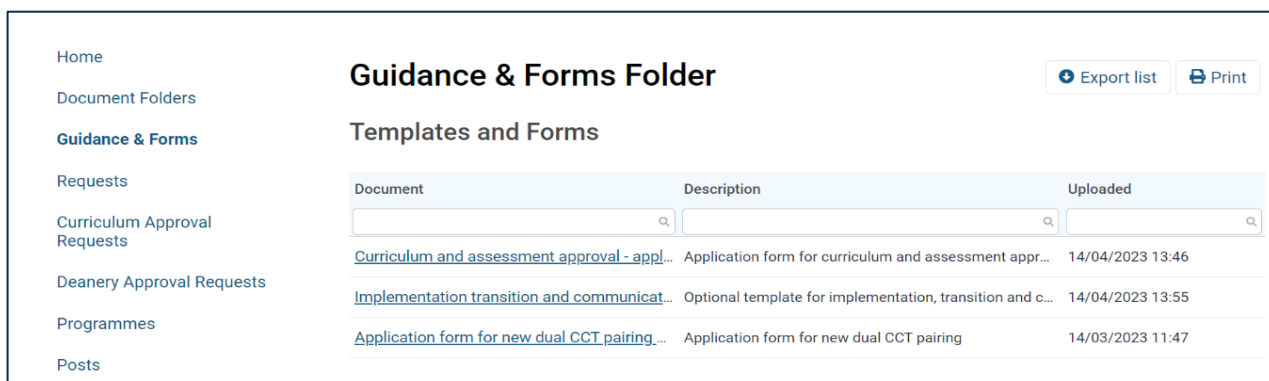
The curriculum and assessment approval process

The GMC has a statutory role to set the standards and requirements relating to postgraduate medical education and training, which includes the standards for specialty curricula and assessments: [Excellence by design: standards for postgraduate curricula](#). We have processes in place to ensure those standards have been met and that curricula and assessments have been designed, developed and implemented in a robust way. Once curricula and programmes of assessment are implemented, we also have a responsibility to monitor their delivery, including the environments in which doctors are trained. Our [Quality Assurance Framework](#) describes our different quality assurance functions and how they interact.

Changes to curricula and programmes of assessment **must** be prospectively approved by us. Our process for assessing applications for approval is flexible and outlined below.



The curriculum and assessment approval application form can be downloaded from the *Guidance & Forms* section of GMC Connect:



Document	Description	Uploaded
Curriculum and assessment approval - appl...	Application form for curriculum and assessment apr...	14/04/2023 13:46
Implementation transition and communicat...	Optional template for implementation, transition and c...	14/04/2023 13:55
Application form for new dual CCT pairing...	Application form for new dual CCT pairing	14/03/2023 11:47

We'll aim to give you a decision by the preferred decision date you give in your application form, however this is dependent on the documents we request being provided in full and in a timely manner, and the application being submitted sufficiently in advance. We strongly recommend making your application **at least three months** before you need a decision and leaving enough time for contingency if your application is not approved initially. We encourage you to consider the difference between the **approval date** and the **implementation date**. At the point a change to a curriculum is approved, there needs to be a reasonable period of time to safely prepare for its implementation, enact the communication plan and ensure key interest groups are supported for the transition from one curriculum to another.

Engagement with relevant stakeholders, including us, is key; if you are planning significant changes to a curriculum or programme of assessment, we encourage you to contact us early in the development stage so that we can support you through the approval process. This is particularly important if you are making changes that affect the scope of practice of a doctor completing the curriculum, or the training pathway.

Please ensure you provide a clear description of each proposed change in the application form. You don't need to include supporting documents when you submit the form, but a copy of your curriculum (if relevant) with the changes tracked is really helpful. We also welcome advance notice of *any* changes planned, no matter how big or small, so that we can offer guidance, plan our work schedule effectively and manage expectations about capacity. You can contact us at quality@gmc-uk.org.

