

A large, abstract graphic in the top half of the page consists of several overlapping, semi-circular bands in various shades of purple, from light lavender to deep indigo, creating a sense of depth and movement.

Standards for postgraduate curricula and regulated credentials

Draft standards for consultation

Working with doctors Working for patients

General
Medical
Council

Standards for postgraduate curricula and regulated credentials

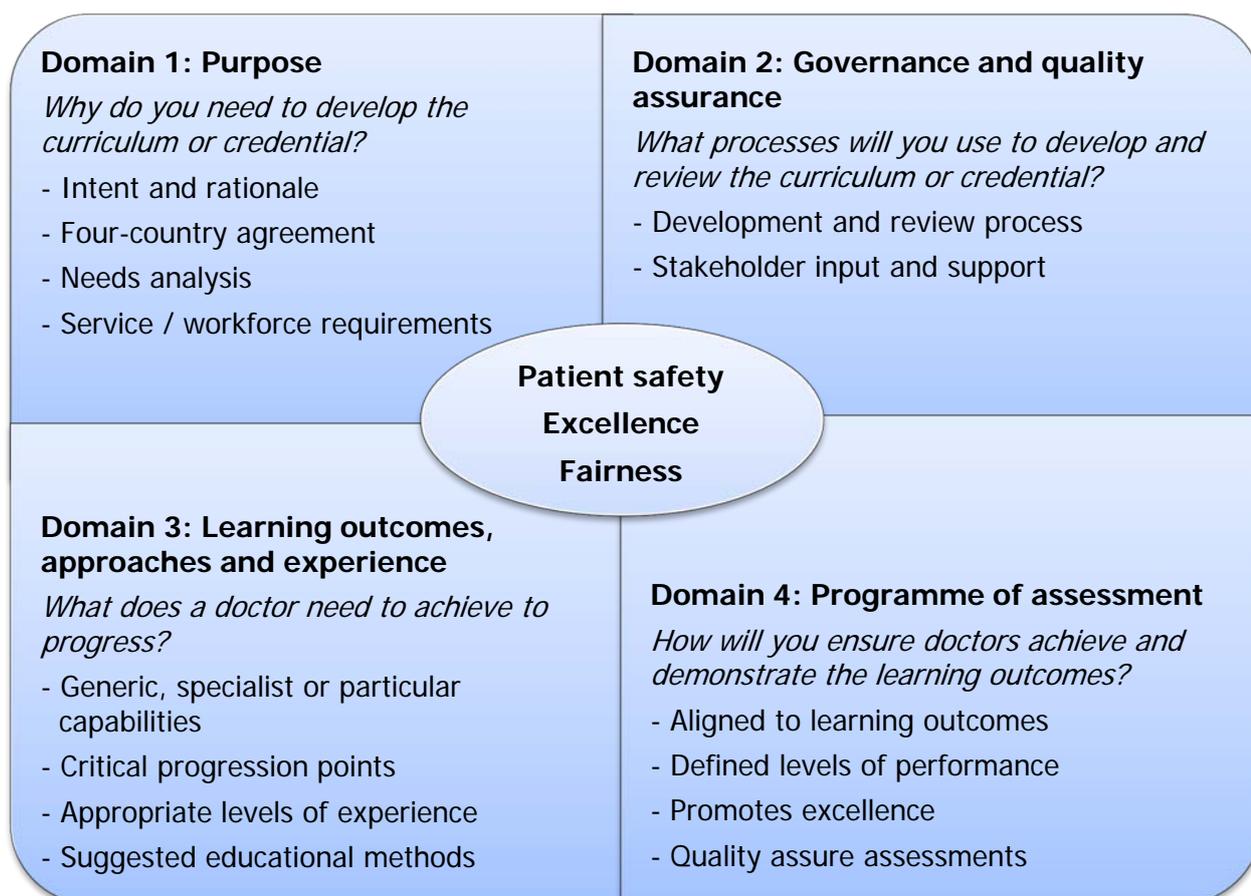
About these standards

This document sets out our standards and requirements that will be applied to all postgraduate curricula* and credentials that must be approved by the GMC, including any changes or revisions. They may be applied to other learning, assessment frameworks or tests of competence and training approval processes where appropriate.

These standards are to be used in conjunction with our *Promoting excellence: standards for medical education and training*.[†] Together they provide an integrated standards framework for the approval and provision of postgraduate medical education and training.

