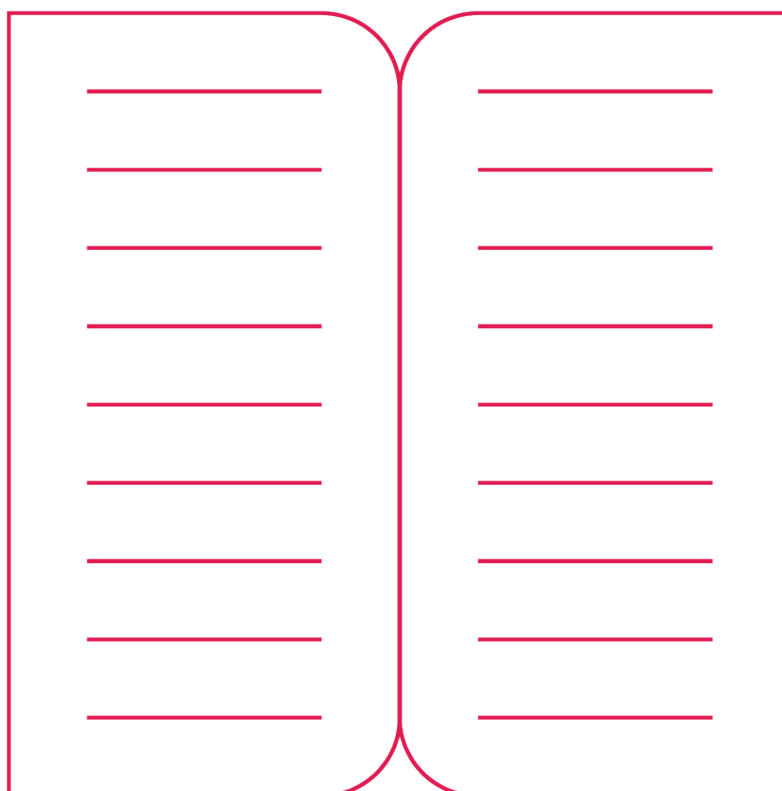


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A practical guide to curriculum development



About is this document

This is a practical guide on how to develop and update College and Faculty curricula in line with the GMC's **Excellence by Design** standards (2017) and incorporating **Generic Professional Capabilities** (2017). Curricula are now required to be based around high level learning outcomes rather than being competency-based, as they used to be.

It has been written by those from RCPCH and JRCPTB who were the first to develop, submit and launch their new Excellence by design-compliant curricula.

The guide answers questions that you are likely to ask yourself as you start this task, including key learning points that will help you consider what needs to be done as you go along.

Who is it for?

This guide is intended to be used by those involved in updating their college curricula in line with the new GMC standards. It is offered as a useful starting point as you begin to put together your project plan.

Why is it needed?

Updating curricula can feel a very daunting task. This guide will help you identify what you need to do, when, with whom and the key activities that you will need to undertake along the way.

The GMC's revised curricular approvals process is far more stringent and demanding than previously and more is expected of Colleges/Faculties. There is a considerable amount of work involved and the time required to complete this should not be underestimated.

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Were do I start?

What are the criteria against which my curriculum will be judged?

For postgraduate medical curricula the 'goalposts' are outlined in the GMC **Excellence by Design** standards and the accompanying Designing and maintaining postgraduate assessment programmes.

Each of the Standards is underpinned by helpful lists of requirements which explain in plain English what the GMC believe the Standard means in practice.

What should I bear in mind as I read the new standards?

Make notes or a checklist capturing things you'll need to do or check as you move through the development phase to make sure that you will be able to evidence how you've met each requirement by the time you make your submission to the GMC.

This will come in useful later on as you build your project plan and will help you define what the Standards mean in your own language and context. This will be crucial in the first phase of the project as you start to explain the requirements to others in your curriculum development team.

LEARNING POINT

Your submission must show how you have met each Excellence by Design requirement. Remember to gather and retain supporting evidence throughout the development phase.

Key people

Who? Project manager

As with any project, having a project manager and key lines of accountability are absolutely crucial to ensure you have a coherent, fit-for-purpose product. The amount of work should not be underestimated and having a dedicated PM could smooth the way for other staff working in this area.

Consider recruiting an individual specifically to this role, to ensure that they can give the necessary time and focus, without being pulled into 'business as usual'. While this is additional cost investing in an extra salary, you may make savings overall by ensuring the project is completed within a shorter timescale, and without a major negative impact on business as usual work being completed by staff in existing posts.

Key points for project manager [see Appendix 1]

- Able to dedicate a lot of time to this role, and be very flexible
- Have significant proportion of their job plan dedicated to the curriculum development for the period up to and in the months immediately after your intended implementation date.

Relevant skills criteria will include

- Experience of managing complex projects which have included consultation, testing and communication/implementation strategies
- Experience of consultation with a wide range of stakeholders and tracking of supporting evidence in a robust way
- Experience or knowledge of medical training and/or the clinical area the curriculum relates to
- Up to date educational design knowledge, including experience of developing curricula, and familiarity with the concept of Learning Outcomes.

Other hints

You may not be able or need to find all these in one individual, but it's vital that your project team incorporates all these skills. If you have another team member or clinician who is an assessment expert, for example, you may decide that this is not so important for your project manager. As a minimum you should ensure they meet point 1, and ideally at least one of the other criteria.

Your curriculum team will have a lot of expertise to help you. Having a lay editor role will ensure consistency, as your clinical lead will not necessarily have the time for this.

Who? Educationalist

- Experience of curriculum design, able to support and advise on how to transition from competency to outcomes-based approach
- Understanding of the principles of assessment and how to use these to develop and/or review a fit-for-purpose assessment strategy
- Experience of blueprinting.

Who? Clinical lead

A dedicated clinical lead will serve two important purposes:

- Act as the advocate to other clinicians, helping to secure their buy in for the project. For some clinicians, having someone they feel better relates to them and their experiences will make them more receptive to the idea that change needs to happen and how that change can be a positive opportunity worth investing their time and energy in supporting and understanding
- Act as the key clinician who will make the final judgement on curriculum content when the inevitable conflicting opinions arise.

Key points for clinical lead [see Appendix 2]

The workload for the clinical lead will vary from week to week, but on average they will need to be able to dedicate a minimum of 0.5 days per week to support the project.

Who? Subject-matter experts

Your specialist advisory committees (SACs) will have a significant role to play in writing and reviewing the curriculum content, and you may also need clinicians with expertise in specific areas of practice such as, research and education. It can take time and creativity to find willing volunteers who can author or review content in all required areas,. Therefore try and identify where your gaps may be and start to source subject-matter experts early on in the project.

