Glossary for the RCGP Curriculum

The following list includes terms that are often confused or confusing. This is complicated by the fact that some terms are used differently in different ‘jargon systems’, and their use often changes over time.

**advocacy**
This has been described in the European Definition of General Practice (2005) as ‘protecting patients from the harm which may ensue through unnecessary screening, testing, and treatment, and also guiding them through the complexities of the health care system’. (See also core statement 1 Being a General Practitioner, Appendix 2, point 2.)

**aim**
An aim is a general statement of intent. It describes the direction in which the learner will go in terms of what they might learn or what the teacher/training will do. (Compare aim with goal and objective.)

**Applied Knowledge Test (AKT)**
The Applied Knowledge Test is a summative assessment of the knowledge base that underpins independent general practice in the United Kingdom within the context of the National Health Service. Candidates who pass this assessment will have demonstrated their competence in applying knowledge across clinical and non-clinical contexts at a level that is sufficiently high for independent practice.

**assessment**
The systematic collection of evidence on the competence or performance of an individual in order to enable a judgement to be made. (Compare assessment with blueprinting and evaluation.)

**assessment framework**
There are two common uses of this term. First, in relation to your training, the assessment framework refers to the overall package of assessments – both ‘formative’ (developmental with feedback) and ‘summative’ (endpoint exams with a pass/fail outcome) – that you encounter during the whole of your training. The assessment framework is monitored by the RCGP to ensure fairness and equality. The second context where this phrase is commonly used is in relation to statement 3.04 Care of Children and Young People, learning outcome 5.1.3, for example. In this context the Assessment Framework is a conceptual framework for assessing a child believed to be in need and their family, and then deciding:

- Is this a child in need?
- Is this child suffering or likely to suffer significant harm?
blueprinting
This term is linked to **assessment** and **evaluation** but should not be confused with them. It is used to describe the mapping of assessment to the curriculum objectives to ensure that all areas are covered.

care pathway
A care pathway is a locally agreed way of treating groups of patients with a common illness, usually across the primary/secondary care transitions, and leading to cost-effective care. For example, a local referral service would expect the GP to have undertaken specified investigations and the patient would be seen promptly. It also covers discharge notifications and services and possible re-admissions. (See also statement 3.04 *Care of Children and Young People*, learning outcome 5.1.2.)

**Case-based Discussion (CbD)**
The Case-based Discussion is a formalised Workplace Based Assessment (WPBA), usually done in secondary care. Case-based Discussions were validated for assessments undertaken by multiple assessors but are often used as an assessment of progress by a single clinical supervisor.

curriculum
Defined by the GMC as ‘a statement of the intended aims and objectives, content, experiences and processes of a programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision’. The curriculum should set out what knowledge, skills, attitudes and behaviours the trainee will achieve. Derived from the Latin *currere* to run, *curriculum* was a racing chariot. ‘Curriculum’ and ‘syllabus’ are often confused or used incorrectly, as they are associated. In simple terms, the RCGP Curriculum is about ‘process and principles’ whereas a syllabus is a comprehensive statement or ‘list’ of facts and conditions that you need to know. (See also *syllabus*.)

**Clinical Skills Assessment (CSA)**
The Clinical Skills Assessment is an OSCE-type examination that is based on the consultation and uses simulated patients. It tests the ability of a doctor to integrate and apply clinical, professional, communication and practical skills, as appropriate to the problems that present in general practice.

**competence, competency, competent**
A very confused set of terms, used to mean different things by different authors.

**competence**
Noun: a competence is a set of knowledge, skills and attitudes that enables the individual to perform the task that competence is designed for. A major competence reflects a high-level statement and a minor competence is written at the level of greater detail. If the task demands integration and working in complete situations then the competence needs to reflect this. (Plural = competences.)

**competency**
Noun: this is the problem – in the English language competence and competency are regarded as the same (Concise Oxford English Dictionary). In medical education competency is often used to describe *individual attributes needed for intelligent performance*
Thus a competency can be regarded as being ‘the building blocks of professional competence,’ and are used in this manner in curriculum construction (competency-based training). (Plural = competencies.)

**competent**

Adjective: a competent person. An individual who is competent has therefore, by definition, attained the defined standards. A person is said to be competent when they can demonstrate that they are able to do the job specified – in this case, general practice – to the set standard. Using the nomenclature of Dreyfus and Dreyfus, being competent is midway between novice and expert. The RCGP has set the state of being competent as the level required to deliver independent practice.