How these standards are organised

When developing and designing a curriculum or credential, four domains must be considered.



* The standards and requirements apply to both general practice and specialty curricula. In this document, references to specialty curricula or requirements include general practice.

[†] General Medical Council (2015) *Promoting excellence: standards for medical education and training* available at <http://www.gmc-uk.org/education/standards.asp>

Scope and flexibility of curricula and credentials

GMC-approved postgraduate curricula must be applicable to the UK as a whole and have outcomes that receive the full support of the four countries in the UK.

The particular capabilities, outcomes and expectations set out in a regulated credential must be recognised by all four UK countries. Credentials must be supported by and relevant to the service or workforce requirements in at least one of the four UK countries.*

Although the outcomes of approved curricula and credentials must be consistent across the UK, local implementation will be as flexible as possible. Organisations will then be able to better manage their local educational capacity and capabilities, patient and service needs, and training opportunities.

We will make sure, through our quality assurance processes, that the implementation of the curricula and regulated credentials meet our standards as set out in *Promoting excellence: standards for medical education and training*.

Applying these standards

During GMC approval processes, organisations[†] will be required to describe and evidence how the standards and requirements have been addressed in the design and development of a proposed curriculum or credential.

For an approval process to be meaningful, it must address many interdependent factors such as patient expectations, equality and diversity, workforce gaps, system coherence, service needs, as well as operational and professional perspectives. Our approval process must ensure that all of these different dimensions have been effectively considered and addressed effectively during the development and design process.

This will allow us to ensure the proposed curriculum or credential is credible and feasible, is supported strategically and has addressed the different challenges in providing safe, effective and relevant medical education and training.

More details on how we are developing processes around application of these standards are available on our website.[‡]

* As we further develop and introduce a regulated credential process, we will publish appropriate advice and support.

[†] Organisations are broadly defined in this document to make sure it is flexible as possible to future changes in medical education and training. Most likely the organisations that will develop postgraduate curricula will be medical colleges and faculties. Regulated credentials will likely be developed by colleges and faculties as well as other credible bodies in the relevant field of practice.

[‡] Standards for curricula and assessment review web page – <http://www.gmc-uk.org/education/29569.asp> – will have details added as processes are developed.

Core principles

Patient safety is the first priority

Patient safety is at the core of these education standards. Just as all doctors must make the care of their patients their first concern, so must the organisations that design and develop postgraduate curricula and credentials.

Addressing known patient safety issues must be central to curricula and credential design. To be approved, they must identify and explain how key areas of patient safety and clinical risk are identified, defined and addressed. This should include a focus on safety-critical content, clarity on expected levels of professional performance, and guidance, expectations and requirements for learning methods, outcomes and experiences.

Upon satisfactory completion, we expect learners to be able to work safely and competently in the defined area of practice and to be able to manage or mitigate relevant clinical risks effectively. Patient safety is a key domain in our *Generic professional capabilities framework* (GPC). This framework must be included in all postgraduate curricula and referenced in the key requirements for all credentials.

Patients must be protected from harm during educational activities. Where there are serious patient safety concerns, the curriculum or credential should specify key educational interventions or particular learning methods to mitigate these risks, such as simulation or enhanced clinical supervision. These explicit requirements should be proportionate and be used where there are no other appropriate or acceptable ways to limit or reduce patients' exposure to the risk of training.

Excellence is the aspiration

Whilst patient safety is essential, we expect curricula and credentials to promote excellence in education, training and professional practice.

Learners should be given opportunities to aim for, and be recognised for achieving levels of achievement above the expected outcomes.

Fairness is a guiding principle

Like patient safety, fairness is central to our standards and requirements. All postgraduate curricula or credentials must demonstrate how they will support efforts to ensure fairness in terms of content, educational approach and activities. This will involve supporting efforts to reduce barriers, promote opportunities, and value diversity.

Equality and fairness are fundamental principles for providing effective care for patients and ensuring medical professionals can work effectively in diverse teams. These principles must be embedded in the development processes and learning outcomes identified in the training programme or learning activities.

Particular consideration must be given to ensuring that entry-to-training requirements, assessments and progression decisions are fair and robust.

Organisations developing postgraduate curricula and credentials must demonstrate that they have met their statutory obligations under equality legislation. They must show they have taken account of good practice in equality and diversity, including providing reasonable adjustments. Organisations must also consider the impact of, and outcomes from, learning programmes for all learners, including people who share protected characteristics.

