FSRH consultation response: consultation on a new version of the GP Curriculum by the Royal College of General Practitioners (RCGP)

The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to respond to this consultation on a new version of the GP Curriculum by the Royal College of General Practitioners (RCGP).

FSRH is the largest UK professional membership organisation working at the heart of sexual and reproductive health (SRH), supporting a diverse range of healthcare professionals in the delivery of high quality SRH care. The Faculty’s membership is comprised of nearly 16,000 members, of which about 10,000 are General Practitioner members. FSRH members also work in Obstetrics and Gynaecology and other related specialties.

FSRH is responding to this consultation in its capacity as the UK organisation setting clinical, service and educational standards in SRH. FSRH provides various national qualifications in SRH care and oversees the Community Sexual and Reproductive Healthcare (CSRH) Specialty Training Programme. It produces service standards and evidence-based clinical guidance to support good quality SRH care in the UK across the various community and primary care settings where it is delivered.

RCGP is a key partner of the Faculty, and this consultation on the curriculum review is very timely in that it coincides with FSRH’s own Diploma curriculum review being undertaken this year. The FSRH Diploma (DFSRH) is a qualification aimed at doctors and nurses who are working in general practice and in community and integrated SRH services. The FSRH Diploma demonstrates that individuals can provide safe and effective SRH care across care settings. The scope of FSRH’s response is limited to issues affecting SRH training for GP trainees and the synergies between both curricula.

Summary of key points and recommendations

- FSRH is pleased to acknowledge that both its Diploma review and RCGP’s specialty curriculum review are aligned and share synergies in covered topics. Once the FSRH Diploma review is completed, GP trainees will be able to acquire a qualification that meets many of the SRH requirements of the GP curriculum.

- The Topic Guide on Sexual Health signposts trainees to FSRH training and qualifications such as the Diploma and Letters of Competence in Subdermal Implants (LoC SDI) and Intrauterine Techniques (LoC IUT), which is very welcome. It also recommends work-based learning, which is an approach espoused by FSRH and which will be part of the Diploma review.

- Whilst the GP curriculum signposts trainees to these FSRH qualifications in the Topic Guide on "Sexual Health", FSRH strongly believes that trainees would be well-supported in their learning on reproductive health if also sign-posted to the Diploma and LoCs in the Topic Guides on "Maternity and Reproductive Health" and "Gynaecology and Breast".

- FSRH’s Special Skills Module (SSM) on Menopause Management would enhance the learning about the menopauses as outlined in the Topic Guide on Gynaecology and Breast.

- While standards on mental health, older people, dermatology and other areas are mentioned in the GP curriculum, there is no reference to service/quality standards and guidelines in SRH, which FSRH believes is a serious omission. FSRH strongly
recommends that trainees are made aware of FSRH’s service/quality standards and guidelines, which are free to access on the FSRH website.

- The Topic Guide on Sexual Health offers a case discussion on a woman who requires the termination of her pregnancy (p.175). FSRH would like to suggest sign-posting to our own guidance on personal beliefs in SRH launched in 2017, ‘Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception’.

- FSRH supports RCGP’s recommendation on placements in SRH services so that trainees can gain experience with specific population groups. FSRH believes that when trainees do not have a dedicated sexual and reproductive health placement, that they should be highly-encouraged by supervisors to do so.

- FSRH also strongly welcomes the inclusion of pre-conception counselling and post-natal contraception in the “Maternity and Reproductive Health” Topic Guide. It is important that trainees gain the ability to carry out basic consultations on pregnancy planning, contraception, pre- and post-conception as well as abortion care in a sensitive manner that respects choice and shows an understanding of the factors that affect it.

- FSRH is also pleased to note that areas such as safeguarding, teenage pregnancy and child sexual exploitation (CSE), covered in FSRH’s Diploma review, are also featured in RCGP’s curriculum review.

- FSRH strongly welcomes the focus on leadership and holistic, integrated care throughout the curriculum.

**Format and presentation**

- FSRH welcomes RCGP’s approach for the GP curriculum, especially the way the higher-level outcomes have been restructured as ‘5 Areas of Capabilities’. This provides a good reflection of the top line outcomes for a GP.

- We would recommend that a full curriculum Glossary is included, which trainees and other users can easily reference.

- The introduction (p. 18) does not explain the terminology used. It would be helpful to have a terminology section here. For someone new to the curriculum, the meaning of terms such as Curriculum statement’, ‘Areas of Capability,’ ‘Core Capabilities’, ‘Core Competency’ and ‘Topic Guide’ may not be explicitly clear.

- We would recommend that the introduction provides more clarity on the structure of the curriculum.

