Agenda item: 5
Report title: Initiating the Standards of curricula including assessment review (SCAR)
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Action: To consider

Executive summary
We seek to review and update our standards for postgraduate medical curricula and assessment systems to take account of recent developments, including a Judicial Review of high stakes examinations. It is nearly ten years since the standards were last revised.

This project will improve, clarify and simplify the standards used to approve postgraduate medical curricula and assessment frameworks. We will use this opportunity to improve curricula and reduce the regulatory burden on the service, colleges and faculties.

This revision will, in part, operationalise the Generic professional capabilities (GPCs) framework across all postgraduate medical curricula. It will clarify core educational principles, and the role of curriculum developers in quality assurance. The new curricula standards could also be used to approve credentials, should Council decide to take this forward.

The review will be informed and developed through a structured engagement and consultation process. We intend to publish the new curricula standards framework by early 2017. We will produce technical guidance documents with others to support curriculum approval as part of the implementation process. Curriculum sponsors will then have a period of time, to be determined, to ensure that their curricula meet the new standards.

Recommendation
The Strategy and Policy Board is asked to agree to initiate a project to review and update the Standards of curricula and assessment systems including assessment frameworks in order to embed the generic professional capabilities framework; improve curricula design and development; improve assessment practices; and clarify the role of colleges and faculties in quality assurance.
Strategy and Policy Board meeting, 4 February 2016

Agenda item 5 – Initiating the Standards of curricula including assessment review (SCAR)

Background

1. The case for regulatory action is underlined by the current significant divergence and variability of many of the postgraduate curricula and assessment frameworks. Annex A describes the drivers for change in more detail.

Defining the problem

2. 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 college and faculty curricula and assessment frameworks to make sure they meet our requirements in the Standards of curricula and assessment systems (the Standards). Also, relevant are our new GMC standards for medical education, Promoting excellence: standards for medical education and training which includes expectations for the local implementation of postgraduate curricula.

3. We inherited the curricula and assessment Standards from the Postgraduate Medical Education and Training Board (PMETB) when it merged with the GMC in April 2010. Although rebranded, these standards have not been reviewed or significantly updated since 2007. There is some urgency to revise the standards to take account of postgraduate training and assessment developments, including the implications of a recent Judicial Review of a high stakes professional assessment examinations*.

4. We have completed a consultation on a Generic professional capabilities (GPCs) framework. The Standards, once revised, will operationalise GPCs. How this framework will be used to establish a core professional curriculum is described in Annex A.

5. Partner organisations, such as the colleges and deaneries/Health Education England (HEE) Local Offices, have argued that our historical curricula approval processes prevent innovation and make it difficult to put in place flexible and responsive curricula and training.

6. Equally, these organisations don’t have consistent or robust mechanisms to monitor how curricula are implemented. Whilst there is an appetite for us to step back from the detailed approval of curricula, we can only do so if there is more effective local quality management and assurance of curricula, including assessments. The curricula standards, appropriately revised, would give us a mechanism to work with partners to

* The RCGP and the General Medical Council were taken to Judicial Review by the British Association of Physicians of Indian Origin (BAPIO) over the differential pass rates between particular groups of GP trainees in the Clinical Skills Assessment (CSA) element of the MRCGP exam. The RCGP published the written judgment of the Judicial Review [pdf] held in the High Court in April 2014.

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develop a more sustainable and less burdensome way of regulating postgraduate medical education.

**Our proposed solution**

7 We will use this review to reduce the regulatory burden where possible on our key interest groups, whilst continuing to ensure doctors’ training is high quality and enshrines safe and compassionate care.

8 The outcomes of this review will be:

- A new *Curriculum standards framework* outlining high level principles for curricula development and design that sets out explicit standards, responsibilities and requirements for colleges and faculties in terms of what we expect a curricula to demonstrate as well as the supporting evidence we will expect to see when approving curricula.

- A core indicative curriculum that integrates *Good medical practice* through the *Generic Professional Capabilities Framework* outlining core educational outcomes that we expect to see included within all specialty curricula including general practice.

- Explicit requirements for outlining specialty specific educational outcomes in terms of knowledge, skills and professional capabilities.

- Explicit standards and requirements for the assessment framework of the approved curriculum.

- High level policy advice on the implementation of new curricula standards, timelines and our regulatory approach.