Obtaining support

Your key team helping develop the curriculum content and other stakeholders, will largely be medical professionals with high workloads and challenging rotas. Be aware that to secure their engagement might mean meetings outside of the usual times and places! Getting support for change from individuals and organisations who may initially be resistant can take time. So take that time to build relationships and win trust. Securing their support and engagement is crucial to ensure the final curriculum receives a positive reception by your wider stakeholder audience later on. Note that the new curriculum demands that your stakeholders are involved rather than just simply consulted.

LEARNING POINT

Clear roles and responsibilities must be agreed at the start, as well as how the project team will share information and review progress.

LEARNING POINT

The project manager must have ringfenced time in their job plan for this role, as they will be the person driving the work forward and keeping the team focused on outputs and deadlines.

LEARNING POINT

A key role for the clinical lead is to review all content as a whole, ensuring it is coherent, consistent and that nothing is missing or has been duplicated

LEARNING POINT

The clinical lead is crucial to the success of the project. They need to understand the objectives, be enthusiastic, and be able to dedicate time to the role. They need to understand the standards and have a good relationship with stakeholders and the GMC.

Build your team

LEARNING POINT

Establish a committee or working group specifically focused on the project, who can bring a range of expertise, and represent your key stakeholder groups and demographics. Maintaining the enthusiasm and commitment over the long period of time this work is likely to take will be challenging, but is more likely to be feasible if you have the right people signed up at the start.

Who will take responsibility?

Overall responsibility for your curriculum will probably lie with one of your organisation's high-level committees.

The governance will be the responsibility of the clinical lead.

You will need a committee who can dedicate more time and energy to supporting this work at an operational level.

This may be an existing curriculum-focused committee or one you need to establish from scratch.

It is important to make sure that:

- They will be able to represent the views of all key stakeholders
- Their role, responsibilities and time commitment is clear from the start

Terms of reference

Consider to what degree this committee will be simply advisory, or how much you will need group members to take an active role in the work, e.g. by writing and reviewing content, leading consultation activities etc.

Consider governance role, and responsibility for reviewing and signing off your curriculum submission before passing it to a higher level committee for final approval.

Example objectives for the Committee may include

- Develop a new curriculum compliant with GMC Standards, including carrying out consultation with all stakeholder groups and ensuring feedback is reviewed and acted upon. Submit with all required supporting evidence by the stated deadline
- Review the existing assessment strategy and revise to ensure it adequately supports the new curriculum and reflects current GMC requirements

- Implement and monitor the curriculum pilot, and evaluate feedback gathered from participants at regular intervals, agreeing actions required
- Oversee the implementation and evolution of the communications plan throughout the launch period], ensuring that stakeholders are engaged with how changes will affect them and that they have access to the information required
- Oversee implementation within ePortfolio, ensuring a smooth transition experience for trainees and their trainers
- Gather and evaluate feedback during and after trainees' transition to the new curriculum, advising the College on any adjustments or improvements required to ensure a high quality experience for trainees and trainers.

Ensuring representation of views of all stakeholders

Trainees, tutors, TPDs, and Heads of School (ideally from across different regions) will be absolutely crucial advocates to help you generate enthusiasm when you reach the point of communicating the imminent curriculum change to the wider trainee and trainer population.

Your Lead Dean can play a crucial role, and depending on your specialty, you may also want to include representatives of specific demographics (e.g. Less Than Full Time trainees), of specialty committees or groups, or from Medical Royal Colleges or Faculties in related specialties.

Consider employers. Depending on your specialty and existing relationships and communication channels, you may find it useful to have their input in this group, or it may be more practical and valuable to consult with them in different ways. You may wish to try contacting NHS Employers' Employer Reference Group (for England).

Consider how best you can meaningfully engage with patients. Depending on your existing mechanisms for doing this within your organisation it may be helpful and feasible to include a patient rep within your project team. Alternatively, you may decide input can better be gathered through focused and targeted consultation exercises.

Consider any other lay or specialist expertise which would benefit the group, providing externality or bringing in an additional, specific skill that will supplement those of other group members, such as an educationalist or assessment expert. The need to include them in the Committee will depend entirely on the skills and experience of the other members – you may decide lay expertise can better be provided in a more focused, consultancy way at a later stage of the development.

LEARNING POINT

Consider how employers and patients can best give meaningful input to the project. Their engagement is easier to secure where they can see how they will influence or add value to the final output.

Project initiation and planning

LEARNING POINT

It's important to understand the good and bad points about your current curriculum, before you begin developing its replacement.

Where do I start?

Review what works well and not so well in your existing curriculum. Do this by gathering feedback from committees representing different stakeholder groups to understand what they find useful (or not), and to what extent the current curriculum is actively used (or not!).

You could also use member surveys and/or the GMC National Training Survey to gather quantitative data, or report on ePortfolio data to help you understand existing curriculum engagement.

Role of stakeholder analysis and communication

Throughout the entire project you will need to communicate with a wide variety of stakeholders, initially to get their input and support with developing the revised curriculum, and later to engage all those who will use the new curriculum, in any capacity, with the forthcoming change.

Different groups of stakeholders will need to be communicated with at different times, and in different ways (see grid in Table 1 below to help identify when and how to communicate with each one).

Initially this may just be for the development phase, and then you can complete a similar exercise later into the project related to preparing users for the launch of the new product.

For hard to reach stakeholder groups, consider who else may be able to reach and influence them. For example, you may struggle to contact or engage with Educational Supervisors but have far more influence over the College Tutors. In this case, tutors may be used to engage with or influence supervisors in their trust and be able to have far more success than more remote approaches from the College.



Table 1. Stakeholder analysis grid

Stakeholder	Interest in project	Likely impact of project	Influence on project	Key objectives	Contribution	Need to know	Strategy for engaging
Name	How it relates to them/their role	How much does the project impact them? (H/M/L)	How much influence do they have on the project? (H/M/L)	What is important to them as a project outcome?	How can they usefully contribute to the project?	What information do they need to know?	What are the best methods for interacting with them?
College Tutors	Responsible for implementation & use locally	Medium	Medium	Want a curriculum with clearer standards for progression, and easier to understand what trainees will require from each placement	Tutor representative on committee; feedback on operational challenges with current curriculum, advise on implementation; lead implementation at each trust	How to feed into consultation (Dec 2017); Launch plan and key features (Sep 2018); Detail of content and implications for delivery, and transition arrangements (Jan 2019)	College tutor e-bulletin, existing tutor briefing events, webinars.

