



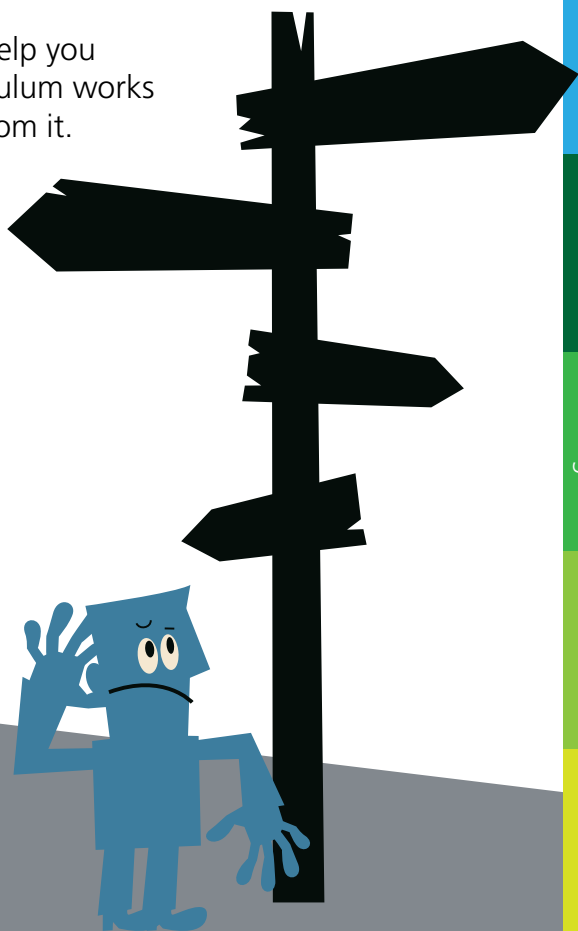
# The RCGP Curriculum

## Introduction and User Guide

The Royal College of General Practitioners (RCGP) curriculum defines the learning outcomes for the specialty of general practice and describes the competences you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor for a professional life of development and change.

This guide is designed to help you understand how the curriculum works and how to get the best from it.

Use the tabs on the right hand side of the page to access more detailed information. You are advised to read this user guide and the core statement *Being a GP* before going on to the contextual statements or clinical examples.



# Background

As a doctor in general practice you do not deal simply with organ systems and symptoms, but with people and problems. The GP curriculum has been developed to reflect this. The meaning of the curriculum will increasingly be conveyed by showing not just how you as a GP must manage illnesses, but how problems present differently in different types of patients with different implications and in ways that require different types of management.

The RCGP curriculum, approved in 2006, was the first attempt in the UK to define the indefinable, i.e. the complex competences that are required by doctors in undertaking the work of the expert clinical generalist. These competences were not developed by UK GPs alone but through extensive discussion with generalists around the world and particularly in Europe. The European Definition of General Practice defined the characteristics of general practice. These characteristics are generic and can be applied to any and all problems that present in general practice, and the competences needed to be a GP were derived from them.

