Evaluation of the Proof of Concept Study (PoC)

Contents   Page No

1. Introduction

The JRCPTB in conjunction with MRCP(UK) is in the process of developing the new internal medicine curriculum on behalf of the Federation of the Royal College of Physicians. An important part of this project involves the development of a supporting assessment system. The present curricula for physician training are based on achieving a large number of individual competencies that are assessed throughout training by a variety of different methods. An improved, more authentic, simplified and more easily deliverable system for assessing progress through the new curricula could be attained by centring the curriculum on a smaller number of outcomes rather than multiple detailed competencies.

The training outcomes have been described as 'Competencies in Practice' (CiPs) and it has been proposed there should be 14 different CiPs for internal medicine (See Appendix 1) that covers key professional activities expected of a fully trained physician.

Within each CiP there are four levels at which a trainee may be judged to be performing (See Appendix 1). Ascribing a specific level to each CIP will allow progress to be gauged and to relate progress to what tasks are actually performed in the clinical workplace and the level of supervision that the task must be performed under. The levels are described below.

CiPs 1-9 are clinical in nature and the following level descriptors apply:

- Level 1: Observations of the activity – no execution
- Level 2: Trusted to act with close supervision
- Level 3: Trusted to act with supervision available quickly
- Level 4: Trusted to act unsupervised (with clinical oversight within training)

CiPs 10-14 are non-clinical and have different descriptors:

- Level 1: No or limited knowledge or experience
- Level 2: Knowledge but limited experience, trusted to act with close supervision
- Level 3: Knowledge and experience, trusted to act with guidance available
- Level 4: Experienced and trusted to level of independent practice

Supervisors would need to make judgements or 'entrustment decisions' about a trainee's performance in relation to a number of broad observable outcomes of relevance to patient care.

The Proof of Concept Study (PoC) will explore the feasibility and acceptability of using this outcome based model of assessment in a UK NHS setting.

2. Aims of Study

The Proof of Concept study explored:

1. Whether clinical and educational supervisors are able to make entrustment decisions using the CiPs and levels in a range of clinical specialties and learning environments
2. What types and forms of evidence supervisors require, and trainees feel are necessary, to make such decisions

3. Whether trainees and supervisors find the approach more or less acceptable than the current system

4. Whether the proposed levels are equally meaningful, useful and helpful for all of our proposed CiPs

5. Whether face-to-face training is perceived as helpful to participants.

3. Methods

Participants in the study included trainees (CMT and HST), Clinical Supervisors and Educational Supervisors. These participants were self-selected as those who were interested in taking part in the study.

3.1 Study Tools

The following tools were produced.

- A CiP Study Trainee Self-Assessment form (See Appendix 2)
- A CiP Study Educational Supervisor form (See Appendix 2)
- A CiP Study Clinical Supervisor form (See Appendix 2)
- An evaluation form for each participant by which the views of participants could be qualitatively assessed. (See Appendix 3)

3.2 Training

Training was provided in the following ways:

1. Face-to-Face training days

    - Three half-day sessions for trainees and supervisors in London and Leeds
    - Attendees at the training day were: 13 educational supervisors, 3 clinical supervisors and 17 trainees
    - Feedback was collected through evaluation forms, reflection from group activity and group discussion. (See Appendix 4)
    - A report on the feedback received from the training day is provided in Appendix 5.

2. Online Training

    - A detailed participant guide was provided for those who could not attend the face-to-face sessions. This explained the process and the roles of each participant.
    - All participants were provided with access to online videos on how to complete forms using the e-portfolio.

3.3 Process

Participating trainees were linked with their clinical and educational supervisors in their e-portfolio. They were asked to:

- consider what evidence they needed to provide to inform decisions about their performance at each CiP

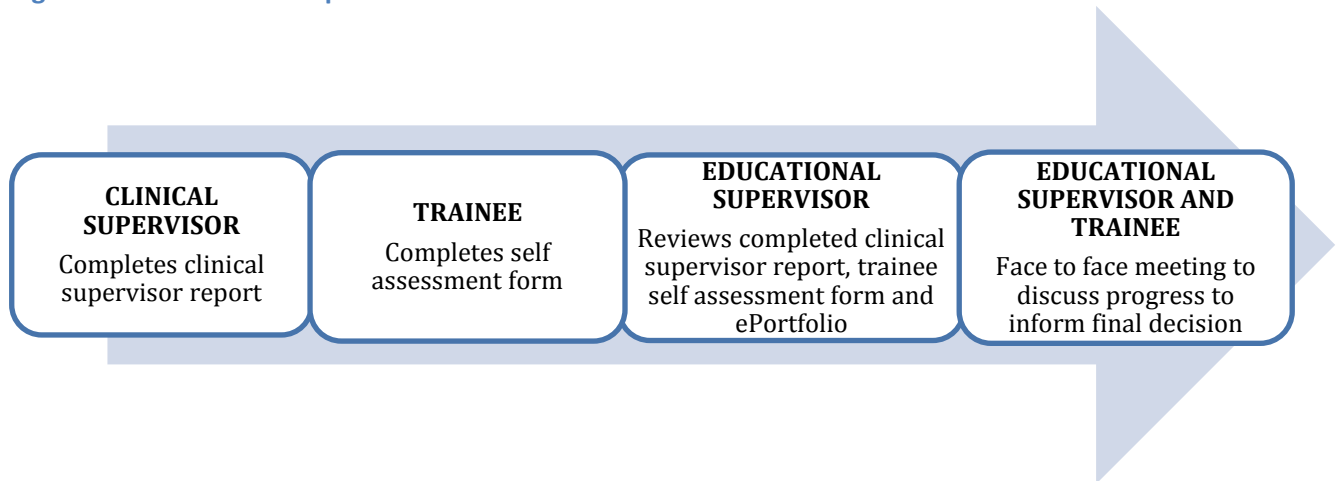- complete a CiP Study Trainee Self-Assessment Report

Clinical Supervisors were asked to:

- review the trainee's e-portfolio and consider their personal experience of the trainee.
- complete a CiP Study Clinical Supervisor Report indicating what level they felt the trainee was performing at for each CiP.
- meet with the trainee to complete the report.

Educational Supervisors were asked to:

- review the trainee's e-portfolio and consider the clinical supervisor report and trainee self-assessment.
- meet with the trainee in order to discuss progress and document a level of performance of each CiP on the CiP study educational supervisor form.

Figure 1: Overview of the process

CLINICAL SUPERVISOR	**TRAINEE**	**EDUCATIONAL SUPERVISOR**	**EDUCATIONAL SUPERVISOR AND TRAINEE**
Completes clinical supervisor report	Completes self assessment form	Reviews completed clinical supervisor report, trainee self assessment form and ePortfolio	Face to face meeting to discuss progress to inform final decision

3.4 Data Analysis

All participants in the PoC study were asked to complete an evaluation questionnaire through SurveyMonkey (See Appendix 3). A thematic analysis process was used to code themes identified in the evaluation forms.

4. Results

4.1 Response Rates: Completed CiP Study Forms

Participants were self-selected into the study. In total 235 trainees and supervisors had shown interest in participating.

Table 1 depicts the total number of participants that went on to complete CiP Study forms in each of the 'user' groups.

Table 1: Number of participants completing CiP forms

Trainees	46
Educational Supervisors	45
Clinical Supervisors	43
Total	**134**

The requirement of the study was that a trainee, educational supervisor and clinical supervisor each completed their forms to make a complete set. Of the total number of participants there were 35 complete sets.

4.2 Response Rates: Completed Evaluation Forms

Table 2 summarises total number of participants that completed evaluation forms.

Table 2: Number of participants completing evaluation forms

Trainees	30
Educational Supervisors	28
Clinical Supervisors	20
Total	**78**

4.3 Themes from Face-to-Face Training Days

The training days included a presentation of the PoC study and how to make entrustment decisions which was followed by a practical exercise where participants completed CiP forms and made entrustment decisions on a hypothetical trainee.

Participants were asked in the feedback form whether they found the day useful and the reasons behind it. Trainees and trainers found both the presentation explaining the theory behind the PoC study and the practical exercise in completing CiP forms useful. Participants valued the interactive nature of the discussion session where questions could be answered.

A number of common themes were identified from the feedback received (Appendix 4/5) and these are highlighted in table 3.