**Consultation Observation Tool (COT)**

The Consultation Observation Tool is a GP modification of the CBD. It can be done by direct observation or by watching a video consultation of consultations. It is a formative tool but the accumulated overview of repeated observations is part of the summative Annual Review of Competence Progression (ARCP) panel decision.

**Continuing Professional Development (CPD)**

CPD has largely replaced Continuing Medical Education (CME). This was done to conform to the term being used across the spectrum of professional bodies and to indicate that CPD is more than just keeping up to date. For instance, it is about discarding outdated practice and developing new professional areas.

**describe**

To ‘describe’ is the ability to articulate in the written or spoken word about a given topic. For example, to describe the agencies involved in safeguarding children, GPs, practices nurses, health visitors, midwives, teachers, social workers, police, lawyers, A&E consultants, paediatricians and so on. This ability can be tested in all elements of the MRCGP. Describe is one of the verbs used in learning outcomes that indicates the learner is expected to learn to the level that will enable them to write or tell an assessor about the topic. It does not require them to perform the task. (Compare describe with know and understand.)

**domain/domains**

In educational literature the term refers to large areas of classification of competencies, or learning outcomes or assessments. Because of its common usage, it can cause confusion and seem to carry additional weight. In the revised curriculum, the term ‘area of competence’ (AOC) has replaced the term ‘domain’.

**diagnostic overshadowing**

This describes the tendency of a doctor, once a diagnosis of a condition has been made, to attribute other problems and behaviours experienced by the patient to that condition, potentially missing other co-existing diagnoses. It is recognised as a particular issue for patients with intellectual disability, where symptoms or behaviours caused by physical illness may be inappropriately attributed to the intellectual disability (see also statement 3.11 Care of People with Intellectual Disability, learning outcome 3.5.)
evaluation
Often used as a synonym for assessment, particularly in the workplace. However in medical education it is usually confined to an examination of a process rather than of a person. Thus a course is subjected to evaluation and its participants to assessment. (Compare evaluation with assessment and blueprinting.)

expert
Works at the highest level, developing, delivering and researching the area of activity. Capable of leadership and innovation. Part of the Dreyfus model of novice, competent, proficient, expert.

expertise model
An educational model developed by the Dreyfus brothers in 1980 who described the progressive development of expertise (special or complex skill or knowledge) through clearly recognisable stages.

goal
A goal is a broad description of where the learner wishes to be at the end of a learning programme. (Compare goal with aim and objective.)

interprofessional
Interprofessional learning and working involves more interaction between the different professionals, so that they learn from each other, as opposed to ‘multiprofessional’ where different professionals are working or learning in the same place without any significant interaction. (See also multiprofessional and uniprofessional; and statement 3.04 Care of Children and Young People, under Work-based learning – in primary care and Learning with other healthcare professionals.)

know
To ‘know’ implies the learner has gained personal knowledge about a topic but at this level does not need to demonstrate integrated knowledge, skills and attitudes. It is tested in knowledge-based tests such as the AKT. (Compare know with describe and understand.)

learning log
A record of learning experiences, both formal and informal, which can be used in developing or monitoring a learning plan, promoting reflection and as a basis for revision.

learning outcome
A statement of the specific knowledge, skills and or attitudes to be acquired during a learning programme.

learning plan
A personalised plan of teaching or learning to meet a defined learning need.
learning portfolio
Should include a learning log as well as more detailed records of learning achievement, including case reports, course notes, certificates, diplomas, assessments and similar materials which may form part of a Workplace-based Assessment review.

learning strategy
Describes how an individual or groups of learners will access learning opportunities. This can be through an organised training programme or an individual defining their own learning needs and styles to gain maximum impact from selected opportunities. The opposite is to just wait and see what happens and learn from what turns up.

medicalisation
Medicalisation happens when an event is translated by the medical profession into a disease process, usually amenable to treatment. Bereavement, for example, is a normal life event that most people transit with difficulty but successfully. At times some within the medical profession have advocated the use of medication to treat symptoms; this has subsequently been shown to have an adverse effect. Ivan Illich in his Medical Nemesis in 1975 gained global acknowledgement for his exposition of medicalisation and his demonstration of iatrogenic disease.