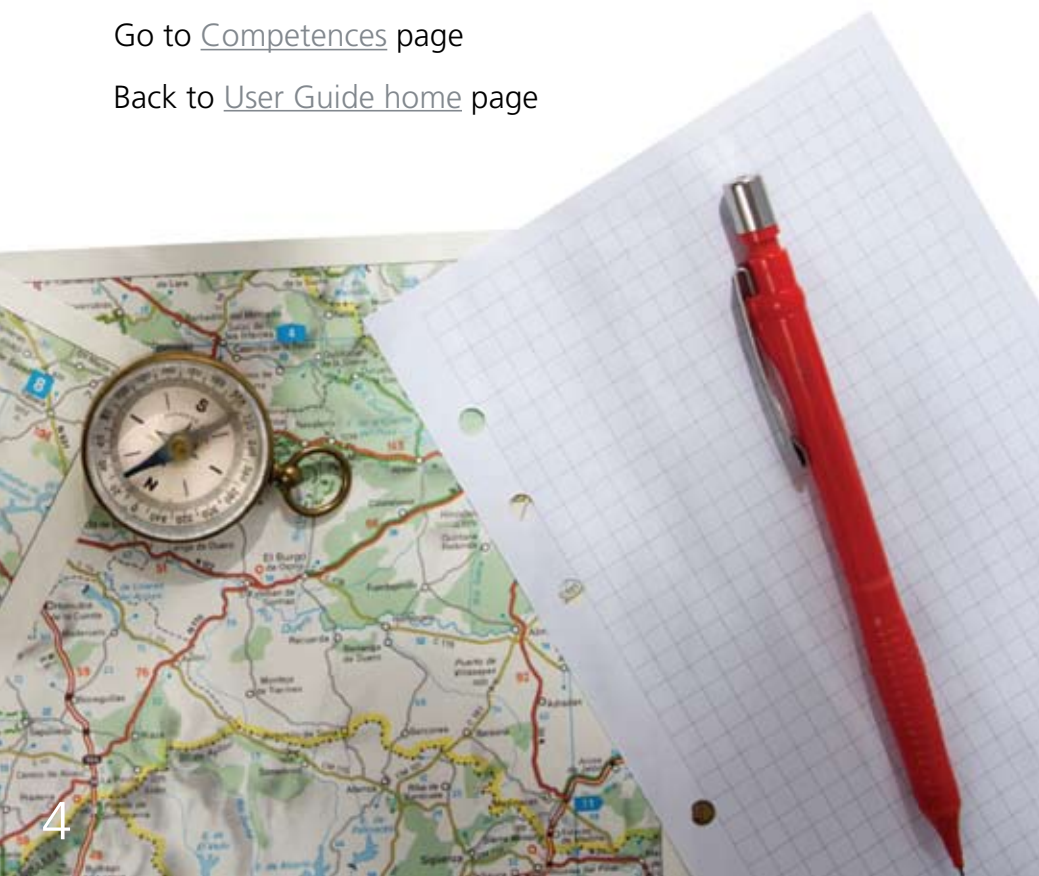
By using such a broad range of perspectives, the ideas and principles that form the foundation of the curriculum are comprehensive enough (leaving no important gaps) and deep enough (well thought through) to stand the test of time. It is on this foundation that both your lifelong learning as a GP and the periodic assessments that you will undertake during and after training are based.

General practice itself is continually changing and although the deeper features of your practice are unlikely to change, the contexts in which GPs work will continue to alter rapidly. The GP curriculum could therefore never be an exhaustive list of all the possible learning outcomes relating to all the contexts in which you as a GP work. This would probably be impossible and would certainly be unhelpful in meeting the primary aim of a curriculum, which is to achieve a careful balance between providing enough information to encourage greater understanding of the discipline without giving so much that it becomes difficult to see the wood from the trees.

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# The European Definition of General Practice/ Family Medicine



The competences were derived from the characteristics of general practice outlined in the European Definition. These characteristics are generic and can be applied to any and all problems that present in general practice and are shown in the box below. More information on the characteristics, including a description of the specialty and of the way the competences were derived is available by downloading a copy of the European Definition from [www.woncaeurope.org](http://www.woncaeurope.org).

## The Characteristics of Family Medicine (adapted from the WONCA Europe Definition)

These eleven characteristics of the discipline of general practice relate to eleven abilities that every family doctor should master, and should be the basis for developing the curriculum for training in general practice.

General practice:

- is normally the point of first medical contact within the healthcare system, providing open and unlimited access to its users, dealing with all health problems regardless of the age, sex, or any other characteristic of the person concerned
- makes efficient use of healthcare resources through co-ordinating care, working with other

professionals in the primary care setting, and by managing the interface with other specialities. It also means taking on an advocacy role for the patient when needed

- develops a person-centred approach, orientated to individuals, their family, and their community
- has a unique consultation process, which establishes a relationship over time through effective communication between doctor and patient
- is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient
- has a specific decision-making process determined by the prevalence and incidence of illness in the community
- manages simultaneously both the acute and chronic health problems of individual patients
- manages illness which presents in an undifferentiated way at an early stage in its development, some of which may require urgent intervention
- promotes health and well-being by both appropriate and effective intervention
- has a specific responsibility for the health of the community
- deals with health problems in their physical, psychological, social, cultural and existential dimensions

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# What is a Curriculum?

Put very simply, the curriculum has a 'what' and a 'why' Let's deal with the 'what' first. A curriculum has been defined as *'an attempt to communicate the essential features and principles of an educational proposal in such a form that it is open to critical scrutiny and capable of effective translation into practice'*. (Stenhouse, 1975)

These principles were further elaborated by the Postgraduate Medical Education and Training Board\* (PMETB) in 2008 when it stated that the medical curricula it approves must include a statement of:

1. The intended aims and objectives, content, experiences, outcomes and processes of a programme.
2. A description of the structure and expected methods of learning, teaching, feedback and supervision.
3. The knowledge, skills, attitudes and behaviours the trainee will achieve.



