RCGP | Royal College of
General Practitioners

Explanation of presentational changes to the RCGP curriculum

Summary

Over the past year, following the recommendations of the Judicial Review in to the Clinical Skills Assessment (CSA) to consider the equality and diversity aspects of GP training, we have made a number of changes to simplify the content structure and language used in the RCGP curriculum.

These changes are presentational in nature and are not intended to change the content of training or assessment programmes; rather, they aim to simplify and explain more clearly the content of general practice training and to reduce the risk of inappropriate inferences resulting from imprecise wording or omissions. The changes submitted this year take three forms:

- Simplification of the framework used to structure the curriculum content
- Standardisation and clarification of the language used in learning outcomes
- Other textual amendments required as a consequence of the above changes.

We have written this explanatory briefing to explain the rationale behind these changes and the processes that have been followed to make the improvements.

Evidence base for the change

Since its development, the RCGP curriculum has been subject to a continuing review process, based on the collated responses of a wide range of stakeholders, analyses and evaluations. A formal evaluation conducted by the University of Birmingham[1] identified a number of problems with the way that the written curriculum documents were presented. Based on the analysis of a national survey and several focus groups including deanery leads, trainers and trainees, the authors of the report concluded:

'Many trainers and trainees had not found the written curriculum accessible. In particular, a general view expressed by both trainers and trainees was its content was overwhelming. Most had not identified how to use it effectively to support teaching and learning.'

When asked how the written curriculum could be improved, most trainers felt that *'a more concise user-friendly version was needed and that the language used should be clearer and less complicated.'*

The authors recommended that the RCGP should: *'Work on making the written curriculum more accessible for all GPs and those involved in general practice training... This includes work currently being undertaken by the Curriculum Development Group and the Curriculum Guardians in refining and standardising the curriculum statements.'*

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1 Bedward J, Davison I, Burke S, Thomas H. Evaluation of the RCGP GP Training Curriculum (2011). Accessed via: www.birmingham.ac.uk/Documents/college-social-sciences/education/crmde/rcgp-report-june2011.pdf

Based on this recommendation, the RCGP implemented changes to improve the presentation of the curriculum in 2012. This involved the introduction of case scenarios and reflective questions to the clinical example statements, which have received positive feedback from trainees and trainers. The changes we are making in 2015 are a continuation of this work.

Simplifying the content framework

The content framework used in the currently approved 2010 version of the core statement, *Being a GP*, was originally developed by EURACT (European Academy of Teachers in General Practice and Family Medicine) and derived from the 2005 European Definition of General Practice. This was deemed to be the most relevant and contemporary framework for family practice available at the time the curriculum was written (in 2005-6).

As this framework was based on an academic definition of general practice, it used a lot of educationalist and conceptual terminology, such as 'specific problem-solving skills' and 'essential application features' to describe everyday GP tasks. Feedback from trainees has consistently shown that these abstract terms are not intuitive and can be challenging to understand. One term in particular, 'primary care management', caused confusion, as this has been interpreted variably as referring either to clinical management or to practice management (i.e. business and administration).

To confuse matters further, the MRCGP assessments were developed separately to the curriculum and adopted a more pragmatic competence framework, based on 12 areas (see table). This is the framework that LETBs/deaneries, trainees and trainers have become familiar with over the past 7 years, as they use it on a daily basis to map and review learning log entries in the ePortfolio and to prepare for the MRCGP exams.

Table showing the 2010 curriculum and corresponding MRCGP content frameworks:

The Curriculum:	Related MRCGP competency areas:
• Primary care management	1. Clinical management 2. Working with colleagues and in teams 3. Primary care administration and IM&T
• Person-centred care	4. Communication & consulting skills
• Specific problem-solving skills	5. Data gathering and interpretation 6. Making a diagnosis/making decisions
• A comprehensive approach	7. Managing medical complexity
• Community orientation	8. Community orientation
• A holistic approach	9. Practising holistically
• Contextual features	Community orientation
• Attitudinal features	10. Maintaining and ethical approach to practice 11. Fitness to practise
• Scientific features	12. Maintaining performance, learning and teaching

What we have changed:

To simplify the curriculum documents, we have removed the 9 EURACT headings and instead simply grouped the curriculum learning outcomes under the 12 MRCGP areas of capability.

This simplification has, for the first time, enabled us to show within the core statement which MRCGP assessment tools are used to assess the core learning outcomes. We have also

been able to incorporate new Examinations and Procedural Skills competences to enable the removal of DOPS, which would not fit into the old curriculum content structure. Finally, we can now show the link between the domains of Good Medical Practice (as defined by the GMC) and the learning outcomes of the curriculum.

