



# The RCGP Curriculum in action – one year old

The curriculum evaluation team:  
Sarah Burke, Ian Davison, Julie Bedward,  
Hywel Thomas, Neil Johnson



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# Structure of presentation

- Introduction to the evaluation
- Findings
  - focus groups
  - workplace based assessment data
- Key messages
- Questions / discussion

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# The evaluation

Three-year evaluation (August 2007 to December 2010) to explore:

1. Curriculum implementation

Recognising cultural and contextual changes

2. How the curriculum is experienced

Including structure, teaching and learning tools, assessment

3. Fitness for purpose

Overall suitability in training competent doctors

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# Data collection: Year 1

- Pilot focus groups (N=31)
- 5 case study deaneries
  - Kent, Surrey and Sussex; North Western; Northern Ireland; Wales; East Scotland
  - Interviews with staff holding lead roles in GP training (N=20)
  - Focus groups with trainees (ST1 to ST3), GP trainers and programme directors (N=183)
  - Interviews with ST1 trainees (to be followed up in ST2 and ST3) (N=12)
- Descriptive analysis of anonymised national data on workplace based assessments (N=6650)

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## Data collection: Years 2 and 3

- 5 case study deaneries:
  - Focus groups with trainees, trainers and programme directors
  - Follow-up interviews with individual trainees and their trainers; analysis of eportfolios
  - Interviews with staff holding key roles in GP training
- Inferential analysis of anonymised national data on workplace based assessments
- National e-survey of trainee and trainer views

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## Focus groups: key themes

- Curriculum statements
- Eportfolio
- Workplace based assessment
- Support / resources
- Training in primary / secondary care

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# Curriculum statements

Large size:

- “Overwhelming”, “vast”, “enormous”
- “We’ve got folder after folder after folder”
- “It’s a complete curriculum but totally unrealistic, isn’t it? I mean nobody could know all of that”

[All comments from trainers]

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# Curriculum statements

“To be perfectly honest I looked at it on the computer and thought ‘forget it!’... I just didn’t know where to start. So I haven’t looked at it at all... I’ve no idea what’s in the curriculum”  
(ST3 trainee)

“It’s so huge you could never sit down and work through it cover to cover trying to tick off all the things you are meant to know”  
(ST3 trainee)

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# Curriculum statements

A three year programme:

- “Introducing it early in ST1 is important, because that’s going to see them through the three years” (GP trainer)
- “I use the curriculum and I think it’s good because it makes me think what I need to know more about. With each of my jobs I always look at the curriculum” (ST1 trainee)

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# Curriculum statements

“The formal curriculum document I think is very useful, but it’s been totally overshadowed by the late, unprepared start of the eportfolio for me. I hope that I’ll be able to use the curriculum more later”

(GP trainer)

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# Eportfolio

- General support for an electronic portfolio of educational evidence
- Implementation issues

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# Eportfolio

“It’s a very useful communication tool between ourselves and the ST1s and ST2s because we do actually see what they’re doing” (GP trainer)

“It made me think ‘oh, I need to do a bit more on this subject’” (ST2 trainee)

“You kind of think of it as an assessment tool... And that made me not put down some things” (ST1 trainee).

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## Eportfolio - implementation

- Not available at start of training period
- Technical problems
- Not intuitive or user-friendly
- Lack of training and guidance

“Since I’ve got to grips with it, it’s really useful. But the lack of support to start with and the lack of direction has made it so difficult” (ST3)

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## Eportfolio – context of change

“I think it’s been the last straw this year; we’ve had so much change and then you get something that’s really not working very well” (GP trainer)

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## Eportfolio records

- The data: size, wrinkles
- How many assessments per trainee?
- Ratings and progression

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## The data: size, wrinkles

- 1<sup>st</sup> August 2007 → 31<sup>st</sup> July 2008
- RCGP 'deanery list' → ST year on 1/1/08
- Maternity out. Part time, sick leave in
- Assessments clustered within trainees  
(no stats this year)

Assessment Tool	Trainees	% trainees	Records	Records / trainee
CBD	6582	99.0%	51,861	7.9
DOPS	5991	90.1%	45,888	7.7
mandatory DOPS	5307	79.8%	24,646	4.6
Mini-CEX	4899	73.7%	26,653	5.4
COT	3311	49.8%	25,901	7.8
PSQ	2262	34.0%	98,158	43.4
MSF	5908	88.8%	69,479	11.8
CSR	5238	78.8%	10,615	2.0
Total	6650		328,555	49.4

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## How many assessments per trainee?

- Previous slide: assessments ÷ trainees
- Next slide, assessments done by each trainee →
- how many trainees have met the minimum requirement?  
e.g. 6 CBDs in ST1 & ST2, 12 in ST3

	ST1 n=2711		ST2 n=2286		ST3 n=1653	
Assessment Tool	n required	% done required	n required	% done required	n required	% done required
CBD	6	87.6	6	88.5	12	83.3
Mini-CEX + COTS	6	81.0	6	80.8	12	69.1
PSQ	40?	13.4	40?	13.8	40	85.2
MSF	10	69.0	10?	26.5	20	44.9
CSR	1?	96.9	1?	95.3	0	-
mandatory DOPS	8?	1.2	8?	4.0	8	64.6

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# Ratings and progression 1

## There is no standard?

- “the only requirement is that there is enough evidence to enable the trainer to feel confident that the GPStR is competent to practise.”
- “There is no pass or fail for CbDs and COTs or for any other separate WPBA tool”

[http://www.rcgp-curriculum.org.uk/nmrgcp/wpba/reviewing\\_the\\_evidence.aspx](http://www.rcgp-curriculum.org.uk/nmrgcp/wpba/reviewing_the_evidence.aspx)

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## Ratings and progression 2

### **There is a standard?**

- “To complete training successfully, the specialty registrar must have demonstrated aptitude in all 12 of the new MRCGP competency areas. Failure to reach the required standard triggers a review ...” The condensed curriculum guide (page 69).