Project plan and work streams

Step 1: Project plan

Consider your project plan, making sure enough time and resource is available to complete each step. Some dates may be immovable e.g. COG review windows, submission dates for CAG, annual meetings of groups you need to engage with, the start date of the training year when you want to implement your new curriculum. Populate your plan with these first, and then fit in other activities around them.

Remember that you submit your curriculum and supporting evidence to CAG two months before the meeting date. It will take four weeks after that to confirm approval.

To ensure you have enough time to get all users ready to use the new curriculum, aim to confirm approval 9-12 months prior to your intended implementation date. Any later and you will struggle to reach and engage with the whole user population. However, leave too much of a gap you risk project fatigue setting in, with stakeholders disengaging from something they see as being too far in the future to worry about and/or your curriculum being out of date before it's implemented.

What are the key activities and workstreams?

These include:

- Developing Purpose Statement (see below)
- Determining structure
- Drafting learning outcomes and any supporting criteria
- Consultation and robust recording of feedback
- Confirming final structure / refining content
- Guidance development (additional information to be included in the curriculum document, and guidance for implementation and use e.g. transition plan, guidance/ training resources for trainees and supervisors)
- Systems development (i.e. e-portfolio changes required? Will it support transition?)
- Assessment review and an assessment blueprint if assessment is being changed
- Pilot
- Submission
- Launch programme
- Project evaluation.

Define purpose statement and outcomes

Where do I start?

Developing the purpose statement for your new curriculum is one of the first tasks to be completed. It must be submitted to the GMC for review by their Curriculum Oversight Group (COG), which represents the four nations' departments of health and the four statutory education bodies (NES, NIMTDA, HEIW and HEE) prior to the full curriculum being reviewed, so it makes sense to do this as early as you can.

What is the GMC looking for?

They review the statement to confirm that the curriculum you are developing is appropriate to meet the needs of the workforce in the four nations. Specifically, they are looking for evidence against three criteria:

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

Remember that COG will consider how curricula meet the strategic workforce and patient priorities. Examples of these strategic priorities include each country's strategic workforce plan (e.g. the NHS Long Term Plan and four-country documents such as *Shape of Training*).

How do I do this?

To make sure that you have fully addressed and evidenced each of these points, you may wish to use them as headings, and structure your purpose statement into these three sections if such evidence is available. COG expect clear explanations, supported by evidence e.g. workforce analysis, recommendations from published reports etc.

Note: This evidence should not be incorporated into the Purpose Statement itself but provided as supporting material.

It should also articulate what the end goal will be for someone completing the curriculum and should describe the high-level learning outcomes — for example, that upon completion of the curriculum a trainee will have the capability to undertake a consultant role in your specialty, and who has met the standards required by the Generic Professional Capabilities.

Your approved purpose statement should be published within your final curriculum document. For more guidance on the requirements for purpose statements, see 'Theme 1: Purpose' in the GMC's Excellence by Design document.

Your specialty submissions that are approved first may well have generic elements that will serve as a template for later submissions within your specialty.

Develop your learning outcomes

Why?

The new GMC standards require all curricula to clearly describe the expected learning outcomes, signalling a move away from a competency-based approach (lists of knowledge, tasks and conditions trainees must encounter).

This reflects the growing trend in medical education over recent years to identify and assess 'Entrustable Professional Activities' (EPAs), such as managing the acute take, which encompass a wide range of more specific skills, behaviours and knowledge. See Olle ten Cate, 'Nuts and Bolts of Entrustable Professional Activities', *J Grade Med Educ.* 2013 Mar, 5(1), 157-158 for an introduction to the concept of EPAs.

This better recognises that medical curricula and their supporting assessments require substantial predictive validity – not simply providing a record of things the trainee has seen or done, but also giving an acceptable level of confidence that they will have the knowledge and expertise to manage situations or conditions in future which they have not previously encountered. Please note that this is our advice, and not a direct reference to GMC standards or policy.

What are learning outcomes?

A learning outcome model describes at a higher level the standard the learner (i.e. the trainee) must evidence, making judgements more holistically about capability in broad areas, and not being so prescriptive as to every specific condition/disease/procedure.

How do I write them?

Your learning outcomes describe the standard which the trainee must meet in order to progress. Depending on the structure and duration of your training programme, you may only want or need to describe this for the point of completion of training, or you may have one or more 'waypoints' during training where learning outcomes are provided as a staging post, to ensure that the trainee is progressing satisfactorily.

The learning outcomes collectively should describe a well-rounded and capable trainee at that point in time e.g. a trainee at the point they are ready to CCT and begin a consultant role.

Your curriculum will need to ensure that all trainees are able to develop skills in and demonstrate the GMC's Generic Professional Capabilities. You may wish to use these as a starting point for your structure and Learning Outcomes (see the RCPCH curriculum as an example) or provide explicit mapping to show how they have been fully integrated.

When developing your learning outcomes consider:

- Do they fully describe an individual ready for the role they will move into once they are achieved?
- Are they sufficiently clear that trainees, supervisors and ARCP panels will interpret them consistently?
- Is it clear to all stakeholders what standard someone who has completed their training should be at (e.g. for patients)?

- Can the Learning Outcomes be evidenced?
- Are they realistic and achievable for trainees who are based in different regions / settings?
- Do you need to include any mandatory criteria which must be demonstrated before a trainee can be signed off as having met the learning outcome? And can you justify why it must be mandatory?
- Is there any other supporting information needed in order to help users understand what is required for each Learning Outcome? This would typically be in the form of a syllabus, giving additional detail on any mandatory or suggested criteria or evidence for each Learning Outcome. This can be helpful to ensure consistency of judgements between different Supervisors and Schools, and give all users more confidence in making judgements as to the standard required by each Learning Outcome as they adjust to the move away from the more prescriptive, granular competency-based curricula.

Are there any exemplars?

For your learning outcomes and any supporting criteria you may decide to include in your curriculum structure, consider and if necessary consult, on the taxonomy to be used i.e. what each element will be called. This must be easily understood by all stakeholders. Examples can be seen in the RCPCH learning outcomes-based curriculum and the JRCPTB capabilities in practice (CiPs) curriculum. CiPs are based on the concept of entrustable professional activities.

What about technology?

A final consideration when developing your learning outcomes and curriculum structure is to consider any technology restraints, specifically whether this will work effectively within your ePortfolio system, or whether any necessary changes can be made within your allocated budget and timelines.