The simplified 2015 framework – the same areas of capability will be adopted for both the curriculum and MRCGP assessments:

Area of Capability
Fitness to practise
Maintaining an ethical approach
Communication and consultation
Data gathering and interpretation
Making decisions
Clinical management
Managing medical complexity
Working with colleagues and in teams
Maintaining performance, learning and teaching
Organisational management and leadership
Practising holistically and promoting health
Community orientation

Clarifying the language used in curriculum outcomes

The report on the recent Judicial Review into the Clinical Skills Assessment (CSA) has highlighted a risk that trainees whose first language is not English or who come from different cultural backgrounds may be disadvantaged if the expected outcomes of training are not expressed in a clear and consistent manner. To mitigate this risk, the outcomes of the core curriculum statement have been reviewed and, where necessary, re-phrased to ensure consistency and clarity.

What we have changed:

The outcomes in the core statement have been reviewed by the Curriculum Development Committee. This included GP educator, trainee and lay representatives. The language has also been reviewed systematically by editors and by a disability advisor and a linguistics expert to maximise its accessibility to people with language barriers or dyslexia.

Each outcome was re-written as necessary to ensure it conveyed the intended meaning as set out in the GMC-approved MRCGP competences. Quality standards were applied as follows:[i,ii]

- Each outcome must be concisely and clearly written to express an educational objective
- The outcome must be pitched at the expected level of a GP completing ST3 training
- The wording used in the outcome must follow the agreed taxonomy based on Bloom's categories of learning[iii] (see table below)
- Colloquialisms and idioms should be avoided
- There should be sufficient time and opportunity in the existing three-year programme for the learning outcome to be delivered and assessed

- Trainers/educators should have the knowledge, skills and resources to deliver the outcome as specified

A glossary table has been added to the statement to explain the choice of verb used in each outcome and how it relates to the level of complexity being described (see Appendix).

Clarifying the content headings

The headings of the content sections in the curriculum modules have been updated to clarify their meaning as follows:

Old 2010 headings	New 2015 headings
Key messages	Summary
Introduction (contextual statements only)	Educational priorities
Case illustration & reflective questions	Case discussion & reflective questions
Learning outcomes	Knowledge and skills guide
Learning strategies	How to learn this area of practice
Learning resources	Useful learning resources

Clarifying the case scenarios

In 2012, case scenarios and reflective questions were introduced to the RCGP curriculum in order to prompt learning. Feedback from trainees and trainers has been very positive about this innovation, although some feedback has led us to update a couple of the cases to further improve their utility as an educational tool and to facilitate discussion about the curriculum.

Appendix

The following table lists the verbs used in the core statement outcomes and how these relate to the level of complexity being described.

Level of complexity	Description	Examples of outcome verbs used
Recall or respond	The ability to recall previously presented information and/or comply with a given expectation	Accept, define, describe, follow, record
Comprehend	The ability to grasp the meaning of information in a defined context	Acknowledge, appreciate, clarify, identify, recognise
Apply	The ability to use rules and principles to apply knowledge in a defined context and/or display behaviour consistent with an expected belief or attitude	Adopt, apply, communicate, contribute, demonstrate, implement, measure, obtain, participate, use
Evaluate	The ability to analyse and judge information for a defined purpose and/or justify decisions or a course of action	Analyse, appraise, compare, differentiate, discuss, evaluate, explore, interpret, justify, monitor, reflect on, review
Integrate	The ability to bring information together to demonstrate a deeper understanding and/or demonstrate behaviour consistent with the internalisation of expected values	Advocate, challenge, commit to, create, deliver, develop, enhance, facilitate, integrate, lead, manage, organise, plan, prioritise, promote, provide, respect, tailor, value

Modified from principles in Anderson LW, & Krathwohl (Eds.) (2001). A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives. New York: Longman

References

[i] UCE Birmingham. Guide to Learning Outcomes. Accessed via: www.ssdd.bcu.ac.uk/outcomes/

[ii] Kingston University London Academic Development Centre. Guide to Writing Outcomes. Available via: www.kingston.ac.uk/academic-development-centre/adc-publications/documents/writing_learning_outcomes.pdf

[iii] Bloom B S, ed. (1956) Taxonomy of Educational Objectives: The Classification of Educational Goals: Handbook I: Cognitive Domain. New York: Longman