

Standards for curricula and assessment systems

This document was superseded on 22 May 2017 by
Excellence by design: standards for postgraduate curricula

Working with doctors Working for patients

General
Medical
Council

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
 - Keep your professional knowledge and skills up to date.
 - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
 - Treat patients politely and considerately.
 - Respect patients' right to confidentiality.
- Work in partnership with patients.
 - Listen to, and respond to, their concerns and preferences.
 - Give patients the information they want or need in a way they can understand.
 - Respect patients' right to reach decisions with you about their treatment and care.
 - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Standards for curricula and assessment systems

July 2008, updated April 2010

In April 2010, the Postgraduate Medical Education and Training Board (PMETB) was merged with the General Medical Council (GMC).

There are significant benefits to be delivered through a more seamless and consistent approach to education and training throughout doctors' careers. A single point of responsibility from admission to medical school, through postgraduate training, to continued practice until retirement will help to ensure consistency of expectations and standards.

Through the merger, the GMC has acquired the legal functions formerly performed by PMETB in relation to the regulation of specialty including GP training. These functions include setting standards for specialty including GP training and providing quality assurance of the delivery of specialty including GP training against those standards.

Documents and webpages that continue to apply have been reviewed and where necessary updated to reflect the merger.

Introduction

1 This document sets out the standards and requirements that medical Royal Colleges, Faculties and specialty associations must apply when developing and monitoring curricula and assessment systems. The medical Colleges, Faculties and specialty associations have responsibility and ownership of the curriculum and assessment system for each specialty and subspecialty. Deaneries and local education providers have responsibility for the delivery of the programmes including workplace-based experience based on the approved curriculum and assessment system.

2 The term *curriculum* is defined as:

A statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out what knowledge, skills and behaviours the trainee will achieve.

3 The term *assessment* is defined as:

A systematic procedure for measuring a trainee's progress or level of achievement, against defined criteria to make a judgement about a trainee.

4 The term *assessment system* is defined as:

An integrated set of assessments which is in place for the entire postgraduate training programme and which is blueprinted against, and supports, the approved curriculum.

It may comprise different methods, and be implemented either as national examinations or as assessments in the workplace. The balance between these two approaches principally relates to the relationship between competence and performance. Competence (can do) is necessary but not sufficient for performance (does), and as trainees' experience increases so performance-based assessment in the workplace becomes more important.

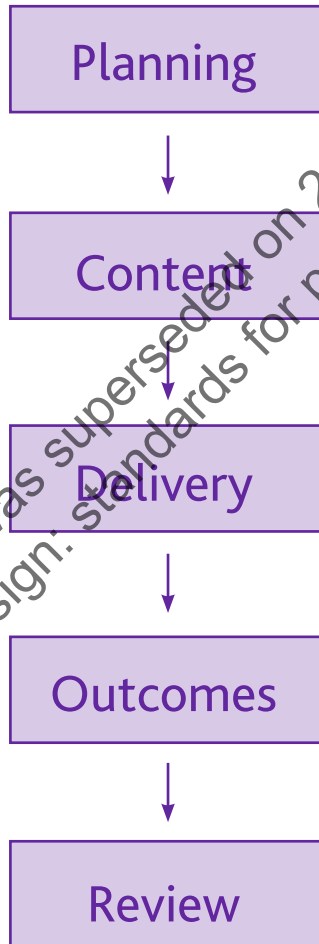
5 The Medical Act 1983 requires the GMC to set the standards for training and the end-point to be achieved and demonstrated in order for a doctor to enter the GMC's Specialist Register or General Practitioner Register.

The Medical Act 1983 also sets out the GMC's functions, including:

- (a) to establish standards and requirements relating to postgraduate medical education and training
- (b) to maintain the standards and requirements established through quality assurance
- (c) to develop and promote postgraduate medical education and training in the UK.

The GMC standards are statements of expectations that must be met.

- 6 For clarity the standards are set out in this document under the following headings:



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Planning: Standards 1 and 2

Curriculum purpose and development

Standard 1 The purpose of the curriculum must be stated, including linkages to previous and subsequent stages of the trainees' training and education.

The appropriateness of the stated curriculum to the stage of learning and to the specialty in question must be described.

Mandatory requirements

- 1.1 The curriculum must state how it was developed and consensus reached on:
 - (a) how content and teaching/learning methods were chosen
 - (b) how the curriculum was agreed and by whom
 - (c) the role of teachers, trainers and trainees in curriculum development.
- 1.2 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective training programme.
- 1.3 Subject areas of the curriculum must be taught by staff with relevant specialist expertise and knowledge.

The assessment system must be fit for purpose

Standard 2 **The overall purpose of the assessment system must be documented and in the public domain.**

Mandatory requirements

- 2.1** The functions of each and all components of the assessment system must be specified and available to trainees, educators, employers, professional bodies including the regulatory bodies, and the public.
- 2.2** The sequence of assessments must match the progression through the approved curriculum.
- 2.3** Individual assessments within the system should add unique information and build on previous assessments.

