



Excellence by design:

standards for postgraduate curricula

Working with doctors Working for patients

General
Medical
Council

Excellence by design: standards for postgraduate curricula

Published 22 May 2017.

Comes into effect May 2017.

You can find the latest version of this guidance on our website at

www.gmc-uk.org/education/postgraduate/standards_for_curricula.asp

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About these standards

All postgraduate curricula* must meet our standards and requirements for approval. The standards also apply to any changes or revisions made to curricula. They may also be applied to other learning and assessment frameworks or tests of competence, curricula and educational or training approval processes where appropriate.

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

There must be sufficient flexibility to enable organisations to manage training locally, to better reflect their educational and service capacity and capability, provided curricular outcomes are met.

These standards require curricula to describe fewer, high-level generic, shared and specialty-specific outcomes, which will support all doctors better in understanding what is expected of them in their training programme. They require curricula to identify common areas of training and to have a greater focus on the generic professional capabilities common to all doctors. These requirements will help improve the flexibility of postgraduate medical training as described in our flexibility review in March 2017. †

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

† General Medical Council (2017) *Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training* available at www.gmc-uk.org/education/30540.asp.

These standards work in conjunction with *Promoting excellence: standards for medical education and training*.^{*} Together, they provide an integrated standards framework for the development, approval and provision of postgraduate medical education and training in the UK.

Applying these standards

During our approval processes, organisations[†] must describe and give evidence to show how our standards and requirements set out in this document have been addressed in the design and development of the proposed curriculum.

For a curriculum to be meaningful, it must address many interdependent factors, such as:

- clinical safety
- expected levels of performance
- maintenance of standards
- patient expectations
- equality and diversity requirements
- strategic workforce issues and system coherence
- operational and professional perspectives.

Our curriculum approval process will make sure all of these different dimensions have been appropriately considered and addressed effectively during the development process.

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

† Organisations are defined broadly in this document to allow for future changes, but it is most likely the organisations developing postgraduate curricula will be medical colleges and faculties.

Themes and key principles

THEME 1: Purpose

Why is the curriculum needed?

01

- Patient safety
- Maintaining standards across the UK
- Excellence
- Fairness
- Current and future workforce and service needs

02

THEME 2:

Governance and strategic support

What processes were used to develop the curriculum?

03

THEME 3:

Programme of learning

What does a doctor need to experience and achieve to progress or complete training?

04

THEME 4:

Programme of assessment

How will doctors demonstrate attainment of the intended learning outcomes?

05

THEME 5:

Quality assurance and improvement

How will the performance and development of the curriculum and programme of assessment be monitored and reviewed?

Overview of the standards

THEME 1: Purpose

- Based on a clear analysis of service needs and best contemporary and future clinical practice
- Purpose statement
- Intent and rationale
- Scope of practice, capabilities, and expected levels of performance
- Any notable exclusions

THEME 2: Governance and strategic support

- Approaches to curriculum design and development
- Stakeholder engagement, input and support
- Robust governance processes
- Strategic workforce support
- Four-country endorsement and feasibility

THEME 3: Programme of learning

- Generic, shared and specialty-specific outcomes
- Educational approaches and methods
- Breadth of experience required
- Critical progression points
- Criteria for satisfactory completion

THEME 4: Programme of assessment

- Assessment processes aligned to stated learning outcomes
- Defined levels of performance at critical progression points
- Assessment guidance and decision aides for critical progression points and satisfactory completion

THEME 5: Quality assurance and improvement

- Data collection, monitoring and analysis
- Equality and diversity monitoring
- Quality management and improvement
- Kept up to date and redundant content removed

Principles for all curricula

Patient safety is the first priority

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

To be approved, curricula must identify and explain how key areas of patient and population needs, patient safety and relevant risk are identified, defined and addressed. This should include a focus on safety-critical content, clarity on expected levels of performance and the necessary breadth of experience needed for safe professional practice.

The learning experience itself should not affect patient safety unnecessarily. The curriculum, therefore, should also include other relevant guidance, expectations and requirements for the provision of safe and effective learning, such as mandatory training required to address safety themes.