Key to meeting these standards will be taking account of our equality and diversity guidance.*

In order to help ensure progression is fair and transparent, data on the impact and outcomes of the training programme or credential should be monitored, analysed and published where possible. We will require such information to be provided to us for our quality assurance processes.

* *Approving changes to curricula, examinations and assessments: equality and diversity requirements* – available at http://www.gmc-uk.org/education/postgraduate/EandD_college.asp – describes the responsibilities of organisation designing curricula. It defines terms like protected characteristics and reasonable adjustments.

Domain 1: Purpose

Purpose of this domain

This domain is about making sure the curriculum or credential is based on a stated strategic workforce need. The purpose statement must clearly identify and address patient and service needs. It must describe the generic professional, specialty, and particular capabilities expected of doctors in the area of practice, which must be demonstrated in order to grant a CCT or award a credential.

Standards

S1.1 The curriculum or credential has a stated and clear purpose based on workforce and patient need.

Requirements

The curriculum or credential must:

R1.1 Set out the need for the curriculum or credential based on a workforce gap or needs analysis, and support from the service.

R1.2 Set out the purpose, objective and aim of the curriculum or credential, including how it links to each stage of progression.

R1.3 Identify broadly what capabilities and levels of performance can be expected by doctors in the area of practice in order to satisfy the requirements for a CCT or for the awarding of a credential.

R1.4 Demonstrate it has secured four-country consensus on the purpose statement.

Domain 2: Governance and quality assurance

Purpose of this domain

This domain is about making sure curricula and credentials are developed through rigorous and demonstrable processes that are informed by patients, learners, trainers, the system, the service and educational providers. The curriculum or credential must demonstrate how it integrates with the wider healthcare workforce, other disciplines or professions, and how it addresses critical interdependencies.

Standards

- S2.1** Clear and robust governance processes are used to develop, regularly review and keep the curriculum or credential up to date.
- S2.2** The curriculum or credential results in feasible, practical and sustainable training programmes or learning activities that can be implemented locally by those organisations responsible for training and service provision.
- S2.3** The curriculum or credential addresses interdependencies with other disciplines, professions, and areas of practice. It also clearly defines the expectations in the wider service and healthcare system.

Requirements

Development processes

The processes for curriculum or credential design, development and review must:

- R2.1** Describe how the curriculum or credential was scoped out, including how input was sought from key groups and how workforce, safety, and patient needs were identified, based on appropriate information and evidence for the area of practice.
- R2.2** Describe how the interdependencies between the curriculum or credential and other training programmes or credentials, areas of practice, or professions have been identified, analysed and managed.
- R2.3** Describe how consensus was achieved about the learning outcomes, or where consensus was not obtained, why learning outcomes are still necessary and have been included, for example to address significant patient safety concerns or future workforce capability.

Evaluation of the curriculum or credential

The processes for implementing curricula or credentials must:

- R2.4** Set out plans for how the curriculum or credential should be introduced, including a clear plan for the transition of learners.*
- R2.5** Describe how the curriculum or credential will be evaluated and monitored over time through quality management and internal quality assurance processes.
- R2.6** Describe the arrangements that will be used to gather data, including minimum data sets required by the GMC.
- R2.7** Describe how the curriculum or credential will evaluate its impact or that of its learning outcomes on different groups of doctors, especially those who share protected characteristics.
- R2.8** Describe mechanisms that will be used to keep the curriculum or credential up to date and current, including how innovations in the area of practice or training will be incorporated over time and out-of-date elements will be removed.
- R2.9** Describe how the curriculum or credential, including the programme of assessment and its associated measures of quality assurance, will be communicated clearly and publicly to learners, the public, and to those providing the education and training.

Input and feedback

- R2.10** The curriculum or credential must describe, at all stages of the design and development process, how input and involvement was sought from:
 - a** Employers, service providers and organisations responsible for planning learning and development. Input must be obtained when developing the need for, purpose, content and expected generic professional, specialty and particular capabilities necessary for doctors working in the area of practice.
 - b** Patients, relevant patient groups, carers and lay people. Input from these groups will differ depending on the area under consideration – the purpose is to ensure patients, carer and others have an opportunity to influence and validate expected outcomes and to identify what should be included or prioritised in training or development programmes.
 - c** Education or training providers. Input should be sought early on, and throughout, in relation to its feasibility and practical implementation.
 - d** Learners, including specific input from doctors who share protected characteristics.