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Content: Standards 3 and 4

Content of the curriculum

Standard 3 The curriculum must set out the general, professional, and specialty-specific content to be mastered, including:

- (a) the acquisition of knowledge, skills, and attitudes demonstrated through behaviours, and expertise
- (b) the recommendations on the sequencing of learning and experience should be provided, if appropriate
- (c) the general professional content should include a statement about how *Good Medical Practice* is to be addressed.

Mandatory requirements

3.1 The curriculum should:

- (a) cover both generic professional and specialty-specific areas
- (b) be a description of the training structure (entry requirements, length and organisation of the training programme including its flexibilities and assessment systems)
- (c) have a description of expected methods of learning, teaching, feedback and supervision
- (d) enable safe and effective practice by the integration of theory and practice which must be central to the curriculum
- (e) remain relevant to current practice
- (f) assist autonomous and reflective thinking and evidence-based practice through the delivery of the curriculum
- (g) ensure that the range of learning and teaching approaches used must be appropriate to the subjects within the curriculum.

- 3.2** Content areas should be presented in terms of the intended outcomes of learning benchmarked to identifiable stages of training, where appropriate: what the trainee will know, understand, describe, recognise, be aware of, and be able to do at the end of the course.

The content of the assessment will be based on curricula for postgraduate training which themselves are referenced to all of the areas of *Good Medical Practice*.

Standard 4 Assessments must systematically sample the entire content, appropriate to the stage of training, with reference to the common and important clinical problems that the trainee will encounter in the workplace and to the wider base of knowledge, skills and attitudes demonstrated through behaviours that doctors require.

Mandatory requirement

- 4.1** The blueprint detailing assessments in the workplace and national examinations will be referenced to the approved curriculum and *Good Medical Practice* and must be available to trainees and trainers in addition to assessors/examiners.

Delivery: Standards 5, 6, 7 and 8

Managing curriculum implementation

Standard 5 Indication should be given of how curriculum implementation will be managed and assured locally and within approved programmes.

Mandatory requirements

5.1 This should include:

- (a) intended use of the curriculum document by programme directors, trainers and trainees
- (b) means of ensuring curriculum coverage
- (c) recommended roles of the local education provider in curriculum implementation
- (d) responsibilities of trainees for curriculum implementation
- (e) curriculum management in posts and attachments within approved programmes
- (f) curriculum management across programmes as a whole.

Model of learning

Standard 6 The curriculum must describe the model of learning appropriate to the specialty and stage of training.

Mandatory requirement

- 6.1** To be achieved through a general balance of work-based experiential learning, independent self-directed learning and appropriate 'off-the-job' education.

Learning experiences

Standard 7 Recommended learning experiences must be described which allow a diversity of methods covering, at a minimum:

- (a) learning from practice
- (b) opportunities for concentrated practice in skills and procedures
- (c) learning with peers
- (d) learning in formal situations inside and outside the department
- (e) personal study
- (f) specific trainer/supervisor inputs.

Mandatory requirements

- 7.1** To be achieved through developing educational strategies that are suited to work-based experiential learning and appropriate education.

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- 7.2** The duration of the training programme must be appropriate to the achievement of the learning outcomes.

Assessment system methods

Standard 8 **The choice of assessment method(s) should be appropriate to the content and purpose of that element of the curriculum.**

Mandatory requirements

- 8.1** Methods will be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning.
- 8.2** The rationale for the choice of each assessment method will be documented and evidence based.

Large-scale competence tests (for example, MRCP, MRCGP, MRCPsych):

- (a)** Approaches to the development and piloting of test items/ clinical skills assessments for national tests of competence will be documented and available for external quality assurance. Studies to establish the validity of new methods will be undertaken.
- (b)** Systematic data collection will support the routine reporting of the reliability of tests of competence in high stakes pass/fail examinations. These statistics will be in the public domain.

Workplace-based assessments (for example, direct observation of consulting, 360° assessment and case-based discussions):

- (a) assessments must be subject to reliability and validity measures
- (b) evidence must be collected and documented systematically
- (c) evidence must be judged against predetermined published criteria where available
- (d) the weight placed on different sources of evidence must be determined by the blueprint and the quality of the evidence
- (e) the synthesis of the evidence and the process of judging it must be made explicit.

Methods for workplace-based assessment:

- (a) systematic observation of clinical practice
- (b) direct observational procedure
- (c) video
- (d) judgements of multiple assessors
- (e) consulting with simulated patients
- (f) case record review, including OPD letters
- (g) case-based discussions
- (h) oral presentations
- (i) 360° peer assessment
- (j) patient feedback surveys
- (k) audit projects
- (l) critical incident review.

8.3 The local education provider must maintain a thorough and effective system for delivery and monitoring of all assessment systems for which they have responsibility.

Outcomes: Standards 9, 10, 11, 12 and 13

Supervision of the trainee

Standard 9 Mechanisms for supervision of the trainee should be set out.

Mandatory requirements

- 9.1 The learning, teaching and supervision must be designed to encourage safe and effective practice, independent learning and professional conduct of the doctor and safety of the patient.
- 9.2 Unless other arrangements are agreed, trainers, supervisors, assessors and examiners must:
 - (a) have relevant qualifications and experience
 - (b) undertake appropriate training.