Upon satisfactory completion of training programmes, we expect learners to be able to work safely and competently in the defined area of practice and be able to manage or mitigate relevant risks effectively.

The safety of patients is a key theme in our *Generic professional capabilities framework** which covers core capabilities aimed at keeping patients safe. The framework outlines generic professional capabilities and expectations related to clinical responsibility and governance systems, individual roles and responsibilities in relation to safety, team interactions and the importance of raising concerns.

* Find out more about our *Generic professional capabilities framework* at www.gmc-uk.org/education/postgraduate/GPC.asp

Learning outcomes allow local education providers to use courses, techniques and approaches that best meet their local arrangements and resources. But where serious patient safety concerns have been identified related to specific training requirements, these risks must be mitigated through explicit mandatory curricular requirements. These must be proportionate and limited to where there are no other appropriate or acceptable ways to protect patients. Examples might include specific resuscitation courses, specific kinds of simulation interventions or requirements for enhanced clinical supervision.

Maintaining standards across the UK

To protect the public and maintain trust in the medical profession, GMC-regulated training must make sure standards are maintained consistently across the UK. Curricula must set out the expected levels of performance of doctors achieving a Certificate of Completion of Training (CCT).

Encouraging excellence

Patient safety and competent practice are both essential, but we expect curricula and training to also promote and encourage excellence in postgraduate education, training and professional practice.

To support this endeavour, we require *Good medical practice** and the *Generic professional capabilities framework* to be embedded in all GMC-approved curricula. We also expect all curricula to describe the professional

* General Medical Council (2013) *Good medical practice* available at www.gmc-uk.org/guidance/good_medical_practice.asp.

capabilities and the expected levels of performance as high-level generic, shared and specialty-specific learning outcomes.

Organisations should encourage learners and give them opportunities to aspire to excellence. Organisations should provide guidance about how higher levels of performance and achievement might be recognised.

Embedding fairness

The principles of fairness, equality and diversity must be embedded in the development processes and learning outcomes of the curriculum.

Organisations developing postgraduate curricula must demonstrate that they have met their statutory obligations under equality legislation, including providing reasonable adjustments. Organisations must also consider the impact of the learning outcomes on the progression of learners, including how groups of people who share protected characteristics might be affected.

Organisations must also give particular consideration to making sure entry-to-training requirements at all transition points, assessments and progression decisions are fair and robust.

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

* General Medical Council (2015) *Approving changes to curricula, examinations and assessments: equality and diversity requirements* available at www.gmc-uk.org/education/postgraduate/EandD_college.asp – describes the responsibilities of organisations designing curricula. It defines terms like protected characteristics and reasonable adjustments.

To make sure progression is fair and transparent, organisations must monitor, analyse and publish data on the impact and outcomes of the training where appropriate. We need this information for our quality assurance processes.

Current and future workforce and service needs

There has to be a balance between curricula designed for the learner and the profession and the expectation that it can evolve to meet current and future advances, service needs and opportunities. Curricula must support and align with strategic workforce needs and meet the needs of the service and its patients. The *Generic professional capabilities framework* is a key approach that will ensure common, universal content across all curricula. We are committed to reviewing the *Generic professional capabilities framework* periodically to keep it up to date.

Regular review of curricula allows redundant content to be removed and new content to be introduced consistently across the medical workforce. We need to approve these changes. This more responsive approach means postgraduate training will be able to adapt to current and emerging patient and population needs.

Theme 1: Purpose

Purpose of this theme

This theme is about making sure the curriculum is based on patient and population needs as well as strategic service needs and is formally endorsed by the four countries of the UK.

The purpose statement must clearly address patient and service needs. It must set out specialty-specific capabilities, including scope of practice and the levels of performance expected of those completing training.

It must identify generic and shared content and allow flexibility and transferability of outcomes. It should support recognition of capabilities between and across specialties.

The purpose statement should also include any notable exclusions or limitations to the training or scope of practice.

Standards

- CS1.1** The curriculum has a stated and clear purpose based on scope of practice, service, and patient and population needs.
- CS1.2** The curriculum considers interdependencies across related specialties and disciplines. It demonstrates that it has addressed the expectations of the service and healthcare system.
- CS1.3** The curriculum supports flexibility and transferability of learning.