Consultation, consultation, consultation

Why is this so important?

Once you have developed your draft content, or even while you are still determining your curriculum structure, it is vital to consult often, consult widely, and consult with a clear purpose in mind.

Always start by ensuring you are clear what you are trying to find out from each particular stakeholder group, to help you shape your consultation approach.

A variety of methods will be needed for different purposes and groups e.g. if looking at will this meet service needs, you may need direct approach to HEE etc.

To find out whether the requirements are feasible and can be achieved across the country and by all ('good') trainees you will need to reach a wide demographic of respondents.

As with all research, consider whether your method will get you the data you need and in a way you can adequately scrutinise it.

What will the GMC require me to have done?

As a minimum, the GMC require evidence that you have engaged and consulted with:

- Employers, service providers and organisations responsible for planning learning and development
- Patients, relevant patient groups, carers and lay people
- Education or training providers and statutory education bodies
- Learners, including specific input from doctors who share protected characteristics
- professionals and professional bodies, including those involved in relevant research and policy areas, where appropriate
- Those with expertise in curricular design and assessment.

What's the best way to do this?

Consultation can take place in a wide range of ways, but one of the most effective is to identify meetings where your target stakeholder group will already be attending (e.g. a Heads of School meeting, Trainees Committee meeting, or School training day) and request a slot to present and gather feedback. This will likely improve the number of consultees you can reach, if they do not need to attend an additional meeting for the purpose of consultation.

An added benefit of tapping into regularly held meetings is that you can return to a later meeting, explaining how their previous feedback has subsequently influenced the project. Showing them the value of their contribution means that they are more likely to continue to support the project and provide further input.



You may also find it helpful to use surveys or organise standalone consultation events. The latter can be very useful for gathering a lot of feedback in one day and helping your users to consider other points of view but mixing too many different groups also carries the risk of participants feeling the focus isn't sufficiently on aspects they can comment on, and they disengage. This can be addressed by using a workshop format for part of the event, split by different clinical areas or themes, with participants having the option to attend the session(s) they are most interested in or feel able to comment on.

Gaining input from patients can be particularly challenging, so you will need to carefully consider where the patient voice can add value, and the best way to access patient feedback. It is crucial that wherever patients are asked to be involved, it is clear to them how their input will have an impact, and that their inclusion isn't tokenistic.

Are there any exemplars?

The case study 1 from RCPCH gives examples of how they engaged with children and young people.

How should I act on the feedback?

Build in time to go back and do additional consultation if the messages you get back are unclear, or if you need to make more substantial alterations than anticipated and need to confirm that changes made are ok. Second round of consultation may be needed with specific groups or concerns.

What else do I need to record?

One of the most important things to remember, is to keep a record throughout the project of everyone who has been involved. This is important evidence to accompany your curriculum submission. The GMC will expect you to demonstrate that you have gathered relevant feedback from all key stakeholder groups and show how this has impacted your final output.

Is there any support for the development process?

If you are unsure how best to use piloting to support your development process, you can discuss directly with the GMC team, who may be able to help find a solution that provides the feedback you need.

LEARNING POINT

Make sure you build in time for follow-up consultation to confirm feedback or confirm if changes made as a result of the first consultation are appropriate.

LEARNING POINT

Remember to keep a note of everyone who has contributed or been consulted throughout the development, to support your submission to the GMC

Case Study 1 RCPCH

RCPCH Curriculum engagement activity for children and young people (CYP)

This activity was framed in the idea of children and young people being given a blank 'gingerbread man' drawing and asking them to write into it what makes a good paediatrician. The drawings were of varying sizes to engage children at different levels. Some were A4 and others almost life-size to enable groups to participate alongside individuals. This activity was carried out at a range of children/young people's events over 2016/2017, supported by RCPCH &Us®. Embodying the patient voice &Us® is RCPCH's platform for children, young people, parents, carers and families to join us in improving child health. RCPCH &Us® provide opportunities to suit everyone and ensure patient voices are at the heart of the College's work.

These activities were carried out at &Us® roadshows, special interest groups and even the college 'bring your child to work day'. This enabled us to capture the voices of healthy, disabled and unwell children from universal, targeted and specialist health experience backgrounds. In total over 200 people have participated, 170 children and young people and 30 parents/carers. The parts of the countries represented include London, Birmingham, Bristol, Liverpool, Glasgow, Pontyclun, Belfast and Buckingham along with some online responses.

Feedback from CYP was mapped to the curriculum domains and then shared with the working groups to ensure curriculum content for each domain reflected this feedback. Quotes from CYP are included throughout the syllabus document to underpin each domain.

Equality and Diversity

How do I ensure this is done properly?

Your final submission will need to include evidence of how you have considered the potential impact of your new curriculum (and assessment strategy, where relevant) on users who have one or more of the Protected Characteristics, as defined by the Equality Act 2010. The GMC will assess the entire curricula and programme of assessment against the new Excellence by Design standards whether or not colleges make any changes. Most assessments have an existing attainment gap. It will be important to acknowledge and consider how this might be improved, and whether this is justified as well as considering whether any changes are expected to worsen the differentials or to retain the status quo.

Make sure you consider equality and diversity throughout, gathering evidence as you go. It can be difficult to identify trainees or trainers with some specific protected characteristics, but the GMC will expect to see that you have made a proportionate effort to consider all groups.

A practical way of doing this is to ask anyone involved in development or consultation to complete an E&D monitoring form, which will show the GMC you've had a wide range of individuals involved, representative of your clinical workforce. In surveys, you can ask all respondents if they can identify any potential barriers to access or likely cause of discrimination or bias.

When approaching your equality and diversity impact assessment, define what is within the scope and separate it into manageable items e.g. curriculum, assessment and implementation. For each item, outline a range of techniques to show how you've considered any potential impact (remember it may be positive, not just negative!) and how, if appropriate, you have sought to mitigate any adverse effect.

Word of warning

E&D is a complex area which many organisations find challenging. It may be helpful to speak directly to the GMC so that they can discuss expectations which will vary depending on the circumstances.

Curricula developers are responsible for keeping E&D under an on-going review as part of the standards. This responsibility is not limited to developing new curricula or assessments.

LEARNING POINT

Use a monitoring form to gather data showing the range of characteristics of all those developing or consulting on your new curriculum

How do I assess the potential impact of the curriculum?

