

Royal College of General Practitioners

The Quick Reference Guide to GP Training & Professional Development 2009

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General Practitioners

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EXECUTIVE SUMMARY

Education in general practice is undergoing a period of considerable change. This document provides an overview of the recent and ongoing developments in the delivery and management of GP education in the United Kingdom, for both Specialty Training and Continuing Professional Development (CPD). It summarises the career-long educational pathway for UK general practice, the current approaches to learning, and the key educational programmes, initiatives, and resources developed by the Royal College of General Practitioners (RCGP). It also describes the delivery and management of modern GP Specialty Training and the associated measures of performance, and introduces the new revalidation strategy. The content, structure, and ongoing review processes of the RCGP curriculum are also described.

GPs as professional learners

The GP audience is large and diverse, with around 44,000 GPs working in the UK National Health Service (NHS) and approximately 3000 doctors each year entering Specialty Training programmes for general practice. GPs learn individually and in groups from a broad range of self-directed and formal educational activities. While workplace-based learning occurs predominantly in general practice, a significant amount of learning also occurs in other environments, including local deanery and academic centres, health libraries, hospitals and clinics, the community, and at home. New e-learning technologies, such as online and mobile-learning, play an increasing role in the delivery of education to general practice.

The RCGP curriculum underpins the GP's development throughout his or her career, forming the educational framework for both Specialty Training and CPD. The curriculum is based around the core statement, *Being a General Practitioner*¹. This competency-based document defines the key items of knowledge, skill, and attitude that every GP is expected to master to work independently in the UK NHS. The core statement, which has been mapped against the GMC's *Good Medical Practice*², is accompanied by 31 supporting statements that serve as examples to place the core statement into a variety of contexts. The curriculum is subject to an ongoing process of update and review, in accordance with a timetable approved by the Postgraduate Medical Education and Training Board (PMETB).

Learning resources in general practice

GPs increasingly utilise online resources (including websites, e-learning materials, and educational tools) from a rapidly growing marketplace of NHS and commercial providers, as well as well-established paper-based publications, courses and conferences. The RCGP has launched a range of online resources to support GPs in training, including the RCGP Curriculum Map, the RCGP ePortfolio,

¹ RCGP 2007 (www.rcgp-curriculum.org.uk)

² General Medical Council, *Good Medical Practice*, London (2006)

and *InnovAiT*, a curriculum-based educational journal for RCGP Associates in Training. The RCGP also provides a range of educational resources for CPD, such as distance-learning courses and events, and a number of e-learning modules. Six-monthly online *Essential Knowledge Updates* are being developed to enable GPs to keep up-to-date with key items of new or changing knowledge.

The RCGP Clinical Innovation and Research Centre (CIRC) develops clinical effectiveness programmes, quality improvement initiatives, and research projects to support GP education, training and CPD. CIRC also manages the Expert Resource, a national database of GP experts, and coordinates the RCGP Champions, who act as College representatives on priority areas.

Specialty Training for General Practice

In most UK deaneries, GP Specialty Training is delivered through a School of Postgraduate General Practice Education. A Director of Postgraduate General Practice Education (known in some deaneries as the Dean of Postgraduate GP Education) manages a network of GP educators to develop and deliver training programmes. Local management structures vary considerably across the four home nations.

Local Programme Directors are responsible for designing and maintaining fit-for-purpose programmes for GP trainees (who are known as GP Specialty Registrars). Specialty Training programmes for general practice currently run for three years and include a variety of approved practice-based, hospital-based and innovative training posts, as well as programmes of seminars and courses, matched to the needs of learners and the requirements of the RCGP curriculum.

The Certificate of Completion of Training (CCT) for general practice is awarded at the end of the Specialty Training period only to those doctors who have completed their approved training posts and are successful in all three components of the 'new' Membership of the Royal College of General Practitioners (nMRCGP) assessment:

1. **Applied Knowledge Test (AKT):** a multiple-choice style assessment of the application of knowledge essential for independent general practice.
2. **Clinical Skills Assessment (CSA):** an OSCE-style assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice.
3. **Workplace-based Assessment (WPBA):** the three-year ongoing evaluation of a doctor's progress in performance, assessed in those areas of professional practice best tested in the workplace. The evidence collected for Work-place Based Assessment is recorded in the RCGP ePortfolio, which is similar to the ePortfolio used widely in the Foundation Programme.

Each GP Specialty Registrar has a nominated GP educational supervisor throughout his or her entire training programme. The educational supervisor is responsible for monitoring the ongoing progress of the trainee for Workplace-based Assessment (WPBA). A clinical supervisor is responsible for overseeing the

day-to-day work of the GP Specialty Registrar while he or she is working in a particular training post. When the GP Specialty Registrar is working in their general practice training post, it is common practice for both of these roles to be taken on by one individual; the GP Trainer.

The evidence collected by the Specialty Registrar for Workplace-based Assessment is reviewed at six-monthly intervals by his or her educational supervisor and annually by a local expert deanery panel (the ARCP panel). A final holistic judgement of the Specialty Registrar's competence to practice independently as a GP is made towards the end of training.

Revalidation for General Practitioners

The RCGP is developing a national strategy for GP revalidation, which will consist of recertification and relicensing components. The 2007 white paper *Trust, Assurance and Safety*³, stated that in the near future all medical practitioners must receive a licence from the GMC in order to practice. This licence will be renewable at regular intervals of no more than five years, based upon the outcome of a new appraisal process. The RCGP ePortfolio will be extended to all registered GPs in order to support this; personal development plans, evidence of learning activities, and evidence of performance collected in the ePortfolio will provide the evidence for revalidation.

To support the revalidation strategy, the RCGP is working closely with the Committee of General Practice Education Directors (COGPED), National Association of Primary Care Educators (NAPCE) and UK Committee of Educational Advisors (UKCEA) to develop a credit-based managed CPD scheme, which will be rolled out for all registered GPs. The principal aims of the scheme are to ensure that every general practitioner continues to update and apply his or her clinical knowledge and skills, in order to promote patient safety and enhance public confidence in the high quality of general practice as a profession.

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³ *Trust, Assurance and Safety*, Department of Health, England (2007)

AUDIENCE DEFINITION

Audience characteristics

This section defines some of the key characteristics of the audience involved in the delivery of GP education.

Audience Profile

The following stakeholders are involved in the delivery of GP Education:

- GP Specialty Registrars undertaking Specialty Training for General Practice
- Certified GPs undertaking Continuing Professional Development (CPD)
- GPs with a Special Interest (GPwSI)
- GP Trainers and Educational Supervisors
- Clinical Supervisors and Supervising Consultants
- Specialty Training Programme Directors and Programme Managers
- nMRCGP Assessors
- CPD Tutors/Coordinators/Associate Advisers
- GP Appraisers
- Deanery Administrators
- ARCP Panel members
- RCGP staff (national and faculty-based)
- Members of national organizations involved in GP Education
- Providers of educational resources

Audience Volume

1. GPs in Specialty Training

The figures for the numbers of GP Specialty Registrars in general practice based training are available for three of the four home countries. This broadly represents one training year.

Number of GP Specialty Registrars, Great Britain, 2003 to 2007 (Headcount):

	2003	2004	2005	2006	2007
England	2,235	2,562	2,564	2,278	2,491
Scotland	281	282	302	310	316
Wales	110	115	103	152	165
GB	2,626	2,959	2,969	2,740	2,972

Note: GP Specialty Registrar figures for Northern Ireland are not available

Number of GP Specialty Registrars, England, 2003 to 2007 (Headcount):

	2003	2004	2005	2006	2007
Total	2,235	2,562	2,564	2,278	2,491
Male	896	1,023	1,035	890	981
Female	1,339	1,539	1,529	1,388	1,510

Source: NHS Staff 1997 - 2007 (General Practice), The Information Centre
<http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-1997--2007-general-practice>

Number of GP Specialty Registrars in Scotland 2003 – 2007 (Headcount):

	2003	2004	2005	2006	2007
Total	281	282	302	310	316
Male	n/a*	95	128	114	121
Female	n/a*	187	174	196	195

*Figures not available

Source: NHS Scotland Workforce Statistics, ISD Scotland <http://www.isdscotland.org/isd/5345.html>
General Practice Workforce Information, ISD Scotland <http://www.isdscotland.org/isd/3793.html>

Number of GP Specialty Registrars in Wales:

In September 2008, there are 435 Specialty Registrars currently on training schemes, including those in hospital posts and training part-time. 213 are currently in practice attachments (ST2 and 3) of which 30 are currently in less than full time training and 16 on maternity leave.

Source: Wales Deanery, September 2008

Number of GP Specialty Registrars in Northern Ireland:

GP Specialty Registrar figures for Northern Ireland are not available; these are included in the total figures for GPs in practice.

Source: General Medical Services Statistics, Central Services Agency, Northern Ireland
http://www.centralservicesagency.com/display/gms_statistics

2. GP Trainers

It is currently estimated that there are around 5000 GP Trainers in the UK, the vast majority of whom will be included in the figures below for GPs in practice.

3. GPs in practice

Figures for the numbers of GPs working in the UK vary according to source:

- There are approximately 55,000 individuals on the GMC's GP Register
- There are approximately 44,000 GPs working in the UK NHS
- The RCGP has almost 34,000 members, of which around 1900 practice outside the UK

The following tables contain figures for GPs working in the UK NHS.

Number of GPs in UK (Headcount) 2003-07:

	2003	2004	2005	2006	2007
England	32,593	34,085	35,302	35,369	35,855
N. Ireland	1,076	1,078	1,084	1,110	1,130
Scotland	4,447	4,456	4,553	4,626	4,721
Wales	1,893	1,931	1,952	1,882	1,936
UK	39,873	41,574	42,876	42,998	43,642

Number of Practices or Partnerships, UK, 2003-07:

Year	England	N. Ireland	Scotland	Wales	Total
2003	8757 (Sept)	371 (Oct)	1046 (Oct)	508 (Sept)	10,682
2004	8542 (Sept)	366 (Oct)	1056 (Oct)	501 (Sept)	10,465
2005	8451 (Sept)	364 (Apr)	1040 (Oct)	497 (Sept)	10,352
2006	8325 (Sept)	363 (Oct)	1031 (Oct)	496 (Sept)	10,215
2007	8261 (Sept)	361*	1030 (Oct)	495 (Sept)	10,147

*2007 figures not available online at present

Source: NHS Staff 1997 - 2007 (General Practice)

<http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-1997--2007-general-practice>

General Medical Services (Wales) <http://new.wales.gov.uk/topics/statistics/theme/health/general-medical/?lang=en>

General Practice Workforce Information (Scotland) <http://www.isdscotland.org/isd/3793.html>

General Medical Services Statistics (Northern Ireland) http://www.centraiservicesagency.n-i.nhs.uk/display/medical_statistics

4. Foundation Programme doctors working in general practice

The total number of Foundation trainees working in general practice at any one time is not expected to exceed 2000.