Requirements

The purpose statement must meet the following requirements.

- CR1.1** Explain the need for the curriculum based on an analysis of patient, population, professional, workforce and service needs.
- CR1.2** Give the purpose and objective of the curriculum, including how it links to each stage of critical progression.
- CR1.3** Describe the scope of practice of those completing the curriculum including notable exclusions.
- CR1.4** Specify the high level outcomes so it is clear what capabilities must be demonstrated, and to what level, to complete training.
- CR1.5** Demonstrate the curriculum has four-country endorsement of the purpose statement.
- CR1.6** Demonstrate how the key interdependencies between the curriculum and other training programmes, professions or areas of practice have been identified and addressed.
- CR1.7** Explain how the curriculum supports flexibility and transferability of learning outcomes and levels of performance across related specialties and disciplines.

Theme 2: Governance and strategic support

Purpose of this theme

This theme is about making sure curricula are developed through demonstrable and robust processes that are informed by relevant groups.

Standards

- CS2.1** The curriculum is developed and regularly reviewed through clear governance processes.
- CS2.2** The curriculum results in feasible, practical and sustainable training programmes that can be implemented by organisations responsible for training and service provision.
- CS2.3** The curriculum and development process make sure education and training is fair and is based on principles of equality and diversity.

Requirements

Development processes

Organisations developing curricula must meet the following requirements.

- CR2.1** Explain how the curriculum and its learning outcomes were developed, including input from key groups.
- CR2.2** Explain the rationale for the learning outcomes.
- CR2.3** Explain how the curriculum is feasible, practical and sustainable.

CR2.4 Describe how the curriculum and its programme of assessment will be communicated to learners, the public, and to those providing the education and training.^{1,2}

Input and feedback

Organisations developing curricula must meet the following requirements.

CR2.5 Describe how input and involvement was sought from relevant groups including patients, employers and learners.^{3,4} Engagement and consultation should be proportionate to the change being made and tailored to the relevant group. It must include input from all the following groups:

- a** employers, service providers and organisations responsible for planning learning and development
- b** patients, relevant patient groups, carers and lay people
- c** education or training providers and statutory education bodies
- d** learners, including specific input from doctors who share protected characteristics
- e** professionals and professional bodies, including those involved in relevant research and policy areas, where appropriate
- f** those with expertise in curricular design and assessment.

Equality and diversity

CR2.6 Organisations must demonstrate that they meet their legal obligations under equality legislation and that they have considered equality, diversity and fairness in the development of the curricula and programme of assessment.

Theme 3: Programme of learning

Purpose of this theme

This theme is about making sure the curriculum clearly describes the expected learning outcomes for the area of practice and appropriate learning methods and approaches.

There must be clear guidance about the appropriate breadth of experience and expected level of performance, for satisfactory completion and at critical progression points during the training programme, particularly focusing on safe transitions where patient or training risk may increase.

Taken together, these describe a programme of learning.

Standards

- CS3.1** The curriculum describes the generic, shared and specialty-specific outcomes, as capabilities, expected levels of performance and the breadth of experience that learners must demonstrate to progress or complete training.
- CS3.2** *Good medical practice* and the *Generic professional capabilities framework* are mapped in the curriculum.
- CS3.3** The curriculum must indicate what is needed for learners to show competence, but it should also recognise proficiency or excellence in relevant areas of practice.

Requirements

The curriculum must meet the following requirements.

- CR3.1** Identify the learning outcomes that learners must demonstrate to complete training and to move through critical progression points.
- CR3.2** Match the learning outcomes, educational approaches, breadth of experience and expected levels of performance to the stated purpose of the curriculum.
- CR3.3** Include *Good medical practice* and the content of the *Generic professional capabilities framework*.
- CR3.4** Provide guidance on the appropriate educational methods and approaches, breadth of experience and learning opportunities necessary to ensure safe training and to meet the learning outcomes.
- CR3.5** Provide guidance that describes the responsibilities, capabilities and expected levels of performance of medical educators to make sure they are professionally credible and competent.
- CR3.6** Explain how learners will receive meaningful and timely feedback.