* General Medical Council (2012) *Moving to the current curriculum* available at <http://www.gmc-uk.org/education/postgraduate/27072.asp>

- e Professionals, including generalist, specialist and expert input to identify appropriate outcomes for the intended level of performance.
- f Assessment experts.

Domain 3: Learning outcomes, approaches and experience

Purpose of this domain

This domain is about making sure the curriculum or credential is educationally coherent and clearly describes an outcomes-based approach. We expect a focus on high level professional capabilities rather than many individual competencies. We expect the curriculum or credential to describe a clear minimum scope of practice, expected levels of performance and professional capability, as well as guidance about appropriate experience at critical progression points.

Standards

- S3.1** Curricula or credentials reflect the generic, specialty and / or particular capabilities as specific learning outcomes, describing expected levels of performance and capabilities as well as experience that learners must demonstrate in order to progress or to achieve a CCT or an award of a credential.
- S3.2** Learners are encouraged to, and recognised for, achieving proficiency or excellence in the area of practice.

Requirements

The curriculum or credential must:

- R3.1** Describe how learning outcomes, educational approaches and experiences match the stated purpose and aim of the curriculum or credential.
- R3.2** Include *Good medical practice* and the content of the *Generic professional capabilities framework*.
- R3.3** Offer guidance on describing appropriate minimum levels of experience and learning opportunities.
- R3.4** Describe expected levels of performance against the learning outcomes at critical progression points or for successful completion.
- R3.5** Describe how levels of performance can encourage learners to aspire to excellence.
- R3.6** Describe the expectations to ensure educators, programme leaders and managers are clinically credible and competent as medical educators.
- R3.7** Describe how learners, educators and education providers will receive meaningful and timely feedback.

Domain 4: The programme of assessment

Purpose of this domain

This domain is about making sure the organised set of assessments planned for the curriculum or credential where appropriate – *the programme of assessment* – and its individual components are based on fair and robust assessment principles, practices and processes. These broad assessment principles must be demonstrated across all assessments which enable or contribute to decisions about progression in, or completion of, a training programme or credential. However the way they are demonstrated may vary depending on the training context or on the type of individual assessment.

The primary purpose of the programme of assessment is to demonstrate how the learning outcomes have been achieved. It must articulate clearly the professional standards and specific levels of performance expected of learners at critical progression points and for successful completion. It must also address the professional responsibilities of assessors in making dependable judgements about learners' performance and behaviour.

Key to meeting these standards will be taking account of our assessment guidance that describes good practice in developing programmes of assessment.*

Standards

- S4.1** The programme of assessment is valid, fair, acceptable, feasible and cost effective. It enables reliable judgements, and has a positive educational impact.
- S4.2** The programme of assessment discriminates effectively between different levels of performance and capacity, includes critical progression points, supports longitudinal professional development, and recognises successful completion of the training programme or credential by demonstrating the stated outcomes of the curriculum or credential.
- S4.3** The programme of assessment incorporates opportunities for reflective and formative feedback linked to learning outcomes.

* The guidance is being developed in parallel with this document and will be published alongside these standards.

Requirements

Developing the programme of assessment

- R4.1** The process for developing the programme of assessment must describe clearly how assessments which enable or contribute to decisions about a learner's progress have been:
- a** Selected and integrated to produce valid and reliable judgements; purpose of each individual element within the programme of assessment and its contribution to the programme of assessment as a whole must be clear.
 - b** Blueprinted and mapped to the learning outcomes described in the curriculum or credential, so that it is clear how and when curricular outcomes are demonstrated.
 - c** Sequenced and applied across the curriculum or credential, particularly around critical progression points to ensure patient safety.
 - d** Appropriately calibrated and standard set to clearly describe expected levels of performance, using a methodology that is consistent, robust and fair over time.
 - e** Conducted reliably and fairly with appropriate guidance for learners, examiners and assessors.
 - f** Subject to appropriate quality assurance of individual methods and items.

