



Changes to specialty trainee assessment and review from August 2014

Guidance for supervisors

Introduction

Following a pilot of workplace-based assessments (WPBAs), JRCPTB made a series of recommendations for specialty trainee assessment and review which are available on the JRCPTB website.

These recommendations take effect from August 2014 across core medical training and higher medical specialty training. The assessment tools have not been changed, but the way in which they support learning and the process of linking and reviewing evidence in the ePortfolio have been clarified. The annual review of competence progression (ARCP) decision aids and the ePortfolio will be adjusted to support the recommendations. The changes are in line with General Medical Council (GMC) guidance and are supported by the GMC and the Academy of Medical Royal Colleges. This guidance should be read with the recommendations.

What are the key features of the revised system?

> The educational supervisor's report is pivotal to the ARCP and the online form will be revised to facilitate the review of the ePortfolio and summary of progress.

> Supervised learning events (SLEs) are formative events (assessments for learning) using the CbD, mini-CEX and ACAT tools. There will be no scoring system and the forms will promote feedback and self-reflection. The global rating system has been retained to provide trainees with an indication of their level of attainment and progression.

> SLEs will inform you of a trainee's learning and development, and will be one of the pieces of evidence which can influence your educational supervisor report.

> It is not necessary for you to examine all the competencies in the ePortfolio to make a judgement on a trainee's progress. Instead, you should sample trainee statements in the ePortfolio at regular intervals to confirm the accuracy of trainee reporting.

> Structured feedback from clinical supervisors will be captured in the multiple consultant report (MCR) introduced in October 2013 and will be an important source of information for the educational supervisor's report.

> Assessments of performance (AoPs) will not form part of the assessment framework.

What is new?

- > The number of times an SLE can be linked to curriculum competencies will be limited to eight for each ACAT and two for CbD and mini-CEX. One piece of linked evidence is sufficient if you and the trainee feel it shows engagement with a curriculum competency.
- > ARCP panels will not routinely examine SLEs but will be expected to review feedback and action plans for underperforming trainees.
- > Ten of the common competencies will not require linked evidence in the ePortfolio but any concerns must be highlighted in the supervisors' report (see appendix 1 of the recommendations).
- > Specialty placement checklists for CMT will guide trainees and supervisors on relevant competencies to aid sign-off based on direct supervision. Guidance will be provided.

What remains unchanged?

- > The process of induction, mid-point and end-point reviews and the use of personal development plans.
- > DOPS, MSF, teaching observations, audit and quality improvement assessments.
- > ARCP decision aids provide guidance on what is required at each level of training.

A summary of the revised system of assessments is given in the table below.

Assessments	Recommendations
CbD	<ul style="list-style-type: none"> > Collectively to be known as supervised learning events (SLEs). > Emphasis on self-reflection, effective feedback and action plans. > Demonstrate longitudinal progression during training period.
mini-CEX	<ul style="list-style-type: none"> > Global ratings provide trainees with a clear indication of their current attainment and development.
ACAT	<ul style="list-style-type: none"> > Curriculum links are limited to eight for ACAT, two for CbD/mini-CEX. > Refer to revised ARCP decision aid for specialty requirements.
DOPS MSF Audit assessment/ QIPAT Teaching observation	<ul style="list-style-type: none"> > Continue in current format. > Refer to revised ARCP decision aid for specialty requirements. <p>Quality Improvement Project Assessment tool (QIPAT) can be used in place of audit assessment in CMT and will be available for specialties to use on a voluntary basis.</p>

How do these changes affect your role as supervisor?

You should help trainees to identify opportunities in the clinical environment to promote longitudinal progression towards learning goals. You should encourage trainees to reflect and actively seek feedback, set action plans and arrange for follow-up of agreed learning goals with assessors.

Educational and clinical supervisors should review a sample of the trainee's ePortfolio evidence and self-assessment ratings early in the placement and at regular intervals through the training year. An early check (after 2–3 months) is recommended to ensure the trainee is engaging with learning and reporting appropriately. Evidence can include SLEs, other WPBAs, reflective logs, certificates and examinations and one item per competency should be sufficient to determine engagement and progression.

It is not necessary for you to examine all the competencies to determine a trainee's engagement with the curriculum. JRCPTB recommends that a total of 10–12 competencies are explored by sampling during the course of the training year. For specialties with a large number of competencies, this will mean approximately 10% of competencies should be sampled in a training year, assuming satisfactory progress is being made. If you identify development needs, ensure these are identified in action plans and arrange follow up. If you are concerned a trainee is not making appropriate progress, please refer to the local processes for doctors in difficulty.

Please refer to the relevant ARCP decision aid to determine whether any competencies and/or procedures must be signed off individually.

Educational supervisors should complete a report towards the end of the training year which should include a summary of SLEs, sampling of curriculum competencies, progression of learning and feedback from MCRs.

For further information, please refer to the JRCPTB website assessment pages: www.jrcptb.org.uk. If you have a query please email wpbaqueries@jrcptb.org.uk.