**How we will do this**

9 We have had preliminary discussions with key stakeholders to begin to identify current concerns with our *Standards for curricula and assessment systems*. We are discussing the exact timing with the Strategy and Communication team in order to make sure it fits appropriately in the GMC Communications Planner. But we anticipate that we will formalise discussions in dedicated engagement events through Quarter 1-2, followed by a public consultation on the revised *Curricula standards framework* in summer 2016. We are seeking colleges and faculties to pilot the new *Curricula standards framework* and associated approvals processes. We will continue to work with the Curriculum Advisory Group, and will keep the Assessment Advisory Board up to date.
10 We will seek advice and support from colleagues in the devolved countries to ensure we have identified any country-specific issues. We aim to publish the new Curricula standards framework by early 2017.

11 We expect that the new Curricula standards framework will take effect in 2017. Once adopted the new Curricula standards framework will require that all 101 postgraduate medical curricula be revised by the colleges and faculties and approved by the GMC.

12 We will need to be flexible about the overall timeframe for the transition and implementation of the new Curricula standards framework because of the pressures on the wider system, limited GMC approvals capacity and the implications for colleges and faculties and others.

13 The GMC approval team has been significantly affected by the internal change programme and so this represents significant risk to the project. This does not preclude development of the new Curricula standards framework by the education policy team which can be fully supported during 2016.

14 A parallel piece of work is being undertaken with the Academy of Medical Royal Colleges (AoMRC) to help develop guidance for training and assessment of the generic professional capabilities so that this guidance is done once on behalf of the whole system.

15 The Education Policy team will lead on this work with expert advice from the Approvals and Quality Assurance teams. We have convened a project board with representation from Education and Registration operational teams. We will also seek expert advice and support from the AoMRC and others especially on assessment best practice. We anticipate minimal costs to cover a small number of engagement and consultation activities, already been identified in the 2016 budget.

16 This project aligns closely to our work on differential attainment and will provide one of the mechanisms for realising some of our commitments to improving equality and fairness in medical education and training. We will work closely with our Equality and Diversity colleagues for advice on this. We will produce an equality assessment for the project.
5 - Initiating the Standards of curricula including assessment review (SCAR)

**Background of the review**

1. Currently, there are 65 medical specialties and 36 sub-specialties recognised for postgraduate medical training in the UK. Each discipline has its own curriculum and assessment framework which are developed by the medical royal colleges/faculties and approved by the GMC. We use the Standards for curriculum and assessment systems to approve submitted curricula.

2. The case for regulatory action is underlined by the current significant divergence and variability of many of the postgraduate curricula and assessment frameworks, particularly in respect of the standards expected of workplace based assessments and the assessment of generic professional capabilities (GPCs). In this context, we will require changes to the curricula standards and approval processes to formally embed the Generic professional capabilities (GPCs) framework across all postgraduate medical curricula.

3. Additionally, the current standards have a degree of ambiguity of expectation and therefore need to be clarified by the replacement of terms such as ‘should’ with clearer requirements. Due to the judicial review¹, differential attainment and other quality assurance concerns we need to review, improve and formally clarify the expected assessment standards, principles and requirements that underpin high stakes professional assessment. These assessment standards are critical to ensuring high standards of professional training and progression.

4. One of the domains in our new GMC standards for medical education, Promoting excellence: standards for medical education and training sets out expectations for the local implementation of postgraduate curricula. It makes sense, then, that at this time

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that we should also review, and where appropriate revise, the standards we use to approve postgraduate medical curricula and assessment frameworks to ensure that they are contemporary and fit for purpose.

5 In an attempt to reduce regulatory burden and so simplify specialty curricula approval we also have a unique opportunity to develop a consistent set of high level, generic educational principles and standards that could underpin our approval processes and ensure that any approved curricula meets the highest standards of curricula design and assessment.

6 The GMC has recently consulted on a credentialing framework to recognise areas outside specialty training. If Council decides to introduce credentialing, we could potentially streamline regulation by developing a common set of curricula standards to simplify and strengthen the approval process for both specialty and credentialled curricula.

**Using the GPC as the postgraduate core curriculum**

7 The proposed framework for GPCs outlines the generic curricula content required for contemporary medical practise in the UK. We intend that this framework will be used as a core indicative curriculum for all specialty training including general practice. The GPC framework will be updated periodically to ensure it continues to promote patient safety, professional excellence and meets the needs of patients and the service.

8 The specialist professional content will also need to be clearly outlined within the specialty curriculum with intended outcomes, explicit specialty requirements, appropriate training environments, describe appropriate experience, learning and training methods. This specialty specific part of the curriculum will be directly owned and described by the colleges.

9 This combination of generic and specialty specific content of curricula will potentially simplify the curricula approval process. As part of the approval process we will expect colleges, faculties and others to demonstrate that curricula explicitly contain and contextualise the required generic professional capabilities to the specialty specific content.