Audience Location

GPs undertake learning activities in a variety of locations, including:

- Practice
- Secondary Care (e.g. hospitals and clinics)
- Community settings (e.g. home visits, OOH)
- Learner's own home
- Health libraries (run by PCTs or Hospital Trusts)
- Half-day release programmes (run by local training programmes)
- Deanery facilities
- Academic and research centres
- Mobile access (e.g. wireless laptop, PDA, mobile)

Accessibility and diversity

GP Education must deliver learning that meets all RCGP Disability policies and relevant UK legislation, including The Disability Discrimination Act (1995)⁴ which states that “service providers have to make reasonable adjustments for disabled people, such as providing extra help or making changes to the way they provide their services”. This includes making sure that educational resources are appropriately accessible, including information and services provided through the internet. RCGP educational strategies and resources, including the use of images, video, and case studies, must acknowledge and reflect societal, cultural and ethnic diversity where appropriate, in keeping with all relevant RCGP policies.

⁴ Source: www.direct.gov.uk

THE RCGP CURRICULUM

Set within a framework for a structured educational programme, the RCGP curriculum identifies the wide-ranging knowledge, competencies, clinical and communication skills, and professional attitudes required of a doctor intending to undertake independent practice in the contemporary UK National Health Service.

From August 2007, all UK Specialty Training programmes for general practice have been based on the RCGP Curriculum, which has been unconditionally approved by the Postgraduate Medical Education and Training Board (PMETB). The curriculum is also the educational framework adopted for Continuing Professional Development (CPD) and revalidation.

The GP educational pathway

A General Practitioner's education begins long before he or she enters Specialty Training, and continues for the whole of his or her career. This section describes the learning pathway of a UK-trained GP after successfully graduation from medical school.

The Foundation Programme

The Foundation Programme provides a generic and broad-based education with core areas of competence set out for each year in *Curriculum for the foundation years in postgraduate education and training*.

GP Specialty Training builds on the competencies acquired in Foundation. To facilitate clarity in the linkages between the Foundation and Specialty Training, the learning outcomes of the RCGP curriculum are defined in relation to three levels of professional competence: *Novice GP* (Foundation level), *Competent GP* (CCT level) and *Excellent GP* (Post-certification level).

Entering GP Specialty Training

Doctors who have chosen general practice as a career follow a three-year programme of Specialty Training for General Practice, which begins after successful completion of the Foundation Programme.

Selection into GP training is now based on person specifications. Those wishing to enter training on completion of a Foundation Programme apply for ST1 entry. Applicants are required to demonstrate eligibility in their applications and in the selection process. A series of competencies have been defined by The GP National Recruitment Office for General Practice Training⁵.

⁵ Source: www.gprecruitment.org.uk

Completion of GP Specialty Training

The award of a Certificate of Completion of Training depends on success in the nMRCGP assessments, which assess a range of professional behaviours based on the *RCGP Curriculum for Specialty Training for General Practice*.

The nMRCGP assessments consist of three components – an Applied Knowledge Test (AKT), a Clinical Skills Assessment (CSA), and Workplace-based Assessment (WPBA), which is carried out during the entire three-year period of training using the RCGP ePortfolio.

Continuing Professional Development and Revalidation

After successful completion of the three-year Specialty Training programme, GPs progress to a career of lifelong continuing professional development (CPD), supported by formative annual appraisal.

All general practitioners will require a licence from the GMC in order to practice. This licence will be renewable at regular intervals of no more than five years, based upon the outcome of an appropriate appraisal process. Coupled with the re-licensing process will be a RCGP-led recertification scheme, which will include managed CPD as a core element for all GPs in UK practice.

A curriculum for lifelong learning

The RCGP Curriculum is the educational framework for GP Specialty Training and for CPD post-certification. Success as a general practitioner depends upon becoming a lifelong learner; responsibility for one's own learning is an essential professional attribute and is supported by the design of the curriculum. The curriculum's explicit definition of learning outcomes and competencies gives clarity to the educational goals of all GPs as life-long learners.

The creation of GPs with a special interest (GPwSI) will also build on the foundation set out in the GP training curriculum. Guidance from the Department of Health in England, for Primary Care Trusts (PCTs) implementing a scheme for GPs with special interests, emphasises that primary care organisations will need to ensure that the GP is a competent and experienced generalist, as well as having the specific competencies and experience for the special interest area.

Being a General Practitioner

The RCGP curriculum describes the core knowledge, skills, attitudes and expertise that a doctor needs to master in order to be a competent GP. It is based on the broad principles described in the General Medical Council's *Good Medical Practice* document and the *EURACT Definition of General Practice/Family Medicine*.

The core curriculum statement, *Being a General Practitioner*, sets out the educational framework for the whole curriculum. It describes six domains of competence and three essential application features that define general practice as a specialty.

1. Primary care management

Managing the first contact with patients in primary care. This includes addressing people's unselected problems, co-ordinating care with other primary care professionals and specialists, providing appropriate care to patients and making effective use of the health service.

2. Person-centred care

Establishing an effective doctor-patient relationship that demonstrates respect for patient autonomy, an ability to set priorities and act in partnership with patients, providing continuity of care, and coordinating care.

3. Specific GP problem-solving skills

Selective history-taking, physical examinations and investigations, formulating an appropriate and effective management plan, dealing with undifferentiated conditions early on in the course of an illness, making diagnoses related to the incidence and prevalence in the community, using appropriate GP techniques (such as 'time as a diagnostic tool' and 'tolerating uncertainty'), spotting symptoms that may be serious and intervening urgently when required.

4. A comprehensive approach

Mastering the skills to simultaneously manage multiple complaints and pathologies in one individual; managing both acute and chronic health problems that co-exist, successfully promoting health, and implementing disease prevention strategies.

5. Community orientation

The ability to reconcile the health needs of individual patients and the health needs of the community in which they live, taking account of the resources that are available.

6. An holistic approach

Caring for the whole person in the context of the person's values, their family beliefs and their culture in the larger community, and considering a range of therapies based on the evidence of their benefits and cost.

7. Essential Application Feature 1 – Contextual aspects of care

This includes taking into account the environment in which a GP practices, the working conditions, the community, local culture, financial and regulatory frameworks and guidelines; the impact of workload and the practice facilities; the particular context of the individual patient and their family and background.

8. Essential Application Feature 2 – Attitudinal aspects of care

This requires the GP to be aware of their attitudes and capabilities; the ability to identify ethical aspects of clinical practice and understand their personal ethics and values, as well as achieving a good balance between work and private life.

9. Essential Application Feature 3 – Scientific aspects of care

This involves adopting a critical and evidence-based approach to daily practice and maintaining this through continuing professional development and quality improvement.

The interpretive statements

The RCGP curriculum consists of the core statement, *Being a General Practitioner*, and 31 interpretive statements which place the core statement into a range of everyday contexts. Some of these interpretive statements focus on the professional and managerial aspects of general practice, some detail the care of special groups and health issues, while others cover a range of clinical topics.

The 31 interpretive statements are examples of the generic competencies described in the core statement being applied to different topics or groups, and are intended as a resource to facilitate conversations between teacher and learner. Each supporting statement is constructed with the same sections:

- The rationale for its inclusion
- A section on the UK priorities describes the relevant imperatives that drive the service in the UK, such as National Service Frameworks, NICE and SIGN guidelines
- A statement of learning outcomes in terms of the knowledge, skills and attitudes that are required to demonstrate a competency in that topic area
- Guidance on teaching and learning resources
- A reference section

The interpretive curriculum statements also include guidance on approaches to teaching and learning and are resources in themselves. They are source materials for all educators in the local team as well as for the trainees. In relation to hospital attachments, for example, the statements offer guidance to hospital consultants and trainees on the learning outcomes associated with specific specialties.

Psychomotor skills

Many of the supporting statements contain a section to describe psychomotor skills. These are important everyday clinical and practical skills, such as taking a cervical smear, performing an examination, or undertaking a suicide risk

assessment. They are tested in the Directly Observed Procedural Skills (DOPS) part of Work-place Based Assessment (recorded in the ePortfolio). Please note that the core curriculum statement, *Being a General Practitioner*, does not contain a distinct section for psychomotor skills, as they fall under the Primary Care Management and Specific Problem-solving Skills domains of core competence.

RCGP curriculum statements	
The core curriculum statement:	
1	Being a General Practitioner
The interpretive curriculum statements:	
2	The General Practice Consultation
<i>Personal and Professional Responsibilities:</i>	
3.1	Clinical Governance
3.2	Patient Safety
3.3	Clinical Ethics and Values-Based Practice
3.4	Promoting Equality and Valuing Diversity
3.5	Evidence-Based Practice
3.6	Research and Academic Activity
3.7	Teaching Mentoring and Clinical Supervision
<i>Management:</i>	
4.1	Management in Primary Care
4.2	Information Management and Technology
5	Healthy People: promoting health & preventing disease
6	Genetics in Primary Care
7	Care of Acutely Ill People
8	Care of Children and Young People
9	Care of Older Adults
<i>Gender-specific Health Issues:</i>	
10.1	Women's health
10.2	Men's health
11	Sexual Health
12	Care of People with Cancer & Palliative Care
13	Care of People with Mental Health Problems
14	Care of People with Learning Disabilities
<i>Clinical Management:</i>	
15.1	Cardiovascular problems
15.2	Digestive problems
15.3	Drug and alcohol problems
15.4	ENT and facial problems
15.5	Eye problems
15.6	Metabolic problems
15.7	Neurological problems
15.8	Respiratory problems
15.9	Rheumatology & Musculoskeletal Conditions including Trauma
15.10	Skin problems

Curriculum reviews and updates

There are six parts to the process of reviewing and updating the curriculum.