Examples of changes and requirements for approval

The following examples of the documents we may ask for when you make an application are **for guidance only**. We will evaluate each application against our standards on its own merits and the detail and documents requested may vary from those shown.

Changes to the curriculum

-
- Curriculum document with tracked changes
 - Details of consultation with employers, patients and/or relevant professional bodies, statutory education bodies, learners and supervisors
 - Implementation, transition and communication plans
 - An equality impact assessment
 - Guidance and/or detail of training for supervisors and learners
 - Detail of how you will monitor the change

A new workplace-based assessment or a change to an existing workplace-based assessment

- Curriculum/assessment strategy document with tracked changes
- Details of consultation with learners and assessors/supervisors
- Implementation, transition and communication plans
- An equality impact assessment
- Guidance and/or detail of training for assessors and learners
- Detail of how you will monitor and continuously improve the assessment

A new exam or a change to an existing exam

- Curriculum/assessment strategy document with tracked changes
- Details of consultation with candidates, examiners and those with relevant expertise (eg psychometrician)
- Implementation, transition and communication plans
- An equality impact assessment
- Guidance and/or detail of training for examiners and candidates
- Mapping to the curriculum/blueprint
- Detail of how you have validated the change, eg pilot or modelling
- Detail of how you will monitor and continuously improve the exam

There is no set format for how you present your initial response, but we suggest providing brief details in a cover letter and using this to signpost additional supporting documents or larger appendices, such as implementation plans or blueprints.

For all types of change it is likely we will ask you to report back to us after implementation.

Key groups who provide us with advice

During the approval process, we'll share details of your application with key interest groups who will give the GMC Assistant Registrars advice about whether our standards have been met, based on the evidence provided. Details of the groups/organisations we engage with are listed below:



GMC Education Associates

The GMC is supported by a pool of associates from both medical and non-medical backgrounds in much of its work. In education, they help us to carry out quality assurance visits and provide advice about whether curricula and assessments meet our standards. We use associates with an interest in medical education, such as consultants, doctors in training and lay members, as well as experts in assessment such as psychometricians.

Curriculum Oversight Group

The Curriculum Oversight Group (COG) has representation from organisations responsible for UK medical workforce planning, recruitment, education and training, ensuring that the healthcare workforce has the right numbers and skills in place to support the delivery of healthcare and health improvement for patients and the public. Organisations invited to provide advice through the COG are NHS England, NHS Education for Scotland, Health Education and Improvement Wales, the Northern Ireland Medical and Dental Training Agency and the Departments of Health across all four countries of the UK. The COG provides us with advice around curriculum alignment to patient and service need, taking into account strategic national workforce plans.

Equality, Diversity and Inclusion team

The GMC's Equality, Diversity and Inclusion (ED&I) team are responsible for ensuring that our stakeholders and staff are treated fairly. They develop the strategy for ED&I across the organisation and ensure it is embedded in everything we do. They support us by providing advice on whether an organisation has demonstrated that they have adequately considered equality, diversity and fairness in the development of their curricula and assessments. They also helped us to put together [guidance](#) for royal colleges and faculties on undertaking equality impact assessments.

Postgraduate deans

Postgraduate deans are responsible for the delivery of education and training programmes for doctors, including recruitment and selection, the quality and safety of learners and training environments, ensuring that curricula outcomes can be met, and the ARCP process. We are in regular contact with postgraduate deans, who help us evaluate if curricula and assessments can be feasibly delivered by the statutory education bodies. When we receive an application, a representative of COPMeD will ask the lead dean for the relevant specialty to complete a checklist that confirms that they have been involved in the development of the change and have considered various important points relevant to delivery, such as availability of resources and communication plans. It's essential that the lead dean is kept informed about any planned

changes to curricula or assessments in specialties they are responsible for.