Thus a curriculum is a comprehensive description of a learning programme that includes learning and teaching methods, and intended programme outcomes. We should also think about what the curriculum is **not**, which is a syllabus. The two terms are often used interchangeably but the difference between them is important. A syllabus has been defined as a 'concise statement of the main subjects of a course of teaching or lecture', and it therefore only defines parts of item 1 in the PMETB list above. As a concept, a curriculum is much broader than a syllabus.

When we think about the curriculum we can also ask ourselves 'why?' The purpose of the curriculum is to convey what GPs do and how they do it in a way that allows new GPs to develop and existing GPs to develop further.

There are inherent tensions and contradictions within the curriculum.

### [Explore the tensions in the curriculum.](#)

\*The Postgraduate Medical Education and Training Board (PMETB) was the regulating body responsible for approving specialty training curricula until 2010, when these powers transferred to the General Medical Council (GMC).



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# Tensions in the Curriculum

The curriculum is written principally for GPs. As a GP you might use it to ask yourself how you personally need to change in order to become or stay a good GP, or how the profession needs to develop in order to foster good generalists. This requires that you understand the content and balance of the curriculum.

The GP core curriculum is split into parts but much effort is made to show how these parts do not operate independently but are integrated within everyday practice. What is less evident is that in clinical practice there is repulsion as well as attraction between these parts and to be a good GP you need to understand the tensions so that a reasonable balance can be achieved.

As a GP you will use all parts of the core curriculum in relation to virtually every patient problem but the balance between these elements will change depending on many factors including the nature of the problem, expectations, availability of resources etc. Because of this, the GP curriculum can define and illustrate the parts, but cannot prescribe an appropriate balance – this will be up to the professional judgement of the doctor.



Tensions in the curriculum

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Some concepts have conflict and balance as part of their make up. In medical ethics, for example, autonomy and social justice vie with each other, and when 'respecting diversity' the doctor's respect for one community or approach may be in conflict with respect for another.

Different curricular areas of competence may directly affect each other. For instance, the 'person-centred approach', where the individual patient is the prime concern of the GP, is in tension with the 'community orientation' of the doctor, where the wider needs of the practice population need to be addressed. Rationing is another clear example and a particular threat to person-centred care, requiring such decisions as which drugs and treatments to provide, which referrals can be authorised or how to carve up limited time, perhaps with less time in face-to-face consultation and more time providing telephone access to the larger community.

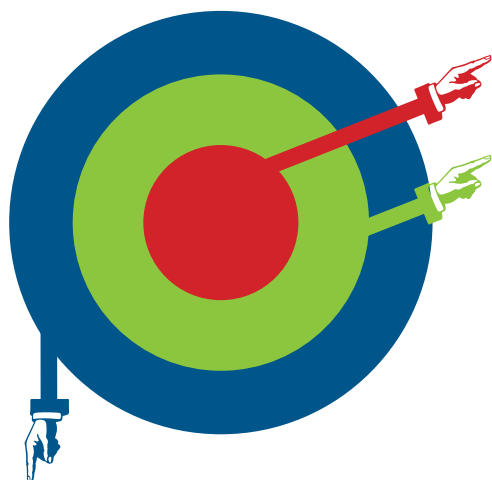
Social expectations and the changing political environment of healthcare create tension by challenging the curriculum through influencing the balance between its elements.

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# Curriculum Structure

The relationship of the elements that make up the RCGP curriculum are as shown:



## 1: Being a GP - the Core Statement

### 2: The Contextual Statements

- 2.01 The GP Consultation in Practice
- 2.02 Patient Safety and Quality of Care
- 2.03 The GP in the Wider Professional Environment
- 2.04 Enhancing Professional Knowledge

### 3: The Clinical Examples

- |  |  |
|--|--|
| 3.01 Healthy People: promoting health & preventing disease | 3.13 Digestive Health                                  |
| 3.02 Genetics in Primary Care                              | 3.14 Care of People who Misuse Drugs and Alcohol       |
| 3.03 Care of Acutely Ill People                            | 3.15 Care of People with ENT, Oral and Facial Problems |
| 3.04 Care of Children & Young People                       | 3.16 Care of People with Eye Problems                  |
| 3.05 Care of Older Adults                                  | 3.17 Care of People with Metabolic Problems            |
| 3.06 Women's Health  | 3.18 Care of People with Neurological Problems         |
| 3.07 Men's Health  | 3.19 Respiratory Health                                |
| 3.08 Sexual Health   | 3.20 Care of People with Musculoskeletal Problems      |
| 3.09 End-of-Life Care                                      | 3.21 Care of People with Skin Problems                 |
| 3.10 Care of People with Mental Health Problems            |  |
| 3.11 Care of People with Intellectual Disability           |  |
| 3.12 Cardiovascular Health                                 |  |

In addition, there is this Introduction and User Guide, and a Glossary of Terms.