Examples of techniques you can use to assess the potential impact of the curriculum on those with protected characteristics include:

- Literature review: Identifying any existing articles or reputable guidance which can inform decision making and key recommendations from this
- Existing data: Consideration of any evidence from existing data which may highlight possible areas of concern for consideration and/or action e.g. College ePortfolio data or survey responses, GMC Progression Data, GMC National Training Survey
- User review: Review by a specialist or sub-specialist in a specific (clinical) area with a detailed understanding of the skills being required within the curriculum/syllabus, and/or by trainees or other medical professionals with one or more of the characteristics identified for consideration
- Lay expert review: Review by a lay person with specialist expertise related to one or more characteristic e.g. Deanery expert in student support, representative of a specialist disability organisation etc. Also includes review by educational/assessment experts with regards language, syntax, context etc.

You may find it helpful to split your impact analysis into the different aspects of the project e.g. 'curriculum content and structure', 'assessment strategy' and 'implementation' and review each separately, using some or all of the methods above.

To pilot or not to pilot?

How do I decide?

GMC standards mandate that summative assessments are "subject to appropriate validation or piloting". It may be that proportionate piloting of large-scale curriculum change is done so that intended and unintended impacts can be tested, and evidence gathered to inform an approval decision. The scale of any pilot will depend on the scale and potential impact of the proposed change.

We recommend that any significant changes are discussed early with the GMC to determine if a pilot is likely to be required, and what this would need to achieve.

Are there any exemplars?

Two different suggested approaches (mini case studies on the different pilots from JRCPTB & RCPCH) – see case studies 2 and 3 below.

Other options?

Talk though with the GMC team, who may be able to help find a solution that will be acceptable to them and participants and provide the feedback you need. Remember to define scope clearly:

- Are you looking at structure?
- Content?
- Usability of structure and/or guidance?
- Supporting technology?
- You may need more than one approach, and at different points of the development.

LEARNING POINT

Be clear on the scope for your pilot and determine your strategy accordingly. Remember that trainees cannot be judged at ARCP against an unapproved curriculum.

Case Study 2 RCPCH

Purpose of pilot: To test the operability of the new curriculum, and the fitness for purpose of the guidance materials. This would enable the College to make improvements to ePortfolio functionality and the range of guidance and supporting materials prior to them being used by the wider trainee and trainer populations.

Methodology: ST1 trainees and higher-level trainees from two paediatric sub-specialties were asked to use the new curriculum in the year prior to nationwide implementation, logging their ePortfolio evidence in new forms against the new rather than old criteria. The GMC were assured that this would not invalidate training due to provision of mapping documents [produced as part of the curriculum submission] which showed that the fundamental requirements for trainees were unchanged, and the new curriculum simply restructured and made clearer those requirements. ARCP panels were advised to make their judgements against the original criteria, even though the evidence was presented in a different structure.

Permission to include cohorts in the pilot was sought from Heads of Schools and Deans. All trainees were advised of their planned inclusion in the pilot in writing and informed of their right to not participate if they wished. Face to face briefings were held at participating sites at the beginning of the pilot. Participant feedback was gathered through surveys at set points of the year, and focus groups, with face to face and teleconference options. The first survey related to views on the previous curriculum to provide a benchmark and included a consent form regarding recording and reporting of data provided by participants, and equality and diversity monitoring form. Subsequent surveys used the same questions where possible, for ease of reviewing changes in attitudes over time. An e-newsletter kept participants up to date with developments in the pilot, including feeding back on how their responses had informed improvements to ePortfolio and the support materials provision.

Outcome: As a result of the pilot findings, adjustments were made to ePortfolio functionality to improve user experience, and an additional guidance document was produced providing more clarity on using the curriculum to prepare for ARCP. Broadly the feedback was positive, reassuring the College that the tools and resources to be used for launching the curriculum more widely were fit-for-purpose. Triangulating responses with the E&D monitoring data helped to identify which methods of communication were preferred by different stakeholder groups, and if particular groups were more likely to experience specific issues. An additional benefit of the pilot was the willingness of several participants who were positive about the new curriculum to participate in launch activities, providing testimonies for videos and documents which reassured their fellow trainees and trainers that the forthcoming change was positive.

CASE STUDY 3 JRCPTB

Purpose of pilot: The proof of concept study explored whether clinical and educational supervisors are able to make entrustment decisions using the CiPs and levels in a range of clinical specialties and learning environments; what types and forms of evidence supervisors require, and trainees feel are necessary, to make such decisions; whether trainees and supervisors find the approach more or less acceptable than the current system; whether the proposed levels are equally meaningful, useful and helpful for all of our proposed CiPs and whether face-to-face training is perceived as helpful to participants.

Methodology: Participants in the study included self-selected core medical and higher specialty trainees, clinical supervisors (CS) and educational supervisors (ES). Participating trainees were asked to consider what evidence they needed to provide to inform decisions about their performance and to complete a self-assessment of their performance in each CiP. CS were asked to review the trainee's eportfolio and consider their personal experience of the trainee before completing a CS report indicating what level they felt the trainee was performing at for each CiP. ES were asked to review the trainee's eportfolio, consider the CS report and trainee self-assessment then meet with the trainee in order to discuss progress and document a level of performance of each CiP in the ES report. All participants were asked to complete an evaluation questionnaire through SurveyMonkey. A thematic analysis process was used to code themes identified in the evaluation forms

Outcome: Qualitative analysis found that the CiP method of assessment was viewed as more holistic and representative of the real world. Supervisors and trainees found it difficult to use the levels for the 'non-clinical' CiPs and considered that there was some overlap in the level descriptors. As a result of the proof of concept study, the 'non-clinical' CiPs were relabelled as 'generic' and are assessed using global anchor statements rather than levels of supervision. The level descriptors were also refined for clarity. Participants stressed the importance of training on the new assessment approach and this led to a 'training the trainers' programme to support implementation.

Transition planning

What are the options?

As part of your submission to the GMC you will need to outline exactly how you propose to transition trainees from the old to the new curriculum. Options for you to consider may include:

1. All trainees (possibly except those very close to their CCT date) transition together at the start of a new training year
2. Trainees move at the end of their current training level (if your training programme has defined levels or waypoints)
3. As per the GMC's transitioning to the current curriculum position statement all trainees (except those within their final year) must transition within two years of implementation.

How do we decide?

All of the options above have benefits and risks. The right option for you and your trainees will depend on the scale of the changes, the duration of your training programme, and the proportion of trainees who typically are LTFT or take OOPs. Consult with your Heads of School on the logistical implications to help determine the best approach. Whilst a 'big bang' approach of moving all or most trainees at once may seem like a logistical headache at first, they may on reflection prefer this to having to manage different groups of trainees on the old and new curriculum for a period of several years. Trainee perspectives should also be considered. If your new curriculum is seen as significantly better than the old, then you may have a strong push from trainees to allow them to switch sooner rather than later!