THEMES
A useful training day   - Practical experience of completing forms   - Theory behind CiP, Study overview explained   - Discussion, reflection and Q &A
Gives a holistic oversight
Levels of supervision not clear
Time consuming to complete CiP forms
CIP 9-14 more difficult to assess

4.4 Quantitative Analysis from the Proof of Concept Study

From the evaluation forms (Appendix 3) study participants were asked the following questions and the results are displayed below each question that was asked. **(Please note that the number of participants that responded is very small and therefore it is difficult to make firm conclusions from the data)**

1. **'How does the time commitment in completing the CiP documentation compare with the current system?' (Table 4)**

Table 4

Number	Trainee	ES	CS	Total
More time	11	4	8	**23**
Same Time	13	1	9	**23**
Less Time	7	10	2	**19**
Total	**31**	**15**	**19**	

2. **Do you feel the new CiP process is more or less fair than the current system? (More fair/less fair/About the same) (Table 5)**

Table 5

Number	Trainee	ES	CS	Total
More fair	11	13	7	**31**
About the same	20	15	9	**44**
Less fair	0	1	0	**1**
Total	**31**	**29**	**16**	

3. **Is there a clear difference between each level of supervision? (Yes/No) (Table 6)**

Table 6

	Trainee	ES	CS	Total
Yes	17	22	17	**56**
No	13	6	5	**24**
Total	**30**	**28**	**22**	

4. **Regarding the four levels of supervision, which of the following do you agree with? (Too many/current level correct/Too few) (Table 7)**

Table 7

	Trainee	ES	CS	Total
Too Many	3	1	1	**5**
Current level correct	19	25	12	**56**
Too few	8	2	5	**15**
Total	**30**	**28**	**18**	

5. **Question to ES: Were you able to make entrustment decisions, in a range of clinical specialties and learning environments, across the entire range of 14 different 'CiPs' and four different performance levels? (Table 8)**

Table 8

Yes	24
No	4
Total	28

4.5 Qualitative Analysis: Themes from the Proof of Concept Study

Qualitative data were analysed and categorized into themes. The themes were further subdivided into subthemes. The major themes and subthemes along with numbers of responses are summarised in Table 9.

Table 9

THEMES	SUBTHEMES	NUMBERS OF REPONSES
POSITIVE THEMES	Rationalises workload	22
	More holistic oversight	20
	More representative of real world environment	20
	Took same time to complete	8
	Overall improvement to the assessment process	6
	Positive development	6
	Reflective	3
	Identifies strengths and abilities	3

	Easier to identify areas for development	3
	Gives more meaningful feedback	3
	Provides trainee support	3
	Still relies on the same evidence	2
	CiP is more structured	2
	Allows access to supervisors	2
	A little quicker	2
	Seems fairer	2
	Accurate	1
	Identifies struggling trainees	1
	Defines level of confidence in abilities	1
	More precise domains	1
NEGATIVE THEMES	CIPS 9-14 difficult to assess (non- clinical and procedures)	47
	Dependent on correct completion of forms	17
	Took longer to complete	12
	Doesn't work for acute specialty takes	8
	Process not clear	4
	Need palliative care tool	4
	Managing patients in OP clinic CIP harder to assess	4
	Dealing with a struggling trainee is an issue	3
	Less evidenced	2
	Other evidence/areas of curriculum still need review	1
	Some areas hard to judge	1
	Might not produce enough data for ES report	1
	Doesn't allow for nuances with each area	1
	Less fair	1
	Requires more courage to complete forms	1
	Less accountable	1
	The quality of the CiP will depend on other (future) curricular changes	1
	Resuscitation CIP difficult to assess	1
	CIP on clinical teaching and clinical supervision should be separated	1
LEVELS OF SUPERVISION	Levels of supervision not clear/overlap between levels/expectation for each level not clear	46
	Purpose of levels of supervision is: to discern levels of competence	23
	Purpose of levels of supervision is: to assess independent practice	21
	Purpose of levels of supervision is: to demonstrate and monitor progression	18
	Adequate number of levels of supervision	9
	More levels of supervision required/mid levels required	8
	Levels easier to use for senior trainees. More difficult to use in early training	3
	Levels clear	2
	Levels are a potential risk to workforce planning and	2

	unsupervised work	
	Too many levels	1
	Need to relate level of supervision to grade of trainee	1
NEED FOR TRAINING	Attending face to face training would be useful	8
	Attending face to face training would NOT be useful	7
	Training - More training required, depends on guidance/process	6
	There is a need for individuals to understand each domain	1
SUBJECTIVE	Subjective	8
	Vague descriptors/Not specific	4
	Depends on relationship between ES and trainee/ Depends on interaction with trainee	4
	Depends on quality/rigor of approach	3
	Rely on gut feeling	2
IT/E-PORTFOLIO PROBLEMS	Unable to link WBPA to CIPS / Unable to link trainee and CS reports	3
	E-portfolio/ IT issues	3

The most common subthemes coming from the PoC study from all participants are summarised below (Table 10). The numbers of responses for each theme has been further divided according to trainee or supervisor.

Table 10

THEMES	SUBTHEMES	TRAINEE	ES	CS	NUMBERS OF RESPONSES
POSITIVE THEMES	Rationalises workload	12	7	3	**22**
	More holistic oversight	10	6	4	**20**
	More representative of real world environment	11	6	3	**20**
NEGATIVE THEMES	CiPs 9-14 difficult to gather evidence and assess (non-clinical CiPs and procedures)	17	24	6	**47**
	Dependent on correct completion of forms	10	5	2	**17**
	Took longer to complete forms	8	0	4	**12**
	Doesn't work for acute speciality takes	3	5	0	**8**

LEVELS OF SUPERVISION	Levels of supervision not clear / overlap between levels / expectation for each level not clear	28	12	6	46
	Purpose of levels of supervision is: to discern level of competence	7	8	8	23
	Purpose of levels of supervision is: to assess Independent practice	8	9	4	21
	Purpose of levels of supervision is: to demonstrate and monitor progression	5	4	9	18
	Adequate number of levels of supervision	1	7	1	9
	More levels of supervision required / mid levels needed	3	4	1	8

5. Discussion

5.1 Quantitative Analysis from the Proof of Concept Study

Participants were asked about the time commitment (Table 4) required in completing CiP documentation and how it compares to the current system. Twenty three participants felt it took more time, 23 felt it took same time and 19 felt it took less time suggesting there was a difference in opinion over time commitment. Ten educational supervisors felt it took less time to complete and 4 educational supervisors felt it took more time to complete. In contrast the majority of trainees and clinical supervisors felt the CiP forms took the same or more time to complete forms.

Participants were asked if they felt the CiP process (Table 5) was more, less fair or had the same fairness as the current system. The majority of participants (44 people) felt that it had the same fairness with 31 participants feeling that it was more fair. Only 1 educational supervisor felt it was a less fair process.

Participants were asked about the level of supervision and if they felt there was a clear difference between each level of supervision (Table 6). 56 respondents felt that there was a clear difference whereas 24 did not. There seemed to be a larger proportion of trainees who felt there was not a clear difference between each level in comparison to supervisors. When asked if they felt there were an adequate number of levels (Table 7) the majority of participants felt that that the current numbers of levels of supervision was adequate.

Educational Supervisors were asked a specific question on whether they were able to make entrustment decisions in a range of clinical specialties across the entire range of 14 CiPs and four

different performance levels and the majority (24 Educational Supervisors) felt that they could make entrustment decisions. (Table 8)

5.2 Qualitative Analysis: Themes from the Proof of Concept Study

From the summary of the common themes arising from the evaluation it can be seen that there are positive aspects of the study. However, there are also some aspects where participants have found issues. These themes are discussed in further detail below with illustrative comments from trainees and supervisors.

1. **CiPs 9-14 more difficult to gather evidence and assess**

   This was the most common theme that arose from the overall evaluation. These CiPs include one clinical CiP 9 (achieving procedural skills) and five non-clinical CiPs (10-14). The five non-clinical CiPs include quality improvement, research, acting as a clinical teacher, ethical and legal issues and the ability to function within NHS management systems.

   The current guidance to ascribing a level for procedures (CiP 9) advises that one level decision is made for more than one procedure. Supervisors very rarely observe trainees doing procedures. This was reflected in a comment made by a clinical supervisor when asked which CiP they found most difficult to assess:

   "The procedures I found most difficult. Consultants rarely oversee the trainee undertaking medical procedures. In addition procedures are 'lumped' together. It might be more informative if there was a tick list of procedures with associated grades of competency"

   CiP 11 (carrying out research and managing data) was an area participants found difficult to assess. Trainees reflected that it could be difficult to complete this without specific out-of-programme research activity:

   "Research - if you are not doing any OOP research experience it is difficult to get this competency signed off. If it is such that you need the level of evidence requested then an OOP experience is likely to be required - if it is the case that an understanding of evidence based medicine and how to understand papers is what is needed then a course is sufficient."

   Completing the research CiP whilst at a small district hospital could be difficult, as they may not have research activities taking place as expressed by a trainee:

   "Research (especially in DGHs etc. where very little research exposure may be possible)"

   Another trainee raised a concern that core medical trainees would not be exposed to the non-clinical competencies.

   "Some of the non-clinical competencies - particularly as a CT2 with limited experience of working with hospital management."

   One educational supervisor felt that they relied on the clinical supervisor feedback in order to gather evidence for and make a decision on the research and NHS systems CiPs:

   "The research and NHS systems CiPs were more difficult and relied mainly on the clinical supervisor's feedback, which was limited for the research CiP."

2. **Levels of supervision not clear / overlap between levels / expectation for each level not clear**

The level descriptors were the second most common theme arising from the analysis. Participants felt that the definition and the expectation of each level were not clear. This lack of clarity was most common amongst trainees (28 numbers of responses from a total of 47). (Refer to Table 3)

Trainees commented that the definition of some of the levels was not clear and could be interpreted differently:

"I think the definitions of descriptors level 3 and 4 perhaps could be adjusted. Level 3 is defined as "trusted to act with supervision available quickly", I think this can be difficult to apply to the outpatient setting- supervision is available but is often not needed "quickly". Level 4 is defined as "trusted to act unsupervised (with clinical oversight during training)"- I am a little unclear as to what exactly is meant by "clinical oversight during training". Perhaps it would be better to say- "trusted to act unsupervised with senior guidance available if necessary".

