

Promoting Excellence for General Practice: Application of GMC Standards to GP Specialty Training



Royal College of
General Practitioners

COGPED

Committee of GP Education Directors

Contents

Introduction.....	2
A guide to using this document.....	3
Terminology.....	4
Theme 1: Learning environment and culture.....	5
Theme 2: Educational governance and leadership	14
Theme 3: Supporting learners.....	18
Theme 4: Supporting educators	21
Theme 5: Developing and implementing curricula and assessments.....	23

Previous versions:

Version 2.0 (2021). The definition of "Assessments" was amended to include the RCA. The guidance for R1.18 was amended to provide greater clarity. The supplementary guidance for R2.19 was removed to reflect the changing legislative landscape.

Current Version:

Version 3.0 (2022). This version was updated in July 2022. Language in R1.13 was updated to include references to Urgent and Unscheduled Care training placements and to an organisation's clinical computer systems

Introduction

General practice has led the way in setting and upholding standards in specialty training. Standards set for, and methods used to quality assure, GP specialty training, first developed in the 1970s by the then GP specific regulator¹, and regularly updated, have influenced training across all specialties for half a century.

Standards should sit at the heart of, and underpin, all quality assurance activities. Having relevant, UK-wide standards should assist in ensuring consistency in the activities undertaken by all those involved in quality assuring and managing GP specialty training.

In January 2016 the GMC published 'Promoting excellence: standards for medical education and training'², which sets out the standards all UK organisations responsible for training medical students, foundation and trainees, in all specialties must meet.

This document, jointly produced by COGPED and the RCGP, focuses on the specifics of GP specialty training, providing clarification and amplification of the requirements of Promoting Excellence in a GP context. In this document COGPED and the RCGP have focused on areas where there are significant differences between GP specialty training and training in other specialties, as well as on areas of risk in the delivery of high quality GP specialty training. This document covers all years of the GP training programme and all the environments in which GP specialty training takes place, NHS and non NHS, including OOH providers, in all parts of the UK.

While these standards set the minimum requirements, they should not stifle development and should be used as a platform from which general practice can continue to lead the way in setting the benchmark for high quality medical education. These standards will be a "living document" which will be reviewed regularly and updated to reflect new, and better standards in GP specialty training.

Prof Christopher Warwick, Dr Claire Loughrey, Dr Fiona Kameen, Dr Helen Smart, Katie Carter, Dr Mark Reed, Dr Mike Davies, Tom Anstey

This version was updated in July 2022. Language in R1.13 was updated to include references to Urgent and Unscheduled Care training placements and to an organisation's clinical computer systems

¹ The Joint Committee on Postgraduate Training for General Practice. The regulator for postgraduate GP education 1975 – 2005

² <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence>

A guide to using this document

This document includes all the standards and requirements for each theme in Promoting Excellence.

Standards are prefaced with an “S”:

-
- S1.1** The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.
-

Requirements are prefaced with an “R”. Where there is a need for clarification and/or amplification of this requirement, this is displayed directly below that requirement, in a different colour:

- R1.5** Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.

Systems should be in place at all levels (including GP practices and Specialty Training Programmes) to allow GP Specialty Trainees and GP Educators to feedback on every placement in a timely fashion. There should be evidence that local areas use this feedback to improve GP Training.

Terminology

The following is a brief guide to some common terms used in Promoting Excellence and what they mean in a general practice context:

Assessments	Includes the Applied Knowledge Test (AKT), Recorded Consultation Assessment (RCA) and Workplace Based Assessment (WPBA) which, together form the tripos of the examination for membership of the RCGP. A pass in all three is required to obtain a licence to practise as a GP in the NHS.
GP Trainer	Can refer to both the Educational Supervisors and Clinical Supervisors responsible for supervising GP specialty trainees.
Local Education Provider (LEP)	Includes GP practices, GP specialty training programmes, Deaneries, HEE Regional Offices and equivalents, trusts, GP OOH training providers
Organisation	Includes GP practices, GP specialty training programmes, Deaneries, HEE Regional Offices and equivalents, trusts, GP OOH training providers

Theme 1: Learning environment and culture

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.*

*For undergraduate education, the learning outcomes for graduates are set out in Tomorrow's Doctors. For postgraduate training, the curriculum is approved by the General Medical Council.

R1.1 Organisations* should demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.

* Organisations that are responsible for the learning environment and culture.