1. Annual review of minor changes to curriculum and assessment
2. Continuous review of major changes to curriculum and assessment
3. Annual deanery review of regularly generated data
4. Annual national review of regularly generated data
5. Structured collection and analysis of feedback on the curriculum
6. Commissioned research

1. Annual review of curriculum and assessments

The annual reporting process to PMETB is divided into two parts. The first, the Annual College Summary, is a summary of the minor changes⁶ made to, or planned for, the curriculum and its associated assessments. The second, the Annual College Report, is submitted six months later and is a report of examinations data, including breakdowns of the data by deanery and ST year. The procedure for the approval of major changes to the curriculum or assessment is separate to this reporting process. After the first two years of annual review, the process will be repeated on a five yearly basis.

The strategy for changes in the first year will build upon the incoming data and comments from the stakeholders and resources described below. PMETB will receive documentation for the suggested changes for the curriculum and the assessments. A database has been set up to record and manage feedback on the curriculum.

The choice of statements to be adjusted in first round of review will be based on incoming data from:

- *The Curriculum Guardians*; each curriculum statement has a named 'Guardian', responsible for the annual monitoring of their statement and for proposing any necessary changes through the Curriculum Development Group to the RCGP Postgraduate Training Board.
- *The Curriculum Evaluation Team* (see below under 'Commissioned Research').
- *COGPED* comments on the curriculum based on feedback from the deaneries.
- *The Trainers Project* will provide data from *The Diary Project* as well as the feedback from the *Senior Educators Group*. The Diary Project invited all UK trainees and Trainers to write a diary for a day about how it is to be training within the RCGP Curriculum. The entries are being analysed as qualitative research data. The Trainers Project also consists of a network of senior educators shared between deaneries and the RCGP working on solutions to problems with the implementation of the curriculum and its assessments.

⁶ The aim here is for a light touch and modification only if necessary. For example, an outbreak of SARS might require a modification to the Respiratory Problems statement.

- *The Blueprinting Group*, which includes the RCGP assessment group chairs and others with expertise on the curriculum or assessments.
- *Case Writers* from the CSA, the WPBA and AKT groups will collect feedback, as will others involved in the practical work of the assessments.
- *The ePortfolio* is an essential resource for understanding where the curriculum needs adjusting or strengthening through implementation initiatives
- *AiT and Trainee surveys*
- *Feedback from patient groups*
- *Developments within Essential Knowledge and CPD*
- *The Trainer surveys*
- *The RCGP's curriculum-based e-learning projects (e.g. e-GP)*
- *Feedback from the Curriculum Map feedback tools*
- *Other medical specialities*
- *The Quality Management and Training Standards Committee*
- *Informal feedback (stored on a database)*

The coordination and digestion of all the feedback received on the Curriculum is carried out by the Curriculum Development Group.

2. Continuous review of major changes

The procedure for the approval of major changes to the curriculum or assessments is separate to the annual reporting process. At any time, the RCGP can apply the PMETB to make a major change. These changes can only happen with PMETB approval.

3. Annual deanery review of regularly generated data

In every deanery, a range of data are generated each year. These include:

- Quality assurance and management reports, including the PMETB's annual survey of trainees and Trainers
- A tracking protocol on aspects of performance
- ARCP Panel performance data and feedback from RCGP external assessors
- GP Specialty Registrar performance in the RCGP assessment programme:
 - Exit survey data that shows results for the deanery as compared with the national results
 - Reported expert views of educators in the deanery.

These data form the basis of an annual assessment within each deanery area and will form the basis of the data set fed to COGPED for national review.

4. Annual national review of regularly generated data

On behalf of the RCGP, the Committee of General Practice Education Directors (COGPED) will undertake an annual review of the curriculum, including:

- The annual reports from each deanery as defined above
- National data on ARCP Panel performance
- National data on GP Specialty Registrar performance in summative assessment

- The national exit survey data

COGPED's conclusions and recommendations for action will be reported to the RCGP who will act on these as appropriate. This will be a 2-way process; the RCGP will be comparing national data sets and feeding back to the deaneries.

5. Structured collection and analysis of feedback

The governance structure of the RCGP curriculum review process involves a number of internal groups. This includes the Curriculum Development Group, which is responsible for the structured analysis of all feedback on the curriculum; a group of 'Guardians', experts in different fields who monitor their statement and propose any necessary changes through the Curriculum Development Group; The Curriculum Steering Group, which overlooks the project management of initiatives related to curriculum development, maintenance and resources; and the Postgraduate Training Board, which authorises any developments of the curriculum and nMRCGP assessments.

6. Commissioned research

The RCGP has commissioned an evaluation research project on the implementation of the curriculum, which is being managed by the Centre for Research in Medical and Dental Education at the University of Birmingham. Results from this research are an important part of the continuous updating of the curriculum. The curriculum review process includes results from this research, which makes it possible to implement changes as soon as the need is discovered.

EDUCATIONAL ACTIVITIES AND RESOURCES

Common GP learning activities

The self-directed learning skills developed during Specialty Training enable GPs to learn from a wide range of activities. For both GP Specialty Registrars and GPs undertaking CPD, learning occurs predominantly in the primary care environment, although a significant amount of learning occurs through activities outside the workplace. Throughout their training posts, GP Specialty Registrars learn from a range of educational activities in secondary care.

Learning activities in primary care

- Service-based learning
- Practice-based educational activities (e.g. tutorials, meetings)
- Video analysis of consultations (e.g. COT)
- Random case analysis of a selection of consultations
- GP Trainer sitting in with Specialty Registrar to give formative feedback
- Sitting in with GPs and other healthcare professionals in practice to observe different consulting styles
- Patient feedback on consultations using satisfaction questionnaires or tools
- Feedback from colleagues and peers using multi-source feedback tools
- Case-based discussion
- Practice-based audits
- Significant Event Analysis

Learning activities in secondary care

1. Participation in ward rounds (during training posts)
2. Observation of consulting behaviour in outpatient clinics
3. Case-based discussion
4. Feedback from colleagues and peers using multi-source feedback tools
5. Evaluation of clinical encounters (e.g. mini-CEX)
6. Working as a clinical assistant

Self-directed learning activities

- Reflective practice
 - Keeping a reflective diary of consultations
 - Keeping a log of referrals and investigations
 - Reflection on learning experiences
 - Reflection on an issue at intervals over time
- Self-assessment of knowledge and skills
 - Completing a confidence rating scale
 - Reviewing the outcomes of referrals
 - Reviewing a targeted or random selection of case-notes

- Assessing your own competence against the core domains of competence in *Being a GP*
 - Testing your own knowledge against the curriculum knowledge base
 - Judging your own behaviour against the curriculum outcomes
- Opportunistic learning
- Reading journal articles and textbooks
 - Accessing health libraries
 - Completing e-learning modules
 - Viewing the internet/TV/media
- E-learning
 - Web-based information resources
 - e-Learning modules

Formal learning activities outside the workplace

- Courses or teaching using role-played consultations with “standardised patients”
- Small-group, problem-based learning
- Peer-group discussions
- GP Specialty Training half-day release programmes
- Educational lectures, seminars, and workshops
- Balint Groups
- Audits, academic activities and research
- Annual appraisal
- nMRCGP assessments (AKT and CSA)

e-Learning resources for general practice

e-Learning plays an increasing role in GP Education. This section describes some of the e-learning resources available.

RCGP e-learning resources

RCGP Curriculum Website: www.rcgp-curriculum.org.uk

Provides a wealth of information on the Curriculum, GP training and education, including the online curriculum map and a database of educational and training resources that have been specially selected to support the learning and teaching of the Curriculum. The site also has information on the nMRCGP assessments and news on educational courses and events.

RCGP Curriculum Map: www.rcgp-curriculum.org.uk

This site contains the only navigable and searchable version of the RCGP curriculum. Each statement is linked to RCGP-approved educational resources which support the learning and teaching of general practice.

RCGP Essential Knowledge Updates: www.rcgp.org.uk

These are 6 monthly e-learning updates, produced within the College. The updates enable GPs to assimilate new and changing knowledge relevant to clinical practice in a structured format, by summarising the key changes across a

range of priority topics, signposting to further resources, and facilitating self-assessment activities.

RCGP InnovAiT: www.oxfordjournals.org/our_journals/innovait

InnovAiT is the new RCGP journal for Associates in Training (Specialty Registrars). Rotating through the curriculum on an 18-month cycle, *InnovAiT* supports and assists the learning and development of trainees as they progress through specialty training. The InnovAiT site offers on-line access to curriculum-related articles and courses of nMRCGP AKT-style questions. Each issue of the journal covers two clinical statements, and one non-clinical statement, alongside news, research, nMRCGP preparation tips and guidelines affecting GPs.

RCGP Knowledge and Information Services: www.rcgp.org.uk

Resources available on the main college website include: Journal Watch, Seven Days, e-Bulletin, information sheets and summaries, a journal search facility for GPs, a guidance database (which monitors 80+ key websites for new and updated guidance), an ethics database, a patient information centre, and useful links to external resources.

The RCGP website also enables college members and associates in training to gain free access to a range of popular subscription-only journals including:

- BMJ (British Medical Journal)
- BJGP (British Journal of General Practice)
- Education for Primary Care
- Evidence-Based Medicine
- JAMA: Journal of American Medical Association
- Journal of Epidemiology & Community Health
- The Lancet
- Medical Education

RCGP Learning Unit e-learning modules: www.rcgp.org.uk

The RCGP Learning Unit was established as a partnership between the Royal College of General Practitioners and the University of Bath. The Unit developed a range of evidence-based learning materials for GPs and other Primary Care professionals, in a combined book and DVD-ROM format.

Following the closure of the Learning Unit in March 2007, the materials were transferred to the RCGP to enable the materials to be developed for further use, and a pilot RCGP curriculum-based e-learning module, on Multiple Sclerosis, was completed in September 2007. This is hosted on the RCGP website and is intended for doctors working in primary care who wish to develop their knowledge and skills in the diagnosis and management of Multiple Sclerosis, based on the materials produced by the Bath Learning Unit in collaboration with the MS Society in 2007. A second module on migraine, based on the Bath Unit materials on 'Headaches in Primary Care', produced in collaboration with the Brain and Spine Foundation, was launched in April 2008.

RCGP Scotland nPEP: www.pep-ekit.org.uk

The new Phased Evaluation Programme (nPEP) is an online educational tool aimed at Specialty Registrars preparing for the AKT assessment and at

established GPs identifying specific educational needs for CPD. nPEP includes 150 AKT-style questions and discussion across the RCGP curriculum. Each clinical topic has between 6 to 10 questions/items written by GPs working in clinical practice, reflecting real-life scenarios.