When you won't need to seek our approval

You don't need to make an application to us for approval of the following:

- Guidance outside of the curriculum, such as user guides for workplace-based assessments, as long as the guidance does not alter the way the curriculum is interpreted. You **must not** place additional requirements on doctors in training within documents external to the curriculum (unless they are explicitly approved by us).
- Pilots for new assessments or curriculum changes, as long as they are carried out alongside existing assessments, that doctors in training have the option to take part and the results do not contribute to outcomes or progression.
- Changes to person specifications for entry into training, provided they match the approved training pathway in the curriculum.
- Changes to policies on maximum number of exam attempts and currency of exams that fall within the [Academy of Medical Royal College guidelines](#), which we endorse.

Administrative changes

All changes to curricula documents need to be submitted to us using the curriculum and assessment approval application form. Some changes may not need further supporting documents or require a formal decision in order for us to confirm our ongoing approval of your curriculum. If we agree that no further information is required, we will write back to confirm this within five working days and agree timescales for uploading an updated copy of the curriculum to our website.

The following are examples of changes that would not usually require additional supporting evidence:

- **Errata** - Typographical errors and corrections that do not change the sense or meaning of the text
- **Clarification** - Making something that is implicit, more explicit
- **Rebranding** - Applying a new logo or style to the curriculum document
- **Web-based resources** - Updating expired web-links or adding new web-based resources
- **National initiative** - Changes that occur as a result of a national initiative that have been mandated by the GMC or Departments of Health
- **Factual changes** - Changes that keep the curriculum up to date (eg when deaneries in England were renamed to Local Education Training Boards)

How to submit your application

To submit your application, you will need an account for our secure portal, GMC Connect, and access to the 'Royal College/Faculty – Education' user group. Please contact us at quality@gmc-uk.org if you need a set up an account or change your existing account's access.

- When logged into GMC Connect, select 'Curriculum Approval Request' from the left hand pane. You will be presented with a list of previous requests for your organisation.
- Click 'New curriculum approval request'. A reference number for your application will automatically be generated.

The screenshot shows the GMC Connect interface. At the top right, the user 'Nicola' is logged in with a 'Sign out' button. The main header identifies the 'Organisation - Faculty of Sexual and Reproductive Healthcare' and the 'User Group - Royal College/Faculty - Education'. A left-hand navigation menu includes 'Home', 'Document Folders', 'Guidance & Forms', 'Requests', 'Curriculum Approval Requests', 'Deanery Approval Requests', 'Programmes', and 'Posts'. The main content area is titled 'Curriculum Approval Requests' and features three buttons: 'New curriculum approval request', 'View open requests', and 'View closed requests'. Below these buttons is a table with columns for 'CAR ID', 'Request Type', 'Sub Type', 'Status', 'Status Date', 'Details', and 'Created By'. One row is visible with the CAR ID 'ER1-2770153083', 'Curriculum ...' as the Request Type, 'CAG Submi...' as the Sub Type, and 'Closed' as the Status.

- Select a sub type from the drop down list: 'Curriculum', 'Assessment' or 'Curriculum and assessment'.

The screenshot shows the 'New curriculum approval request' form. On the left is a navigation menu with 'Deanery Approval Requests', 'Programmes', 'Posts', 'Curricula', 'Credentials', 'Dashboard', and 'Account Settings'. The form fields are: 'CAR ID' with the value 'ER1-3891607503'; 'Type*' with a dropdown menu set to 'Curriculum Approval'; and 'Sub Type*' with a dropdown menu showing options: 'Assessment', 'Curriculum', and 'Curriculum and assessment'. The 'Curriculum and assessment' option is currently selected.

- Type a very brief title for your application in the 'Details' box, for example 'Updates to FRCPATH Part 2 exam'.