"I think the levels of supervision needs to be specified further - when self-assessing I would presume that is the guidance I feel I require in a particular area but when a clinical supervisor is assessing they would presume the level of input they feel they would have give. Having clearer parameters may make it easier for supervisors to give an objective view."

"I think there was a difference in opinion between what the levels of supervision meant between different people."

"I felt my educational supervisor and I differed in how we interpreted each level for certain competencies.

"I think levels 3 and 4 could be reworded."

"I felt the lines were a little blurred between level 3 and 4, as at a junior ST level you are the senior decision maker on site out of hours and are independent, often with no 'supervision available quickly' depending on the situation but that doesn't mean you are ready to CCT."

"The number of levels is probably appropriate, but the distinction is not always clear and consistent when applied to different domains."

Supervisors felt that there was overlap between levels that caused confusion:

Educational Supervisor: *"Level 4 - the brackets should be removed. This caused considerable confusion and different interpretation. Without the brackets then it is much clearer that it refers to being at Consultant level - able to act independently. With the brackets it can be interpreted very similarly to level 3."*

Educational Supervisor: *"Distinction between level 3 & 4 appeared vague and was subject to misinterpretation & subjectivity."*

Clinical Supervisor: *"Not quite sure about the difference between 2 + 3."*

Clinical Supervisor: *"Some overlap of levels at times"*

Trainees mentioned that level 4 should only be described as 'clinically independent only' without the brackets '(with clinical oversight within training)':

"Top level (4) should probably read clinically independent only."

"The comments in brackets not helpful"

The expectation for each level was not clear as highlighted by participants:

Trainee: *"It was difficult to ascertain what exactly each meant - e.g. trusted to act unsupervised - does this mean unsupervised as an ST3 (who work for a consultant) or totally unsupervised as an ST7 approaching CCT? It would be good to clarify what the expected level is for that stage in training and whether they meet or exceed that expectation."*

Educational Supervisor: *"The expectation for each level of training is not clear."*

Clinical Supervisor: *"We may think a trainee is between 2 categories so flexibility to give a range would be helpful."*

3. **Understanding of the purpose of levels of supervision**

Participants were asked the question "What is the purpose of the levels of supervision?" The three most common responses identified were all in the top ten themes arising from the evaluation. This suggests trainees and trainers had an understanding of why they were using levels in this method of assessment. Some of the responses are summarised below.

a. **Purpose of levels of supervision is: to discern level of competence**

Trainee: *"The purpose of the levels of supervision is to provide an assessment of a trainee's competency during training. I think that this is more relevant to working life than the current curriculum based competencies."*

Trainee: *"To discern level of competence, to identify areas where the trainee can improve, to highlight areas where the trainee has particular strengths."*

Educational Supervisor: *"To get a flavour of progress and overall competence in a particular area which I think is a more discriminative metric for the successful vs. struggling trainee."*

Educational Supervisor: *"To clarify whether the trainee is performing at an appropriate level for their stage of training, and to describe competence in terms of real-world clinical practice, rather than as a "theoretical" construct."*

Educational Supervisor: *"The levels of supervision allow a better demarcation of the trainee's level of competence than the system of identifying what stage of training they have reached and allow conclusions to be reached as to what degree of autonomous practice they should be allowed to undertake."*

Clinical Supervisor: *"Discriminate between levels of competence."*

b. Purpose of levels of supervision is: to assess independent practice

Trainee: *"To mark progression towards independent practice and the ability to function as a consultant."*

Trainee: *"To ensure you and your supervisors are aware of your ability to manage patients in an independent manner."*

Educational Supervisor: *"A means of judging / recording readiness for independent practice."*

Educational Supervisor:*" It reflects the way we think about trainees and how much independence we are prepared to give them."*

Clinical Supervisor: *"Demonstration of progression in clinical and leadership/ management competencies. Demonstrate progression of increasingly independent working and taking on increasing amount of responsibility."*

c. Purpose of levels of supervision is: to demonstrate and monitor progression

Trainee: *"To provide an indication of a trainee's progression and ability to practice safely and independently."*

Trainee: "*The levels of supervision also demonstrate trainee progression, as they work towards practising independently."*

Educational Supervisor: "*Progression through training can be recorded."*

Clinical Supervisor: *"Neatly documents progression that we expect to see."*

4. Dependent on correct completion of forms

This theme was in the top ten themes and responses suggested that for the CiP assessment to work it would need to depend on people completing the forms correctly and following the correct process.

Trainee: *"I think both systems rely on the trainee being self sufficient, self aware with good insight into how they are progressing and achieving competencies. I feel the CiP system is dependent on supervisors collating and corroborating the existing evidence of electronic forms that are in use in the current system."*

Trainee: *"I think this system, as with the previous system, works as well as the participants allow - so, for example, I spent around 30 mins filling in the self assessment, thinking about the evidence and writing statements. My clinical supervisor spent less than 10 minutes completing the assessment and as a result, I gained very little information from his assessment. The discussion with my educational supervisor was more useful, but actually focussed more on the ins and outs of the study, rather than my knowledge/abilities, and so I wouldn't say that it was 'more' fair - but I couldn't say it was 'less' fair."*

Trainee: *"I feel the descriptors are adequate and fair, but there will be subjective bias in how different trainees are marked by their respective supervisors. Perhaps an indication of what descriptors would qualify the trainee at level 3 or 4 would be helpful. I also found whilst self-assessing myself that some of the categories were a little broad and at times I may have put myself between the levels rather than definitely at one. I appreciate this is so the form is uncomplicated but it could also result in people being over or under marked."*

Educational Supervisor: *"Might be more prone to opinion rather than evidence based decision re competence I suspect."*

Educational Supervisor: *"I know my trainee well, having worked as her CS & been on call with her. It may be difficult if you don't work directly with them & are reliant on others' reports."*

Educational Supervisor: *"As long as you are supplied with enough information from the CS's & give enough information yourself. "*

There were a number of positive themes that came out of the analysis. Some of these that were most common will be discussed below.

5. **Rationalises workload**

   Participants felt that the new method of CiP assessment would rationalise workload by removing the current 'tick box' approach to signing off competencies, therefore increasing efficiency. Examples of such responses are summarised below.

   Trainee: *"Fewer tick boxes."*

   Trainee: *"The CiP documentation felt much more efficient."*

   Trainee: *"Assuming this would remove the majority of the 'tick boxes' in e-Portfolio curriculum at present, this is much better- discussion around more generic skills better than having to prove I can manage e.g. diarrhoea."*

   Trainee: *"As a number of core competencies on the current e-portfolio system are assessed individually, the CiP groups these competencies to be assessed together. It gives a more improved overview of the assessment and level attained instead of dwelling on a smaller number of clinical presentations that can be difficult to obtain individually."*

   Trainee: *"Moves away from what feels almost like a Pokemon-style game, where trainees are hunting around the wards looking for a WBA on a comparatively rare topic that they haven't 'got' yet - this adds little educational value"*

   Educational Supervisor: *"Fewer boxes to review (happily)"*

   Educational Supervisor: *"Much less sign off required and also less wordy."*

   Educational Supervisor: *"It is quicker than filling in all the individual competencies if it is intended to replace these."*

Clinical Supervisor: *"Allows focus on consultant/senior opinion and thus able to make a measure judgement on trainees level without wading through endless curriculum tick boxes."*

Clinical Supervisor: *"It does focus better on how the trainee performs overall on the ground rather than simply completion of appropriate WPBA."*

6. **More holistic oversight**

Another common positive theme that came across was that participants felt that the CiP method of assessment was more holistic in comparison to the current system. Responses are detailed below.

Trainee: *"The competency assessment in the CiP process appears to look at a person more holistically than the current system. I do not think this is particularly more or less fair than the current system but does encourage assessors to think about the trainee more holistically."*

Trainee: *"It is a more generic form of competencies which eliminates the ridiculous attempts at proving learning about very specialist topics (for example genital ulceration) and just takes a general overview of your competency as a doctor."*

Trainee: *"Probably more holistic approach which covers more areas."*

Trainee: *"I think the new CiP system is a more holistic assessment of a trainee."*

Educational Supervisor: *"I do feel that the broad headings are a better reflection of the skills being assessed."*

Educational Supervisor: *"Gives more scope to explain more thoughts and freedom to elaborate within the context of that area rather than the generic form."*

Clinical Supervisor: *"More holistic and representative assessment of competencies in day to day practice."*

Clinical Supervisor: *"This allows me to take all aspects of a trainee's performance into account."*

7. **More representative of the real world environment**

Participants felt that the CiP method of assessment was more of a reflection of what happens on a day-to-day to basis in the clinical environment.

Trainee: *"Focuses on meaningful tasks that are performed in the clinical workplace."*

Trainee: *"This assessment gives a more relevant and summative view of the trainees."*

Trainee: *"I think the CiP process is more relevant to clinical training as it assesses a trainee's ability to perform their day-to-day duties."*

Trainee: *"Overall I think it's fairer and reflects real working life more accurately."*

Educational Supervisor: *"True reflection of global competence with data on overall performance on a day to day basis more easily assimilated"*.