RCGP Substance Misuse Unit: www.rcgp.org.uk

The RCGP Substance Misuse Unit (RCGP SMU) aims to drive up quality and promote consistent evidence based approaches to the care of drug users, through the development of local and national education and training initiatives. The Substance Misuse Unit oversees the primary care Certificate Programme in the Management of Substance Misuse, and has produced guidance relating to key areas in substance misuse management and primary care, as well as an annual national conference and many local and national training events. The SMU has developed two e-learning modules of the management of substance misuse which are currently hosted on Doctors.net.uk (www.doctors.net.uk).

e-GP: e-Learning for General Practice

e-GP: e-Learning for General Practice (www.e-GP.org) will deliver a comprehensive online e-learning programme underpinning the RCGP curriculum, to support the education of GP Specialty Registrars and GPs undertaking CPD. It is a collaborative project between the RCGP and e-Learning for Healthcare (www.e-lfh.org.uk), and is funded by the Department of Health. It is one of a family of e-learning projects being developed with other Royal Colleges.

The Priority Objectives of e-GP are to create and implement an e-learning resource that:

1. Facilitates the delivery of the RCGP curriculum at the national, local and individual learner level
2. Provides relevant, comprehensive and accessible learning content for GPs working in the UK NHS
3. Embodies adult learning principles and supports a blended approach to learning
4. Supports GP Specialty Registrars to achieve certification to practise as independent general practitioners
5. Supports GPs in Continual Professional Development (CPD) and revalidation.

e-GP differs from other e-learning projects in that it is explicitly GP curriculum-focused, written by GPs for GPs, and is intended to support a blended 'strategic' approach to learning, based on curriculum outcomes. It is intended to be an enhancement to, rather than an alternative to, traditional mechanisms of delivering GP education.

NHS e-learning resources

Below is a small selection of some of the e-learning resources currently provided by the NHS that are commonly used by GPs.

NHS Clinical Knowledge Summaries: <http://cks.library.nhs.uk>

Provides updated evidence-based summaries of clinical knowledge aimed to support health professionals working in primary care, incorporating PRODIGY guidance.

NHS National Library for Health: www.library.nhs.uk

Contains numerous resources of interest to GP learners and teachers, including key sources of evidence (Bandolier, Clinical Knowledge Summaries, Cochrane Library), a Guidelines finder, NICE & SIGN Guidance, NLH Protocols & Care Pathways, Books, Journals and Bibliographic Databases, Image banks, Patient resources (DIPEX, NHS Direct Online, Patient.co.uk) and Prescribing resources including the BNF and BNF for Children.

e-Learning resources from other providers

Below is a small selection of some of the e-learning resources provided by non-NHS organisations and commercial providers that are popular with GPs. Please note that these resources are described here for information only and the RCGP does not endorse or recommend these resources (unless otherwise stated).

Athens for Health: www.athens.nhs.uk

The Athens Access Management system provides users with single sign-on to numerous web-based services throughout the UK and overseas. Athens was initially deployed in the higher education sector in 1996 and has become the established standard for secure access management to web-based services for the UK education and health sectors. In December 2000, Athens was awarded the NHS Information Authority contract for Access Management Services for the National Library for Health (NLH).

BMJ Learning: www.bmjlearning.com

Contains resources of interest to GPs and trainees, including a wide range of learning resources, commissioned by the BMJ Group. Free to BMA members. The learning resources deal with everyday issues in primary care and hospital medicine, they are evidence based and kept up to date. Has over 300 e-learning modules.

Doctors.net: www.doctors.net.uk

Offers a range of educational resources for doctors, including on-line textbooks and databases, a Journal Watch service and a wide range of accredited learning modules on important general practice topics, which are very popular with both GPs and Specialty Registrars.

GP Notebook: www.gpnotebook.co.uk

A highly popular and accessible online encyclopaedia of general practice that is particularly useful resource for learning the knowledge base contained within the

curriculum. It also offers GP Notebook Educational Modules ('GEMS'), which allow learners to test themselves on curriculum topics.

Healthcarerepublic: www.healthcarerepublic.com

An online resource for doctors offering news relevant to primary care. Includes educational articles and resources on clinical and practice management topics, and provides access to MedEconomics and MIMS.

Map of Medicine: www.mapofmedicine.com

This is a decision support system that integrates with the practice patient records system and flags up relevant resources (part of National Programme for IT). The RCGP is working in partnership with the Map of Medicine to develop and quality assure the patient pathways.

Developing blended e-learning

There is limited previous experience of using an e-curriculum to deliver learning for General Practice Specialty Training and CPD, and consequently a limited evidence base to guide production of effective e-learning materials and the most effective ways to use them to deliver education and training. It is important to research how learners use the e-learning strategies, resources and materials being produced in order to design effective learning strategies and materials that meet educational objectives. For these reasons, key educational projects such as e-GP and Essential Knowledge Updates will adopt an ongoing Action Research approach to guide development.



Action Research

Action Research involves the reflective study of actions and their effects in the work place. It involves making a change and observing the outcomes through the systematic examination of evidence. Critical reflection is at the centre of Action Research; to result in effective organisational change, this should be based on careful examination of evidence from multiple stakeholders.

Paper-based resources

The RCGP has developed the *Curriculum Series for General Practice* range of publications to support GPs learning the curriculum. This includes *The*

*Condensed Curriculum Guide*⁷, which overviews the core curriculum statement, explains how to learn and teach it, and summarises the key knowledge, skills, and attitudes described in each of the 31 supporting statements. The RCGP has also published a book aimed for GP educators called *General Practice Specialty Training: making it happen*⁸, which de-mystifies the new training and assessment processes.

GPs gain relevant information from a wide range of journals and publications, according to their area of interest. The *British Medical Journal* (BMJ) and *British Journal of General Practice* (BJGP) contain news and articles of interest to GPs. The *Evidence Based Medicine* Journal contains evidence-based research reviews relevant to primary care. These journals can be accessed online by RCGP members and Associates-in-training free of charge via the members area of the RCGP website (www.rcgp.org.uk).

Core references for prescribing information include the British National Formulary (BNF) and the Monthly Index of Medical Specialties (MIMS). The weekly GP papers (such as *GP* and *Pulse*) include clinical and educational information and produce a lot of free additional publications that contain information on recent developments in primary care. The National Institute for Health and Clinical Excellence (NICE) produce regular updates and new guidance to GPs (www.nice.org.uk), as do the Scottish Intercollegiate Guidelines Network (SIGN: www.sign.ac.uk). A number of courses on 'hot topics', which offer GPs refreshers on current topics of importance in general practice, often provide substantial handouts.

CPD initiatives

The RCGP offers a flexible menu of provision enabling GPs to select according to their learning style and needs. This approach incorporates a variety of learning mechanisms including reflective learning, distance-learning, e-learning, courses and events and workplace based learning.

A range of initiatives to support CPD for qualified GPs are currently provided by the college, including:

- iMAP (Interim Membership by Assessment of Performance)
- RCGP Distance Learning initiatives (e.g. Bath Learning Unit materials)
- The RCGP Leadership Programme
- Substance Misuse training and certification
- Team Quality - developing quality in teams through QPA, QTD
- Professional Development Courses - such as Certificate of Assessment
- GPwSI Frameworks
- Postgraduate Certificate in Medical Education for General Practitioners in collaboration with the University of Dundee

⁷ Riley B, Haynes J, Field S, *The Condensed Curriculum Guide – for GP training and the nMRCGP*, RCGP, London (2007).

⁸ Mohanna K, et al., *General Practice Specialty Training: Making it happen*, RCGP, London (2008).

Clinical Innovation and Research Unit (CIRC)

The RCGP CIRC was launched in 2007 as a result of merging the College's Research and Clinical Networks. Its objective is to improve clinical standards for the care of patients in primary care by developing clinical effectiveness programmes, quality improvement initiatives, rigorous research projects, and by supporting GP education, training and continuing development.

The aims of CIRC are:

- To provide signposting of clinical information for both individual members and organisations
- To conduct clinical effectiveness and quality improvement projects as well as research studies which are relevant to the day-to-day clinical needs of RCGP members.
- To develop a closer working relationship with the National Collaborating Centre for Primary Care to support the work of NICE, and to ensure that the views of GPs are represented at every stage of the process in the preparation of national guidelines for clinical specialties.

CIRC has drawn on the success of similar centres established in other Royal Colleges such as the clinical effectiveness unit of the RCP. A new network has been formed between these centres, with a remit to look at the opportunities available for submitting joint funding bids, to strengthen inter-College links and encourage more collaborative work with colleagues across clinical disciplines.

Structure of CIRC

The Clinical Innovation and Research Centre (CIRC), along with the Birmingham Research Unit (BRU) and the National Collaborating Centre for Primary Care (NCC-PC), fall under the RCGP Directorate of Professional Development and Standards (PDS). Together they represent the College's *Clinical Effectiveness Structure*.

Clinical Champions and Expert Resource

In 2007, the RCGP appointed clinical champions to act as leads in the priority areas of prescribing, urgent & emergency care, end of life care, and mental health.

The clinical priorities determined for 2008 are:

- Musculoskeletal medicine (with a focus on osteoarthritis and shared decision making with patients)
- Ageing and older people's health and well-being (with a specific focus on co morbidity and promoting healthy ageing)
- Respiratory disease (with a specific focus on health promotion and an emphasis on shared decision making)
- Headache (and its association with co morbid mental health problems such as anxiety and depression)

Clinical Champions for these topics will be appointed in summer 2008.

Expert Resource

The RCGP Clinical Innovation and Research Centre (CIRC) is building an Expert Resource (a database of GP experts) to support the Clinical Champions and to support other College programmes. Experts will:

- Act as commentators for national guidance
- Provide GP representation on NICE Guideline Groups and Implementation Activities
- Be invited by the Honorary Secretary to comment on Consultation Documents and be involved in working parties
- Peer Review Care Pathways for Map of Medicine
- Peer Review/Validate other clinical outputs, such as Essential Knowledge Updates
- Form Primary Care Societies

The Alliance of Primary Care Societies (APCS)

Primary care societies do not receive funding or administrative support from the College but are eligible to join the RCGP Alliance of Primary Care Societies (APCS). The RCGP APCS is formed of one representative from each Society. These representatives meet twice a year at a RCGP-chaired meeting, which aims to promote joint working and networking across the clinical areas.