The screenshot shows a web form titled 'Deanery Approval Requests'. On the left is a navigation menu with items: Deanery Approval Requests, Programmes, Posts, Curricula, Credentials, Dashboard, and Account Settings. The main form area contains the following fields:

- A text input field containing 'ER1-3891607503'.
- A 'Type*' dropdown menu with 'Curriculum Approval' selected.
- A 'Sub Type*' dropdown menu with 'Curriculum and assessment' selected.
- A 'Details*' text area containing the text 'Update to 2021 curriculum'.

- Click 'Add Specialty' and select the specialty that will be affected by the change from the drop-down list.
- If you are updating an existing curriculum, select 'Yes' and the latest version of the curriculum according to our records will be automatically populated. If you are making a change to an exam or submitting an entirely new curriculum, select 'No' in answer to this question. Changes to workplace-based assessments would be considered a change to the curriculum so you should answer 'Yes' in this scenario. Click 'Save'.

The screenshot shows the 'Add Specialty' form. On the left is a navigation menu with items: Home, Document Folders, Guidance & Forms, Requests, Curriculum Approval Requests, Deanery Approval Requests, Programmes, Posts, Curricula, Credentials, Dashboard, and Account Settings. The main form area contains the following fields:

- A 'Specialty' dropdown menu with 'Community sexual and reproductive health' selected.
- A question 'Are you updating an existing Curriculum Version?' with a dropdown menu showing 'Yes' selected.
- A dropdown menu showing a list of specialties, with 'Community Sexual and Reproductive Health ...' highlighted.
- Two buttons at the bottom: 'Cancel' and 'Save'.

- You can add multiple specialties if necessary by clicking 'Add Specialty' again.
- Under 'Documents' click 'Add Document' to upload the completed application form. You may add other supporting documents at this stage, but it is not a requirement.

- When you are ready, click 'Submit'. You may click 'Save' if you want to save your application and come back to it at a later point.

Document Name	Document Description	Date Uploaded
Curriculum and assess...	Application form	19/04/2023 10:40

You'll use the same Curriculum Approval Request to share documents with us throughout the application process. Please click the reference number and go to 'Documents' rather than opening a new request if we ask you to submit further documents.

We'll update the status of the application in GMC Connect to let you know which stage it is at. When we need you to provide anything we will change the status to 'With org for response'. You

will not be able to upload further documents to a submitted application unless this is the status. Please remember to submit 'Submit' (rather than 'Save') when you have uploaded all of the documents and ensure the status of the application changes to 'Further Information Returned'.

Guidance on meeting the standards

Purpose of the curriculum

[Requirements CR1.1, CR1.2, CR1.3, CR1.6, CR1.7](#)

All curricula now include a purpose statement, which is a short section that explains the objective of the curriculum. Purpose statements will describe the patient and service needs of the specialty and the scope of practice of a doctor completing the curriculum, as well as the key independencies with other specialties and, at a high level, how doctors may transfer skills from/to other areas.

The purpose statement should describe the output necessary to meet the needs of the current service.

A change to the purpose of the curriculum or scope of practice, such as adding/removing responsibility for delivering a particular procedure or skill, is potentially significant and we would need to understand the work that has been done to engage with employers and patient groups and to consider the impact on the service and other interdependent specialties.

Engagement with relevant groups

[Requirements CR2.1, CR2.5](#)

Consultation with relevant groups is essential for the majority of changes to curricula or assessments. We'll ask you to explain how they have been able to input into the development of the changes and in some cases you will be asked to provide evidence of their support. We're not prescriptive about how you engage with relevant groups; this just needs to be proportionate to the change and appropriate for the audience. For larger scale changes you may wish to invite representatives of key groups to review and provide feedback on your proposals, either by survey or at a focus group or targeted event. You could also ask representatives to advise or assist in the development of communications and transition plans relevant to the changes, with reference to the benefits and implications for their group. For smaller changes it might be sufficient to have appropriate representation on your SAC. A summary of the outcomes of your consultation with all stakeholders is usually sufficient; we will ask if we need to see more detail.