**Questions**

The new Curriculum should be comprehensive enough to meet patient and professional expectations whilst also being concise enough to be manageable within a three-year training programme.

5. Is the new Curriculum easy to read and understand?
FSRH welcomes RCGP’s approach for the GP curriculum, especially the way the higher-level outcomes have been restructured as ‘5 Areas of Capabilities’. This provides a good reflection of the top line outcomes for a GP and also creates a strong picture of the identity and brand of the curriculum as well as the development strands for a trainee.

There are some areas where we would recommend further development and clarity to ensure the curriculum is more user-friendly, particularly for trainees at the start of their training journey. These are outlined below:

Glossary section

Some of the curriculum terminology might be less familiar for some audiences. Although there is a glossary page of the curriculum (page 13 - ‘Understanding the Language of the Curriculum;’), this does not define the main curriculum terminology in detail. We would recommend that a full curriculum Glossary is included, perhaps as an Appendix, which trainees and other users can easily reference.

Definition section/Clear terminology

The introduction (p. 18) does not explain the terminology used. It would be helpful to have a terminology section here. For someone new to the curriculum, the meaning of terms such as Curriculum statement’, ‘Areas of Capability,’ ‘Core Capabilities’, ‘Core Competency’ and ‘Topic Guide’ may not be explicitly clear. Therefore, it would be helpful to have a definition page/section in the introduction. Despite there being a section in the curriculum that explains ‘Topic Guides’, this is not the case for other curriculum areas. Moreover, it is not clear if Topic Guides are intended to be used as a syllabus, reading reference or teaching aid.

FSRH believes the graphic diagram (p. 8) is a helpful visual aid to understand the Capabilities of the curriculum, including the images and icons used to represent the 5 Areas of Capability. However, it might also be helpful if the diagram of the curriculum structure (p. 8) included header fields to indicate what each part is. Header fields for the Topic Guides have been included, but this is not consistent. It is not clear what the numbers in the diagram refer to; for example, there are three topic guides, but the diagram has a number list from 1-4. It might also be helpful to have the diagram include clear representation of all the components listed in the curriculum.

Furthermore, from page 14 onwards, each Core Competence for the RCGP curriculum is subdivided into a list of bullet points detailing the ‘requirements’ for that Core Competence, approximately, 6-10 ‘requirements’ for each Core Competence, meaning approximately 35-45 ‘requirements’ for each Area of Capability. This has not been explained in the introduction to the curriculum, nor has this been given a name. Other College curricula - for example, the Royal College of Paediatrics and Child Health (RCPCH) and Royal College of Physicians (RCP) - have called these subdivisions ‘illustrations’ or ‘descriptors’.

On page 14, the Area of Capability for: ‘A. Knowing yourself and relating to others’, is defined. The ‘Core Capability: Fitness to practice’ is also defined. Following this the Core Competence is stated: ‘Develop the attitudes and behaviours expected of a good doctor’. Underneath this, there is a subdivision for the Core Competence, a series of bullet point statements outlining what this ‘means’. Perhaps it would be helpful in the introduction to explain that each Core Competence is broken down into these ‘requirements’, ‘Illustrations’ or ‘descriptors’ or whichever curriculum terminology would fit this definition.
‘How to Use’ Guidance: sections and subsections

There are quite a few sections and subsections; FSRH appreciates there is a lot to cover in the curriculum, but in terms of the user navigating through the documents, we would recommend that the introduction provides more clarity on the structure of the curriculum, with guidance on how to use it; for example, how to use the ‘Area of Capability’>’Core Capabilities’>’Core Competencies’> ‘requirements for each area of capability’ as well as the additional ‘topic guides’. This would improve the user experience and make it easier for trainees to navigate the documents.

6. To what extent does the new Curriculum capture the expertise and attributes required of a GP in the modern NHS?

FSRH is pleased to see that the RCGP recognises the value of the FSRH Diploma. FSRH is also pleased to acknowledge that both its Diploma review and RCGP’s specialty curriculum review are aligned and share synergies in covered topics. It is reassuring to learn that the general practitioners (GPs) of the future will be equipped with the right competencies, capabilities and skills to provide the SRH care that people need. It is particularly important to stress that once the FSRH Diploma review is completed, GP trainees will be able to acquire a qualification that meets many of the SRH requirements of the GP curriculum.