The APCS members work with the College, through CIRC, to:

- Act as spokespersons and lead on behalf of the RCGP in the wider healthcare arena
- Assist the RCGP in taking forward academic research (e.g. securing grants and funding sources for individual and joint working)

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- Quality assure the content for Essential General Practice as appropriate and contribute information for their own clinical area
- Work with the RCGP on projects, consultations and educational outputs
- Lead on consultations about standards of care and the development of guidelines
- Contribute to the CIRC bulletins and RCGP publications
- Contribute to the Annual RCGP Primary Care Conference

Annual National Conference on Primary Care

In 2007, the RCGP launched its new *Annual National Conference on Primary Care* as an event to showcase key developments in general practice and primary care. The conference also provides an opportunity for college members and other members of the primary care team across the UK to network and share best practice. The conference also updates practitioners on matters relevant to their practice for the coming year, including:

- Clinical updates
- Policy
- Patients
- Practice developments
- Education
- Trainees
- Innovation
- Research

The conference format includes keynote presentations and international presentations. In addition, there are a wide variety of small seminars and workshops and satellite symposia focusing on clinical updates.

GP SPECIALTY TRAINING

Training scheme management

GP training is delivered through a School of Postgraduate General Practice Education in most of the UK deaneries. A Director of Postgraduate General Practice Education⁹ leads each school and manages a network of GP educators and Trainers. The overall structure of management is described below.

NB. 'School' refers to all the GP training provided by a deanery and 'attachment' refers to a specific post or placement held by an individual within the programme.

Training scheme management structure

Deanery management of the GP training scheme is based on line management, with responsibilities and accountabilities linked to individuals in placements, and responsibilities are set out in the job descriptions of post holders. Overall responsibility lies with a Director of Postgraduate GP Education who is accountable to the Postgraduate Medical Dean. The Director will be advised by the deanery's GP School Board (or an equivalent committee), which includes representatives of the RCGP. While they may choose to work on the basis of a majority view of that committee, responsibility for implementation of policy and accountability for their outcomes will rest with the Director.

The Director is supported by Associate Directors/Deans, who are responsible for various local or deanery-wide activities (their roles may be defined on a geographical or portfolio basis). Within each geographical area, programme directors are responsible for a set of training programmes, and an individual trainee's programme is overseen by his or her educational supervisor, who is supported by the expertise and resources of a local team, according to local arrangements.

School management

A Director of Postgraduate GP Education has overall responsibility for the delivery and quality management of the training programmes and supervision provided within the deanery's School of Postgraduate GP Education. Principle responsibilities include:

- Delivering and quality managing Specialty Training for General Practice
- Connecting recruitment, appointment and workforce planning of GP training grades
- Increasing flexibility within Schools of Postgraduate GP Education

⁹ The names of individual roles and management structures are subject to local variation (e.g. The Director of Postgraduate GP Education is known in some deaneries as the Dean of Postgraduate GP Education).

- Ensuring the most appropriate training programme for each individual
- Providing careers advice for aspiring GPs, including doctors who wish to change career.

Directors are supported in this role by the School Board whose membership includes: service representatives; RCGP representatives; GP Trainers; GP registrars; associate directors; programme directors; and other stakeholders, such as representatives of patient groups.

The actual management structures vary with the size of the deanery and other local circumstances. For instance, some deaneries have defined a role for the Head of School, who is usually responsible for the operational aspects of Specialty Training – this role may be undertaken by the Director or another individual. The role of the Chair of the School Board or its equivalent also varies. In some deaneries, GP Directors also take responsibility for CPD and Appraisal, as well as contributing Strategic roles within their Strategic Health Authority (SHA) or equivalent NHS body¹⁰.

Individual roles and responsibilities

Training Programme Director

Programme Directors are responsible for designing and maintaining fit-for-purpose educational experiences for trainees, including a variety of general practice, hospital and innovative posts and programmes of seminars and courses matched to the needs of learners and the RCGP curriculum. They work with a team of educators who may have responsibilities across programmes, and Trainers with specific responsibility for the progress of one or more trainees. They are accountable to the Director usually through a local associate director. Local administrators support the programme directors often based in postgraduate centres or large primary care centres.

Educational Supervisor

Each GP Specialty Registrar has a nominated GP educational supervisor throughout their entire training programme. This role may be performed by a GP Trainer, Programme Director, or another nominated individual (local arrangements vary). The educational supervisor holds a structured review meeting with the trainee every six months, (regardless of the length of the trainee's individual training posts). The educational supervisor assesses progress on the basis of workplace-based evidence collected by the trainee and recorded in an ePortfolio. This generates a learning plan and can also be used to identify those trainees in difficulty. These regular reviews do not replace formative meetings with clinical supervisors. Educational supervision also meets the requirement for annual service appraisal for the GP Specialty Registrar.

¹⁰ England: Strategic Health Authorities; Scotland: NHS Scotland; Wales: NHS Wales; Northern Ireland: NHS Northern Ireland.

Clinical Supervisor

Clinical supervision involves overseeing the day-to-day work of the GP Specialty Registrar during their posts outside their training practice. A consultant would normally perform this role during the Specialty Registrar's training posts in secondary-care. The clinical supervisor is expected to hold formative meetings with their trainee at the beginning, middle and end of their placement. They will be the trainee's initial point of contact in issues relating to the specific post. Clinical supervisors will sign off workplace-based assessments, and write an end-of-placement clinical supervisors report to be recorded in the trainee's ePortfolio. Trainees and clinical supervisors should at all times be aware of their responsibilities for the safety of patients in their care.

GP Trainer

A GP Trainer is a specially trained and approved GP who is responsible for overseeing the educational progress of a GP Specialty Registrar within his or her training practice. During a GP Specialty Registrar's post in a training practice, the role of the GP Trainer encompasses that of both clinical and educational supervisor. The GP Trainer is also responsible for maintaining the learning environment within the training practice to national standards of quality, which are defined by the RCGP and regulated by PMETB with support from the local deanery.

The GP Trainer is also responsible for the ongoing assessment of the trainee, although the judgment of the GP Trainer will form only one part of the overall assessment strategy (the Workplace-based Assessment). It is through this process that curriculum coverage will be monitored and gaps identified. In some deaneries, some of the responsibilities of GP Trainers (such as the regular reviews) are shared with Programme Directors.

GP Specialty Registrar

GP trainees themselves, as adult learners, bear the greatest responsibility for their learning; this reflects their professional responsibilities and their position as adult learners, and the importance of securing a long-term commitment to their personal and professional development. Career success as a general practitioner depends upon becoming a lifelong learner. Responsibility for one's own learning is supported by the design of the curriculum and formative Workplace-based Assessment.

The curriculum's explicit definition of learning outcomes and competencies gives clarity to trainees as learners and assists them in assessing their own progress. Self-managed learning is supported by the inclusion in the curriculum of advice on approaches to learning and learning resources, not only placing responsibility for learning on the trainee but supporting the means for achieving it.

Other GP educators

A local team contributes to each Specialty Registrar's training programme. Members of the team include: a GP Trainer from a different practice; clinical supervisors (such as hospital consultants with responsibility for specific attachments in secondary care), and other doctors who supervise aspects of practice, such as out-of-hours training and attendance at clinics.

The local team is central to ensuring broad coverage of the curriculum. As they provide guidance on approaches to teaching and learning, curriculum statements are source materials for all educators in the local team as well as for trainees. In relation to hospital attachments, for example, the statements offer guidance to hospital consultants and trainees on the learning outcomes associated with specific topics areas, such as cardiovascular problems.

National organisations

A number of key national organisations are involved in the management of GP Specialty Training.

RCGP

The Royal College of General Practitioners (RCGP) is the national academic organisation of general practitioners in the UK. Its role is to encourage and maintain the highest standards of general practice and act as the voice of GPs on professional issues such as education, training, and standards of care for patients. The GP Specialty Training curriculum and new MRCGP assessments are set and administered by the RCGP. The RCGP also acts, through its representative on ARCP Panels, to monitor the quality of local training programmes.

Over the years, RCGP members have been instrumental in developing new educational standards for general practice, through the development of vocational training, MRCGP membership assessments, and the RCGP curriculum. College members have led the way in primary care-based education and research and have developed many of the standards that underpin modern professional education.

For further information visit: www.rcgp.org.uk

PMETB

The Postgraduate Medical Education and Training Board (PMETB) is a non-governmental independent regulatory body responsible for approving all Specialty Training curricula and associated assessments. PMETB is also in charge of approving all the training posts that lead to the award of the Certificate of Completion of Training (CCT) for all specialties, including general practice, and for certifying doctors on the national GP register. It has been announced that PMETB will be merged with the GMC in the near future.

For further information visit: www.pmetb.org.uk

COGPED

The Committee of General Practice Education Directors (COGPED) provides a forum for postgraduate GP directors to meet and share good practice. Its aim is to encourage and maintain a consistent approach to GP training across the United Kingdom. It is a focal point for communication between the Postgraduate GP Directors and other stakeholders such as Royal College of General Practitioners, BMA, GMC, PMETB and the UK Departments of Health. COGPED has a record of achievement in meeting its objectives e.g. the centralisation of selection to GP Training, the Higher Professional Education initiative, introducing Out of Hours training arrangements for GP Registrars and a number of other initiatives related to medical education standards and workforce issues.

For further information visit: www.cogped.org.uk

The Certificate of Completion of Training

The Certificate of Completion of Training (CCT) is awarded at the end of the training period only to those GP Specialty Registrars who have completed their approved training posts and are also successful in the three components of the new Membership of the Royal College of General Practitioners (nMRCGP) assessment:

1. **Applied Knowledge Test (AKT):** a multiple-choice style assessment of the application of knowledge essential for independent general practice.
2. **Clinical Skills Assessment (CSA):** an OSCE-style assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice.
3. **Workplace-based Assessment (WPBA):** the three-year evaluation of a doctor's progress in their performance, in those areas of professional practice best tested in the workplace. The evidence collected for Work-place Based Assessment is recorded in the RCGP ePortfolio, which is similar to the ePortfolio used widely in the Foundation Programme.

Applied Knowledge Test

The Applied Knowledge Test (AKT) assesses how the GP Specialty Registrar applies his or her knowledge in a GP-specific context. The assessment consists of 200 multiple-choice questions and is held three times per year at Pearson VUE computer centres across the country.

There are three basic question formats¹¹:

- Extended matching questions
- Single best answer
- Algorithm/Table format

The AKT tests the candidate's decision-making skills and the application of core knowledge in relation to undifferentiated problems. Patient safety aspects and the ability to evaluate evidence are also tested. The questions are distributed by topic area as follows:

- Clinical medicine (80%)
- Admin and informatics (10%)
- Research, appraisal, EBM, statistics (10%)

Clinical Skills Assessment

The Clinical Skills Assessment (CSA) consists of an OSCE-style 'mock surgery' assessment that tests clinical, communication and practical skills. It takes place three times a year in a specially designed assessment centre in Croydon.