Given the small size of GP practices and close working relationships between GP Specialty Trainees and educators, there should be a clear system for escalating concerns to the deanery where the problem cannot be resolved satisfactorily at a local level.

"Organisations" can include GP practices, specialty training programmes, Deaneries, HEE Regional Offices and equivalents, Trusts, OOH Providers

R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

-
- R1.3** Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.

In the GP practice the focus should be on quality improvement and learning involving the entire primary healthcare team.

- R1.4** Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.

GP Specialty Trainees should be involved in the consideration of patient complaints and significant events discussions (especially meetings) even if they played no part in the relevant episode.

- R1.5** Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.

Systems should be in place to ensure GP Specialty Trainees and GP Educators provide formal, written feedback on every placement, promptly. GP Educators should use this feedback to improve GP Specialty Training.

Organisations should actively seek feedback from GP Specialty Trainees, GP Educators and a variety of other sources. Organisations should assure themselves that they have the information required to improve placements and there should be evidence that this feedback is used to improve GP Specialty Training.

R1.6 Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.

In general practice the focus should be on quality improvement and explicit learning that has occurred within the primary healthcare team.

The systems for escalating concerns must be made explicit at induction.

R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

The GP Specialty Trainee should be supervised by another, appropriately trained supervisor in the GP practice when their named GP Trainer is absent from the practice.

The supervisor should have sufficient time in their work plan to enable them to fulfil the requirements of the role.

Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.

R1.8 Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.

* This will normally be a doctor, but on some placements it may be appropriate for a senior healthcare professional to take on this role.

R1.9 Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.

At all stages of training all GP Specialty Trainees should have access to their GP Trainer or another appropriately qualified individual in the GP practice at all times whilst consulting with patients. In the earlier stages of training the GP Trainer must be on site.

In GP Placements it is important that the rate at which GP Specialty Trainees are expected to consult is negotiated taking into consideration such things as the experience and competence of the GP Specialty Trainee. The normal expectation is that GP Specialty Trainees will start with longer consultations, and work towards the norm for that GP practice over the course of their training programme

GP supervisors must ensure domiciliary visits (including visits to care homes) are selected appropriately for the learner and their stage of education and training.

R1.10 Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.

Given the potential for undifferentiated clinical presentation in general practice, all members of the primary healthcare team (including the GP Specialty Trainee) should be sensitive to the GP Specialty Trainee's current level of competence/capability. The selection of patients for a consultation with the GP Specialty Trainee should be done both to maximise educational potential, ensure curriculum requirements can be met and mitigate risk

R1.11 Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.

Organisations must design rotas to:

- R1.12**
- a) make sure doctors in training have appropriate clinical supervision
 - b) support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK.
 - c) provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
 - d) give doctors in training access to educational supervisors
 - e) minimise the adverse effects of fatigue and workload.

Whilst GP Specialty Trainees should be prepared to make the care of the patient their first concern, they should not undertake routine or repeated activities of no educational value or relevance to the GP Curriculum.

The training programme should include placements where the workload and patient demographics are sufficient to offer GP Specialty Trainees the full range of clinical experience as required by the GP Curriculum.

Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:

- R1.13**
- a) their duties and supervision arrangements
 - b) their role in the team
 - c) how to gain support from senior colleagues
 - d) the clinical or medical guidelines and workplace policies they must follow
 - e) how to access clinical and learning resources.

As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.

This requirement also applies to Urgent and Unscheduled Care training placements and innovative training placements

GP Specialty Trainees should be given appropriate time and support to become familiar with the organisation's clinical computer systems.

Handover* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

R1.14

* Handover at the start and end of periods of day or night duties, every day of the week.

In the GP training practice, good handover requires that all GPs in the GP practice, including the GP Specialty Trainee, produce high quality, contemporaneous written notes on patient consultations

Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

R1.15

In secondary care placements, GP Specialty Trainees should be given the opportunity regularly to attend relevant outpatient clinics

Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.

R1.16

In the GP practice, in line with relevant contractual obligations, GP Specialty Trainees should normally be given three education sessions (usually of 4 hours each) per week. For a full-time trainee, this should include four hours (and pro rata for LTFT) of facilitated learning time at least two hours of which should be designated tutorial time, delivered by the GP Trainer/named clinical supervisor or, with adequate planning and supervision, another member of the primary healthcare team

R1.17 Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.

In the GP practice, GP Specialty Trainees should attend practice team meetings at which practice management and patient care are discussed.

