

# A continuous curriculum for general practice? Proposals for undergraduate–postgraduate collaboration

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## SUMMARY

*The development of a seamless general practice 'spiral' curriculum, in which topics may be revisited at different levels of intensity and complexity during the learning process, has been discussed in the context of undergraduate–postgraduate co-operation. Although the lifelong curriculum for all doctors contains a number of core competencies that aim to produce a 'stem' doctor, concerns remain about the effects of excessive reductionism. It is therefore essential that the content and delivery of the spiral curriculum ensure that intellectual interest is nurtured, by containing both taught theory and training in a hospital context. The opportunity for generalists to teach core competencies such that general practice is at the centre of the undergraduate curriculum — emphasising working within primary health care teams in teaching and training practices — is an ideal area for undergraduate–postgraduate co-operation. The use of the directly observed measures of performance would bring the undergraduate approach to assessment closer to that used in postgraduate general practice. However, supporting the tutors' network is crucial in undergraduate departments where much can be gained by joint working with postgraduate colleagues.*

**Keywords:** undergraduate; postgraduate; medical education; medical curriculum.

## Introduction

As part of a conference designed to explore the potential for more collaboration between undergraduate and postgraduate general practice, a working group of eleven people, including heads of university departments of general practice, directors and deans of postgraduate general practice, and others interested in medical education, was asked to consider issues related to the development of a seamless general practice curriculum. We were asked to consider whether there might be an overall continuous curriculum for general practice and, if so, what it is. What unique contribution does general practice bring to an undergraduate curriculum and are there elements of general practice that are applicable to the training of all doctors, irrespective of their ultimate career goal? There were further questions about the delivery of the curriculum and the opportunities for joint teaching appointments and joint working. We were asked to consider the appropriateness of an adult learning style for undergraduates and to think about the extent to which learning in the undergraduate curriculum can be taken forward into the postgraduate years. If a continuous curriculum for general practice can indeed be identified, would this leave us in the main stream of curriculum development or would it marginalise us? Finally, are we preparing our students and registrars adequately for a future that we cannot predict? A draft report was circulated to all members of the group and modified in the light of detailed comments from them to form the basis of this paper.

## Is there a seamless general practice curriculum?

At first sight, it might appear that the undergraduate medical curriculum is focused mainly on the education of a generic doctor while the postgraduate curriculum for general practice is a training process for a particular role, that of the generalist physician. There are, however, more similarities than differences in the content of the undergraduate and postgraduate curricula in terms of both the educational context and content and of methods of delivery. Undergraduate curricula, for example, are becoming increasingly skills-based and the ability to undertake self-directed learning, to master new conceptual and psychomotor skills, and to deliver strategies to cope with uncertainty and change form a common thread from the earliest days of the undergraduate curriculum into the postgraduate years. Whole-person medicine and the accommodation of patients' expectations, the recognition of early signs of serious disease, and the use of appropriate diagnostic strategies are central. The develop-

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ment of excellent clinical skills, particularly communication and consulting skills, and an understanding of the doctor-patient relationship are all important components of teaching and learning in both settings.

Perhaps the most helpful way of conceptualising the continuous curriculum for general practice is that of a 'spiral curriculum'<sup>1</sup> in which topics may be revisited at different levels of intensity and complexity during the learning process, from school through undergraduate education into the pre-registration year and beyond. While recognising that there will be different emphases for doctors training for any speciality the generic attitudes, skills, and knowledge required in today's core curriculum will be relevant to any practising clinician.

### Curriculum content

The core competencies required for adequate performance in a profession can be reduced to a relatively small number of items.<sup>2</sup> Similarly, the lifelong curriculum for all doctors contains a small number of core components, such as communication skills, problem-solving ability, and information retrieval. These translate into a manageable number of competencies that can be learnt and assessed in the course of undergraduate education and that aim to produce a 'stem' doctor. Although the definition of a clear 'core' of essential learning in any curriculum is recognised, concerns still remain about the potential adverse effects of excessive reductionism where everything is pared away apart from the very core. Clarity of purpose is essential so that the spiral curriculum, visiting problems at increasing levels of complexity, can address the educational needs required at different stages.<sup>3</sup> As well as ensuring that essential skills and attitudes are taught and examined, curriculum content and delivery must ensure that intellectual curiosity, excitement, and surprise are nurtured.