At the start of the assessment, the candidate is allocated to a consulting room where he or she remains throughout the assessment. Patients, played by trained actors, consult with the candidate, accompanied by a CSA Assessor. Each candidate undertakes 13 consultations of ten minutes (12 of these count towards your final mark, and one is used to evaluate cases for future exams).

Experienced and specially trained GPs write all the cases in the CSA. These include a selection of acute, chronic and undifferentiated problems, cases based on health promotion issues, and cases incorporating psychological and social problems. The cases include an appropriate mix of patients from a range of ages and both sexes, and at least one case introduces aspects related to diversity. A small number of cases require the candidate to demonstrate a clinical examination or practical skill.

At the start of each case in the CSA, instructions are given to the actor playing the patient, to the assessor, and brief case notes are provided for the candidate. The case notes for the candidate are presented in a style which mimics a real patient record.

¹¹ Examples of each of AKT question formats are available on the RCGP website (www.rcgp.org.uk).

CSA Assessors assess the candidate's performance against a standardised marking schedule, which gives them guidance on what represents appropriate or inappropriate behaviour in the context of that particular case. Each assessor marks the same case all day, to ensure that marking is calibrated and reliable, and assesses the candidate against three broad areas; information gathering, clinical management, and interpersonal skills. Feedback on performance is given to all candidates.

Each of the three broad areas being assessed is marked independently and from this an overall grade for the case is calculated – a clear pass, marginal pass, marginal fail, or a clear fail. A candidate must pass an agreed number of cases to pass the assessment overall; this number is set according to the results of a national standard setting exercise.

The following aspects of the RCGP curriculum are assessed in the CSA:

1. **Primary Care Management** – recognising and managing common medical conditions in primary care.
2. **A Person-Centred Approach** – communicating with patient and using recognised consultation techniques to promote a shared approach to managing problems.
3. **Specific Problem-solving Skills** – gathering & using data for clinical judgement, choice of examination, investigations & their interpretation. Demonstration of a structured & flexible approach to decision-making.
4. **A Comprehensive Approach** – demonstrating proficiency in the management of co-morbidity & risk.
5. **Attitudinal Features** – practising ethically with respect for equality and diversity, within accepted professional codes of conduct.
6. **Psychomotor Skills** (clinical and practical skills) – demonstrating proficiency in performing physical examinations and using diagnostic and therapeutic instruments.

Workplace-based Assessment

As training progresses, every trainee's performance is assessed at intervals against 12 performance areas, as part of Workplace-based Assessment (WPBA). These areas are directly derived from, but slightly different to, the curriculum domains described in the first RCGP Curriculum Statement *Being a GP*. This is because they focus on those aspects of the curriculum that can be reliably assessed.

The professional competency framework of WPBA is set out below:

1. Communication and consultation skills: communication with patients, and the use of recognised consultation techniques. It is derived from the curriculum domain: *Person-centred Care*

2. Practising holistically: the ability of the doctor to operate in physical, psychological, socioeconomic and cultural dimensions, taking into account feelings as well as thoughts. It is derived from the curriculum domain: *A Holistic Approach*

3. Data gathering and interpretation: the gathering and use of data for clinical judgement, the choice of physical examination and investigations, and their interpretation. It is derived from the curriculum domain: *Specific problem-solving Skills*

4. Making a diagnosis / making decisions: a conscious, structured approach to decision making. It is derived from the curriculum domain: *Specific problem-solving Skills*

5. Clinical management: the recognition and management of common medical conditions in primary care. It is derived from the curriculum domain: *Primary Care Management*

6. Managing medical complexity and promoting health: aspects of care beyond managing straightforward problems, including the management of co-morbidity, uncertainty, risk and the approach to health rather than just illness. It is derived from the curriculum domain: *Comprehensive Care*

7. Primary care administration and IMT: the appropriate use of primary care administration systems, effective recordkeeping and information technology for the benefit of patient care. It is derived from the curriculum domain: *Primary Care Management*

8. Working with colleagues and in teams: working effectively with other professionals to ensure patient care, including the sharing of information with colleagues. It is derived from the curriculum domain: *Primary Care Management*

9. Community orientation: the management of the health and social care of the practice population and local community. It is derived from the curriculum domain: *Community Orientation*

10. Maintaining performance, learning and teaching: maintaining the performance and effective continuing professional development of oneself and others. It is derived from the curriculum domain: *Scientific Features*

11. Maintaining an ethical approach to practice: practicing ethically with integrity and a respect for diversity. It is derived from the curriculum domain: *Attitudinal Features*

12. Fitness to practise: the doctor's awareness of when his/her own performance, conduct or health, or that of others, might put patients at risk and

the action taken to protect patients. It is derived from the curriculum domains: *Attitudinal Features and Contextual Features*

Progression towards expertise

These 12 areas of performance can be evidenced in a variety of different settings during training, using a range of different tools in the ePortfolio. Evidence within these areas should reflect the breadth of learning across the curriculum but it is not expected that every area of the curriculum will be tested completely through WPBA. Some areas of performance will be tested more appropriately through the other components of the nMRCGP assessment – namely the Applied Knowledge Test (AKT) or the Clinical Skills Assessment (CSA).

Trainees are not expected to show evidence of competent performance in all areas at the start of their training but will gradually build up evidence as training progresses. As the evidence in the e Portfolio demonstrates areas where there are developmental needs, Trainers can adapt the trainee's learning programme accordingly. The picture of overall competence should become more rounded as the trainee moves through the three-year training programme.

The Specialty Registrar must show they are competent in **all twelve** professional areas by the end of ST3 in order to gain their Certificate of Completion of Training for General Practice. The trainee's Educational Supervisor is expected to use their experience to judge whether the evidence in each area, and the totality of evidence, indicate that the Specialty Registrar is ready for independent practice.

At each review throughout training, progress in each of the 12 professional areas is recorded as one of the following:

(I) Insufficient evidence

From the available evidence, the doctor's performance cannot be placed on a higher point of the developmental scale.

(N) Needs further development

Rigid adherence to taught rules or plans. Superficial grasp of unconnected facts. Unable to apply knowledge. Little situational perception or use of discretionary judgement.

(C) Competent

Accesses and applies coherent and appropriate chunks of knowledge. Able to see actions in terms of longer-term goals. Demonstrates conscious and deliberate planning with increased level of efficiency. Copes with crowdedness and is able to prioritise.

(E) Exemplary

Intuitive and holistic grasp of situations. No longer relies on rules or maxims. Identifies underlying principles and patterns to define and solve problems. Relates recalled information to the goals of the present situation and is aware of the conditions for application of that knowledge.

Table 1: *The linkage between the competencies expected of a Novice GP (ST1), a Competent GP (end of ST3) and an experienced GP (Exemplary) in relation to communication with patients.*

Novice GP (ST 1 level)	Competent GP (CCT level)	Exemplary GP (CPD level)
<i>Relationships with patients & communication (Foundation Curriculum)</i>	<i>Communication and consulting skills (RCGP WPBA)</i>	<i>Communication and consulting skills (RCGP WPBA)</i>
Frames all communication with patients in the context of taking decisions and acting with the patient and not for them	Explores the patient's agenda, health beliefs and preferences	Incorporates the patient's perspective and context when negotiating the management plan
Demonstrates an ability to anticipate patients' needs, explains clearly and checks understanding	Elicits psychological and social information to place the patient's problem in context	Whenever possible, adopts plans that respect the patient's autonomy
Chooses a suitable setting with necessary support to break bad news when it is appropriate to do so	Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement	Uses a variety of communication techniques and materials to adapt explanations to the needs of the patient
Provides or recommends relevant written/online information for patients	Explores the patient's understanding of what has taken place	Appropriately uses advanced consulting skills such as confrontation or catharsis to achieve better patient outcomes
Deals appropriately with angry or dissatisfied patients/relatives	Flexibly and efficiently achieves consultation tasks, responding to the consulting preferences of the patient	

The 'competent' level of performance reflects the standard for independent practice, irrespective of what point in training the trainee has reached. The quantity and quality of evidence collected from any one post will depend on the length of time the trainee is in the post, the learning needs of the trainees, and the opportunities which the post offers to demonstrate specific areas of competent performance. A GP's performance will continue to develop beyond the competent level achieved at the end of GP specialty training, as the GP gains experience and continues to develop professional expertise.

The ePortfolio for Workplace-based Assessment

At the start of specialty training, once a Specialty Registrar registers with the RCGP, he or she is given access to the RCGP ePortfolio. The ePortfolio is a web-based learning record that records details of achievement, documents all stages of training, and records evidence of Workplace-based Assessment (WPBA) and reviews with educational supervisors. It provides evidence that training has

taken place and allows the GP trainee to reflect on a range of learning opportunities.

The ePortfolio contains the evidence that is considered at the interim and final reviews. Trainees who are found to be competent (or exemplary) in the final review of WPBA, and also have a pass in the AKT and CSA, will be eligible to apply for certification of completion of training (CCT), inclusion in the General Medical Council's GP Register, and membership of the Royal College of General Practitioners.

The evidence recorded in the ePortfolio is based on performance and evaluation taking place in the real situations in which doctors work, including a section for the Clinical Supervisor to write a short structured report on the trainee at the end of each hospital post. This covers:

- The trainee's knowledge base relevant to the post
- Practical skills relevant to the post
- Evidence of performance against the 12 professional competence areas

Evidence-gathering tools in the ePortfolio

The ePortfolio enables evidence of learning and performance to be gathered using designated and validated tools. The use of each tool serves as an episode of evidence collection. The WPBA tools ensure the evidence is collected in the same way for each Specialty Registrar, and promote consistency among Trainers and across deaneries.

The use of the tools does not involve pass/fail assessments; the judgement may be one of insufficient or inadequate evidence, particularly in the early stages of training, but this simply points to the need for further training. At regular points during training all the evidence available from the trainee is reviewed and a judgement is made about progress through each of the 12 performance areas defined in WPBA.

WPBA involves making qualitative not quantitative judgments. As the Specialty Registrar proceeds through training it would normally be expected that evidence of competence demonstrated and the degree of readiness to practise is gradually built up. The overall picture of the trainee becomes clearer as more evidence is gathered.