In both primary and secondary care settings systems should be in place to enable GP Specialty Trainees to learn from and with other healthcare professionals.

Patients, doctors, other health and social care professionals, managers and administrators who have worked with GP Specialty Trainees should have an opportunity to provide feedback on the GP Specialty Trainee's performance.

R1.18 Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.

Assessments should be appropriately sequenced and match progression through training.

Each assessment should add unique information and build on previous assessments.

GP Specialty Trainees must only be assessed by someone with appropriate experience and competence.

GP Specialty Trainees must be supported in preparing for all components of the MRCGP and provided with the necessary facilities, assessment opportunities, support and feedback in all primary and secondary care placements.

There must be clear processes in place to support GP Specialty Trainees who have failed an attempt at the RCA and/or AKT.

In the general practice context it is important to remember that:

- Workplace Based Assessments are an integral and ultimately summative part of the MRCGP.
- Workplace Based Assessments contribute to the determination of the progression of the GP Specialty Trainee throughout the training programme.

Organisations must have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

R1.19

* Resources and facilities may include: IT systems so learners can access online curricula, workplace based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.

The GP practice should inform patients that it is a training practice, particularly with reference to the recording of consultations and the inspection of medical records for the purpose of educator and practice accreditation; deanery and GMC quality assurance activities.

The GP practice should inform patients that they may be seen by an appropriately supervised GP Specialty Trainee.

GP Specialty Trainees should have access to all appropriate equipment for use in the GP practice and on domiciliary visits

Video (or similar) equipment for the recording, for educational purposes, of patient consultations, must be readily available in the GP practice.

The GP practice should comply with legislation on the storage of digital data.

R1.20 Learners must have access to technology enhanced and simulation- based learning opportunities within their training programme as required by their curriculum.

R1.21 Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal adviser as frequently as required by their curriculum or training programme.

GP Specialty Trainees should have a GP Educational Supervisor based in general practice throughout their programme.

The GP practice should ensure that the GP Educational Supervisor is given time in their working week to both prepare for and meet with the GP Speciality Trainee for their supervision as defined by the Gold Guide (4.18).

R1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.

Theme 2: Educational governance and leadership

- S2.1** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.
- S2.2** The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
- S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.
-

- R2.1** Organisations* must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.

* Organisations that are responsible for educational governance.

- R2.2** Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.

Deaneries, HEE Regional Offices and equivalents should have a GP Specialty Training committee (or equivalent) accountable to the Postgraduate Dean. The committee should include representation from the RCGP, local education providers, GP Trainers/named clinical supervisors and GP Specialty Trainees and should have external input (educators from outside the specialty and/or deanery and/or lay input). The committee should quality manage GP training on behalf of the Postgraduate Dean and oversee the process for recommending approval of:

- the environments in which GPs train
- GP Trainers, named GP clinical supervisors and GP training programme directors

R2.3 Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.

R2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.

R2.5 Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity.

R2.6 Medical schools, Deaneries, HEE Regional Offices and equivalents³ must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

For the purposes of clarity, LEPs include GP training practices

R2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.

R2.8 Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.

R2.9 Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.

³ Original wording referred to “postgraduate deaneries and LETBs”

R2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.

R2.11 Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.

R2.12 Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.

R2.13 Medical schools must have one or more doctors at the school who oversee medical students' educational progression. They must have one or more doctors at each LEP who coordinate training of medical students, supervise their activities, and make sure these activities are of educational value.³

R2.14 Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.

GP Specialty Trainees must have a named GP Trainer and Clinical Supervisor for each placement. The roles may be combined when the GP Specialty Trainee is training in the same GP training practice.

R2.15 Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.

A GP Specialty Trainee will usually have the same Educational Supervisor throughout their training programme. If the Educational Supervisor changes, there should be a managed handover of responsibilities.

- R2.16** Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.

The systems and processes must be transparent to GP Specialty Trainees and all educators and clearly communicated via induction and subsequent regular updates.

- R2.17** Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.

- R2.18** Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.

- R2.19** Organisations must have systems to make sure that education and training comply with all relevant legislation.

- R2.20** Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.

Theme 3: Supporting learners

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

R3.1 Learners must be supported to meet professional standards, as set out in Good Medical Practice and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.

Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including:

- R3.2**
- a) confidential counselling services
 - b) careers advice and support
 - c) occupational health services

Learners must be encouraged to take responsibility for looking after their own health and wellbeing

R3.3 Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

Organisations must make reasonable adjustments for disabled learners, in line with the Equality Act 2010.* Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.

