

To all Faculties
May 2007

Dear Colleague

NEW CURRICULUM AND ASSESSMENT

As the introduction of run through specialty training for general practice approaches I thought it would be helpful to write to faculties to let you know how the college will be supporting the new curriculum and assessment. A huge amount of work has been going on behind the scenes and the college has been working closely with the GP directors through COGPED and with GP educators to make sure that information and expertise are shared.

CURRICULUM

Being a General Practitioner was published as a booklet in April and has been distributed to all deaneries along with a CD-ROM containing the entire curriculum. *Being a General Practitioner* is the core statement of the new curriculum and underpins all the other statements. The deaneries are helping us to ensure that every GP trainer receives a copy. It is also available on the college's curriculum website at rcgp-curriculum.org.uk.

Trainer groups up and down the country have been getting to grips with the new curriculum and discussing ways of ensuring that trainees have the opportunity to develop the competencies within it. The college has been supporting trainers in engaging with the curriculum by working with a group of educators to produce resources and by running workshops, particularly on workplace-based assessment, from which participants can cascade knowledge within the deaneries. (The next workshop is on 15 June – details available from jphillips@rcgp.org.uk.)

The college is developing a number of resource materials to support the new curriculum – including both printed and web-based material. One of the most exciting developments is an e-portfolio which will be launched this summer. It is being developed by the college with technical support from NHS Education for Scotland, who also produced the e-portfolio being used for the Foundation Programme throughout the UK. I am sure that trainees (and trainers) will find it a key resource to support the training and assessment processes.

A complementary initiative that is just getting underway is the development of e-learning modules which trainees will be able to access through the e-portfolio. A clinical lead has just been appointed and a preliminary meeting with potential authors is imminent. The college has been awarded a grant of £1 million to undertake this work, which is part of a multi-million pound initiative being financed by the Department of Health and involving many of the medical royal colleges.

Inevitably the curriculum will evolve and there needs to be a robust process for ensuring that it reflects change in medical practice over time. This will be a key responsibility of the medical director of curriculum – a new post which is to be advertised shortly.

ASSESSMENT

As a result of all the changes that are happening, summative assessment will be phased out and, for the first time ever, general practice will have a single standard of entry – nMRCGP. Success in the assessment will be required for the award of a certificate of completion of training in general practice (effectively the licence to enter general practice) as well as membership of the college.

The Postgraduate Medical Education and Training Board set out a series of principles that must be met to ensure that the assessment process in each of the medical specialties is fit for purpose. The college has now submitted its proposals to PMETB and is due to have these considered at a PMETB assessment approvals panel on 4 June. The work has been co-ordinated by Dr David Sales, whose term as RCGP Assessment Fellow has just come to an end. The college is to advertise shortly for a medical director of assessment to take forward the development and implementation of the assessment.

I have often been asked if the nMRCGP will be a higher standard than the current examination for MRCGP. The reality is that it will be neither higher nor lower; it is just different. The new assessment methods required by PMETB are quite different to those currently in place so it is impossible to make any sort of valid comparison between them. Indeed, one of the areas of work still to be completed is standard setting for the three different components.

The Applied Knowledge Test (AKT) will bear some resemblance to the current Multiple Choice Paper. It is computer based and will be run through a UK-wide network of secure test centres. The centres are operated by a company called Pearson Vue and currently host a variety of assessments, the best known of which is the driving licence theory test.

The Clinical Skills Assessment (CSA) will test consulting and communication skills and will be different from anything the college has run before. It builds on some of the techniques developed for the simulated surgery assessment and a data bank of clinical scenarios is being developed and tested. An agency has been retained to provide trained simulated patients to ensure consistency of 'patient' performance. The college has acquired rented accommodation in a building called No.1 Croydon and it is being fitted out to a high standard to provide three circuits each comprising 14 consulting rooms.

Workplace Based Assessment (WPBA) is also new, although a number of GP trainers have been piloting various aspects of it over the past year or so. It builds on techniques used in other specialties and on the Foundation Programme – and,

crucially, assesses the trainee's competence in different aspects of practice. Another key feature is that it will run throughout the full three-year programme, not just the final year in general practice.

Inevitably WPBA is, by its very nature, deanery based and, as a result, there has been a misconception that the college would not be involved in it. Nothing could be further from the truth. Clearly the trainee's educational and clinical supervisors – whether in hospital or general practice – will be key to the success of WPBA, carrying out many of the assessments themselves. However, each trainee's progress will be reviewed regularly and the college will play a key role in the quality management of this process. The details are currently being finalised but it seems likely that each deanery will set up a number of panels at programme level to review the progress of every trainee. In addition, there will be a deanery panel (probably to be called an Outcomes Panel) which will review those trainees whose progress is a cause for concern. It will probably also review about 10% of all trainees' progress for quality control purposes (a bit like the process in place for summative assessment). In England all of these panels will be at deanery level but in the other three countries the Outcomes Panels are likely to be at national rather than deanery level. The college will support the deaneries by ensuring that each Outcomes Panel has an RCGP college assessor offering an expert view independent of the deanery. The deaneries and college assessors will report back so that the college will benchmark the deaneries, ensuring consistent standards across the UK.

Some practical issues need to be worked through. Very few RCGP faculties are co-terminous with deaneries and so I expect the college assessor to be a national appointment rather than a faculty one. The college assessor posts will be advertised openly and individuals will be appointed through a national process. The college will provide standardised training and per diem payments equivalent to the current arrangements for college examiners. It is likely that the assessors will have other responsibilities on behalf of the college but these are still being considered. So, a lot is happening as the college adapts to its new responsibilities in postgraduate training. I will keep you informed as issues become clearer over the coming months but please get in touch if you have any queries.

Kind regards

Bill Reith
Chair
Postgraduate Training Committee

cc Country Councils and GP Directors