The WPBA tools include:

- Case-based Discussion Tool
- Consultation Observation Tool (in primary care only)
- Multi-Source Feedback Tool
- Patient Satisfaction Questionnaire (in primary care only)
- Direct Observation of Procedural Skills (in hospital posts)
- Clinical Evaluation Exercise (Mini-CEX) (in hospital posts)
- Clinical Supervisors Report (in hospital posts).

Many evidence-gathering tools can be completed on-line without the contributor having to enter the ePortfolio itself. Writing data to many parts of the ePortfolio

is limited to the Trainer or educational supervisor. The personal section of the ePortfolio is hidden to all except the GP trainee.

Naturally-occurring evidence

The ePortfolio has been designed to record and validate naturally occurring evidence against the WPBA framework. For example, a Specialty Registrar may undertake a journal review on a specific topic and present it to a practice meeting. This might be evidence of that individual's data gathering and interpretation, or communication skills. Evidence that a Specialty Registrar is late for surgeries on a regular basis might be discussed with the Specialty Registrar and recorded under teamwork skills. All naturally occurring evidence needs to be validated by the GP Trainer.

Other functions of the ePortfolio

A key function of the ePortfolio is to act as a learning tool to enable the GP Specialty Registrar to collect evidence of learning and to reflect on it, either alone or with his or her Trainer or colleagues. The ePortfolio is a record of learning with particular emphasis on clinical encounters.

The ePortfolio belongs to the Specialty Registrar but key parts of it are accessible to the Trainer, educational supervisor and deanery administrators through a permissions system. All personal records will be hidden to all except the Specialty Registrar until they decide to share them. The ePortfolio includes places to record tutorials, formal educational sessions and a skills log. It has a diary and a mailbox. It will also contain links to learning resources that are being developed by the RCGP and has a personal area where individuals can save files, documents, certificates of learning and other digital materials.

Through the ePortfolio the Specialty Registrar can book places on the AKT and CSA and the results will come back into the portfolio. The Certification Unit of the RCGP will also be linked into the membership data and will receive the indication from the Specialty Registrar that they are ready for certification.

Annual Review of Competence Progression

The Annual Review of Competence Progression (ARCP) is a formal deanery process that scrutinises each GP trainee's suitability to progress to the next stage of, or to complete, the Specialty Training programme. It is conducted by an ARCP Panel which bases its recommendations on the evidence that has been gathered in the trainee's ePortfolio during the period between ARCP reviews and evidence from the trainee's educational supervisor. The ARCP records that the required curriculum competencies and experience are being acquired, and that this is occurring at an appropriate rate. It also provides a coherent record of a trainee's progress. The ARCP is an evaluation process and not in itself an assessment exercise of clinical or professional competence.

The ARCP process should normally be undertaken on at least an annual basis for all trainees. An ARCP Panel may be convened more frequently if there is a need

to deal with progression issues outside the normal schedule. The RCGP uses the opportunity afforded by ARCP, through a representative on the panel, to monitor the quality of training being delivered by the local programme and its components.

Further information on the ARCP process can be found in the *Guide to Postgraduate Specialty Training in the UK*¹² ('The Gold Guide' available here: www.mmc.nhs.uk).

The ARCP Panel

ARCP Panel members are appointed by the Deanery and are likely to include:

- Postgraduate Dean or deputy
- Programme Director
- Chair of the Specialty Training Committee
- RCGP representatives
- Educational supervisors
- Associate Directors/Deans
- Academic representatives (for academic programmes)
- A representative from an employing authority
- Laypersons

Preparation for the ARCP

The trainee's ePortfolio provides the evidence of progress. It is the trainee's responsibility to ensure that the documentary evidence is complete in good time for the ARCP. A minimal evidence requirement has been defined for each period of GP Specialty Training, which must be completed in time for the panel meeting.

Scheduled reviews during training

The evidence collected in the ePortfolio is reviewed at six monthly intervals by the educational supervisor and there is a final, holistic judgement made at the end of training.

Six monthly reviews

Before each of the six monthly reviews, the trainee conducts a self-assessment. Progress is assessed by the educational supervisor (who may be the Trainer) against each of the twelve WPBA performance areas. Each review is informed by the evidence collected through the WPBA tools, augmented by any naturally occurring evidence. A learning plan will then be agreed. All this information will be recorded in a standardised format in the ePortfolio.

¹² Guide to Postgraduate Specialty Training in the UK, The Gold Guide, June 2007, First Edition

The reviews provide an opportunity to consider the breadth of coverage across the whole curriculum. The structured way of recording and reviewing evidence will highlight the areas where the Specialty Registrar is doing well and those areas where more learning and support is needed.

The final review

The standard against which the Specialty Registrar is judged is always the level of performance expected of a doctor who is certified to **practice independently as a general practitioner**. This standard is used throughout the three years of training. This means that the Specialty Registrar is being judged against the standard they should have reached at the end of training. It is not expected that a GP Specialty Registrar will reach this standard in the early stages of Specialty Training, and so further developmental needs *should* be identified. This is what the assessment system is designed to do, so that training experiences can be targeted at the developmental needs of the individual trainee.

Towards the end of Specialty Training a final summative review is conducted, this time without the self-assessment of the Specialty Registrar. The Trainer or educational supervisor will make a recommendation to the deanery regarding the overall competence of the Specialty Registrar. This recommendation is subject to external moderation in the deanery by the ARCP Panel.

CONTINUING PROFESSIONAL DEVELOPMENT

Revalidation: relicensing and recertification

Revalidation consists of two components; relicensing and recertification.

Relicensing

The 2007 government white paper on health care, *Trust, Assurance and Safety*¹³, stated that all medical practitioners must receive a licence from the GMC in order to practice. All GPs will need to be relicensed at regular intervals of no more than five years, based upon the outcome of a new appraisal process. This will involve an assessment of performance informed by the professional standards described in the RCGP's *Good Medical Practice for General Practitioners (2008)*¹⁴.

Recertification

The white paper also requires all practitioners working unsupervised within specialties, such as post-certification GPs, to be issued with certificates from the appropriate professional body and to appear on either the General Medical Council's Specialist or the General Practitioner registers. In order to remain on the GP register, every GP must be recertified every five years by the RCGP. The purpose of recertification is:

- To continue to promote public confidence in general practitioners and to enhance patient safety
- To give an opportunity for the whole profession to participate in continuous quality improvement (CQI)
- To identify at an early stage, doctors in difficulty and offer them support.

By 2010, the RCGP will have introduced a programme to quality assure CPD for all GPs in the UK and to allow the College to recommend whether individual practitioners are suitable for recertification.

Good Medical Practice for General Practitioners

The RCGP's *Good Medical Practice for General Practitioners (2008)*¹⁵ expands on the GMC's *Good Medical Practice (2006)*, to provide a context-based guide to general practitioners on the standards of care and behavior expected of a GP by the profession and the public.

The document is based on the same section structure adopted in the GMC's *Good Medical Practice (2006)*, and describes both the characteristics of an

¹³ Trust, Assurance and Safety, Department of Health, England (2007).

¹⁴ *Good Medical Practice for General Practitioners*, RCGP, London (2008).

¹⁵ *RCGP Good Medical Practice for General Practitioners*, RCGP, London (2008).

'exemplary GP' and the characteristics of an 'unacceptable GP'. These will inform the standards expected for revalidation. For instance, the 'exemplary GP' statements will inform the formative discussions in annual appraisals while the descriptors of an 'unacceptable GP' will inform an appraiser's judgement as to whether the GP is suitable for independent practice.

Principles of revalidation

The RCGP has announced a set of principles that will underpin the system for revalidation. Revalidation will:

1. Focus on the appropriate knowledge, skills and behaviours required to deliver clinical general practice and enhance patient safety.
2. Be relevant to the day to day work that a general practitioner undertakes in relation to their core clinical generalist duties.
3. Reflect modern practice in the specialty of General Practice.
4. Be sufficiently flexible to be responsive to changes in general practice and health care
5. Be applicable across the UK
6. Be based on a five-year cycle
7. Meet the needs and a requirement of the General Medical Council (GMC) in relation to re-certification onto the General Practitioner Register thereby enabling the RCGP is to recommend names of general practitioners who have reached the appropriate standard to the GMC. The ultimate decision on whether a general practitioner maintains their registration to practise is, however, the responsibility of the GMC.
8. Be compatible with those processes devised for other specialties by sister Royal Colleges
9. Be easily understood by the profession and the public
10. Encourage positive progression and development throughout a general practitioner's clinical career
11. Promote and strengthen patient-centred medical professionalism
12. Be based on clear criteria for general practitioners that are valid, reliable and capable of assessment (the word assessment implies that the standard can be set)
13. Not be based on routine high stakes formal mandatory examinations
14. Be cost sensitive and represent value for money
15. Incorporate a clearly agreed implementation schedule with timescales which are practical
16. Incorporate an agreed scheme of quality assurance from the outset
17. Involve lay participation in its development, quality assurance and delivery
18. Be accessible to general practitioners who take career breaks or who work for a significant time out-with the UK
19. Not disadvantage those doctors who are based in a single handed practice, work part-time, or who have portfolio careers.

The ePortfolio for revalidation

As part of its strategy for revalidation, the RCGP is developing a new release of its ePortfolio to support both the recertification and re-licensing processes. This ePortfolio will be an extension of the RCGP ePortfolio currently used by GP Specialty Registrars.

The evidence of learning collected in the ePortfolio will be linked to the educational framework described in the curriculum core statement *Being a General Practitioner*, which is mapped against the GMC's *Good Medical Practice* performance framework. A credits-based system is being developed to facilitate the self-assessment of CPD-related activities, to enable accreditation of resource providers, and to support the new appraisal and revalidation processes.

The recertification framework

The RCGP's recertification framework is based on:

1. **Essential Knowledge Updates** (key educational updates)
2. **Managed CPD** (reflection and curriculum-guided learning)
3. **Modern Professional Practice** (review of performance)

The RCGP is currently undertaking the work required to convert this framework into a detailed methodology for recertification, based on the RCGP curriculum. High quality appraisal will bind these elements together.

Essential Knowledge Updates (EKU)

Due to the breadth and complexity of the general practitioner's role, and the vast and changing evidence base, it is often challenging for working GPs to keep abreast of new knowledge or areas of changing knowledge.

To address this need, the RCGP has set up an expert panel to consider new or changed evidence for clinical practice, and to regularly synthesise this into the 'essential information' which every practising clinical general practitioner in the UK should know. This is then translated six-monthly into online e-learning modules, called *Essential Knowledge Updates* (EKU).