The statement *Being a General Practitioner* is the core statement and provides a full description of the knowledge, skills, attitudes and behaviours required of you as a GP in managing patients and their problems. It covers all aspects of general practice in general terms, including the key skills of dealing with uncertainty, managing the referral to secondary care, and the 'worried well'. It contains no clinical content outcomes.

The four contextual statements (statements 2.01 to 2.04) explore particular aspects of general practice in greater depth. They contain learning outcomes in the 'areas of competence' and 'essential features' relevant to their topic, but will not necessarily cover all of them. They demonstrate key points using case illustrations.

The clinical examples (statements 3.01 to 3.21) apply the competences in *Being a General Practitioner* to organ-based conditions as in, for example, the statements on *Care of People with Eye Problems* or *Care of People with Metabolic Problems*, or to population groups, as in the statements on *Care of Older Adults* and *Men's Health*. They follow a common template:

- Key messages
- Case illustration and questions for reflection
- Learning outcomes

- Learning strategies
- Learning resources
- References
- Acknowledgements

Link to [Core statement](#) (pdf)



# Competences

GPs have a number of fundamental generic attributes which are the deeper features of being a generalist. These underpin the many behaviours that we see GPs demonstrating in the wide variety of contexts in which they work. The core competences which you will need to master in order to be a GP are grouped into six **areas of competence** and three **essential features of you as a doctor**. In the curriculum statements these are subdivided into specific learning outcomes. They are derived from the characteristics of general practice in the European Definition.

To help you to navigate round the curriculum each area of competence and essential feature is colour coded.

## Areas of competence

### 1. Primary care management

is about how you manage your contacts with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

### 2. Person-centred care

is about understanding and relating to the context of your patients as individuals and developing the ability to work in partnership

### 3. Specific problem-solving skills

is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

### 4. A comprehensive approach

is about how general practitioners must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting

### 5. Community orientation

is about the physical environment of the practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

### 6. A holistic approach

is about the ability to understand and respect the values, culture, family beliefs and structure, and understand the ways in which these will affect the experience and management of illness and health.

The learning outcomes in the six areas of competence have a common stem in the curriculum statements: 'This means that as a GP you should ..'

## Essential features of you as a doctor

These are personal features of you as a doctor and relate to factors which have an impact on your ability to deliver the competences in real life in your work setting:

### 1. Contextual features

are about understanding the context of yourself as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, the community in which you live, your cultural background, and the financial and regulatory frameworks in which you have to work.

### 2. Attitudinal features

are about your professional capabilities, values, feelings and ethics, and the impact these may have on your patient care.

### 3. Scientific features

are about the need to adopt a critical and evidence-based approach to your practice, and maintaining this through lifelong learning and a commitment to quality improvement.



In the curriculum statements the learning outcomes for the three essential features are preceded by: 'Examples of this are ..'

Go to [European Definition of General Practice](#) page



## Assessment overview

**The MRCGP examination**, which you need in order to practise independently as a GP, was designed at the same time as the curriculum and has a blueprint (shown below) that makes sure that the curriculum is adequately tested throughout GP specialty training. This table is a simplified summary of the main areas in which the assessments test; a blank box does not necessarily mean that the exam component does not test in this area.

You wouldn't be human if you were not more concerned about the assessments than the curriculum! It's natural that you would want to become familiar with the nature of the assessments (described below) but it is really important that you **don't try to learn the curriculum through the assessments**.

If you do, you will leave big gaps in your understanding which could make you unsafe to practise. **You must use the curriculum, referring to it frequently**, because this is where the assessments are drawn from and, although the assessments may change, the core curriculum remains stable.

The MRCGP currently has three major components. Guided by the blueprint, the areas of the curriculum that they test deliberately overlap with each other, so that your performance can be tested in a variety of ways. For example, your clinical problem-solving skills can be tested through the Applied Knowledge Test (AKT), case scenarios in Clinical Skills Assessment (CSA) and through case-based discussion in Workplace Based Assessment (WPBA).