You should also discuss your transition plan with the GMC to ensure it will meet their expectations. They are, understandably, keen on shorter transition periods to ensure that trainees are all using a current, fully fit-for-purpose curriculum as soon as possible, and that all trainees in a given specialty are working towards the same curriculum outcomes.

The submission

Curriculum Oversight Group (COG)

How do I go about this?

A purpose statement describing the patient and service needs of the specialty and the scope of practice is required for stage one strategic approval of a new or revised curriculum. It should also set out the high-level outcomes that a doctor who has completed the training programme should meet. The COG will advise the GMC whether they decide if the curriculum purpose statement and high-level outcomes have the full support of the four countries of the UK and align with strategic workforce needs, including consideration and incorporation of relevant principles from the Shape of Training review. The final decision will rest with the GMC.

What should be included?

The purpose statement needs to:

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

You can submit additional supporting detail that will not be included in the curriculum itself, such as specific research or evidence of the needs of the health service and patients.

The COG will explore how you have addressed the five principles of the Shape of Training report in your answers in section three of the form.

Curriculum Assessment Group (CAG)

How do I go about this?

In addition to the curriculum document itself (and assessment strategy, if this has been amended), you will need to complete a detailed submission form. This in turn requires a lot of supporting evidence, which it's important to be collating even if just in note or draft form as you go through the project. The assessment strategy is an integral part of curricula and the GMC will consider how this is affected by any changes to the curriculum, even when there is no proposed change to the assessments strategy itself.

What should be included?

You will need to include:

- Documentation showing either how the current curriculum has been amended (e.g. with tracked changes) or, for submissions where the changes have been significant, a summary outlining all content removed or amended, and why. You will need to show how the current curriculum maps to the new one (and this will also be useful for your transition planning)
- Evidence of your stakeholder consultation. This must include a summary of consultation activities, key findings, how feedback was acted on, and information on who your consultees were
- Letters of support from key stakeholders, e.g. Trainees Committee Chair, Lay representative etc. As of October 2019, the Lead dean letter is no longer required, as the GMC now coordinate the gathering of feedback from COPMED. However, the GMC will expect the Lead Dean to be involved in the curriculum development process
- Equality and Diversity Impact Assessment
- Transition Plan
- Implementation Plan
- Communications Plan.

You can include any other evidence that is relevant, to support or expand upon your answers in the submission form e.g. a pilot plan or report, curriculum governance policy etc.

LEARNING POINT

Maintain a clear audit trail throughout the development, saving evidence which will help support your final submission.

Preparing to launch

What should I consider?

A detailed communications plan is vital and is likely to require far more detail than your submission to the GMC. Revisit your stakeholder analysis and use this to help devise your plan.

Table 2 (below) is a useful template for breaking down who needs to know what, when and how they will best receive it etc.

What are the key components?

To be effective, it must be multi-faceted, use a wide range of different contact methods and points. It will be very difficult for you to be noticed among the barrage of other information competing for trainees' and trainers' attention. If trainees and trainers aren't particularly engaged with the current curriculum then getting them to note and respond to a new one is even trickier. The components you use will also depend on the scale of change and the size of the specialty, but could include the following:

Traditional, centrally run comms (e.g. briefings, webinars etc) are still valuable, but to get the necessary audience reach and penetration you will need a willing army of volunteers to help with reaching colleagues locally too. This is why it's so crucial to maintain a strong group throughout the development – if your trainees committee, heads of schools, committee members etc are feeling positive and engaged, they will be your best PR out on the ground. If you have a network of willing presenters, you can link them up when requests come in to the College for someone to attend meetings near them and present on the curriculum, cutting down hugely on staff travel and time out of the office.

Think about the order of your communication activities, and who can influence who. For example, it may be worth investing time in training and enthusing College Tutors early on in your preparations for launch, as they will be able to do a lot of the heavy lifting later on. Consider a brand/identity. Think of it as a product you need to get into everybody's consciousness. Know what your messages are and keep them consistent throughout. Start simple – for the first few months your target may just be to make sure most people know that the curriculum is changing. Once that message has landed, then you can start to explain more about how, and what that means.

What techniques should I consider?

Techniques you may want to consider:

- Face to face briefings – tag into existing events where possible e.g. Annual Conferences, School training/development days, College training days, Committee meetings. You'll get a far bigger audience rather than asking people to take time out to come to a stand-alone curriculum briefing
- Webinars, either for specific groups or all audiences
- Slide packs (with speakers notes) can be used/adapted by anyone willing to present, whether it's a 30-minute plenary at a conference, or a 10-minute teaching session at handover



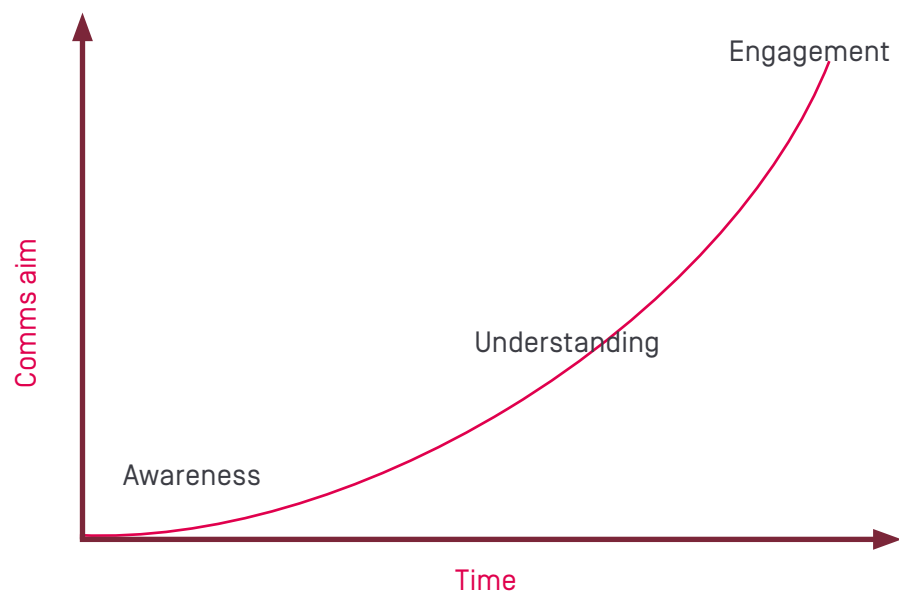
- Social media friendly video clips of clinicians (pilot participants, trainees committee reps etc) talking about the new curriculum. Don't forget to use a short and memorable hashtag to build momentum and awareness
- Informative videos e.g. showing how to perform basic tasks with the new curriculum on ePortfolio, how to use to support an Educational Supervisor meeting etc.
- Infographics for use on webpages, printed documents and social media (can be made easily and cheaply at canva.com)
- Downloadable resources for curriculum leads at each trust or site (e.g. College Tutors, or ask Heads of School to help identify curriculum champions). Example resources – posters, a month by month count down with tips on how to prepare, factsheets/ fliers, promotional videos with key messages about the new curriculum, screensavers/ computer desktop wallpaper
- Blog posts on other websites – clinicians are busy people, so don't expect them to come into your space, go to where they are already
- Giveaways – branded sweets are always nice, but for this purpose should ideally be things people will take back to their hospitals and use or leave lying around an office e.g. lanyard, pen, notepad, to-do list pad, post it notes.