The programme of assessment must also:

- R4.2** Integrate information about the learner's performance and behaviour across the programmes of assessment to evidence decisions about progression and satisfactory completion of the training programme or credential in accordance with the blueprint.
- R4.3** Provide learners, where appropriate, with regular, constructive and meaningful feedback on their performance and behaviour, development and progress against curricular outcomes at appropriate points in their training or credential.
- R4.4** Meet the legal obligations set out in equalities legislation and good practice regarding fairness, equality and diversity, including ensuring reasonable adjustments are offered based on appropriate professional advice.
- R4.5** Consider the impact of the assessments on all doctors, with particular consideration given to doctors who share protected characteristics.

Monitoring the quality of the programme of assessment

- R4.6** The programme of assessment must be subject to review systems and processes that monitor and continuously improve the quality of all its components.
- R4.7** Where appropriate, the quality control and management of assessments carried out locally must be integrated into the local mechanisms to monitor and improve the programme of assessments.
- R4.8** Information from quality control and management systems and process must be provided to support the GMC's quality assurance and monitoring of postgraduate medical training and credentials.

Communication

The programme of assessment must:

- R4.9** Describe how the design of the programme of assessment for the curriculum or credential will be communicated widely so the assessment methodologies, their specific intent and their interdependency within and across the programme of assessment are understood.
- R4.10** Disclose the quality performance metrics of high stakes summative or progression assessments.
- R4.11** Describe how those involved in assessments provide meaningful and timely feedback to candidates following assessment and how they are provided with feedback about their performance in summative assessments.

Assessors

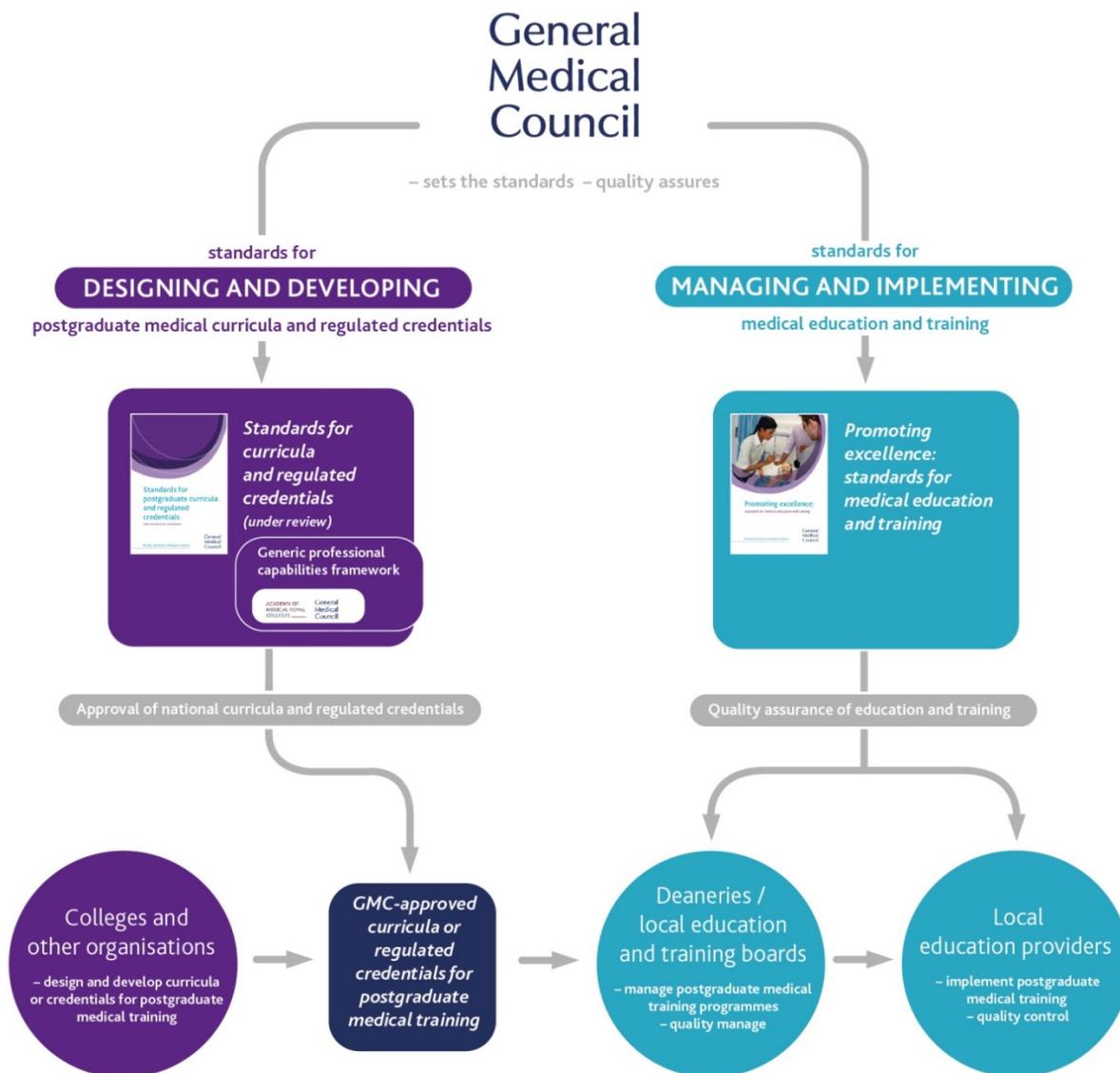
- R4.12** The programme of assessment must provide guidance about the role of assessors, including what is expected in selected, inducted, trained, appraised and resourced assessors.* Examiners are included as assessors.
- R4.13** There must be clear and regular processes for calibrating and benchmarking assessors and reviewing their performance.
- R4.14** Assessors must be trained to make professional judgements about learners' performance and behaviour to an agreed standard and be able to demonstrate that they can consistently distinguish between different levels of performance and behaviour. This includes training on the equality and diversity issues that are relevant to their role as assessors, and fair decision-making.