Based on our experience, carrying out a thorough and meaningful consultation with impacted stakeholders as early as possible ensures a smooth transition from one curriculum to another. The purpose of the consultation is to help identify any unintended consequences that may arise as a result of the change and ensure appropriate plans are put in place to support stakeholders. It's much more difficult to deal with the unintended consequences once a change has been implemented than it is in the development stage.

If we ask for evidence of support from a key group, this will usually be in the form of a direct

statement or letter. This should confirm the nature of their involvement in the consultation and that they understand the implications of the proposal.

Representatives of employers could include Chief Executives, Medical or Clinical Directors, Directors of Postgraduate Medical Education, Medical Education Managers, Directors of HR, and Heads of Staffing. Medical Education Leaders UK, representing those involved at a local level in leading the management and delivery of postgraduate medical education, can provide feedback from their membership on proposals for changes to curricula. Similarly, NHS Employers, who represent Trusts in England and Wales, have agreed to provide feedback from their networks. To request a review from either of these groups, download and complete the relevant forms in GMC Connect.

Where possible, you should engage with patient groups as part of your consultation process. This could be through patient forums within your college, talking to charities, or reflecting on patient need presented in current research or health publications. It may not be appropriate to provide feedback from patient groups, depending on the nature of the change or speciality.

If you did not consult with any stakeholder group, you should give a rationale for this decision.

Deliverability and assessing risk

[Requirement CR1.5, CR2.3](#)

We expect you to have regular contact with the lead dean for your speciality throughout the development of the curriculum and assessments. We'll ask for advice on the deliverability of most proposals from the UK postgraduate deans via a representative of COPMeD. As a guide, they will consider the following points:

- Access to the training programme is fair.
- The curriculum is deliverable in every unit of application within the four countries of the UK that the programme is offered. This includes both urban and rural environments.
- Service delivery and standards of care will be maintained.
- The assessment burden is manageable and appropriate feedback will be given to doctors in training and the dean.
- Examinations do not unduly impact on the delivery of the programme in terms of cost and time.
- Transition and communication arrangements ensure doctors in training, trainers and employers are prepared for the change.
- There is an ongoing feedback loop for postgraduate deans to contribute to the future development.

Learning outcomes and Generic Professional Capabilities

[Requirements CR1.4, CR2.2, CR3.1, CR3.3](#)

All curricula are now outcomes-based. Learning outcomes are statements of what a doctor in training is expected to know, understand and be able to demonstrate and/or do to be awarded a CCT on completion of their full postgraduate programme of learning.

We have not specified the approach that colleges must take to incorporate learning outcomes into their curricula. Some curricula have used sub-sets of the learning outcomes as the framework for a syllabus for each specific level of training, or have provided further detail on the learning that will be attained for each outcome by writing a series of key capabilities in a similar style to learning outcomes. Beneath these, they include more detailed illustrations of the learning opportunities and experiences that are likely to provide evidence of attainment of each learning outcome. All curricula should have mechanisms to ensure that excellence in the level of attainment can be acknowledged and recorded, as well as a glossary to signpost how key terms are defined and used in the context of the specialty. It should be clear within your curriculum at what level of sign off will be required to demonstrate that the learning outcomes have been met, and how this decision will be made.

With the Academy of Medical Royal Colleges, we developed a framework for generic professional capabilities (GPCs) which has at its core the principles of Good Medical Practice. The [GPC framework](#) has been integrated into all postgraduate specialty and sub-specialty curricula. Again, colleges have flexibility to choose how to do this and content relating to GPCs can be represented within generic, shared or specialty-specific outcomes.

The curriculum should indicate where the critical progression points are in the programme. A critical progression point is when a learner transitions to a higher level of professional responsibility or enters a new or specialist area of practice, including successful completion of training. These transitions are often associated with an increase in potential risk to patients or those in training, so they need to be carefully managed and decisions to progress need to be based on robust evidence of satisfactory performance. Exams are usually, but not always, positioned at critical progression points.