What are the basics?

A clear webpage with easy to use resources, FAQs, and information on who to contact with more info. Consider a dedicated email inbox that can be monitored by multiple people so that you can keep on top of queries. Remember to attribute images or use copyright-free.

How to develop your message

For your messaging to be effective, you will need to start simple, and add detail over time. Your aim for the first few months may simply be to raise awareness that a change is coming. Then you can start to introduce more information about what the change entails, and how it will affect each stakeholder. Over time, this moves towards more active engagement, encouraging them to take any steps they need to do in order to prepare for the change. (A worked example of an approach to message development from RCPCH is given in Table 2).



How to decide the most important messages

Take the time with a small group of stakeholders as you plan your launch to brainstorm what the most important messages are which you need to communicate. Distilling complicated concepts into something easy to explain can be challenging, but also absolutely necessary as you prepare to try and reach potentially thousands of stakeholders who have no knowledge of the new product and need to get to grips with the fundamentals. Make sure you test your messaging on users who haven't been part of the project so far and are hearing it fresh, to make sure it really is understandable for new audiences.

Ensure you start with the key messages from the outset

Although your messaging will evolve over time, to have real impact your key messages need to be set from the start, and simply developed and elaborated on over time. Make sure your language, phrases and examples are used consistently throughout the launch campaign. Busy clinicians will typically need to hear the same messages several times for them to really resonate. For example, if the most important points you want users to understand about your new curriculum are that it's more flexible, it's easy to use, and it's relevant to current/future practice, then make this the basis of all your communications, adding more detail for each theme. It may feel overly repetitive to use the same words and phrases over and over again, but to your audience it will be new. Continual repetition of a message is widely used in the political arena [e.g. 'Education, education, education' or 'Make America great again'] because, quite simply, it works.

Do we need a brand identity?

You may find it helpful to develop a brand/identity for your curriculum e.g. 'RCPCH Progress'. The benefits of this are that it clearly distinguishes the old from the new, and makes any communication or material related to the curriculum easily identifiable and seeing the branding repeatedly will help raise awareness with your stakeholders as they start to recognise it and engage.

Are there any exemplars?

RCPCH slide pack case study: A slide pack with full speakers notes, providing an introduction to the new curriculum and how to prepare for transition. This was available for all members and used by trainees and trainers across the country who had no previous involvement with the College - crucial workforce spreading the word on our behalf. College-run webinars using the same pack were held, and a recording hosted online, so members doing their own presentations could watch this first to help them prepare.

RCPCH 100 days case study: packs sent to College Tutors in advance with resources and suggestions, asking them to facilitate a promotional and/or teaching activity on a set date - 100 days before the new curriculum went live. Examples included a simple briefing at handover to the eye catching going pink for Progress (wear pink, pink cakes etc). The intended impact was on awareness raising and engagement rather than detailed guidance. Photos etc were shared on social media through the day and afterwards to amplify messaging and impact

JRCPTB distance teaching toolkit: online resources for regional faculties to cascade training on the new curriculum to trainees and supervisors in each education site.

JRCPTB Rough Guide to support training programme directors, supervisors and trainees with the practicalities of implementing IMT

LEARNING POINT

Develop a detailed communication plan, considering who needs to know what, when, and how best to communicate it.

Table 2. A worked example of an approach to message development (from RCPCH)

Date	Group 1 VIPs and influencers (College Tutors, Heads of Schools, Committee Chairs, Trainees Committee)	Group 2 Other users
Sep 17	Aware a new curriculum is being developed, it is a radical change, and will be implemented from summer 2018	
Feb 18	Developing a good understanding of the structure of Progress and aware of potential impact on some groups	Aware a new curriculum is being developed, it is a radical change, and will be implemented from summer 2018
April 18	Increased understanding of the structure, content and impact	
May 18	Actively preparing for Progress, helping to inform colleagues about the changes	Understanding of the basic structure of Progress and what the impact may be on them
July 18		Starting to be familiar with Progress content, considered as part of PDP for next year, may have started tagging evidence

What next?

What should I consider?

What support will your trainees and trainers need post launch?

However comprehensive your launch programme has been, it will still inevitably take time for trainees and trainers to get used to using the new curriculum in practice, and there will still be users who were blissfully unaware that changes were coming. Consider what are the likely challenges and how can you pre-empt them e.g. can you do a big comms push in the lead up to ARCP reminding trainees and Supervisors what is required and any changes to the reporting process? Similarly to the implementation phase, aim to provide members with the resources they need to help themselves and others.

Once clinicians do start using the new curriculum, consider how can you encourage them to more deeply embed it within day to day practice, and bring about real cultural change (if that's what you're aiming to do!).

What does 'success' look like for this project, and how will you measure it?

Who will be responsible for this – will it sit with the committee with overall governance responsibility or should your curriculum working group be retained to manage the initial evaluation in the first 1-3 years post-launch? It is challenging to identify the impact of the curriculum as all measures could also be impacted by multiple other factors e.g. changes to working conditions for trainees, longer term impact of recently introduced assessments, new or improved resources or courses etc. One approach to evaluation is to identify themes which would suggest the curriculum has had the desired, positive impact, and a range of evidence which may assist in making a judgement on that theme. No one piece of evidence on its own is sufficient to make a judgement, but if you triangulate multiple evidence sources this will help you to make an overall judgement as to whether the higher-level aim has been met.