Theme 4: Programme of assessment

Purpose of this theme

This theme is about making sure the organised set of assessments planned for the curriculum – the programme of assessment – and its individual components are based on fair and robust assessment principles and processes. However, the way they are demonstrated may vary depending on the training context or on the type of individual assessment or assessment approach being used.

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

Standards

- CS4.1** The programme of assessment is valid, fair, acceptable, feasible and effective. It supports assessors to make reliable judgements and is blueprinted to the curriculum, including the generic, shared and specialty-specific learning outcomes.
- CS4.2** It has a positive educational impact and the assessment burden is proportionate.
- CS4.3** The programme of assessment discriminates effectively between different levels of performance, and includes critical progression points including completion of training.

* General Medical Council (2017) *Designing and maintaining postgraduate assessment programmes* available at www.gmc-uk.org/education/postgraduate/assessment_guidance.asp

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- CS4.4** The programme of assessment incorporates summative assessments which allow learners to demonstrate they have met the learning outcomes in the curriculum, including generic, shared and specialty-specific outcomes.
- CS4.5** The programme of assessment provides principles to inform the management of learners who have not met the required learning outcomes at critical progression points.
- CS4.6** The programme of assessment offers opportunities for formative assessment and feedback to support learning, linked to learning outcomes.

Requirements

Developing the programme of assessment

The programme of assessment must meet the following requirements.

- CR4.1** Describe clearly how assessments that contribute to decisions about a learner's progress (summative assessments) have been:
- a** selected and integrated to produce valid and reliable judgements^{5,6}
 - b** produced so the purpose of each individual element within the programme of assessment and its contribution to the programme of assessment as a whole is clear and the overall assessment burden is proportionate^{3,5}
 - c** subject to appropriate validation or piloting³
 - d** blueprinted to the learning outcomes described in the curriculum, so it is clear how and when learning outcomes are demonstrated⁷

- e sequenced and applied across the curriculum, particularly around critical progression points, to ensure patient and training safety⁷
- f appropriately standard set to clearly describe expected levels of performance, using a methodology that is consistent, robust and fair over time⁸
- g supported by appropriate guidance for learners, examiners and assessors so assessments are conducted consistently and fairly^{2, 4, 9}
- h clearly distinguished from formative or developmental assessments that promote learning and feedback or assessments which combine formative and summative functions.¹

CR4.2 Provide guidance on how poor performance should be managed including advice on addressing underperformance safely and fairly and making sure concerns about performance are escalated appropriately.^{1, 2, 5, 10}

CR4.3 Integrate information about the learner's performance across the programme of assessment to evidence decisions at critical progression points and completion of the training programme.^{5, 10}

CR4.4 Provide a rationale that explains the impact of the assessments, including on doctors who share protected characteristics.^{2, 3, 5, 9, 10}

Monitoring the quality of the programme of assessment

Organisations developing curricula and programmes of assessment must meet the following requirements.

CR4.5 Monitor and continuously improve the quality of assessment.^{*, 4, 6, 10}

CR4.6 Provide data about assessments to meet regulatory requirements for quality management and quality assurance processes.^{4, 6, 10}

CR4.7 Publish the quality performance metrics of high-stakes summative or progression assessments to promote transparency and openness.⁶

CR4.8 Describe how those involved in assessments should provide meaningful and timely feedback to candidates, including on summative assessments.¹

Assessors

CR4.9 As part of the programme of assessment, guidance must be provided about the nature, role and responsibilities of assessors and examiners.⁹

CR4.10 Organisations must set out appropriate requirements and guidance to enable assessors and examiners to make professional judgements about learners' performance and behaviour to an agreed standard.⁹

* This does not require organisations developing curricula to take responsibility for the quality of assessments conducted in the workplace by local education providers. This falls under the standards and requirements outlined in *Promoting excellence: standards for medical education and training* and will be addressed locally through our quality assurance framework.