Educational Supervisor: *"It allows you to judge your trainee on their performance in a much more realistic way – i.e. would you trust your trainee to do the tasks listed."*

Clinical Supervisor: *"Representative assessment of competencies in day to day practice."*

Clinical Supervisor: *"Seems a more realistic reflection of how we assess levels of competence of trainees from day to day."*

5.3 Evidence used by Educational Supervisors

Supervisors were given guidance on how to score a level for each CIP. The guidance also gave recommendations on what kinds of evidence could be used to help score a level for each CiP. Educational Supervisors were asked to specify which item(s) of evidence were used in order to inform their awarded level for each CiP when they were completing the CiP study forms.

In total 45 educational supervisor forms were analysed. Appendix 6 summarises how many times each type of evidence was used for each CiP.

The feedback received suggests that it is possible to use existing assessment tools and ePortfolio content to evaluate performance against each of the CiPs, without the need for developing new tools.

6. Conclusions

Quantitative analysis of some of the questions asked in the evaluation has revealed the following:

- Opinion was varied amongst participants on the time commitment required to complete CiP forms when compared to the current system.

- The majority of participants felt that the CiP process was as fair as the current system.

- Opinion was varied amongst participants with regards to the understanding of the levels of supervision

- The majority of participants felt that there were an adequate number of levels of supervision

- Some educational supervisors felt they could make entrustment decisions in a range of clinical specialties across 14 CiPs and four levels of supervision.

Qualitative analysis of the evaluation has revealed useful information with regards to the CiP method of assessment. There have been positive and negative themes that have arisen along with certain problems with the levels of supervision. The most common positive themes describe that the CiP process for assessment is:

- **More of a holistic method of assessment**

- **Rationalises workload**

- **Is more representative of the real world.**

However there have been some negative themes, which include:

- **CiPs 9-14 were difficult to gather evidence for and to assess**.

- **Levels of supervision not clear / overlap between levels / expectation for each level not clear.** Although participants seemed to understand the purpose of the levels of supervision the definitions of each level was not clear leading to different participants interpreting them differently causing an overlap between levels.

The whole process of using the CiP method of assessment is dependent on trainees and trainers having knowledge of the process and how to complete CiP study forms as summarized below.

- **Dependent on correct completion of forms.** Adequate knowledge of the process and documentation is essential for the CiP method of assessment to work.

There was feedback from the evaluation that more training is required in order for trainees and trainers to become more familiar with the CiP form of assessment. Participants that attended the face-to-face session found attending it was useful to learn about the theory and practice using the CIP method of assessment. Similar common themes that arose in the evaluation also came up at the face-to-face training days.

Educational supervisors were found to have used existing assessment tools that were originally recommended to inform decisions on each CiP suggesting that new assessment tools would not need to be developed.

7. Next Steps

From the analysis of the evaluation forms we would recommend the following suggestions prior to implementation:

- To review the levels of supervision

- To review CiPs 9-14

- To provide training to trainees and supervisors involved in the CiP method of assessment

- To agree appropriate evidence to inform evidence to inform decisions for each CIP.

8. Acknowledgements

9. Appendices

9.1 Appendix 1

The Internal Medicine CiPs

CiP 1	Managing an acute unselected take
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • demonstrates ability to negotiate shared decision making • demonstrates effective clinical leadership • accurate diagnosis of patients presenting on an acute unselected take over a standard shift • appropriate management of acute problems in patients presenting on an acute unselected take over a standard shift • appropriate liaison with specialty services when required
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3** • Level 4: Trusted to act unsupervised (with clinical oversight within training) **– ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • CbD • ACAT • Logbook of cases • Simulation training with assessment (eg IMPACT)
CiP 2	Managing an acute specialty–related take
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • demonstrates ability to negotiate shared decision making • demonstrates effective clinical leadership • appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3** Level 4: Trusted to act unsupervised (with clinical oversight within training) **– ST6**

Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • CbD • ACAT • Logbook of cases • Simulation training with assessment (eg IMPACT)
CiP 3	**Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment**
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • identifies and manages barriers to communication (eg cognitive impairment, speech and hearing problems, capacity issues) • demonstrates ability to negotiate shared decision making • appropriate liaison with other specialty services when required • appropriate management of comorbidities in medial inpatients (unselected take, selected acute take or specialty admissions) • demonstrates awareness of the quality of patient experience
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3** • Level 4: Trusted to act unsupervised (with clinical oversight within training) **– ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • ACAT • Mini-CEX • DOPS • MRCP(UK)
CiP 4	**Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions**
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • accurate diagnosis and appropriate comprehensive management of patients referred to an outpatient clinic, ambulatory or community setting • appropriate management of comorbidities in an outpatient clinic • appropriate management of comorbidities in ambulatory or community setting
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3**

	Level 4: Trusted to act unsupervised (with clinical oversight within training) – **ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • ACAT • mini-CEX • Patient survey • Letters generated at OP clinics

CiP 5	**Managing medical problems in patients in other specialties and special cases**
Descriptors (key observable activities, tasks and behaviours)	• demonstrates effective consultation skills including challenging circumstances • management of medical problems in inpatients under the care of other specialties • appropriate and timely liaison with other medical specialty services when required
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3** • Level 4: Trusted to act unsupervised (with clinical oversight within training) – **ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisors Report • ACAT • CbD • MRCP(UK)
CiP 6	**Managing a multi-disciplinary team including effective discharge planning**
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • demonstrates effective clinical leadership • demonstrates ability to work well in a multi-disciplinary team, in all relevant roles • Effectively estimates length of stay • Identifies appropriate discharge plan • Recognise the importance of prompt and accurate information sharing with primary care team following hospital discharge
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3** • Level 4: Trusted to act unsupervised (with clinical oversight within training) – **ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • ACAT

	• Discharge summaries
CiP 7	**Delivering effective resuscitation and managing the acutely deteriorating patient**
Descriptors (key observable activities, tasks and behaviours)	• competence in assessment and resuscitation • able to promptly assess the acutely deteriorating patient, including those who are shocked or unconscious • effective participation in decision making with regard to resuscitation decisions
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3** • Level 4: Trusted to act unsupervised (with clinical oversight within training) **– ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • DOPS • ACAT • MSF • ALS certificate • Logbook of cases • Reflection • Simulation training with assessment (eg IMPACT)
CiP 8	**Managing end of life and palliative care skills**
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • delivers appropriate palliative care and end of life care
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3** • Level 4: Trusted to act unsupervised (with clinical oversight within training) **– ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • CbD • Mini-CEX • MSF • MRCP (UK) • Regional teaching • Reflection
CiP 9	**Achieving procedural skills**
Descriptors (key observable activities, tasks and behaviours)	Please see the curricula/ARCP decision aids for procedures required in accordance with stage of training CMT Curriculum / CMT Decision Aid GIM Curriculum / GIM Decision Aid

	For each procedure: • Able to outline the indications for the procedures and take consent • Evidence of aseptic technique and safe use of analgesia and local anaesthetics • Evidence of safe learning in clinical skills lab/simulation before performing procedures clinically
Level descriptors and stage of training level expected to be achieved	• Level 1: Observations of the activity – no execution (expected at Foundation level) • Level 2: Trusted to act with close supervision – **ST1** • Level 3: Trusted to act with supervision available quickly – **ST3** • Level 4: Trusted to act unsupervised (with clinical oversight within training) **– ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • DOPS
CiP 10	**Is focussed on patient safety and delivers effective quality improvement in patient care**
Descriptors (key observable activities, tasks and behaviours)	• raises concerns including errors, serious incidents and adverse events (including 'never events') • shares good practice appropriately • demonstrates the delivery of quality improvement
Level descriptors and stage of training level expected to be achieved	• Level 1: No or limited knowledge or experience (expected at Foundation level) • Level 2: Knowledge but limited experience, trusted to act with close supervision – **ST1** • Level 3: Knowledge and experience, trusted to act with guidance available – **ST2** • Level 4: Experienced and trusted to level of independent practice – **ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • QIPAT / AA • CbD • Mini-CEX • MSF • TO • Participation in / leading quality improvement project • Reflection on complaints and compliments • Record of attendance at clinical governance meetings and committees
CiP 11	**Carrying out research and managing data appropriately**
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour appropriately with regard to managing clinical information/data • demonstrates understanding of principles of research and academic writing • demonstrates ability to carry out critical appraisal of the literature • understanding of public health epidemiology and global health patterns • Follows guidelines on ethical conduct in research and consent for research
Level descriptors	• Level 1: No or limited knowledge or experience (expected at

and stage of training level expected to be achieved	Foundation level) • Level 2: Knowledge but limited experience, trusted to act with close supervision – **ST3** • Level 3: Knowledge and experience, trusted to act with guidance available – **ST5** • Level 4: Experienced and trusted to level of independent practice – **ST7**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • GCP certificate • Attendance at regional teaching • Quality improvement project / critical analysis of data • Poster presentations • Journal club reports • Higher degrees • Supervision of trainee undertaking a project
CiP 12	**Acting as a clinical teacher and clinical supervisor**