Role of the assessor

Standard 10 Assessors/examiners will be recruited against criteria for performing the tasks they undertake.

Mandatory requirements

- 10.1 The roles of assessors/examiners will be clearly specified and used as the basis for recruitment and appointment.
- 10.2 Assessors or examiners must demonstrate their ability to undertake the role.
- 10.3 Assessors/examiners should only assess in areas where they have competence.

- 10.4 The relevant professional experience of assessors should be greater than that of candidates being assessed.
- 10.5 Equality and diversity training will be a core component of any assessor/examiner training programme.

Assessment feedback to the trainees

Standard 11 Assessments must provide relevant feedback to the trainees.

Mandatory requirements

- 11.1 The policy and process for providing feedback to trainees following assessments must be documented and in the public domain.
- 11.2 The form of feedback to the trainees must match the purpose of the assessment.
- 11.3 Outcomes from assessments must be used to provide feedback to the trainees on the effectiveness of the education and training where consent from all interested parties has been given.
- 11.4 The measurement of trainee performance and progression must be an integral part of the wider process of monitoring and evaluation, and must use objective criteria.

Point to note: Sometimes it may be appropriate to provide no feedback other than the test result. If this is a policy decision then reasons should be stated.

Standards for classification of trainees' performance/competence

Standard 12 The methods used to set standards for classification of trainees' performance/competence must be transparent and in the public domain.

Mandatory requirements

- 12.1** Standards in tests of competence such as national medical Royal College examinations will be set using recognised methods based on test content and the judgments of competent assessors.
- 12.2** Where the purpose of the test is to provide a pass/fail decision, information from the performance of reference groups of peers should inform, but not determine, the standard.
- 12.3** The precision of the pass/fail decision must be reported on the basis of data about the test. The purpose of the test must determine how the error around the pass/fail level affects decisions about borderline candidates.
- 12.4** Reasons for choosing either pass/fail or rank ordering should be described.
- 12.5** Standards for determining successful completion of training to CCT level should be explicit.

12.6 Assessment regulations must clearly specify requirements for:

- (a) trainee progression and achievement within the approved programme
- (b) the procedure for the right of appeal for trainees.

Documentation will be standardised and accessible nationally

Standard 13 Documentation will record the results and consequences of assessments and the trainee's progress through the assessment system.

Mandatory requirements

- 13.1** Information will be recorded in a form that allows disclosure and appropriate access, within the confines of data protection and freedom of information.
- 13.2** Uniform documentation will be suitable not only for recording progress through the assessment system but also for submission for purposes of registration and performance review.
- 13.3** Documentation should provide evidence for revalidation and compliance with Good Medical Practice.
- 13.4** Documentation should be transferable and accessible as the trainee moves location.
- 13.5** Documentation should be comprehensive and accessible both to the trainee and to those responsible for training.

Review: Standards 14, 15, 16 and 17

Curriculum review and updating

Standard 14 Plans for curriculum review, including curriculum evaluation and monitoring, must be set out.

Mandatory requirements

- 14.1** The schedule for curriculum updating, with rationale, must be provided including reference to governance arrangements where appropriate.
- 14.2** Mechanisms for involving trainees, patients and lay persons in curriculum updating must be in place and operational.

Resources

Standard 15 Resources and infrastructure will be available to support trainee learning and assessment at all levels (national, deanery and local education provider).

Mandatory requirements

- 15.1** Resources will be made available for the proper training of assessors, trainers and examiners.
- 15.2** The facilities and resources needed to ensure the welfare and wellbeing of trainees must be both adequate and accessible and must support the required learning and teaching activities of the curriculum and assessments.

- 15.3 Resources and expertise will be made available to develop and implement appropriate assessment methods.
- 15.4 Resources will support the assessment of trainees at national and local levels.
- 15.5 Appropriate infrastructure at national, deanery and local education provider levels will support the assessment process.

Lay and patient involvement

Standard 16 There will be lay and patient input in the development and implementation of assessments.

Mandatory requirements

- 16.1 Lay and patient/carer opinion will be sought in relation to appropriate aspects of the development, implementation and use of assessments for the classification of candidates.
- 16.2 Lay people may act as assessors/examiners for areas of competence they are capable of assessing for which they will be given appropriate training.

Equality and diversity

Standard 17 The curriculum should state its compliance with equal opportunities and anti-discriminatory practice.

Mandatory requirements

- 17.1** Local education providers, deaneries and Colleges/Faculties must have equal opportunities and anti-discriminatory policies in place in relation to trainees and trainers, together with an indication of how these will be implemented and monitored.
- 17.2** Local education providers, deaneries and Colleges/Faculties must ensure necessary information is publicly available for all stakeholders.
- 17.3** There must be a range of learning and teaching methods that enables the rights and needs of patients and colleagues to be respected.

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Notes

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ISBN: 978-0-901458-44-5

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and Scotland (SC037750)

Code: GMC/SCA/0410

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