



## **STANDARDS FOR CURRICULA**

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Revised March 2005

## **Introduction**

This paper sets out the characteristics that curricula should display to be effective in guiding learning, teaching, and experience. The term 'curriculum' is here defined as:

A statement of the intended aims and objectives, content, experiences, outcomes and processes of an educational programme including:

- a description of the training structure [entry requirements, length and organisation of the programme including its flexibilities, and assessment system],
- a description of expected methods of learning, teaching, feedback and supervision

The curriculum should cover both generic professional and specialty specific areas.

The syllabic content of the curriculum should be stated in terms of what knowledge, skills, attitudes and expertise the learner will achieve.

The standards set here will ensure that the curriculum can be the basis of blueprinting for the assessment system<sup>1</sup>.

Background rationale for both this definition and for the standards set out below are available in PMETB papers<sup>2</sup>.

### **Standard 1: Rationale**

[a] The purpose of the curriculum must be stated, including its overall role in the relevant postgraduate training.

[b] The curriculum must state how it was developed and consensus reached.

- How content and teaching/learning methods were chosen.
- How the curriculum was agreed and by whom.
- The role of teachers and trainees in curriculum development.

[c] The appropriateness of the stated curriculum to the stage of learning and to the specialty in question must be described.

[d] Linkages of the curriculum to previous and subsequent stages of

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<sup>1</sup> See the PMETB document: Principles for an Assessment System for Postgraduate Medical Training by Lesley Southgate [Chair of the Assessment Committee] and Janet Grant.

<sup>2</sup> What is Curriculum?

Standards for Curriculum Development: Background Paper

the trainee's training and education should be clarified.

[e] The curriculum must be presented in relation to programmes and posts within those programmes.

## **Standard 2: Content of learning**

[a] The curriculum must set out the general professional and specialty specific content to be mastered.

- Knowledge, skills, attitudes and expertise must be addressed.
- Recommendations on the sequencing of learning and experience should be provided, if appropriate.
- The general professional content should include a statement about how *Good Medical Practice* is to be addressed.

[b] Content areas should be presented in terms of the intended outcomes of learning benchmarked to identifiable stages of training, where appropriate:

- what the trainee will know, understand, describe, recognise, be aware of and be able to do at the end of the course.

[c] Content areas should be linked to guidance on recommended learning experiences.

## **Standard 3: Model of learning**

The curriculum must describe the model of learning appropriate to the specialty and stage of training.

- General balance of work-based experiential learning, independent self-directed learning and appropriate off-the-job education.
- How learning for knowledge, skills, attitudes and expertise will be achieved<sup>3</sup>

## **Standard 4: Learning experiences**

[a] Recommended learning experiences must be described which allow a diversity of methods covering, at a minimum:

- Learning from practice
- Opportunities for concentrated<sup>4</sup> practice in skills and procedures
- Learning with peers
- Learning in formal situations inside and outside the department
- Personal study

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<sup>3</sup> Based on Miller's pyramid which runs from 'knows', to 'knows how', to 'shows', to 'does'. Miller G. The assessment of clinical skills/competence/performance. *Acad Med* 1990;**65** [Suppl.]:S63-67.

<sup>4</sup> Concentrated practice involves repeated practice of a skill or procedure over a short period, such as might be gained, for example, in a day-surgery clinic where many patients of the same type might be seen on one list. .

- Specific teacher inputs.

[b] Educational strategies that are suited to work-based experiential learning and appropriate off-the-job education should be described.

### **Standard 5: Supervision and feedback**

[a] Mechanisms for ensuring feedback on learning must be recommended and required<sup>5</sup>.

[b] Mechanisms for ensuring supervision of practice and safety of doctor and patient must be defined<sup>6</sup>.

### **Standard 6: Managing curriculum implementation**

Indication should be given of how curriculum implementation will be managed and assured locally and within programmes. This should include:

- Intended use of the curriculum document by trainers and trainees.
- Means of ensuring curriculum coverage.
- Suggested roles of local faculty in curriculum implementation.
- Responsibilities of trainees for curriculum implementation.
- Curriculum management in posts and attachments within programmes.
- Curriculum management across programmes as a whole.

### **Standard 7: Curriculum review and updating**

[a] Plans for curriculum review, including curriculum evaluation and monitoring, must be set out.

[b] The schedule for curriculum updating, with rationale, must be provided.

[c] Mechanisms for involving trainees and lay persons in [a] and [b] must be set out.

### **Standard 8: Equality and diversity**

The curriculum should describe its compliance with anti-discriminatory practice.

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<sup>5</sup> The assessment strategy will be defined separately and will include feedback on learning.

<sup>6</sup> A separate paper will be made available on supervision prior to a statement of principles for supervision being developed.