Descriptors (key observable activities, tasks and behaviours)	• ability and experience of teaching and training medical students, junior doctors and other health care professionals including:
	  - delivering teaching and training sessions
	  - effective assessment of performance
	  - giving effective feedback
	• able to supervise less experienced trainees in their clinical assessment and management of patients
	• able to supervise less experienced trainees in carrying out appropriate practical procedures
	• able to act a Clinical Supervisor to the standard required by the GMC

Level descriptors and stage of training level expected to be achieved	• Level 1: No or limited knowledge or experience (expected at Foundation level) • Level 2: Knowledge but limited experience, trusted to act with close supervision – **ST1** • Level 3: Knowledge and experience, trusted to act with guidance available – **ST3** • Level 4: Experienced and trusted to level of independent practice – **ST7**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • TO • Observe undertaking a mini-CEX on a trainee • Education course such as 'doctors as educators' etc
CiP 13	**Dealing with ethical and legal issues related to specialty clinical practice**
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour with regard to professional regulatory bodies • remains up to date and fit to practise • demonstrates ability to offer apology or explanation when appropriate • understands the safeguarding of vulnerable groups • demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently

Level descriptors and stage of training level expected to be achieved	• Level 1: No or limited knowledge or experience (expected at Foundation level) • Level 2: Knowledge but limited experience, trusted to act with close supervision – **ST1** • Level 3: Knowledge and experience, trusted to act with guidance available – **ST2** • Level 4: Experienced and trusted to level of independent practice – **ST7**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • CbD • DOPS • Mini-CEX • MSF • MRCP(UK) • Reflective writing • ALS certificate • End of life care and capacity assessment • e-learning / course with assessment
CiP 14	**The ability to successfully function within NHS organisational and management systems**
Descriptors (key observable activities, tasks and behaviours)	• demonstrates behaviour appropriately with regard to managers and to management requests • demonstrates ability to respond appropriately to complaints • demonstrates effective clinical leadership • demonstrates promotion of an open and transparent culture
Level descriptors and stage of training level expected to be achieved	• Level 1: No or limited knowledge or experience (expected at Foundation level) • Level 2: Knowledge but limited experience, trusted to act with close supervision – **ST2** • Level 3: Knowledge and experience, trusted to act with guidance available – **ST3** • Level 4: Experienced and trusted to level of independent practice – **ST6**
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • QIPAT / AA • MSF • CbD • Lead role in governance structures • Management course with practical application observed

KEY

AA	Audit assessment	ACAT	Acute care assessment tool
ALS	Advanced Life Support	CbD	Case-based discussion
ES	Educational supervisor	GCP	Good Clinical Practice
IMPACT	Ill Medical Patients' Acute Care and Treatment	MCR	Multiple consultant report
Mini-CEX	Mini-clinical evaluation exercise	MRCP	Membership of the Royal Colleges of Physicians
MSF	Multi source feedback	QIPAT	Quality improvement project assessment tool
TO	Teaching observation		

9.2 Appendix 2: CiP Study Forms

CiP Study Trainee Self-Assessment Form

FOR USE IN PATHFINDER ONLY

Trainee Name	
Trainee GMC number	
Specialty Training Programme	
Specialty (IF CMT)	
Trainee Post Year	
Educational Supervisor Name	

Guidance notes

This form should be used to make a self-assessment on your progress against the 14 internal medicine competencies in practice (CiPs) that we expect all doctors to have demonstrated and be 'trusted' to be able to undertake by the time they complete their CCT. You should record the level you believe you are performing at for each of the 14 CiPs and explain why you have given yourself this rating. Please note there are separate descriptors for the clinical CiPs (1-9) and non-clinical CiPs (10-14).

Please refer to the participant guidance and supporting materials for details, including when each level is likely to be achieved for a CiP.

CiPs 1-9

CiPs 1-9 are clinical in nature and the following level descriptors apply:

- Level 1: Observations of the activity – no execution (expected at Foundation level)
- Level 2: Trusted to act with direct supervision
- Level 3: Trusted to act with supervision available quickly
- Level 4: Trusted to act unsupervised (with clinical oversight within training)

---

1. Managing an acute unselected take

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- demonstrates ability to negotiate shared decision making
- demonstrates effective clinical leadership
- accurate diagnosis of patients presenting on an acute unselected take over a standard shift
- appropriate management of acute problems in patients presenting on an acute unselected take over a standard shift

o appropriate liaison with specialty services when required				
Level achieved	Level 2	Level 3	Level 4	Not observed
Please comment on why you have given yourself this rating				

2. Managing an acute specialty–related take

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- demonstrates ability to negotiate shared decision making
- demonstrates effective clinical leadership
- appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take

Level achieved	Level 2	Level 3	Level 4	Not observed
Please comment on why you have given yourself this rating				

3. Providing continuity of care to medical inpatients

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- identifies and manages barriers to communication (eg cognitive impairment, speech and hearing problems, capacity issues)
- demonstrates ability to negotiate shared decision making
- appropriate liaison with other specialty services when required
- appropriate management of comorbidities in medial inpatients (unselected take, selected acute take or specialty admissions)
- demonstrates awareness of the quality of patient experience

Level achieved	Level 2	Level 3	Level 4	Not observed
Please comment on why you have given yourself this rating				

Royal College of Physicians

4. Managing outpatients with long term conditions

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- accurate diagnosis and appropriate comprehensive management of patients referred to an outpatient clinic, ambulatory or community setting
- appropriate management of comorbidities in an outpatient clinic
- appropriate management of comorbidities in ambulatory or community setting

Level achieved	Level 2	Level 3	Level 4	Not observed

Please comment on why you have given yourself this rating

5. Managing medical problems in patients in other specialties and special cases

• demonstrates effective consultation skills including challenging circumstances
• management of medical problems in inpatients under the care of other specialties
• appropriate and timely liaison with other medical specialty services when required

Level achieved	Level 2	Level 3	Level 4	Not observed

Please comment on why you have given yourself this rating

6. Managing an MDT including discharge planning

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- demonstrates effective clinical leadership
- demonstrates ability to work well in a multi-disciplinary team, in all relevant roles
- Effectively estimates length of stay
- Identifies appropriate discharge plan
- Recognise the importance of prompt and accurate information sharing with primary care team following hospital discharge

Level achieved	Level 2	Level 3	Level 4	Not observed

Royal College
of Physicians

Please comment on why you have given yourself this rating

7. Delivering effective resuscitation and managing the deteriorating patient

• competence in assessment and resuscitation
• able to promptly assess the acutely deteriorating patient, including those who are shocked or unconscious
• effective participation in decision making with regard to resuscitation decisions

Level achieved	Level 2	Level 3	Level 4	Not observed

Please comment on why you have given yourself this rating

8. Managing end of life and palliative care skills

• demonstrates behaviour appropriately with regard to patients
• demonstrates behaviour appropriately with regard to clinical and other professional colleagues
• demonstrates effective consultation skills including challenging circumstances
• delivers appropriate palliative care and end of life care

Level achieved	Level 2	Level 3	Level 4	Not observed

Please comment on why you have given yourself this rating

9. Achieving procedural skills

For procedures appropriate to the stage of training as defined in the CMT or GIM curriculum:
• Able to outline the indications for the procedures and take consent
• Evidence of aseptic technique and safe use of analgesia and local anaesthetics
• Evidence of safe learning in clinical skills lab/simulation before performing procedures clinically

Level achieved	Level 2	Level 3	Level 4	Not observed

Please comment on why you have given yourself this rating

Royal College
of Physicians

CiPs 10-14

CiPs 10-14 are non- clinical in nature and the following level descriptors apply:

- Level 1: No or limited knowledge or experience (expected at Foundation level)
- Level 2: Knowledge but limited experience, trusted to act with direct supervision
- Level 3: Knowledge and experience, trusted to act with guidance available
- Level 4: Experienced and trusted to level of independent practice

10. Delivering effective quality improvement in patient care

- raises concerns including errors, serious incidents and adverse events (including 'never events')
- shares good practice appropriately
- demonstrates the delivery of quality improvement

Level achieved	Level 2	Level 3	Level 4	Not observed
Please comment on why you have given yourself this rating				

11. Carrying out research and managing data appropriately

- demonstrates behaviour appropriately with regard to managing clinical information/data
- demonstrates understanding of principles of research and academic writing
- demonstrates ability to carry out critical appraisal of the literature
- understanding of public health epidemiology and global health patterns
- Follows guidelines on ethical conduct in research and consent for research

Level achieved	Level 2	Level 3	Level 4	Not observed
Please comment on why you have given yourself this rating				

12. Acting as a clinical teacher and clinical supervisor

- ability and experience of teaching and training medical students, junior doctors and other health care professionals including: delivering teaching and training sessions, effective assessment of performance and giving effective feedback
- able to supervise less experienced trainees in their clinical assessment and management of patients
- able to supervise less experienced trainees in carrying out appropriate practical procedures
- able to act a Clinical Supervisor to the standard required by the GMC

Level	Level 2	Level 3	Level 4	Not observed

**Royal College
of Physicians**

achieved				

Please comment on why you have given yourself this rating

13. Dealing with ethico-legal issues

- demonstrates behaviour with regard to professional regulatory bodies
- remains up to date and fit to practise
- demonstrates ability to offer apology or explanation when appropriate
- understands the safeguarding of vulnerable groups
- demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently

Level achieved	Level 2	Level 3	Level 4	Not observed

Please comment on why you have given yourself this rating

14. Working with NHS systems

• demonstrates behaviour appropriately with regard to managers and to management requests
• demonstrates ability to respond appropriately to complaints
• demonstrates effective clinical leadership
• demonstrates promotion of an open and transparent culture

Level achieved	Level 2	Level 3	Level 4	Not observed

Please comment on why you have given yourself this rating

Any further comments

Signed:		Date

Royal College of Physicians

CiP Study Clinical Supervisor Report Form

Trainee Name	
Trainee GMC number	
Specialty Training Programme	
Specialty (IF CMT)	
Trainee Post Year	
Supervisor Name	

Guidance notes

This form should be used to rate the above trainee's progress against the 14 internal medicine competencies in practice (CiPs) that we expect all doctors to have demonstrated and be 'trusted' to be able to undertake by the time they complete their CCT. You should record the level the trainee is performing at for each of the 14 CiPs. Please note there are separate descriptors for the clinical CiPs (1-9) and non-clinical CiPs (10-14).