multiprofessional
This means people from different professions and different agencies working together to provide a better outcome for the patient. For example, in protecting children, healthcare and social care would work together in the best interests of the child. (See also interprofessional and uniprofessional; and statement 3.04 Care of Children and Young People under Work-based learning – in primary care and Learning with other healthcare professionals.)

novice
The first stage with little or no knowledge or skill in the area of activity, e.g. as a GP teacher. The term is part of the Dreyfus model of skills development (novice, competent, proficient, expert), which is applied to developing skills in a particular area over time.

objective
An objective is a specific statement about what the learner should or will be able to do after the training experience. (Compare objective with aim and goal.)

performance
This is the ability to convert the necessary knowledge, skills and attitudes to action, in a professional context. It is often evaluated against explicit standards. (Derived from the Miller triangle – those who are not competent cannot perform but those who are competent may decide not to perform.)

proficient
Experienced and skilled in the area of activity, working unsupervised and able to supervise those at a lower level. (Part of the Dreyfus model of novice, competent, proficient, expert.)
red flags
The term ‘red flags’ usually refers to symptoms or signs that indicate the possible or probable presence of serious medical conditions that could cause serious disability or death if not managed appropriately. Examples include abnormal bleeding, sudden unintended weight loss or suicidal thoughts. (See also yellow flags; and statement 3.20 Care of People with Musculoskeletal Problems under Primary care management, learning outcome 1.1.)

sensitivity
The proportion of people with the target disorder who have a positive test. Sensitivity is used to assist in assessing and selecting a diagnostic test/sign/symptom. (See also specificity; and statement 3.04 Care of Children and Young People under Case illustration, reflective questions.)

specificity
The proportion of people without the target disorder who have a negative test. Specificity is used to assist in assessing and selecting a diagnostic test/sign/symptom. (See also sensitivity; and statement 3.04 Care of Children and Young People under Case illustration, reflective questions.)

syllabus
The term ‘syllabus’ is often used incorrectly as an alternative to ‘curriculum’. A syllabus defines the content of a course of learning. Derived from the Greek sittuba – a label, title.

understand
To ‘understand’, a learner needs to learn a topic to the level of integrating or synthesising several sets of knowledge. It can be tested verbally in the AKT and the CSA where an understanding of the significance of symptoms and epidemiology in certain contexts is important to problem solving. (Compare understand with describe and know.)

uniprofessional
This is where people from only one professional group are involved in the care of the patient. This is rare in general practice where team working is the norm. (See also interprofessional and multiprofessional; and statement 3.04 Care of Children and Young People under Work-based learning – in primary care and Learning with other healthcare professionals.)

validated tools
In this context, a ‘tool’ is usually a way of measuring something, whether by objective means such as a measuring device or by subjective means such as a pain rating scale. Of course, it’s important to know that the tool actually measures what it claims to and this is where the term validation comes in. A validated tool is one that has been shown by research methods, perhaps by comparison with some gold standard, to ‘do what it says on the tin’. (See also statement 3.20 Care of People with Musculoskeletal Problems under Learning with other healthcare professionals.)

Workplace Based Assessment (WPBA)
Workplace Based Assessment is part of the MRCGP examination process and is the evaluation of performance and progress as a doctor in those areas of practice that are most effectively tested in the workplace. These include team working, leadership, managing
medical complexity, providing ongoing care and behaving ethically. Evidence of competence is recorded in a web-based portfolio (the ePortfolio) and is used to inform six-monthly reviews. At the end of training, the WPBA forms part of the judgement about the readiness of the GP specialty trainee to begin independent practice.

yellow flags

‘Yellow flags’ are risk factors associated with chronic pain or disability. They are subjective and are often psychosocial. Examples include negative coping strategies, poor self-efficacy beliefs, fear-avoidance behaviour and distress. Whereas red flags require urgent attention, further testing and possibly specialist referral, yellow flags often require only a shift in the focus of care, perhaps highlighting that we need to look at psychosocial factors more closely. (See also red flags; and statement 3.20 Care of People with Musculoskeletal Problems under Case illustration, reflective questions and Specific problem-solving skills, learning outcome 3.3.)

1 Adapted from the RCGP Training Curriculum Submission 2005, available at www.rcgp.org.uk

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