Dear Helen,

**Re: update version of the RCGP curriculum consultation**

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The BMA welcomes the opportunity to respond to this consultation on a new and updated version of the RCGP curriculum. We are writing on behalf of the BMA’s general practitioners committee (GPC) and its GP trainee sub-committee to provide our feedback on the recent changes to the curriculum.

We embrace RCGP’s continued efforts in making the curriculum more user-friendly and engaging. However, the new curriculum does not meet the current and future needs of aspiring GPs in the modern NHS. The updated version of the curriculum does not react to the pressures and demands that GPs are increasingly seeking to comply with. The revised curriculum is underdelivering on content, by not fully capturing the expertise and attributes required for GPs to move into either a partnership role or salaried-based role in the current model of general practice.

Additionally, non-clinical aspects of general practice continue to fall behind in the curriculum. The content introduces new core competencies and capabilities which create greater pressures on trainees for achieving more in a short timeframe. Better prioritisation of required competencies, or preferably extended training is required if the current educational framework is to achieve professional and patient expectations.

We would argue for a ‘less but different’ approach to training that adequately responds to the modern challenges of general practice.
Following our key recommendations, please find outlined below more specific concerns, with page references:

- **Pages 4-5:** ‘Ensuring a broad range of experience’. In addition to the experience gained in GP placements, this section lists various other targeted opportunities that would provide exposure for trainees to acquire the adequate skills in the assessment and management of UK general population. While hospitals are rightly listed here, we would also suggest a stronger focus on hospital-based outpatient clinics. These will be able to provide better contextual learning and a holistic view of patient care, while covering a wide range of general and specialty medical practices.

- **Page 6:** ‘Work-based learning in primary care’. There is a lack of clarity between what a significant event audit and a critical incident reporting entail. A more detailed explanation on this will ensure a better understanding of what is required of trainees for work-based learning in primary care.

- **Page 23:** ‘Clinical examinations and procedures. Core competency: Demonstrate a proficient approach to clinical examination’ There is a crucial omission in the data gathering and interpretation criteria. There is no mention on GPs needing to know when not to investigate and how these decisions should be communicated with the patient. At a time of over-investigation and over-diagnosis, we believe this is essential.

- **Page 40:** ‘Core competence: Support the education and development of colleagues’ We believe recommendations under this section are not pragmatic. While we would encourage GPs to get accustomed to educational theory, we believe that this should not be introduced as a core competence for all GPs. We agree that some elements of learning teaching theory are part of core learning—such as for CPD of self and team, lifelong learning development and elements of teaching that most practices will engage in at various times through a career. However, we believe that anything beyond that should be viewed as further competency, oriented towards those GPs who wish to become trainers.

- **Page 26:** ‘Core competence: Apply a scientific and evidence-based approach’ We also believe that for every GP needing to ‘contribute to recommendations on areas for future research’ is not necessary and realistic. All GPs need to be able to understand and use research for clinical judgment, after critically appraising and implementing it. However, while some will contribute ideas for research and general practices can host or recruit for studies, only a few GPs will undertake research. We therefore believe this requirement should not be introduced as core competency.
Page 42: ‘Core competence: Develop the financial and business skills required for your role’

It is concerning that this section has not been revised. The curriculum provides adequate training for the clinical aspects of general practice, but does not prepare trainees for the choices they will have to make post-training about options in terms of employment. We acknowledge the increasing pressures on GPs to build upon their financial and business skills, however this should not necessarily be a core competency. We would recommend instead areas which address those business skills that would better prepare GPs for partnership/salaried roles and help trainees adapt to the evolving organisational and systems of care. The suggestions include chairing a multi-disciplinary team, attending regular partners’ meeting, interpreting the practices’ Quality and Outcomes Framework performance, understanding the role of the Clinical Commissioning Groups and Local Medical Committees, helping to prepare or a Care Quality Commission inspection.

Finally, the BMA broadly accepts the new and updated version of the curriculum for the GP specialty training programme in 2019. However, if this to reflect the expertise and capacity required of a GP in the modern NHS, revisions must be made to the educational framework to accommodate systemic organisational pressures and increasing workloads.

The GPC will be pleased to further expand on the issues highlighted above and work together to help achieve this.

We look forward to hearing from you.

Yours sincerely,

Dr Helena McKeown
GPC UK policy lead – education, training and workforce

Dr Tom Micklewright
Chair, GP trainee sub-committee