There is a continuing debate about the extent to which general practice as a speciality should be presented and taught in the curriculum (sometimes described as a 'shop window') or whether it should concentrate on being a context for teaching medicine. Some are firmly of the view that exposure to general practice at the undergraduate level should be a surreptitious form of pre-vocational training. In reality both views contain elements of truth. Role modelling starts from day one. Hospital experience shows students what it is like to be a hospital doctor. It is inevitable that students will wish to discover and be taught about the medical context in which they find themselves; the 'hidden curriculum'.

### Learning methods

In the wake of the General Medical Council's *Tomorrow's Doctors*,<sup>4</sup> the importance of new, more appropriate methods of curriculum delivery in the undergraduate years has been accepted and exciting curricular developments are now taking place in many medical schools, in which problem-defined or problem-based curricula are taught in a variety of ways.<sup>5-7</sup> The parallel recognition of the importance of teaching professional and communication skills means that these teaching methods are beginning to look much more like those that have been used in postgraduate general practice

for many years.<sup>8</sup>

The increasing emphasis in hospitals on short stays and high technology care for very ill people contrasts with the chronic major illness and acute major and minor illnesses that form the main burden within the population. There is a particular opportunity for generalists to educate students about the context and meaning of illness that offers one of the main examples of how principles and understanding introduced at undergraduate level are relevant to future training and professional practice. Far from marginalising general practice, this ability to provide education in the core competencies places the discipline at the centre of the undergraduate curriculum. Such learning opportunities can be developed through the increasing emphasis on working within primary health care teams in teaching and training practices and are an ideal area for undergraduate-postgraduate co-operation.<sup>9,10</sup>

### Assessment methods

There is increasing emphasis on defining the required outcomes of education for professional practice. These outcomes form the basis for assessment and, in turn, drive the way the spiral curriculum is delivered and learned.

One of the key recommendations of *Tomorrow's Doctors* was that as well as explicit teaching of consultation skills their reliable assessment was also required. This has led to the introduction in many schools of the use of the directly observed measures of clinical competence and communication skills, once again bringing the undergraduate approach to assessment closer to that used in postgraduate general practice.<sup>11-13</sup> More recently, techniques of direct and systematic observation of global consultation performance of undergraduates using both real and simulated patients have been used in summative undergraduate assessments.<sup>14-16</sup>

### Teacher development

At present, about two-thirds of funding from the Higher Education Funding Council for medical schools is related to teaching, with one-third linked to research. Nonetheless, research performance, measured through the Research Assessment Exercise, is the main driver in medical schools; the Quality Assurance Agency at present has no financial teeth and there is an urgent need to begin to link teaching quality with funding. This is important in terms of stimulating curriculum development, the use of information technology in delivering the curriculum, and encouraging teacher training and development.

The training of general practice trainers has a long and impressive history; however, the concept of accreditation of undergraduate teachers remains relatively undeveloped although in a few schools this has been undertaken systematically and formally for several years.<sup>17,18</sup> Teaching the teachers and supporting the tutors' network is a crucial role of the undergraduate departments where much can be gained by joint working with postgraduate colleagues.<sup>19,20</sup>

We need to develop all primary care teachers, from education in basic competencies to postgraduate training and continuing professional development.<sup>21,22</sup> Cross-fertilisation

between undergraduate and postgraduate education is essential and there is also a need to remove the university/non-university barrier.

### Implications for change

There is much to be gained from sharing knowledge and understanding between undergraduate and postgraduate general practice, with geographical co-location promising further benefits.<sup>23,24</sup> Joint training of doctors wishing to develop their skills in undergraduate teaching and postgraduate training is likely to pay off and to lead more smoothly to joint working on educational projects for undergraduates and postgraduates. The undergraduate departments of general practice, often with strong research bases, are in a good position to contribute to the shape and content of the postgraduate curricula while undergraduate teachers have a great deal to learn from their colleagues in postgraduate medicine about teaching methods and assessment. There is, however, an urgent need to reconsider and probably reconfigure the pre-registration and vocational training segments of the postgraduate years. More pre-registration house officers are required in general practice and a more appropriate balance is needed between the hospital and community components of the vocational training period.<sup>25</sup>

### Conclusions

Undergraduate and postgraduate medicine need to become more closely aligned. Joint curriculum planning and delivery, reciprocal contributions to undergraduate and postgraduate courses, regular strategic meetings, shared modules for accreditation for teaching undergraduates and training registrars and, when possible, geographical co-location are all likely to pay dividends. The joint development of teachers and of teaching programmes should be encouraged although undergraduate and postgraduate departments should continue to make their distinctive contributions at appropriate stages of the curriculum. There are also likely to be political gains in moving towards a more unified presentation of academic general practice that may be helpful in negotiations with the National Health Service and the universities on academic careers and terms and conditions of service.

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