GP Curriculum	MRCGP Competence	Coverage by licensing assessments		
		WBA	CSA	AKT
Primary care management	Clinical management			
	Working with colleagues and in teams			
	Primary care administration and IM&T			
Person-centred care	Communication and consulting skills			
Specific problem-solving skills	Data gathering interpretation			
	Making a diagnosis/making decisions			
Comprehensive approach	Managing medical complexity			
Community orientation	Community orientation			
Holistic approach	Practising holistically			
Contextual features	Community orientation			
Attitudinal features	Maintaining an ethical approach to practice			
	Fitness to practice			
Scientific features	Maintaining performance, learning & teaching			

WPBA, AKT &amp; CSA

[More information about the assessments \(WPBA, AKT & CSA\)](#)

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# The assessments - WPBA, AKT & CSA

## Workplace Based Assessment (WPBA)

This is a continual test of your performance in the workplace over the training period and is used to assess whether your performance is improving during training and whether you reach the required standard by the end of training.

WPBA uses assessment to provide high-quality formative feedback that should help you to develop and covers the whole of the curriculum because it tests **what GPs actually do**.

It uses a range of tests such as the Consultation Observation Tool (COT) and Case-based Discussion (CbD) and gathers information from educators, patients and colleagues. Importantly, it also **uses your own reflections on practice and your insights about your own performance**. This is tested because in independent practice doctors can only stay safe if they have the ability and motivation to reflect on their work and continually learn.

## Clinical Skills Assessment (CSA)

The clinical skills assessment is an Objective Structured Clinical Examination (OSCE)-type examination that **tests the skills you use in consultation and looks at:**

- How you identify what the problem is by gathering information from listening and talking with patients, from physical examination, tests and investigations
- How you put this together to develop a differential diagnosis and management plan through discussion with the patient

- How well you use your interpersonal skills, treating the patient with concern and respect, and communicating effectively with them even in difficult circumstances.

You need to demonstrate that you can **integrate these skills and apply them fluently**, which is a complex task that requires considerable consulting experience. For this reason, CSA cannot be taken until the final year of training.

### Applied Knowledge Test (AKT)

GPs require an extensive broad knowledge base about clinical medicine and, importantly, they need to know when and how to acquire specialist information. Other areas of knowledge, like critical appraisal and practice management, are also tested.

The Applied Knowledge Test is therefore more challenging than you might be expecting and **requires you to know facts, but also to make decisions** based on what you think is likely, or what approaches you think are appropriate in a given scenario.

AKT will test common things as well as rarer but important conditions that, for example, you might be expected to consider in a differential diagnosis.

Like the CSA, you will need a good deal of GP experience and to **really understand the curriculum before you are likely to be successful in the exam**. For this reason it cannot be taken until the second year of specialist training.

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# Learning Strategies and the ePortfolio

## Learning Strategies

Each of the curriculum statements includes a section on learning strategies. These will inform you of some of the ways to meet the learning and assessment requirements of your training programme in each of your clinical placements, and the work-based learning opportunities available. Your deanery will also be able to provide information on learning strategies to meet your needs, and particularly may be able to help in providing information about suitable resources, for example web-based teaching, or courses being provided to meet learning needs which you may not meet in your rotation of clinical placements, for example in specialties where you are not going to work. You should discuss these options with your supervisors and programme director and look at the learning strategies section of the relevant curriculum statement.

## The ePortfolio

During your specialty training you will need to keep your ePortfolio up-to-date, using it to support your learning. Both the training and the CPD versions of the RCGP ePortfolios, link to the curriculum. The ethos of the ePortfolio is that it is a record of your learning and development and uses a reflective self directed style.

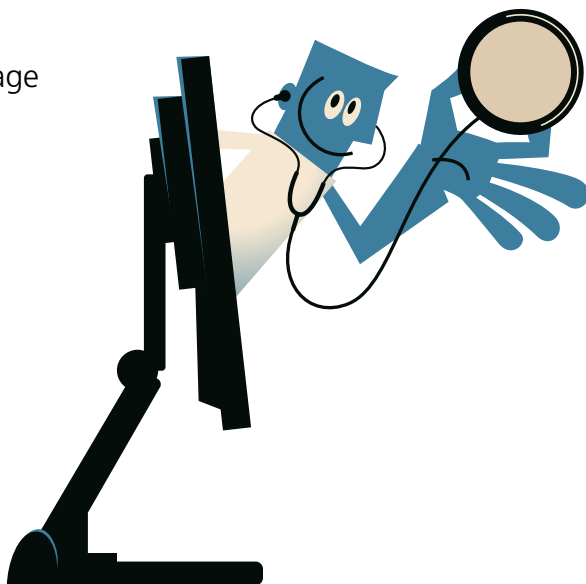
Your ePortfolio should not be just a repository of completed assessments, it is a record of your learning journey, a record for you to use to reflect on your learning, exploring possible areas of weakness and develop your self-awareness and self directing skills.