The Topic Guide on Sexual Health sign-posts trainees to FSRH training and qualifications such as the Diploma and Letters of Competence in Subdermal Implants (LoC SDI) and Intrauterine Techniques (LoC IUT), which is very welcome. It also recommends work-based learning, which is also an approach espoused by FSRH and which will be part of the Diploma review. FSRH agrees with the RCGP that, in the case of GP trainees, the best place for them to learn about SRH is their own work environment. Most of SRH care is undertaken in general practice, and it is vital that this training is overseen by a specialist SRH workforce available to train and support primary care professionals. FSRH also supports RCGP’s recommendation on placements in SRH services so that trainees can gain experience with specific population groups, including transgender individuals, and become proficient in history taking and clinical examination in this field. FSRH believes that when trainees do not have a dedicated sexual and reproductive health placement, that they should be highly-encouraged by supervisors to do so.

Clinical and population-specific issues

The Gynaecology and Breast Topic Guide covers topics present in the Diploma review such as cervical screening, female genital mutilation (FGM) and heavy menstrual bleeding (HMB). Important though it is for GPs to have clinical knowledge and skills in these areas, it is also vital that GPs are aware of the broader policy and legal implications, as well as challenges to the delivery of these services. Inclusion of cervical screening within GPs role in gynaecology care is very positive and a step towards reversing the trend in falling cervical screening rates, now at their lowest in 20 years¹. It is crucial that future GPs are aware of the value of opportunistic screening in increasing uptake rates.

FSRH also strongly welcomes the inclusion of pre-conception counselling and post-natal contraception in the “Maternity and Reproductive Health” Topic Guide. Important learning outcomes for new graduates should include the capacity to carry out pregnancy risk assessments effectively, helping determine the best course of action when a patient is at risk

of pregnancy. This requires effective communication skills in SRH, focused on pregnancy planning, contraception and abortion care. It is important that trainees gain the ability to carry out basic consultations on pregnancy planning, contraception, pre- and post-conception as well as abortion care in a sensitive manner that respects choice and shows an understanding of the factors that affect it.

Likewise, it is important that trainees are aware that reproductive health does not only cover the provision of contraception and family planning for women who wish to start a family. It includes supporting sexual well-being, no matter an individual's background or sexual orientation. It begins with education and ends with encouraging post-reproductive health, truly reflecting a person's life course. It is crucial that future GPs are aware of that and do not assume, in their practice, that every woman will take on assigned traditional gendered roles such as that of becoming mothers. Women and trans individuals who do not wish to conceive also need to have their reproductive healthcare needs met. These are issues that must be clear for future GPs in a modern NHS who will be responsible for providing non-judgmental, non-stigmatising care. Trainees should also feel confident raising issues concerning sex and sexuality so that the patient does not feel any discomfort or embarrassment.

FSRH is also pleased to note that areas such as safeguarding, teenage pregnancy and child sexual exploitation (CSE), covered in FSRH’s Diploma review, are also featured in RCGP’s curriculum review. Future GPs should be aware that, despite a reduction of 60% in under-18 conception rates since 1998, the lowest level since records began\(^2\), young people are still at highest risk of unplanned pregnancies, stark inequalities persist among regions and teenage births remain higher than comparable Western European countries. Awareness of resources to tackle this challenge locally, such as the recent PHE and Local Government Association’s (LGA) ‘Teenage Pregnancy Prevention Framework\(^3\), should be raised.

Finally, FSRH welcomes RCGP’s promotion of the making every contact count approach for children and young people and would like to emphasize that it is applicable to everyone and not just children and young people. It would be useful for trainees to get acquainted with Health Education England’s “Making Every Contact Count” (MECC) resources. FSRH believes that access to high quality reproductive care could be enhanced by implementing MECC frameworks and guidance to maximise every opportunity to increase awareness of reproductive health generally and sign-post youth and women to the necessary support and care they need.

**Public Health**

FSRH strongly welcomes the Topic Guide on Population Health which highlights GPs’ key role in the health of communities. FSRH believes this should be an essential part of the basic toolkit for the next generation of doctors, especially approaches to whole-population care including prevention and health promotion. A strong focus on public health is beneficial to reinforce trainees’ understanding of the social, economic and environmental determinants of health, how they unequally affect individuals as well as their capacity and will to follow through a course of treatment.

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Sexual and reproductive health is a public health area – it is important for all populations regardless of gender, ethnicity, socioeconomic group or sexual preference. Under “Health Improvement”, in the Knowledge and Skills Guide section (p.155), FSRH therefore recommends adding SRH as an area of intervention within the context of primary care. Avoiding unplanned pregnancies, STIs and HIV are major public health concerns, and the bulk of SRH care is provided in primary care. Therefore, primary care is very well-positioned to move away from a disease-centred model of care to one that focuses on well-being, prevention and health promotion, contributing to achieving positive health outcomes at the population level.