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## Ratings and progression 3

### **A possible standard?**

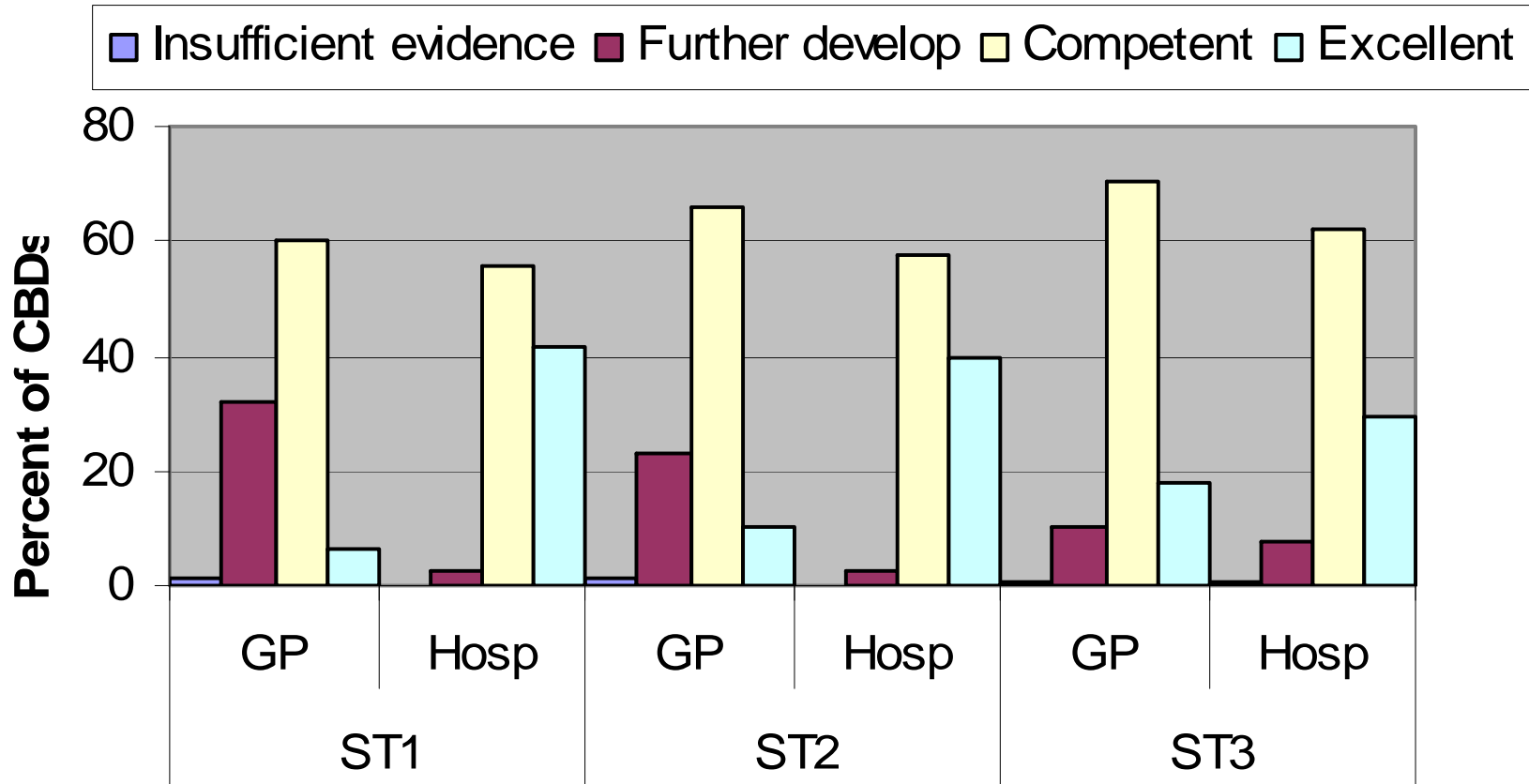
- ‘Meets expectations’ and ‘above expectations’ and
- ‘Competent’ & ‘excellent’ → higher rating
- How many trainees have required number of assessments with higher ratings?  
(unreasonable in ST1, perhaps OK in ST3)

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% trainees completed required:  
total + higher ratings

	ST1		ST2		ST3	
	Tot	High	Tot	High	Tot	High
CBD	87.6	71.2	88.5	75.0	83.3	48.2
Mini-CEX + COTS	81.0	71.0	80.8	72.0	69.1	36.1
mandatory DOPS	1.2	1.2	4.0	3.9	64.6	63.2

## CDBs: Ratings for Overall Assessment



Similar pattern for COTs and mini-CEX

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## Conclusion: issues

### **Implementation or ongoing issues?**

- Engagement with the written curriculum
- Eportfolio + assessment
  - Technical problems
  - Training issues
  - Formative and/or summative
  - Standards, progression, ethos

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## Conclusion: positives

- Electronic portfolio
  - General support
  - Huge number of assessments recorded
  - Progression in GP assessments
- More coherent training programme
  - GP curriculum in specialties
  - ST1&2 trainees contact with GP supervisors

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