- CR4.11** There must be clear and regular processes for calibrating and benchmarking examiners so they assess to agreed standards, and for reviewing their performance.^{8,9}
- CR4.12** Organisations must make sure assessors and examiners are able to distinguish consistently between different levels of performance and behaviour.^{8,9}
- CR4.13** Organisations must indicate where professional development is required including on the equality and diversity issues that are relevant to their role as assessors and fair decision-making.⁹

Theme 5: Quality assurance and improvement

Purpose of this theme

This theme is about making sure the curriculum, and its programme of assessment are monitored, regularly reviewed, improved and quality assured. Information gathered through governance and monitoring processes must inform changes to the curriculum, including the programme of assessment. This includes feedback from education and service providers and others that implement training programmes.

Organisations should consider aspects of the curriculum that are redundant and should be removed or that need to be revised. Organisations should also consider how they will implement new or amended curricula or programmes of assessment.

Our quality assurance framework will determine how the curricula and programme of assessment are monitored and quality assured. We will use *Promoting excellence: standards for medical education and training* to quality assure how the curricula and related training programmes have been implemented locally.

Standards

CS5.1 The curriculum is regularly reviewed and there are processes in place to make sure it is monitored and improved to keep it up to date.

CS5.2 Redundant elements of the curricula are removed.*

* Changes to the curriculum, including removing redundant elements, are subject to our approval.

Requirements

Organisations developing curricula must meet the following requirements.

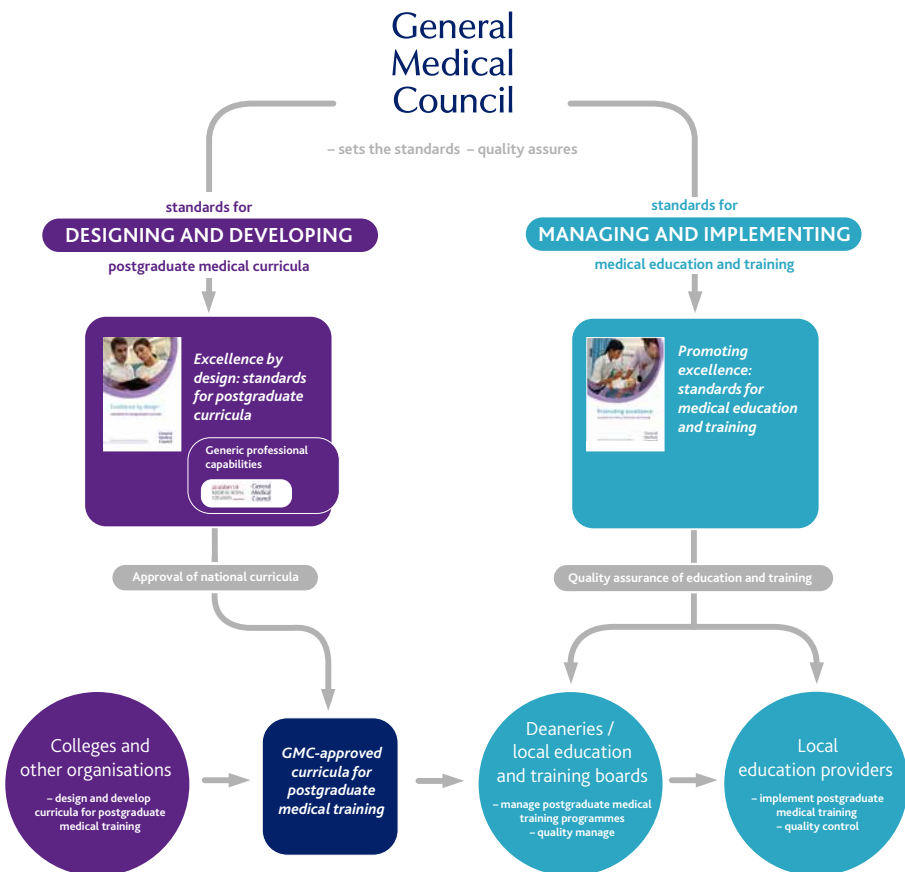
- CR5.1** Set out plans for how the curriculum or changes will be introduced, including a clear plan for the transition of learners.*
- CR5.2** Demonstrate how the curriculum will be evaluated and monitored through quality management and quality improvement processes. Include information about:
- a** the arrangements that will be used to gather data and how it will be used to inform improvements to the curriculum and programme of assessment
 - b** the mechanisms that will be used to keep the curriculum up to date and current, including how innovations in the area of practice or training will be incorporated and out-of-date elements will be removed.
- CR5.3** Set out how the impact of the learning outcomes on the progression of different groups of doctors will be evaluated, including on those who share protected characteristics.

