

Changes to specialty trainee assessment and review from August 2014

Guidance for programme directors - CMT, GIM and AIM

Introduction

Following a pilot of workplace-based assessments (WPBAs), a series of [recommendations for specialty trainee assessment and review](#) were published on the JRCPTB website in May 2014 and will be implemented across core medical training and higher medical specialty training from the sixth of August 2014. 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 has been produced to support programme directors in CMT, GIM and AIM but may also be useful for supervisors in these specialties. Separate guidance documents have been published for trainees and supervisors and are available on the JRCPTB website (please see below).

Key features of the revised system of assessment and review

- 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 ARCP decision aids and the ePortfolio will be adjusted to support the recommendations.
- The educational supervisor's report is pivotal to the annual review of competence progression (ARCP).
- Supervised learning events (SLEs) are formative assessments using the Cbd, mini-CEX and ACAT tools. Assessments of performance (AoPs) will not form part of the assessment framework.
- Linkage of evidence in the ePortfolio does not in itself demonstrate competence but shows engagement with the learning process. The signing off of every competency on the basis of ePortfolio evidence is not considered to be useful or educationally productive.
- 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.

What do supervisors need to know?

Linking of evidence to curriculum competencies

- Trainees should link evidence to competencies in the ePortfolio to demonstrate engagement and learning with the curriculum. Evidence can include SLEs, DOPS, reflection, certificates and examinations. The ARCP decision aid provides guidance on requirements for each stage of training.
- The number of times a trainee can link an SLE to curriculum competencies in the ePortfolio should be limited to eight for each ACAT and two for CbD and mini-CEX.
- One piece of linked evidence per competency can be sufficient if the supervisor is satisfied the trainee has engaged with the curriculum topic and demonstrated learning.
- Ten of the common competencies will not require linked evidence, but any concerns must be highlighted in the supervisors' report. The ten will be listed in the ARCP decision aid and differentiated on the ePortfolio.

Sampling of curriculum competencies

- It is not necessary for supervisors to examine all the common, emergency, top and other important competencies in the ePortfolio to make a judgement on a trainee's progress in these areas of the curriculum.
- Supervisors should review a sample of the trainee's evidence, self-ratings and statements in the ePortfolio and discuss these in detail with the trainee. This should take place regularly during each placement, ideally at the mid-point and end of attachment appraisal meetings. We advise that 10-12 competencies across the curriculum should be looked at in detail over the course of the training year. More will be required if evidence is considered inadequate or inaccurate.
- Procedures require individual summative assessment using DOPS. Summative sign off for routine procedures is to be undertaken on one occasion with one assessor to confirm clinical independence. Summative sign off for potentially life threatening procedures should be undertaken on two occasions with two different assessors (one assessor per occasion).
- Supervisors should record the outcome of the review of trainee evidence in the appraisal documentation. They should identify any areas which require further evidence and must inform the programme director if there are significant concerns following the end of attachment appraisal.

Rating curriculum competencies at group level

- The outcome of sampling of trainee evidence and ratings can now be recorded at the group level for common, emergency, top and other important presentations.

- Supervisor's ratings and comments at group level will be visible when the competency details are opened. We are working with the ePortfolio provider to ensure these ratings appear on the competencies list without needing to drill down in future.

Educational supervisor report

- The ES report provides a vital summary of ePortfolio evidence for the ARCP panel. The ES should use appraisals and reports of other supervisors (via MCRs and MSF) to inform their comments and aid them in making a judgement on the trainee's overall performance.
- The ES report has been revised as follows:
 - Report on MCRs and any areas of excellence or concerns included
 - Auto-populated count of CbDs, mini-CEXs and ACATs replaces single count of total SLEs
 - Info icon explaining sampling of trainee's evidence
 - Re-ordering of sections to improve reporting of evidence and overall performance
- The current ES report will continue to be available until the end of September 2014 when it will be replaced with the revised version.

Specialty placement checklists

- Specialty placement checklists have been developed to guide trainees and supervisors on the top presentations and other important presentations which are likely to be encountered in specialty placements. Checklists can be used as *aides memoires* to help identify educational objectives and inform the personal development plan.
- Supervisors can record which presentations were covered during the placement and comment on overall performance and any areas which need further development. The checklists can be helpful when reviewing trainee's progress and adding ratings for top and other important competencies at group level.
- An example checklist for gastroenterology is given in appendix 2. Checklists and a document mapping presentations to specialties will be available to download from the CMT and AIM webpages of the JRCPTB website, with links from the CMT and AIM curriculum on the ePortfolio.

Quality improvement project assessment tool

- The quality improvement project assessment tool (QIPAT) will be available on the ePortfolio from August and can be used as an alternative to the audit assessment tool.

What do programme directors need to know?

ARCP process

- The ARCP decision aids have been updated to reflect the changes to assessment and review.
- ARCP panels should focus on the educational supervisor's report which summarises ePortfolio evidence and the feedback received via the MCRs and MSF.
- ARCP panels should not routinely examine SLEs as these are formative tools which focus on providing immediate feedback to trainees to aid learning. However, panels may wish to review feedback and action plans of individual SLEs for underperforming trainees.

Sources of guidance

- Guidance to support the implementation of the changes to assessment and review can be found on the [WPBA page](#) of the JRCPTB website. The following documents are available to download:
 - [Recommendations for specialty training assessment and review](#)
 - [Trainee guidance](#)
 - [Supervisor guidance](#)
- PowerPoint slides outlining the specialty training assessment and review process from August 2014 are available for use at trainee induction and teaching sessions. A version of the presentation for supervisors has also been produced and both will be circulated with this guidance.
- ARCP decision aids for CMT/GIM/AIM have been revised and will be published on the relevant pages of the JRCPTB website and circulated with this guidance.
- A trainee newsletter with details of the new system of assessment has been emailed to all core and higher medical trainees and will be sent to new trainees once their contact details are confirmed. The newsletter was also circulated to SAC members, heads of schools, postgraduate deans and deanery/LETB administrative contacts.

Appendices

- Appendix 1 Summary of revised system of assessments
- Appendix 2 Example specialty placement checklist– Gastroenterology

Appendix 1

Summary of the revised system of assessments

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

Appendix 2

Checklist for specialty placement - Gastroenterology

Please see below the common medical presentations and other important presentations that are likely to be encountered during a core medical training (CMT) or acute internal medicine (AIM) placement in **Gastroenterology**. The checklist can be used by supervisors and trainees to help identify learning opportunities at the induction appraisal meeting and to help trainees to formulate their personal development plan (PDP).

Supervisors can use the checklists to review a trainee's progress during a placement and completed forms can be referred to when adding ratings at group level for top and other important competencies.

Please indicate below if the curriculum competencies listed have been adequately explored during the placement

'The Top Presentations' – Common Medical Presentations

Abdominal Pain	Yes	No
Diarrhoea	Yes	No
Haematemesis & Melaena	Yes	No
Jaundice	Yes	No
Vomiting and Nausea	Yes	No

Other Important Presentations

Abdominal Mass / Hepatosplenomegaly	Yes	No
Abdominal Swelling & Constipation	Yes	No
Alcohol and Substance Dependence	Yes	No
Dyspepsia	Yes	No
Incidental Findings	Yes	No
Physical Symptoms in Absence of organic Disease	Yes	No
Pruritus	Yes	No
Rectal Bleeding	Yes	No
Skin and Mouth Ulcers	Yes	No
Swallowing Difficulties	Yes	No
Weight Loss	Yes	No

What went well?

What areas require further development?

Action plan