In an outcomes-based curriculum the onus should be on supervisors to make professional judgements based on the quality, and not quantity, of evidence. It should also recognise that learners progress at different rates. References to numbers and time, such numbers of WPBAs and time spent in placements, should therefore be flexible and presented as indicative/guidance unless there is a patient safety risk that must be mitigated through minimum requirements.

Teaching and learning approaches

[Requirements CR3.2, CR3.4](#)



Curricula should include guidance on the appropriate learning opportunities and educational approaches that are available. For example:

- Formative assessments
- Simulation
- Work-based experiential learning
- Opportunities for concentrated practice in skills and procedures
- Learning with peers
- Learning in formal situations inside and outside the department
- Personal study

If you are making a change to an existing GMC-approved curriculum, you should consider if the learning methods will be affected or need to be updated.

Please note that an outcomes-based curriculum should allow local education providers flexibility to use learning approaches, such as courses, that best meet their needs and resources. Wherever possible there should be a range of ways to demonstrate achievement of a learning outcome. We will not approve the inclusion of mandatory training courses in curricula unless it is to mitigate a specific safety risk and there are no other appropriate ways to protect patients.

Roles and responsibilities of educators

[Requirement CR3.5](#)

Curricula should clearly outline the roles and responsibilities of those involved in the delivery of education and training. Underpinning this, there should be clear descriptions of the knowledge, skills and attributes required of those roles. These may include:

- Clinical supervisors
- Educational supervisors
- Other doctors in training
- Nurses or other healthcare professionals

We have published guidance on the [recognition and approval of trainers](#). If you are making a change to an existing GMC-approved curriculum you should consider whether the proposed changes will affect the duties of educators and describe how they will receive any necessary additional training.

Feedback

[Requirements CR3.6, CR4.8](#)

Curricula should describe the mechanisms in place to facilitate meaningful feedback. Examples of the types of opportunities for feedback that you may want to comment on include:

- Workplace based assessments
- Regular appraisals
- Annual Review of Competence Progression (ARCP)
- On the job discussions with supervisors
- 360 degree feedback
- Survey results including the use of our survey (NTS) data

Appropriate feedback should also be incorporated into summative assessment results to enable unsuccessful candidates to identify and target specific areas of weakness before their next attempt at that exam.

If you are making a change to an existing GMC-approved curriculum or exam you should consider whether the proposed changes will affect the feedback given to doctors in training/candidates and amend this section as necessary.

Assessments that contribute to decisions about progress (including high stakes exams)

Curricula should include a clear assessment strategy, presenting the purpose of each element in relation to one another. The assessment strategy should also clearly identify the role each summative assessment plays in progression decisions within the broader training programme and how information derived from (formative) workplace-based assessments is collated to inform (summative) judgements at ARCP.

Please see our guidance [Designing and maintaining postgraduate assessment programmes](#) for more information.

Rationale

[Requirements CR4.1a, b, h, CR4.3](#)

When applying to change an element of an assessment or introduce a new assessment, you should give a clear description in your application of the purpose of each element of the overall assessment. The intended purpose should inform the choice of format to ensure construct validity (the degree to which a test measures what it aims to measure). You should also include a description of why the choice is preferable to alternative options as well as how you've considered the impact on the overall programme of assessment.

Piloting and validation

[Requirement CR4.1c](#)

Pilots for proposed new assessments can be conducted without consultation or prospective approval when carried out alongside existing assessments and not contributing to outcomes. If you decide to pilot an assessment to make sure that it is viable for your specialty, please give:

- Details of pilot structure and outcomes (include metrics where appropriate) for proposed new assessments
- Details of pilot participants (prospective or past candidates)

Please also describe whether the pilot was aiming to provide insight into the proposed assessment's validity, reliability or feasibility and consider the implications of the choice of pilot candidate group on the organisation and results of the pilot.