Essential Knowledge Updates allow qualified GPs to participate in a structured element of high quality education as part of their CPD activity and will help to reassure GPs that, by undertaking the regular updates and self-assessments, they have assimilated the essential knowledge relevant to their clinical practice as a GP. Each six monthly Update is accompanied by an *Essential Knowledge Challenge*, an optional self-assessment quiz.

Managed CPD

The RCGP, through its Professional Development Board (PDB), is currently developing a national scheme for managed CPD for all UK GPs, to be rolled out in 2009-10. The RCGP ePortfolio will be developed to support this scheme.

The principal aims of the managed CPD scheme are to ensure that every general practitioner continues to update and apply their clinical knowledge and skills, to promote patient confidence that their knowledge and skills are up to date and, ultimately, to help improve patient safety. Managed CPD is, therefore, an integral component of the recertification process for GPs.

The RCGP is working closely with organisations such as Committee of General Practice Education Directors (COGPED), National Association of Primary Care Educators (NAPCE) and UK Committee of Educational Advisors (UKCEA) to develop the CPD strategy, and is also consulting with local bodies including college faculties and deaneries, CPD providers, and individual GPs.

Modern Professional Practice

Since 2002-3, all GPs working in the NHS have undergone a mandatory annual appraisal. Appraisal is a process of facilitated self-reflection and challenged self-assessment, and forms an essential part of every doctor's continuing professional development.

During appraisal, each GPs meets with a trained appraiser. Prior to the meeting, the appraisee must collect and present evidence under the following standardized headings, derived from the GMC document *Good Medical Practice* (2006)¹⁶:

- Good clinical care
- Maintaining good medical practice
- Relationship with patients
- Working with colleagues
- Teaching and training, appraising and assessing
- Probity
- Health and performance of other doctors.

At the annual appraisal meeting, the appraiser and appraisee review the appraisee's previous PDP, discuss the evidence of performance collected, and agree the appraisee's Personal Development Plan for the next 12 months.

Many GPs currently complete their appraisal documentation on paper. However, to help manage the appraisal process, SCHIN Ltd developed the NHS Appraisal Toolkit (www.appraisals.nhs.uk), which has become an increasingly popular tool among GPs, as it contains a range of evidence-gathering tools and has some of

¹⁶ General Medical Council, *Good Medical Practice*, London (2006)

the functionality of the ePortfolio. The RCGP is currently developing an ePortfolio to facilitate managed CPD and revalidation.

Appraisal in revalidation

Appraisal will underpin the new system for revalidation. Appraisers, employed in England by PCOs, will continue to undertake individual appraisals. The personal development plans produced by appraisal and signed off by the appraiser will provide evidence for re-licensing. In the past, CPD tutors have supervised the appraisal system and the training of appraisers.

Revalidation will require GPs to collect appraisal records and other information of performance such as self-assessments, clinical audits, peer and patient feedback, knowledge tests, records of CPD and observation of practice. It is expected that local CPD tutors and other GP educators will facilitate this process through the development of new educational programmes and will assist colleagues to produce the required evidence.

Evidence of CPD activities will be based on a credits system, with each GP being required to earn 50 credits per year over the five-year revalidation cycle. Credits will be self-assessed, based on the impact of the developmental activity and, to a lesser extent, the challenge involved in that activity. Credits will be validated at the annual appraisal.

The RCGP will adopt the principles for appraisal developed by the Academy of Royal Colleges and the following additional principles that underpin an appraisal system for General Practitioners, across the UK¹⁷:

1. All doctors on the General Practitioner Register should be able to demonstrate that they meet the standards for appraisal
2. Collection of a single portfolio of evidence will serve the purposes of appraisal, relicensing and recertification
3. Appraisal should lead the doctor to reflect on improving the care they provide to patients
4. The content of the personal development plan should be defined and should facilitate reflective practice
5. The extent and nature of CPD which has been undertaken should be captured in a portfolio of learning, and should include a minimum of 50 credits per year in an outcome based credit system
6. Evidence should be mapped against Good Medical Practice and the GP Curriculum
7. The evidence should make clear the context in which the doctor works
8. The evidence must reflect the quality of care that the doctor provides
9. The evidence should relate to national standards where appropriate
10. The actual appraisal discussion should be confidential, although an agreed summary will be recorded and submitted to the PCO as identified in the agreed communication protocol as part of clinical governance

¹⁷ Principles of GP Appraisal, RCGP, March 2008.

11. Standard appraisal documentation should be used, including structured templates to facilitate reflection in each of the areas of Good Medical Practice
12. There will be measurable standards of evidence against which assessment can be made
13. Appraisal should be linked to performance management and other aspects of the clinical governance spectrum through a clear and agreed communication protocol
14. There should be an internal system of quality management and an external system of quality assurance of the whole process of appraisal
15. Recruitment, selection and periodic assessment of GP appraisers should use an agreed role description, person specification and competences
16. Ongoing local support and development including training of appraisers through RCGP accredited training programmes should regularly occur
17. There will be lay (patient) involvement in the quality management and quality assurance processes.

The role of CPD tutors and coordinators

A review in 2006 recorded that the following activities were being undertaken by CPD tutors¹⁸:

- a. Direct provision and facilitation of educational activities based on an assessment of learning needs
- b. Accreditation of educational activities
- c. The development of Personal Learning Plans for GPs
- d. The development of Practice Professional Development Plans
- e. The development and management of the appraisal system for GPs
- f. An interface with secondary care educationalists and Higher Education Institutions (HEIs)
- g. Some shared provision and facilitation of educational events for the entire local health economy
- h. Development of capacity for Foundation teaching in general practice
- i. Advice and influence over the organisational culture in PCOs
- j. The development and management of workforce development and retention schemes such as the Flexible Careers scheme, Higher Professional Education and sabbatical schemes – most of which are now being closed or frozen because of reduced funding centrally
- k. Advice and support in the management of poor performance in practice
- l. Mentoring for GPs and advice about GP recruitment and retention.

CPD tutors/coordinators in England and Wales are usually employed by deaneries; some deaneries have shared these appointments with Primary Care Organisations¹⁹ (PCOs), and in some other instances tutors are solely employed by PCOs. CPD tutors in Scotland are called Associate Advisers and are employed

¹⁸ Howard J C *CPD for General Practice – a sustainable proposal for partnership in Cheshire and Merseyside*, RCGP Mersey Faculty/Cheshire and Merseyside Local Medical Committees, 2006.

¹⁹ Howard J C, *Whither the GP Tutor in The General Practice Journey*, 87-93, Swanwick and Jackson, Radcliffe 2003.

on behalf of deaneries by NHS Education for Scotland (NES). The Northern Ireland Medical and Dental Training Agency (NIMDTA) employ GP tutors in Northern Ireland.

In Wales and Northern Ireland, deaneries are involved in their national GP appraisal schemes. In Scotland, NES, Health Boards and deaneries have been involved in appraisal.

In England, pressure from Strategic Health Authorities has meant that some deaneries such as Mersey and London have reduced or even removed their CPD tutor networks. The UKCEA Deanery Workforce Survey in 2006²⁰ showed a reduction of about 20% in the number of CPD tutors employed in deaneries over an eighteen-month period; this reduction occurred almost exclusively in England. As a result, the numbers of CPD tutors deployed in each deanery in England varies from none to 1 per 150 GPs.

Given the above, the core work of deaneries in the devolved countries now differs as does the nature of the staff employed. There is no available information with regard to the number of CPD tutors employed in other organisations such as PCOs, or the number working within a formal multi-disciplinary environment.

Future role of CPD tutors

The future educational role of CPD tutors may include:

- a) Supporting the CPD programme based on the RCGP revalidation strategy. There will be core elements with regional/national materials, and locally relevant material. The development of a RCGP CPD system with accredited delivery through CPD tutors could allow academic recognition of the continuous learning of general practitioners, as currently happens for nurses. Local CPD tutors may also be involved in assessment of portfolios developed under the RCGP CPD programme.
- b) Responsibility for the professional element of the PDP arising from the annual GP appraisal should be a CPD tutor responsibility although appraisal would remain overall a PCT responsibility. CPD tutors are likely to continue to be involved in training appraisers and reviewing appraisal policy in their PCO.
- c) Contributing to a RCGP accreditation scheme for local educational providers.
- d) Facilitating local provision for groups requiring additional support, such as sessional GPs, newly vocationally trained doctors, PwSIs, and those approaching significant career change.
- e) Multi-professional education will be a core function for deaneries in the future. CPD tutors would focus on GP education, although inevitably some provision will involve the wider primary and community care team. Tutors might lead protected learning schemes for Primary Care.

²⁰ UKCEA Workforce Survey, UKCEA December 2006 (c/o RCGP London).

APPENDIX

Map of RCGP Specialty Training & CPD projects

	GP training	CPD
1. Defining educational standards and objectives	RCGP curriculum & supporting statements	
	GP training strategy (PTB)	CPD strategy (PDB)
	Signposting criteria	Accreditation process
	nMRCGP blueprint	Revalidation strategy
2. Prioritising needs and planning learning	<i>The Condensed Curriculum Guide</i>	→ [CPD/revalidation books]
	<i>Learners' and Teachers' Guide</i>	→ [CPD information/webpages]
	Curriculum Map & Search Engine	→ [CPD self-assessment tools]
	ePortfolio (WPBA)	ePortfolio (Revalidation)
	RCGP Scotland nPEP	
3. Providing educational resources and activities	Curriculum Map signposted resources	
	Curriculum for General Practice series (books and DVDs)	
	RCGP website e-learning modules (MS, Migraine)	
	Substance Misuse Unit resources	
	Essential Knowledge	
	Map of Medicine, Expert Resource and Knowledge Hub	
	e-GP.org (RCGP & e-Learning for Healthcare)	
	InnovAiT journal and courses	BJGP, occasional papers, journal watch, library services
		Distance learning/courses RCGP leadership programme iMAP/quality programmes Provider accreditation
	GP educator resources	→ [Appraiser/CPD tutor resources]
4. Recording evidence	ePortfolio (WPBA)	ePortfolio (CPD)
5. Assessing learning and performance	nMRCGP (AKT, CSA, WPBA)	Revalidation process
	GPST: Making it happen	

Responsible team:

Curriculum resources team
Assessment team
GP educators group
ePortfolio team
e-GP project team
CPD team
CIRC
InnovAiT editorial board
Postgraduate Training Board
Professional Development Board
Revalidation Stakeholder Group