Please refer to the participant guidance and supporting materials for details, including when each level is likely to be achieved for a CiP.

You should only assign a level for CiPs that you have directly observed.

CiPs 1-9

CiPs 1-9 are clinical in nature and the following level descriptors apply:

- Level 1: Observations of the activity – no execution (expected at Foundation level)
- Level 2: Trusted to act with direct supervision
- Level 3: Trusted to act with supervision available quickly
- Level 4: Trusted to act unsupervised (with clinical oversight within training)

1. Managing an acute unselected take
o demonstrates behaviour appropriately with regard to patients
o demonstrates behaviour appropriately with regard to clinical and other professional colleagues
o demonstrates effective consultation skills including challenging circumstances
o demonstrates ability to negotiate shared decision making

Royal College of Physicians

o demonstrates effective clinical leadership				
o accurate diagnosis of patients presenting on an acute unselected take over a standard shift				
o appropriate management of acute problems in patients presenting on an acute unselected take over a standard shift				
o appropriate liaison with specialty services when required				
Level achieved	Level 2	Level 3	Level 4	Not observed
Comments (please include the evidence you have used to make this decision)				

2. Managing an acute specialty–related take

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- demonstrates ability to negotiate shared decision making
- demonstrates effective clinical leadership
- appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take

| Level achieved | Level 2 | Level 3 | Level 4 | Not observed |
| Comments (please include the evidence you have used to make this decision) |||||

3. Providing continuity of care to medical inpatients

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- identifies and manages barriers to communication (eg cognitive impairment, speech and hearing problems, capacity issues)
- demonstrates ability to negotiate shared decision making
- appropriate liaison with other specialty services when required
- appropriate management of comorbidities in medial inpatients (unselected take, selected acute take or specialty admissions)
- demonstrates awareness of the quality of patient experience

| Level achieved | Level 2 | Level 3 | Level 4 | Not observed |

Royal College
of Physicians

Comments (please include the evidence you have used to make this decision)

4. Managing outpatients with long term conditions

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- accurate diagnosis and appropriate comprehensive management of patients referred to an outpatient clinic, ambulatory or community setting
- appropriate management of comorbidities in an outpatient clinic
- appropriate management of comorbidities in ambulatory or community setting

Level achieved	Level 2	Level 3	Level 4	Not observed

Comments (please include the evidence you have used to make this decision)

5. Managing medical problems in patients in other specialties and special cases

- demonstrates effective consultation skills including challenging circumstances
- management of medical problems in inpatients under the care of other specialties
- appropriate and timely liaison with other medical specialty services when required

Level achieved	Level 2	Level 3	Level 4	Not observed

Comments (please include the evidence you have used to make this decision)

6. Managing an MDT including discharge planning

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- demonstrates effective clinical leadership
- demonstrates ability to work well in a multi-disciplinary team, in all relevant roles
- Effectively estimates length of stay
- Identifies appropriate discharge plan
- Recognise the importance of prompt and accurate information sharing with primary care team following hospital discharge

Royal College of Physicians

Level achieved	Level 2	Level 3	Level 4	Not observed

Comments (please include the evidence you have used to make this decision)

7. Delivering effective resuscitation and managing the deteriorating patient

• competence in assessment and resuscitation
• able to promptly assess the acutely deteriorating patient, including those who are shocked or unconscious
• effective participation in decision making with regard to resuscitation decisions

Level achieved	Level 2	Level 3	Level 4	Not observed

Comments (please include the evidence you have used to make this decision)

8. Managing end of life and palliative care skills

• demonstrates behaviour appropriately with regard to patients
• demonstrates behaviour appropriately with regard to clinical and other professional colleagues
• demonstrates effective consultation skills including challenging circumstances
• delivers appropriate palliative care and end of life care

Level achieved	Level 2	Level 3	Level 4	Not observed

Comments (please include the evidence you have used to make this decision)

9. Achieving procedural skills

For procedures appropriate to the stage of training as defined in the CMT or GIM curriculum:
• Able to outline the indications for the procedures and take consent
• Evidence of aseptic technique and safe use of analgesia and local anaesthetics
• Evidence of safe learning in clinical skills lab/simulation before performing procedures clinically

Level achieved	Level 2	Level 3	Level 4	Not observed

Comments (please include the evidence you have used to make this decision)

Royal College
of Physicians

CiPs 10-14

CiPs 10-14 are non- clinical in nature and the following level descriptors apply:

- Level 1: No or limited knowledge or experience (expected at Foundation level)
- Level 2: Knowledge but limited experience, trusted to act with direct supervision
- Level 3: Knowledge and experience, trusted to act with guidance available
- Level 4: Experienced and trusted to level of independent practice

10. Delivering effective quality improvement in patient care				
• raises concerns including errors, serious incidents and adverse events (including 'never events') • shares good practice appropriately • demonstrates the delivery of quality improvement				
Level achieved	Level 2	Level 3	Level 4	Not observed
Comments (please include the evidence you have used to make this decision)				

11. Carrying out research and managing data appropriately				
• demonstrates behaviour appropriately with regard to managing clinical information/data • demonstrates understanding of principles of research and academic writing • demonstrates ability to carry out critical appraisal of the literature • understanding of public health epidemiology and global health patterns • Follows guidelines on ethical conduct in research and consent for research				
Level achieved	Level 2	Level 3	Level 4	Not observed
Comments (please include the evidence you have used to make this decision)				

12. Acting as a clinical teacher and clinical supervisor

Royal College of Physicians

• ability and experience of teaching and training medical students, junior doctors and other health care professionals including: delivering teaching and training sessions, effective assessment of performance and giving effective feedback • able to supervise less experienced trainees in their clinical assessment and management of patients • able to supervise less experienced trainees in carrying out appropriate practical procedures • able to act a Clinical Supervisor to the standard required by the GMC				
Level achieved	Level 2	Level 3	Level 4	Not observed
Comments (please include the evidence you have used to make this decision)				

13. Dealing with ethico-legal issues

• demonstrates behaviour with regard to professional regulatory bodies • remains up to date and fit to practise • demonstrates ability to offer apology or explanation when appropriate • understands the safeguarding of vulnerable groups • demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently				
Level achieved	Level 2	Level 3	Level 4	Not observed
Comments (please include the evidence you have used to make this decision)				

14. Working with NHS systems

• demonstrates behaviour appropriately with regard to managers and to management requests • demonstrates ability to respond appropriately to complaints • demonstrates effective clinical leadership • demonstrates promotion of an open and transparent culture				
Level achieved	Level 2	Level 3	Level 4	Not observed
Comments (please include the evidence you have used to make this decision)				

Royal College of Physicians

What evidence did you consider when making judgement about the trainee's performance?

Any further comments

Signed:	Date

CiP Study Educational Supervisor Report Form

FOR USE IN PATHFINDER ONLY

Trainee Name	
Trainee GMC number	
Specialty Training Programme	
Specialty (IF CMT)	
Trainee Post Year	
Supervisor Name	

Guidance notes

This form should be used to rate the above trainee's progress against the 14 internal medicine competencies in practice (CiPs) that we expect all doctors to have demonstrated and be 'trusted' to be able to undertake by the time they complete their CCT. You should record the level the trainee is performing at for each of the 14 CiPs. Please note there are separate descriptors for the clinical CiPs (1-9) and non-clinical CiPs (10-14).

Royal College of Physicians

Please refer to the participant guidance and supporting materials for details, including when each level is likely to be achieved for a CiP. It would be quite usual for trainees to achieve a 3 or a 4 earlier than predicted in this guidance, however any trainee achieving a 3 or 4 later than predicted would normally have specific developmental requirements and these should be listed in the relevant comments box.

You should only assign a level for CiPs where there is sufficient evidence for you to make a judgement.