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

Responsibilities and relationships

Roles, responsibilities and interdependencies

The diagram below shows the two sets of standards for postgraduate medical training, and the roles, responsibilities and interdependencies among organisations.



The quality assurance framework* shows how the quality assurance, quality management, and quality control functions work together for quality improvement.

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

Our role in medical education and training

We set educational standards for all doctors in undergraduate and postgraduate education and training in the UK. We do this, in part, by approving postgraduate medical education and training – this includes approving curricula and associated training posts, programmes and assessments.

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

* Details about the quality assurance framework and how we monitor the quality of education and training are on our website – www.gmc-uk.org/education/qaf.asp and www.gmc-uk.org/education/27080.asp

Responsibilities in designing curricula

The General Medical Council

Alongside our functions described above about our role in medical education and training, we:

- set the professional standards for all UK doctors through *Good medical practice* and other professional guidance
- oversee and maintain the generic outcomes of the *Generic professional capabilities framework*. We do this in partnership with the Academy of Medical Royal Colleges (AoMRC)
- approve posts and programmes of learning for postgraduate training programmes
- quality assure regulated and approved curricula by monitoring and checking to make sure our educational standards are maintained
- provide system leadership in determining critical interdependences across, between and within programmes of learning.

The four UK governments and their related organisations

- Identify and prioritise strategic, system, service or workforce needs including, through their related organisations, the funding, planning, commissioning and quality management of training programmes.

Funders, commissioners and employers

- Identify and prioritise service and workforce needs, and work with colleges to help predict future workforce needs.
- Support and provide sponsorship, funding and opportunities for education, training and professional development including the quality management of local programmes of learning.

Colleges, faculties or other credible professional bodies

- Design and develop a curriculum and associated programmes of assessment.
- Maintain and monitor a curriculum and associated programmes of assessment.
- Make sure the curriculum and associated programmes of assessment meet obligations under equality legislation on fairness, equality and diversity.
- Contribute to and support the GMC in its quality assurance and statutory responsibilities.
- Work with deaneries and Health Education England (HEE) local teams on quality management issues.

Deaneries and HEE local teams

- Implement *Generic professional capabilities framework* in training.
- Provide quality management of locally implemented education and training.

Local educational providers

- Implement elements or complete programmes of learning at the local level.
- Provide local quality control and participate in local quality management of education and training.

Statutory education bodies

- Responsible for commissioning or management of postgraduate training.
- May hold some of the responsibilities of government related organisations, funders, commissioners and employers, or professional bodies, as described above.

Glossary

Assessor

An assessor provides an assessment and is responsible for interpreting the learner's performance in that assessment. Assessors should be appropriately trained and should normally be competent (preferably expert) in the area being assessed, and capable of making appropriate professional judgements. This includes examiners as a specific type of assessor.

Assessors also include the day-to-day trainer, who may conduct assessments on a daily basis in the workplace.

Blueprint

A blueprint is a template used to define the content of a test that may be designed as a matrix or a series of matrices. This can help to make sure the assessments used in the assessment system cover all the outcomes required by the curriculum.

Critical progression point

A critical progression point is a point in a curriculum where a learner transitions to higher levels of professional responsibility or enters a new or specialist area of practice, including successful completion of training. These transitions are often associated with an increase in potential risk to patients or those in training, so they need to be carefully managed and decisions to progress need to be based on robust evidence of satisfactory performance.