R3.4 * The Equality Act 2010 does not apply to Northern Ireland. The Equality Act 2010 is in force in the rest of the UK, but the Disability Discrimination Act 1995 and the Special Educational Needs and Disability (NI) Order 2005 remain in force in Northern Ireland.

R3.5 Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.

When learners progress from medical school to foundation training they must be supported by a period of shadowing† that is separate from, and follows, the student assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.

†Shadowing is coordinated and arranged across the UK as part of the transition from medical school to the Foundation Programme.

R3.7 Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.

R3.8 Doctors in training must have information about academic opportunities in their programme or specialty and be supported to pursue an academic career if they have the appropriate skills and aptitudes and are inclined to do so.

R3.9 Medical students must have appropriate support while studying outside medical school, including on electives, and on return to the medical programme.

R3.10 Doctors in training must have access to systems and information to support less than full-time training.

R3.11 Doctors in training must have appropriate support on returning to a programme following a career break.

R3.12 Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.

Irrespective of the environment in which they are training, GP Specialty Trainees must be able to access the learning opportunities that will enable them to meet the requirements of the GP Curriculum.

Except in exceptional circumstances, GP Specialty Trainees should be released to attend the full formal GP specialty teaching programme each year.

R3.13 Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.

R3.14 Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.

R3.15 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.

R3.16 Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.

Theme 4: Supporting educators

- S4.1** Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.
 - S4.2** Educators receive the support, resources and time to meet their education and training responsibilities.
-
-

- R4.1** Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.

The GP Trainer re-accreditation process should combine periodic review with a form of self-assessment that encourages the practice team to reflect on the learning culture within the practice.

The Postgraduate Dean is responsible for the process of accreditation of GP Trainers in line with GMC requirements.

Prior to an application for accreditation, aspiring GP trainers must satisfactorily complete a deanery approved Trainers course.

GP Trainer re-accreditation must take into account whether the trainer has participated regularly in their local trainer's workshop.

Following initial accreditation of a GP trainer, the first re-accreditation process should take place within two years; formal re-approval from thereon should normally take place at intervals no greater than five years and with reference to the GP Trainer's revalidation timetable.

Re-accreditation should take into account the views of past and present learners including GP Specialty Trainees and the GP training programme director and should include a review of the quality of the Trainer's teaching.

- R4.2** Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.

-
- R4.3** Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.
- R4.4** Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.
- R4.5** Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.
- R4.6** Trainers in the four specific roles must be developed and supported, as set out in GMC requirements for recognising and approving trainers.

Theme 5: Developing and implementing curricula and assessments

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

R5.1 Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.

R5.2 The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.

Medical school curricula must give medical students:

- R5.3**
- a) early contact with patients that increases in duration and responsibility as students' progress through the programme
 - b) experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor
 - c) the opportunity to support and follow patients through their care pathway
 - d) the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics
 - e) learning opportunities that integrate basic and clinical science, enabling them to link theory and practice
 - f) the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates
 - g) learning opportunities enabling them to develop generic professional capabilities
 - h) at least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work.

Medical school programmes must give medical students:

- R5.4**
- a) sufficient practical experience to achieve the learning outcomes required for graduates
 - b) an educational induction to make sure they understand the curriculum and how their placement fits within the programme
 - c) the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation
 - d) experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum
 - e) the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working
 - f) placements that enable them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.

R5.5 Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards of competence required for graduates.

R5.6 Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.

R5.7 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.

R5.8 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.

Postgraduate training programmes must give doctors in training:

- R5.9**
- a) training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
 - b) sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
 - c) an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
 - d) the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation
 - e) the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
 - f) regular, useful meetings with their clinical and educational supervisors
 - g) placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
 - h) a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible

The RCGP and COGPED have produced guidance describing the content of specialty training programmes in general practice in the United Kingdom, intending to lead to the award of a Certificate of Completion of Training (CCT) in general practice. This guidance can be found [on this page](#)

The GP Curriculum can be found [here](#)

- R5.10** Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training.

- R5.11** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.

Guidance on appropriate assessors for the WPBA component of the MRCGP can be found [on this page](#) or downloaded directly [here](#).

Trainers applying for accreditation and re-accreditation must be able to demonstrate a familiarity with all aspects of the MRCGP and that they have attended regular training in calibrating WPBAs

- R5.12** Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the Equality Act 2010, although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.