* More information about our expectations for assessors is in the supplementary guidance on assessment – this document is currently in development and will be published alongside these standards in 2017.

Responsibilities and relationships

Roles, responsibilities and interdependencies

The diagram below shows the roles, responsibilities and interdependencies among organisations in medical education and training, and how the two sets of standards apply.



The quality assurance framework (QAF)* shows how the quality assurance, quality management, and quality control functions work together.

Promoting excellence: standards for medical education and training applies to both undergraduate and postgraduate medical education and training.

* Details about the QAF and how we monitor the quality of education and training are on our website: <http://www.gmc-uk.org/education/qaf.asp> and <http://www.gmc-uk.org/education/27080.asp>.

Our role in medical education and training

The General Medical Council (GMC) is required by law to set educational standards for all doctors in undergraduate and postgraduate education and training in the UK. We do this, in part, by approving postgraduate medical education and training – this includes approving in advance curricula and associated training posts, programmes and assessments.

We assure the quality of medical education and training by carrying out rigorous reviews and regular monitoring activities to ensure our *Promoting excellence* standards are being met by education providers. These GMC quality assurance processes help us to identify and deal quickly with any concerns and so make sure that doctors in training receive safe and effective training and appropriate clinical supervision in settings that provide safe patient care.

We also accredit specific or defined areas of particular medical practice – called regulated credentials.*

Responsibilities in designing curricula or credentials

The General Medical Council

Alongside our functions described above about our role in medical education and training, the GMC has the specific responsibilities listed below.

- Sets the professional standards for all UK doctors through *Good medical practice* and other professional guidance.
- Oversees and maintains the generic outcomes of the generic professional capabilities framework. This is done in partnership with the Academy of Medical Royal Colleges (AoMRC).
- Approves posts and programmes of learning for postgraduate training programmes and GMC-approved regulated credentials where appropriate.
- Quality assures regulated and approved curricula or credentials by monitoring and checking to make sure that our educational standards are maintained.
- Provides system leadership in determining critical interdependences across, between and within programmes of learning.

* Regulated credentials are in the early stage of development – more details and guidance will be available in 2017.

The four UK governments and their related organisations

- Identifies and prioritises strategic, system, service or workforce needs including, through their related organisations, the funding, planning, commissioning and quality management of programmes of learning.

Funders/commissioners and employers

- Identifies and prioritises service and workforce needs.
- Supports and provides sponsorship, funding and opportunities for education, training and professional development including the quality management of local programmes of learning or credentials.

College/faculties or other credible professional bodies

- Designs and develops a curriculum or credential.
- Maintains and monitors a curriculum or credential and associated programmes of assessment.
- Ensures the curriculum or credential meets its obligations under equality legislation and good practice on fairness, equality and diversity.
- Contributes to and supports the GMC in its quality assurance and statutory responsibilities.

Educational providers

- Implements elements or complete curricula.
- Provides local quality control and participates in local quality management of education and training.