CiPs 1-9

CiPs 1-9 are clinical in nature and the following level descriptors apply:

- Level 1: Observations of the activity – no execution (expected at Foundation level)
- Level 2: Trusted to act with direct supervision
- Level 3: Trusted to act with supervision available quickly
- Level 4: Trusted to act unsupervised (with clinical oversight within training)

1. Managing an acute unselected take				
o demonstrates behaviour appropriately with regard to patients o demonstrates behaviour appropriately with regard to clinical and other professional colleagues o demonstrates effective consultation skills including challenging circumstances o demonstrates ability to negotiate shared decision making o demonstrates effective clinical leadership o accurate diagnosis of patients presenting on an acute unselected take over a standard shift o appropriate management of acute problems in patients presenting on an acute unselected take over a standard shift o appropriate liaison with specialty services when required				
Level achieved	Level 2	Level 3	Level 4	Insufficient evidence
If you have selected insufficient evidence, please provide further details				
Evidence seen (please tick all that apply) CiP Study Clinical Supervisor Report MSF CbD ACAT Logbook Other (please specify):				
2. Managing an acute specialty–related take				

Royal College
of Physicians

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- demonstrates ability to negotiate shared decision making
- demonstrates effective clinical leadership
- appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   MSF

CbD   ACAT

Logbook   Other (please specify):

3. Providing continuity of care to medical inpatients

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- identifies and manages barriers to communication (eg cognitive impairment, speech and hearing problems, capacity issues)
- demonstrates ability to negotiate shared decision making
- appropriate liaison with other specialty services when required
- appropriate management of comorbidities in medial inpatients (unselected take, selected acute take or specialty admissions)
- demonstrates awareness of the quality of patient experience

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   MSF

ACAT   Mini-CEX

Royal College
of Physicians

DOPS	MRCP(UK)
Other (please specify):	

4. Managing outpatients with long term conditions

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- accurate diagnosis and appropriate comprehensive management of patients referred to an outpatient clinic, ambulatory or community setting
- appropriate management of comorbidities in an outpatient clinic
- appropriate management of comorbidities in ambulatory or community setting

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   Patient Survey

ACAT   Mini-CEX

Other (please specify):

5. Managing medical problems in patients in other specialties and special cases

• demonstrates effective consultation skills including challenging circumstances
• management of medical problems in inpatients under the care of other specialties
• appropriate and timely liaison with other medical specialty services when required

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   CbD

ACAT   MRCP(UK)

Other (please specify):

Royal College of Physicians

6. Managing an MDT including discharge planning

- demonstrates behaviour appropriately with regard to patients
- demonstrates behaviour appropriately with regard to clinical and other professional colleagues
- demonstrates effective consultation skills including challenging circumstances
- demonstrates effective clinical leadership
- demonstrates ability to work well in a multi-disciplinary team, in all relevant roles
- Effectively estimates length of stay
- Identifies appropriate discharge plan
- Recognise the importance of prompt and accurate information sharing with primary care team following hospital discharge

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   MSF

ACAT   Other (please specify):

7. Delivering effective resuscitation and managing the deteriorating patient

- competence in assessment and resuscitation
- able to promptly assess the acutely deteriorating patient, including those who are shocked or unconscious
- effective participation in decision making with regard to resuscitation decisions

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   MSF

ACAT   DOPS

ALS   Logbook

Other (please specify):

8. Managing end of life and palliative care skills

Royal College
of Physicians

• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • delivers appropriate palliative care and end of life care				
Level achieved	Level 2	Level 3	Level 4	Insufficient evidence
If you have selected insufficient evidence, please provide further details				
Evidence seen (please tick all that apply) CiP Study Clinical Supervisor Report　　　　CbD Mini-CEX　　　　MSF MRCP(UK)　　　　Other (please specify):				
9. Achieving procedural skills				
For procedures appropriate to the stage of training as defined in the CMT or GIM curriculum: • Able to outline the indications for the procedures and take consent • Evidence of aseptic technique and safe use of analgesia and local anaesthetics • Evidence of safe learning in clinical skills lab/simulation before performing procedures clinically				
Level achieved	Level 2	Level 3	Level 4	Insufficient evidence
If you have selected insufficient evidence, please provide further details				
Evidence seen (please tick all that apply) CiP Study Clinical Supervisor Report　　　　DOPS Other (please specify):				

CiPs 10-14

CiPs 10-14 are non- clinical in nature and the following level descriptors apply:

• Level 1: No or limited knowledge or experience (expected at Foundation level)

44

Royal College
of Physicians

- Level 2: Knowledge but limited experience, trusted to act with direct supervision
- Level 3: Knowledge and experience, trusted to act with guidance available
- Level 4: Experienced and trusted to level of independent practice

---

10. Delivering effective quality improvement in patient care

• raises concerns including errors, serious incidents and adverse events (including 'never events')
• shares good practice appropriately
• demonstrates the delivery of quality improvement

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   QIPAT/AA

CbD   Mini-CEX

MSF   TO

Other (please specify):

11. Carrying out research and managing data appropriately

• demonstrates behaviour appropriately with regard to managing clinical information/data
• demonstrates understanding of principles of research and academic writing
• demonstrates ability to carry out critical appraisal of the literature
• understanding of public health epidemiology and global health patterns
• Follows guidelines on ethical conduct in research and consent for research

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   GCP certificate

Other (please specify):

Royal College of Physicians

12. Acting as a clinical teacher and clinical supervisor

- ability and experience of teaching and training medical students, junior doctors and other health care professionals including: delivering teaching and training sessions, effective assessment of performance and giving effective feedback
- able to supervise less experienced trainees in their clinical assessment and management of patients
- able to supervise less experienced trainees in carrying out appropriate practical procedures
- able to act a Clinical Supervisor to the standard required by the GMC

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   MSF

TO   Other (please specify):

13. Dealing with ethico-legal issues

- demonstrates behaviour with regard to professional regulatory bodies
- remains up to date and fit to practise
- demonstrates ability to offer apology or explanation when appropriate
- understands the safeguarding of vulnerable groups
- demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   CbD

DOPS   Mini-CEX

MSF   MRCP(UK)

Royal College of Physicians

Other (please specify):

14. Working with NHS systems

• demonstrates behaviour appropriately with regard to managers and to management requests
• demonstrates ability to respond appropriately to complaints
• demonstrates effective clinical leadership
• demonstrates promotion of an open and transparent culture

Level achieved	Level 2	Level 3	Level 4	Insufficient evidence

If you have selected insufficient evidence, please provide further details

Evidence seen (please tick all that apply)

CiP Study Clinical Supervisor Report   QIPAT/AA

MSF   CbD

Other (please specify):

What evidence did you consider when making judgement about the trainee's performance?

Any further comments

Signed:	**Date**

9.3 Appendix 3

Evaluation forms

Royal College
of Physicians

Trainees Evaluation Form

Thank you for contributing to the CiP study. We would appreciate it if you would take ten minutes to complete this evaluation form.

Please provide us with your specialty and year of training:_____

Process

Did you meet with your clinical supervisor(s) for them to complete the Clinical Supervisor Report?
☐Yes   ☐ No

Did you meet with your clinical supervisor(s) for them to complete the report?
☐Yes   ☐ No

> **If yes – How many clinical supervisors did you meet?**
> **If no – would you have found a meeting with the clinical supervisor useful?**

How does the time commitment in completing the CiP documentation compare with the previous system?

☐ **More time**   ☐ **About the same**   ☐ **Less time**

Please explain your answer:

Do you feel the new CiP process is more or less fair than the previous system? Please explain your answer.

☐ **More fair**   ☐ **About the same**   ☐ **Less fair**

Please explain your answer:

Documentation

Do you feel the CiP descriptors provide your supervisors with enough guidance to make entrustment decisions about your performance?

☐Yes   ☐ No

Please explain your answer:

Levels of supervision

What do you feel is the purpose of the levels of supervision?

Is there a clear difference between each level of supervision? Please explain your answer.

Regarding the four levels of supervision which of the following do you agree with? Please explain your answer.

☐ **Too many**   ☐ **Current number of levels is correct**   ☐ **Too few levels**

Royal College
of Physicians

Decisions

What evidence do you feel was most useful for informing your CiP entrustment decisions?

What additional evidence would you have liked your supervisor to have access to when making entrustment decision?

Did any of the CiPs prove more difficult to gather evidence for than others? If so, which ones and why?

Do you feel the new CiP system makes it easy to defend decisions you make about your performance? Please explain your answer.

Training

Did you attend the face to face training sessions?
☐Yes   ☐ No

Do you feel that attending a face-to-face training session would have been beneficial to your understanding of the new CiP process?
☐ yes   ☐no   please explain your answer

Additional information

Please add any additional comments you would like to make about the CiP study.

Clinical Supervisors Evaluation Form

Thank you for contributing to the CiP study. We would appreciate it if you would take ten minutes to complete this evaluation form

Please provide us with your specialty: _____

Process

How does the time commitment in completing the CiP documentation compare with the previous system?