The curriculum is the central spine whereby you can tag your learning and performance to curricula statements, and the descriptors for the elements of Workplace Based Assessments are derived from the curriculum. By using the curricular statements and the derived descriptors you can make a self assessment of your progress and compare it with your supervisors or peers.

You should be selective about tagging to curricular statements in order to be clear about your progress and see areas that need more attention.

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# Using the Curriculum

Understanding the curriculum and its foundation in the definition of general practice will help you focus your learning on the knowledge and skills required to be a good GP. Although primarily aimed at the start of independent work as a general practitioner, it must also inform the general practice component of undergraduate medical education, provide the framework for continuing professional development and prepare the doctor for a professional life of development and change.

## Early medical education

Study of the core statement *Being a General Practitioner* and the four contextual statements would be of benefit during undergraduate training, particularly for those not planning a career in general practice. Understanding and applying elements of the core statement – primary care management, person-centred care, specific problem-solving skills – should be part of the practice-based teaching in the Foundation Programme.

## During GP specialty training

The components of the curriculum not only provide you with the learning outcomes which you have to achieve but contain case studies and other learning resources. You can use it as a resource guide for self-study, learning sessions with your education supervisor, in preparation for assessments, and as the basis for release programme sessions with your programme director.



## Continuing professional development

Learning does not stop on receipt of your Certificate of Completion of Training (CCT) at the end of GP training. Click on the link below to learn how the RCGP curriculum can help you during the early years in practice, with continuing professional development and gaining expertise, and in appraisal and revalidation.

Go to [First5, CPD and Lifelong Learning](#)

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# Using the Curriculum: First5, CPD and Lifelong Learning

## First5

First5 is a concept being developed by the RCGP to support new GPs from completion of your training through the first five years of independent practice. The aim is to empower you as part of the new generation of generalists and ensure that you are effectively supported by the College as you develop as an independent generalist, not only providing excellent care to patients but shaping the way general practice develops. Some may view the curriculum as a tool used only during training, no longer needed after passing the comprehensive examinations of Membership and receiving a Certificate of Completion of Training (CCT). However, the opposite is true, the end of training being just the start of your lifelong journey as an expert generalist.



First5, CPD & lifelong learning

Through the early years of practice and throughout your professional lifetime, the curriculum provides a framework for how to be the best GP you can be through mastering the core areas of competence and essential features of the curriculum. You will need to go back to the curriculum periodically to re-evaluate your practice and remind yourself what being a GP is all about, using the curriculum to highlight areas of educational need to be addressed through continuing professional development.

### **Continuing professional development and lifelong learning**

The GP curriculum provides the foundation for those in training to gain their certificate for independent practice. It does this by setting out the generic or core competences in six areas and defines three areas or features essential for every GP to have.

As such the curriculum goes beyond what a newly qualified GP can hope to attain to being a rich description of what it is to practice as a GP for the rest of your professional lifetime. Every competent professional grows in clinical and personal maturity, moving from being a competent GP on completion of specialty training to being an expert in your work with your patients – your journey to mastery of the discipline.

Use the curriculum, particularly the core and contextual statements, as the guide and framework within which to reflect actively on your practice and to record your development, particularly in the annual appraisal process.

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# Acknowledgements:

The 'Introduction and User Guide' was written by Professor Justin Allen and members of the RCGP Curriculum Development Group (July 2012).

The WONCA logo on page 5 is used by permission of Wonca Europe

The curriculum structure diagram on p11 is adapted with permission from an original figure drawn by Dr Chantal Simon for InnovAiT (2012) 5(1) p. 56-7 and based on the original concept devised by Professor Justin Allen and the RCGP Curriculum Development Group.

The word cloud on the front cover is derived from the text of the core curriculum statement Being a GP, and is based on an idea from Dr Greg Irving.

The content of this user guide can be freely used for teaching and training purposes if appropriately referenced to the RCGP Curriculum Development Group.



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The Royal College of General Practitioners is a network of more than 45,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.