**Leadership and Holistic/Integrated Care**

FSRH strongly welcomes the focus on leadership and holistic, integrated care throughout the curriculum. It is important for the modern GP to be a leader in General Practice and to work effectively within systems of care, which is why the Area of Capability: ‘Caring for the whole person and the wider community,’ ‘working well in organisations and systems of care’, Core Capability ‘Organisational management and leadership’, ‘Practising holistically, safeguarding and promoting health’, and ‘Community orientation’ are crucial.

7. Are there any crucial omissions or deficits in your view?

FSRH supports multidisciplinary models of care and encourages anyone working in SRH to hold the appropriate FSRH qualifications, such as the Diploma and Letters of Competence (LoCs). Whilst the GP curriculum signposts trainees to these FSRH qualifications in the Topic Guide on “Sexual Health”, FSRH strongly believes that trainees would be well-supported in their learning on reproductive health if also sign-posted to these in the Topic Guides on “Maternity and Reproductive Health” and “Gynaecology and Breast”. In addition, FSRH’s Special Skills Module (SSM) on Menopause Management would enhance the learning about the menopauses as outlined in the Topic Guide on Gynaecology and Breast.

**SRH Service Standards and Guidelines**

FSRH believes it is a fundamental right for men and women living in the UK to have confidential access to the full range of contraceptive methods across care settings including primary care, where the bulk of SRH care is provided. For this vision to be realised, SRH services must be delivered in accordance with nationally-recognised standards in SRH, guaranteeing high-quality care and patient safety.

While standards on mental health, older people, dermatology and other areas are mentioned in the GP curriculum, there is no reference to service-quality standards and guidelines in SRH, which FSRH believes is a serious omission. FSRH’s Service Standards on Sexual and Reproductive Health have been developed specifically to support providers in providing safe, high-quality SRH services. The Standards are recommended for use by all providers commissioned or contracted by the NHS or local authorities who provide all aspects of contraception and sexual health and are based on current evidence of best practice. It also covers services providing pregnancy planning, abortion, sexual wellbeing and health promotion.

In turn, FSRH’s evidence-based, NICE-accredited clinical guidelines provide support to guide decisions and criteria regarding diagnosis, management, and treatment in SRH,

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especially with regards to contraception. For instance, FSRH produces method-specific guidelines, such as on combined hormonal contraception; and population-specific guidelines, such as contraception for women over 40, among others. FSRH will soon launch primary care digests to accompany any new or updated guideline in order to facilitate their implementation in primary care, making these resources all the more useful for trainees and GPs. FSRH also produces the UK Medical Eligibility Criteria (UKMEC) which provides the evidence base to enable UK clinicians to safely prescribe contraception to women with underlying medical conditions.

FSRH strongly recommends, therefore, that trainees are made aware of FSRH's service/quality standards and guidelines, which are free to access on the FSRH website.

Online learning

FSRH also offers online-based learning, and likewise recommends signposting to e-learning for Sexual and Reproductive Healthcare (e-SRH) as well as our newest, free and open access online course on contraceptive counselling. The first supports healthcare professionals in acquiring the relevant knowledge needed for delivering SRH care; despite being the first step towards acquiring the FSRH Diploma, it is also a valuable standalone learning resource for anyone working in contraception and other SRH areas. The latter is a new online resource for healthcare professionals to hone their contraceptive counselling skills, improving their communication and consultation skills.

Case discussion on abortion consultation – Sexual Health Topic Guide

The Topic Guide on Sexual Health offers a case discussion on a woman who requires the termination of her pregnancy (p.175). Abortion is an integral part of SRH care. FSRH would like to suggest sign-posting to our own guidance on personal beliefs in SRH launched in 2017, ‘Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception’.

FSRH’s personal beliefs guidance recognises that a diversity of views exists among professionals in membership and those who may want to do a Faculty qualification. The new guidance acknowledges this reality and enables healthcare professionals to acquire a Faculty qualification provided they sign up to ‘principles of care’ - and meet the competencies of the qualification - that put the patient’s needs first. The guidance encourages openness by healthcare professionals about personal beliefs that could impact on patients in order to ensure that services can be organised appropriately. This resource would be very useful for trainees in primary care.

9. Do you have any further comments or suggestion?

Above all, FSRH supports patient-centred, high-quality, holistic care that is accessible to all as outlined in our Vision. Our Vision centres around the core principles of patient experience and choice, a well-trained workforce and integrated care. Patient experience means ensuring that patients have access to comprehensive SRH services delivered by a trained healthcare professional without fear of harassment or stigma. A well-trained workforce, in turn, must have the optimum skill mix to cater for a wide population demand. In turn, integration refers to the establishment of clear referral pathways between services so that

5 FSRH, 2017. Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception. Available at: https://www.fsrh.org/documents/guidance-for-those-undertaking-or-recertifying-fsrh/
care can be integrated around the needs of the individual, not institutional or professional silos®.

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