A worked example.RCPCH determined five measures for evaluation of their new curriculum:

1. **Usability: How easy is the curriculum to use and understand, for all stakeholders? Is there evidence it is being embedded within everyday training?**
2. **Engagement: To what extent are trainees, trainers and ARCP panels using the curriculum to support training and assessment?**
3. **Addressing development needs and supporting trainees in difficulty: Does the new curriculum assist in identifying and supporting trainees who are experiencing difficulties and/or pose a serious concern, and assist targeted development for all trainees?**
4. **Promoting excellence and flexibility: Does the new curriculum support the recognition of excellence and encourage fair and consistent judgements? Are trainees able to manage their training flexibly where required?**
5. **Output: Is RCPCH Progress leading to 'better' and happier paediatricians i.e. well prepared for all aspects of a consultant post and satisfied with their training experience?**

For each of these measures, success criteria were agreed and data sources identified which would help determine if those criteria were being met. Some of this evidence was already routinely collected, while others required a new action e.g. adding a question to the National Training Survey, additional analysis of curriculum tagging in ePortfolio etc. The curriculum group will review all data linked to the measure, and then make a judgement as to whether there is evidence on balance, that the curriculum has had an impact.



Remember that for some of your analysis you may need 'baseline' data based on the previous curriculum, so consider if you need to carry out some analysis prior to launch e.g. add a question to the NTS about curriculum satisfaction 1-2 years before the new curriculum goes live, and continue to measure post-launch.

What will the longer term governance of the curriculum look like, and specifically how will you manage change requests in a structured way?

Appendix 1

Project Manager example role profile

Purpose of the Post

Lead the review of the Specialty Training curriculum and ongoing development and review of SPIN modules curricula.

Specific Duties and Responsibilities

Review the curriculum for paediatric training including its assessment strategy according to the timeline agreed with the college and GMC collaborating with relevant staff and stakeholders

Administer the Curriculum Review Group meetings

Consult with and engage relevant groups by a variety of methods and College committees in relating to standards and quality processes as appropriate and be responsible for all published material, including the website, relating to quality management of the training programme ensuring that it is up to date and appropriate at all times

Set up and manage a pilot on the new curriculum, reporting and acting on key findings

Lead the implementation of the new curriculum

Liaise with comparable post holders in other Colleges on a wide range of issues, including the identification of any common competences

Represent the College at external meetings, such as the GMC, other Royal Colleges and attend committee and working group meetings as appropriate. These include the GMC Quality Leads meetings and ad hoc GMC meetings

Report progress and produce papers for relevant internal and external committees in line with key timelines in relation to activities on quality management and curriculum development.

Person specification

Essential

- Experience of curriculum development and/or experience of innovation in terms of training programmes
- Experience of managing projects involving product development and implementation
- Experience and evidence of undertaking research
- Proven ability to work to targets and deadlines
- Strong communication skills, both oral and written, and ability to communicate and network with a range of professionals
- Translates strategy into specific plans and actions, effectively managing competing

priorities with available resources

- Able to work flexible, independently, and as part of a team, building effective working relationships through a collaborative approach
- Positive about change and able to engage and enthuse others who are anti or ambivalent to change
- Evidence of continuing professional development.

Desirable

- A teaching and learning qualification
- Knowledge and experience of working in the NHS or medical education sector
- Knowledge and experience of qualitative and quantitative methods, and ability in statistics
- Experience of working on and servicing committees.

Appendix 2

Clinical Lead example role profile

Role details

Clinical lead for the review of the specialty training curriculum

Accountable to Vice President, Training & Assessment

Responsible to the Officer for Training

Start date: with immediate effect

Term of office: Two years, to support the review through to the launch and evaluation stages, with possible extension of 1 further year depending on actual timescales for approval of the revised curriculum.

Eligibility

The post calls for a significant interest in medical education and training and specifically in the development of curricula and assessment systems. An excellent working knowledge of the principles of developing curriculum content is required. Knowledge of the guidance currently in place regulating curricula and assessment development, and a familiarity with the new Generic Professional Capabilities and the GMC's current review of the Standards for Curricula and Assessment Systems would be advantageous.

Role and purpose and responsibilities

The primary focus of this role is to provide clinical support to College staff taking forward the development of the College's new curriculum, ensuring the quality of content and consistency across the entire curriculum and syllabus, and supporting the curriculum launch and early stages of implementation.

Specific responsibilities will include:

- Finalising the Learning Outcomes at all levels, in conjunction with the curriculum review core group
- Have oversight of the review of all supporting competences, giving guidance as to behaviours and mandatory evidence and suggested assessment methods, ensuring quality of content and consistency of approach throughout
- Support with production of the submission to the GMC requesting approval of the new curricula
- Liaise with SAC Chairs and other writers/reviewers as required
- Support development of the new eportfolio functionality to support the new curriculum structure.
- Support communication activities prior to the new curriculum becoming operational to

ensure support and engagement from trainees, trainers and Deaneries/LETBs

- Support implementation and evaluation of the new curriculum, working alongside the Officers, Trainees Committee and Senior College Tutor.

The Clinical lead will sit on the Curriculum review core group.

Attendance may also be required for agenda items related to curriculum development at other committees and working groups as necessary such as E-portfolio Project Board, Education and Training Quality Committee, Assessment Executive Committee, Heads of Schools, Regional Advisors and CSAC Chairs meetings.

It is estimated that up to 0.5 day per week professional leave will be required to carry out these duties.

Knowledge, skills and experience required

Essential

- Fellow of the College in Good Standing
- Experienced consultant
- Active in Clinical Practice
- Commitment to the College and ensuring a fit for purpose training curricula that facilitates reliable, valid and consistent outcomes
- Experience in the delivery of current UK training
- Practical understanding of best practice in curriculum development
- Experience of developing curriculum content at graduate or post graduate level
- Excellent attention to detail
- Excellent written and verbal communication skills
- Well-organised
- IT literate.

Desirable

- Good working knowledge of the current assessment strategy for specialty training
- Knowledge of regulatory requirements for curricula and assessment
- Working knowledge and understanding of College structure and function.

Working relationships

The post holder will work closely with the Quality & Standards Manager and Coordinator to support development of the new curriculum, ensuring quality and consistency of the curriculum and supporting syllabus. He/she will also work with the Education & Training Support Manager on matters relating to the assessment strategy and supporting policies and procedures. Equally they will work in conjunction with the Vice president for Training and Assessment, the Officer for Training and the Officer for Assessment. Together with College staff they will need to develop a good relationship with key staff at the GMC.

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