Curriculum

A curriculum is a statement of the intended aims and objectives, content, experiences, learning outcomes and processes of a programme or course of learning, including a description of the structure and expected methods of

learning, teaching, assessment, feedback and supervision. The curriculum should set out a programme of learning and specify what learning outcomes the learner will achieve. How these outcomes will be assessed through a coherent programme of assessment and how learners will be determined as having successfully completed a programme of learning must also be described.

Doctor in training

A doctor in training is a doctor participating in an approved postgraduate medical training programme (Foundation Programme or specialty including general practice training).

Educator

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

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

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

Experience

We refer to the necessary or appropriate breadth of experience to describe when a doctor in training has had enough experience to be able to practise

safely and competently at an expected level of performance, eg with a particular procedure, simulation, or patients. This is not intended to indicate experience measured in specific numbers or time, but sufficient practice to have acquired and consolidated the learning outcomes described.

Generic professional capabilities framework

The *Generic professional capabilities framework* is a matrix of educational outcomes and descriptors that states common core content required in all postgraduate curricula. The *Generic professional capabilities framework* describes minimum GMC regulatory requirements which are essential and critical capabilities underpinning core professional practice in the UK. Along with *Good medical practice* they must be included in all postgraduate curricula to achieve GMC approval.

Learner

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

Learning outcomes

Learning outcomes are the knowledge, skills, capabilities, behaviours and expected levels of performance a learner must acquire and demonstrate by the end of a period of education or training. They may be generic, shared, or specialty specific.

Generic outcomes are those that are common across all specialties.

Shared outcomes are common components of training across groups or families of specialties. The flexibility review identified this as an area of work to be developed.

Medical college or faculty

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

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

Medical trainer

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

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

Organisations developing curricula

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

Postgraduate dean

In England, the roles of the postgraduate dean and management of postgraduate training sit within Health Education England. In Northern

Ireland, these roles are held by the Northern Ireland Medical and Dental Training Agency. In Scotland, the postgraduate deans and the Scotland Deanery are part of NHS Education for Scotland. In Wales, the postgraduate dean is part of the Wales Deanery (School of Postgraduate Medical and Dental Education), Cardiff University.

These are the UK bodies we have authorised to manage approved training programmes and the training posts.

Programme of assessment

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

Programme of learning

A programme of learning is the organised experiences, methods and educational approaches used to create appropriate learning opportunities for those in training so they can achieve the stated learning outcomes of the approved postgraduate curricula. The purpose of a programme of learning is to allow those in training to develop and acquire the necessary experience, learning outcomes and capabilities as outlined in the approved postgraduate curricula.

Quality assurance

The quality assurance (QA) of medical education and training in the UK includes all the policies, standards, systems and processes in place to maintain and enhance quality. We carry out systematic activities to assure

the public and patients that medical education and training meets the required regulatory standards.

Quality control and management

In the context of our quality assurance framework, quality control (QC) covers the arrangements through which local education providers make sure medical students and doctors in training receive education and training that meets local educational and professional standards. Medical colleges and faculties also have a role in quality control in terms of making sure the national examinations they run are in line with assessment best practice.

Medical schools, postgraduate deaneries and HEE local teams are responsible for managing undergraduate and postgraduate training programmes and the progress of students and doctors in training according to our education standards. Medical schools, postgraduate deaneries and HEE local teams will have quality management (QM) systems to satisfy themselves that the local education providers delivering their local programmes are meeting our standards. These systems normally involve reporting and monitoring mechanisms.

Training programme

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

References

All references are to GMC (2017) *Designing and maintaining postgraduate assessment programmes*.

- 1 Content decisions: formative and summative; p18
- 2 Setting out expectations: learners; p30
- 3 Evidencing format decisions: acceptability, feasibility, cost effectiveness; p22
- 4 Evidencing content quality: setting up structures to ensure the quality of assessment; p25
- 5 Setting out the purpose of the programme of assessment; p9
- 6 Evidence about assessment structure: statistical analysis; p41
- 7 Linking curriculum content and assessment; p14
- 8 Evidence about assessment structure: standard setting; p38
- 9 Setting out expectations: examiners and assessors; p33
- 10 Evidencing the impact of assessments; p45

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Published May 2017

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Code: GMC/EDSPC/0517

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