Some changes to summative assessments may be validated by modelling rather than a pilot. For example, if you are proposing a change to the standard setting methodology, you could apply the new standard to data from previous diets to demonstrate what the likely impact will be on the outcomes of candidates.

Blueprinting

[Requirements CR4.1d, e](#)

All exams should have a blueprint showing the curriculum content it will test.

Curricula should contain an overarching assessment blueprint or mapping identifying the assessment methods that are appropriate to test/evidence that each outcome, capability or skill has been achieved. We expect that changes to the curriculum content should prompt an update to the assessment blueprint or mapping.

Standard setting

[Requirement CR4.1f](#)

All exams should be standard set using a method that is consistent and fair. When changing an exam, you should explain the standard setting approach used. Where more than one method is used, you should discuss the way each method informs the decision relating to the final pass mark. It's also helpful to know whether a compensatory or conjunctive approach is taken for each element of the assessment to inform the overall pass/fail and if and how, where relevant, a standard error of measurement (SEM) is applied when deciding the final pass mark of an assessment.

Examiner training and calibration

[Requirements CR4.1g, CR4.10, CR4.11, CR4.12, CR4.13](#)

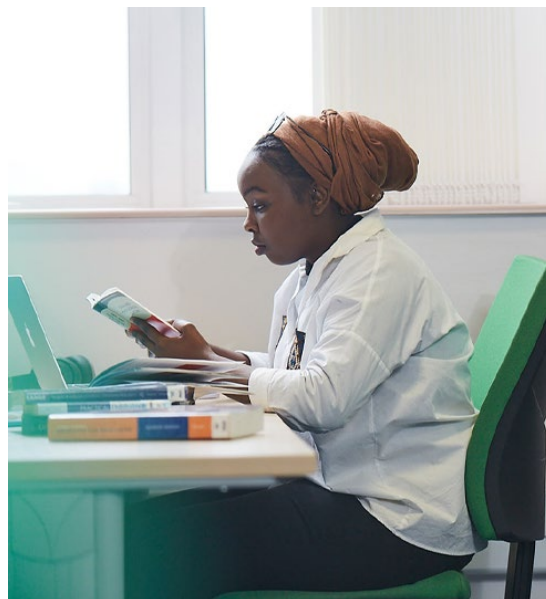
There should be systems in place to induct and train examiners, including written guidance, routine refresher training and specific equality and diversity training. Calibration of examiners should be integrated into the routine exam schedule and feedback should be given regularly.

When changing an exam, you should tell us the training and guidance that will be offered to examiners to support the change.

Poor performance

[Requirement CR4.2](#)

Unsuccessful candidates should be given feedback to help them identify and target specific areas of weakness before they next attempt the exam and there should be a clear process for examiners to identify potentially dangerous practice exhibited by candidates within the context of assessments.



Data sharing

[Requirements CR4.6, CR4.7](#)

Each year, all royal colleges and faculties must send us data about their exams. This includes details of candidates, attempt number, score, pass mark and pass/fail status.

Information about your programme of assessment should be in the public domain to make sure all stakeholders have appropriate high-level understanding. This may include a sample question set for each assessment.

Responsibilities and roles of examiners

[Requirement CR4.9](#)

The curriculum should include a description of the roles and responsibilities of assessors and examiners.

If you are making a change to an exam, please consider if it will affect the responsibilities of examiners and how this will be communicated.

Implementation, communication and transition plans

[Requirements CR2.4, CR5.1](#)

All changes to curricula or assessments must be accompanied by an implementation plan, transition arrangements for each year of training/cohort of affected stakeholders and a communication strategy. They should be shared with stakeholders during your consultation.

Your implementation plan should outline the key milestones for delivering a new curriculum or assessment.

We've published a [position statement](#) on moving doctors in training to a new curriculum. 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 doctors in training may experience a greater impact than others and require longer to prepare for the transition (for

example those in the final year of training or for whom it would otherwise be unreasonable or impractical to move).