Glossary

Assessor

An assessor provides an assessment and is responsible for interpreting the learner's performance in that assessment. Assessors should be appropriately trained and should normally be competent (preferably expert) in the area that is being assessed.

Clinical governance

Clinical governance is the system through which National Health Service (NHS) organisations are accountable for continuously monitoring and improving the quality of their care and services, and for safeguarding the high standard of care and services.

Credential

A credential is a formal accreditation of attainment of knowledge, skills, performance and behaviour in a defined area of practice outside of current postgraduate specialty training, at a level that provides confidence that the individual is fit to practise and can work without supervision in that area.

Curriculum

A curriculum is a statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme or course, including a description of the structure and expected methods of learning, teaching, assessment, feedback and supervision. The curriculum should set out what learning outcomes the learner will achieve.

Doctor in training

This is the GMC's preferred term for a doctor participating in an approved postgraduate training programme (Foundation Programme or specialty including general practice training).

Education organisers

Education organisers are postgraduate deans and medical schools who are responsible for recognising trainers in four specific roles, in accordance with our requirements for recognising and approving trainers. Education organisers work together to recognise trainers where there is overlap between the groups of trainers.

Educators

Educators are individuals with a role in teaching, training, assessing and supervising learners. This includes:

- a** individuals in a recognised and approved trainer role
- b** other doctors or healthcare professionals involved in education and training in the course of their daily clinical or medical practice
- c** academic staff from a range of disciplines with a role in education and training.

Educators may also include patients and members of the public who have roles in medical teaching or training, and other people whose knowledge, experience or expertise is used in teaching or training.

Generic professional capabilities framework

The generic professional capabilities framework is a matrix of educational outcomes that describe essential and critical capabilities underpinning core professional practice in the UK.

Learners

Learners are medical students receiving education leading to a primary medical qualification and doctors in postgraduate training leading to a certificate of completion of training (CCT) or doctors completing a regulated credential.

Learning outcomes

Learning outcomes are the knowledge, skills, capabilities, behaviours and expected performance that a learner must acquire by the end of a period of education or training.

Medical college or faculty

A medical college or faculty is a professional body responsible for the development the professional standards and expectations for one or more medical specialties.

The medical colleges and faculties provide curricula and assessment systems for specialty training, professional examinations and also provide continuing professional development support and advice for their members.

Medical trainer

A medical trainer is an appropriately trained and experienced doctor who is responsible for educating and training medical students or doctors in training within an environment of medical practice.

Four medical trainer roles are performed only by recognised or approved trainers who are registered doctors holding a licence to practise. The arrangements do not cover other doctors whose practice contributes to teaching, training, assessing or supervising medical students or doctors in training, but whose role does not need to be formally recognised.

Organisations designing and developing curricula or credentials

Most likely the organisations that will develop postgraduate curricula will be medical colleges and faculties but there is nothing to prevent other credible organisations developing a curriculum for approval by the GMC.

Regulated credentials will likely be developed by colleges and faculties as well as other credible bodies in the relevant field of practice.

Postgraduate dean

In England, the roles of the postgraduate dean and deanery sit within Health Education England. In Northern Ireland, these roles are held by the Northern Ireland Medical and Dental Training Agency. In Scotland, the postgraduate deans and the Scotland Deanery are part of NHS Education for Scotland. In Wales, the postgraduate dean is part of the Wales Deanery (School of Postgraduate Medical and Dental Education), Cardiff University. These are the UK bodies that the GMC has authorised to manage approved training programmes and the training posts.

Programmes of assessment

A programme of assessment is the organised set of assessments planned for the curriculum, which demonstrates how the learning outcomes must be achieved, articulating clearly the professional standards and specific levels of performance expected at critical progression points and for successful completion.

Quality control and management

Educational governance is the systems and standards through which organisations control their educational activities and demonstrate accountability for and the continuous improvement of the quality of education.

Educational governance may be part of a wider, integrated governance framework comprising elements such as clinical audit, risk management and organisational development, which fall within the responsibility of other regulators, and are outside the direct scope of these standards. However, an indicator of how effective educational governance is could be how well integrated these elements are within the overall governance of the organisation.

Training programme

A training programme is a formal alignment or rotation of posts that together comprise a programme of postgraduate training in a given specialty or subspecialty. A programme may deliver the full curriculum through linked stages to a CCT, or the programme may deliver different component elements of the approved curriculum.

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