As a guide we consider two years from approval to be a reasonable transition period for all doctors in training to have moved to a new curriculum. The position statement includes further detail and criteria for the application of transition periods to portfolio pathway applicants. Doctors in training should, where possible, not have to duplicate work or extend training time. You must make it clear whether each stage of training will be required to take new or significantly revised assessments. You should also consider how those out of programme, on maternity leave, working less than full time and doctors with an open portfolio pathway application or planning an application will be affected by any changes to the curriculum or programme of assessment.

Your communication strategy should outline:

- How and when you will inform trainers, doctors in training and employers and education providers about the changes. There should be a clear plan for any additional training that will be required to enable trainers to deliver the new curriculum or content.
- Any necessary website updates.
- Any changes required to the ePortfolio, which should be closely aligned to the outcomes in the curriculum. Where this will require development time, this must be clearly explained within your implementation plan.
- How the changes will impact on the portfolio pathway process, including the guidance that will be available for prospective applicants, how you will communicate the impact of the curriculum change to applicants and potential applicants, and how assessors will be prepared to consider applications against the new curriculum. At the triage stage, we will prompt you to check if you need to make any amendments to the specialty specific guidance (SSG) and to get in touch with your contact in our Specialist Applications team if necessary.

Monitoring and continuous improvement

[Requirements CR5.2, CR4.5](#)

There should be quality management processes in place for gathering relevant data that will inform the continuous improvement of your curriculum and programme of assessment.

For changes to existing GMC-approved curricula you must include details of how you will monitor the effect of the specific changes. You may wish to consider using the following data sources to inform your curriculum review:

- National training survey (NTS) data (doctor in training and trainer), including programme specific question responses

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- Your own survey data
 - Equality and diversity monitoring
 - Progression data
 - Assessment outcomes
 - Feedback from local providers (eg regarding deliverability)
 - Published papers and research
 - Other feedback from doctors in training and trainers

It's important that training programmes are achievable within the agreed indicative training time. Therefore, if you are changing the content of the curriculum, you should make sure that duplicate or obsolete material is removed. If content is added but nothing removed to compensate for the additional content, you should give a rationale for this.

We expect organisation to carry out systematic monitoring of exam performance metrics including reliability coefficients, SEMs, pass rates, examiner marking behaviour and ARCP outcomes, with regard to assessment outcomes.

Equality and diversity

[Requirements CR2.6, CR4.4, CR5.3](#)

We have published [guidance](#) for organisations when considering equality and diversity implications as part of curriculum and assessment development, and an optional template you can use for completing equality impact assessments.

If asked to provide an equality impact assessment, you should assess the potential impacts of the change, which could be positive and/or negative, on groups who share protected characteristics. You should look for opportunities to make your curriculum more inclusive and to reduce inequalities in health outcomes of patients.

You should be able to explain the evidence you have used in your equality impact assessment, for example data, research or consultation with groups who share protected characteristics. Small specialties with limited data to draw from may wish to look to similar changes in other curricula.

Finally, you should describe the steps will you take to minimise [differential access](#), experiences and outcomes and to remove unlawful discrimination, and explain how you will monitor and review the impact of the change on people who share protected characteristics post-implementation.

Useful links and guidance

- [Best practice for Specialty Advisory Committees](#), published by the Academy of Medical Royal Colleges
- [Effective patient and public involvement in the work of medical royal colleges and faculties](#), published by the Academy of Medical Royal Colleges.
- [Guidance for flexibility in postgraduate training and changing specialties](#), published by the Academy of Medical Royal Colleges
- [Approving changes to curricula, examinations and assessments: equality and diversity requirements](#) (GMC)
- [Generic professional capabilities framework](#) (GMC)
- [Designing and maintaining postgraduate assessment programmes](#) (GMC)
- [Transition of learners to a new curriculum](#) (GMC)



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