☐ More time   ☐ About the same   ☐ Less time

Please explain your answer:

Do you feel the new CiP process is more or less fair than the previous system? Please explain your answer:

☐ More fair   ☐ About the same   ☐ Less fair

Royal College of Physicians

Did you have the opportunity to meet with your trainee before submitting your Clinical Supervisor Reports?
☐ **yes** ☐**no** If you are not able to meet please comment on why this is

Documentation

Do the CiP descriptors provide you with enough information to make entrustment decisions? Please explain your answer:
☐ **yes** ☐**no**

Levels of supervision

What do you feel is the purpose of the levels of supervision?

Is there a clear difference between each level of supervision? Please explain your answer.
☐ **yes** ☐**no**

Regarding the four levels of supervision, which of the following do you agree with?
☐ **Too many levels** ☐ **Current number of levels is correct** ☐ **Too few levels**

Decisions

What evidence was most useful for informing your CiP entrustment decisions?

Is there any additional evidence would have helped inform your entrustment decision?

☐ **yes** ☐**no**

Did any of the CiPs prove more difficult to gather evidence for? If so, which ones?

Do you feel the new system makes it easy to defend decisions you make about a trainees performance? Please explain your answer.

Training

Did you attend any of the face to face training sessions?

Royal College
of Physicians

☐ **yes** ☐**no**

Do you feel that attending a face-to-face training session would have been beneficial to your understanding of the new CiP process?
☐ **yes** ☐**no** please explain your answer

Additional information

Please add any additional comments you would like to make about the CiP study.

Educational Supervisors Evaluation Form

Thank you for contributing to the CiP study. We would appreciate it if you would take ten minutes to complete this evaluation form.

Please provide us with your specialty: _____

Process

Did you and your trainee meet and discuss their progress, including self assessment before you completed your educational supervisor form?
☐ **yes** ☐**no** please explain your answer

How does the time commitment in completing the CiP documentation compare with the previous system?

☐ **More time** ☐ **About the same** ☐ **Less time**

Please explain your answer:

Do you feel the new CiP process is more or less fair than the previous system? Please explain your answer.

☐ **More fair** ☐ **About the same** ☐ **Less fair**

Documentation

Do the CiP descriptors provide you with enough guidance to make entrustment decisions about a trainees performance?

☐ **yes** ☐**no** please explain your answer

Levels of supervision

What do you feel is the purpose of the levels of supervision?

Is there a clear difference between each level of supervision? Please explain your answer.
☐ **yes** ☐**no**
Regarding the four levels of supervision which of the following do you agree with?

51

Royal College of Physicians

□ **Too many** □ **Current number is correct** □ **Too few levels**

Decisions

Are you able to make entrustment decisions, in a range of clinical specialties and learning environments, across the entire range of fourteen different 'CiPs' and four different performance levels? Please explain your answer.
□ **yes** □**no**

What evidence was most useful for informing your CiP entrustment decisions?

Is there any additional evidence would have helped inform your entrustment decision?
□ **yes** □**no**

Did any of the CiPs prove more difficult to gather evidence for? If so, which ones?

Do you feel the new system makes it easy to defend decisions you make about a trainees performance? Please explain your answer.
□ **yes** □**no**

Training

Did you attend the face to face training sessions?
□ **yes** □**no**

Do you feel that attending a face-to-face training session would have been beneficial to your understanding of the new CiP process?
□ **yes** □**no** please explain your answer

Additional information

Please add any additional comments you would like to make about the CiP study.

Royal College
of Physicians

9.4 Appendix 4

CiP Study Training Day Evaluation

Please tick as appropriate

☐ Educational Supervisor   ☐ Clinical Supervisor   ☐ Trainee

1.   What aspects of the session did you find most useful and why?

2.   What aspects of the session did you find least useful and why?

3.   Please comment on the usefulness of the documentation being provided for the study?

4.   Is there any further information you would have liked in order to help you to participate in the study?

5.   Please provide any additional comments

Thank you for completing this questionnaire

CiP Study Training Day Group activity reflections

☐ Educational Supervisor   ☐ Clinical Supervisor   ☐ Trainee
(Please tick as appropriate)

Whilst completing the group activity, note your reflections for the questions below. Be prepared to share some of your responses with others.

1.   **Which evidence was most useful?**

2.   **What additional evidence would have helped inform your decision?**

3.   **Are some CiPs easier to make decisions about than others? If so, which ones and why?**

Royal College of Physicians

    4. **Do you feel it is a fair process? If not, why?**

9.5 Appendix 5

Competencies in Practice Training Day Feedback

- 3 half day sessions held (London and Leeds).
- Supervisors attended: **16 (13 ES, 3CS)**   Trainees attended: **17**
- Overview of CiP and its role in IM curriculum.
- Practical exercise for supervisors and trainees to complete CiP forms using hypothetical trainee WBPA and hypothetical CS forms.
- Explanation of the Proof of Concept Study and using the eportfolio (JRCPTB).
- Reflection, plenary discussion and Q & A.
- Evaluation forms, reflection from group activity and plenary discussion collected.

Evaluation forms

What aspects of the session did you find most useful and why?

- **Supervisors**
    - Theory behind CiP, overview of the study
    - The practical group exercise, discussion, reflection and Q&A
- **Trainees**
    - The practical group exercise, discussion, reflection and Q&A

What aspects of the session did you find least useful and why?

- **Supervisors**
    - Nil
- **Trainees**
    - Forms will take longer to complete

Please comment on the usefulness of the documentation being provided for the study?

- **Supervisors**
    - Appropriate. Not a burden.
    - Useful, good, helpful, adequate, appropriate
    - Would have liked more time to digest documents.

- **Trainees**
    - Clear assessment forms for hypothetical trainee
    - Useful, thorough, self-explanatory
    - More WPBAs would have helped to make a more meaningful assessment
    - Very useful to know how the curriculum will change

Is there any further information you would have liked in order to help you participate in the study?

- **Supervisors**

Royal College of Physicians

          o   More clarity on evidence needed – quantity and type

          o   Links to information to be sent before attending

- **Trainees**
  - o   Access to full portfolio
  - o   More information on procedures
  - o   Levels need to be clarified (level 1-4)- Unclear how they translate into practice

Additional Comments

- Ultimately this will prove a more useful assessment process for trainees
- I think this is a good project and this feedback session was very useful
- Requires tweaking but a great start

Group Activity Reflections

What evidence was most useful to inform your decision about a CiP level?

- MSF / CS reports / ACAT/ CBD / Trainee self-assessment

What additional evidence would have you to inform your decision about a CiP level?

- Reflections
- Breakdown of MSF contributors
- Logbook
- More WBPA- QPAT
- Exams-MRCP
- Detailed CS reports with comments
- Evidence from Local faculty groups
- Research/ teaching experience
- CPD evidence
- Number of take done in a year – role in take

Are some CiPs easier to make decisions about than others? If so why?

- Clinical CiPs easier than non-clinical as evidence available
- More specific CiPs easier
- Managing acute take and managing specialty take is quite advanced and the descriptors are not really about managing the take, they are about clinical ability. Should the CiP be renamed 'taking part in acute take'
- Hard to go through 4 supervisor reports- should have only 1 CiP report.
- The first two CiPs seem too advanced for core trainees
- CiP5 –Managing medical problems in patients in other specialities and special cases - Assessing multiple different domains that was unhelpful-no specification regarding special case

Do you feel it is a fair process? If not, why?

- Feels like another tick box exercise
- Takes longer than current system
- Not fair-only 4 levels to be applied across a 7 year period. Would be better if levels were split for core and specialty trainees.

Royal College of Physicians

- Much better than the current system
- Seems to give overall impression of trainee rather than tickbox

Plenary Session

Which evidence was most useful and Why?
o MSF
o Quality comments from assessors

What other evidence would have been useful?
o Mini cex
o CPD activities

Are some CiPs easier to make decisions about than others?
o 10-14- difficult to comment on just from clinical WBPA
o Full access to e-portfolio and knowledge of trainee would help with these judgements.

Discussion
o Could be time consuming going back and forward to assessments
o Having access to more targeted assessment for outpatients would be useful
o Some WPBA could be too narrow for the more general CiPs
o Inclusion of CPD, teaching etc. on the educational supervisor form
o Balance of level decision and comments to raise issues and make action statements
o Broadening what evidence trainees could upload as evidence would be useful to link CiPs too
o Difficult to combine multiple CS forms to complete ES report
o Could other consultants other than normal clinical supervisors complete the CS report?
o Time commitment for clinical supervisors to complete the report could be greater than the current process, especially if they have more than one trainee
o Some levels are quite broad (CiPs 1 and 2 discuss management which is something CMTs will not do)
o The descriptors for CiPs managing the acute take do not describe managing the take- they describe acute care skills.

Royal College of Physicians

9.6 Appendix 6

Evidence used by Educational Supervisors

Table 1 for each CiP displays the number of times evidence was used in informing a decision on the level of supervision for each CiP. Table 2 summarises what evidence was suggested to use for each CiP from the study guidance that was given to all participants.

CiP 1: Managing an acute unselected take

Table 1: Evidence used in CiP 1

	Number of occasions evidence used
ACAT	40
CbD	35
MSF	32
CiP Study Clinical Supervisor Report	28
Logbook	17
Other evidence used	18

Other evidence used

Personal observation / supervision	10
MCR	6
Prior training experience	1
Curriculum competency signoff	1

Table 2: Suggested evidence to inform decision for CiP 1

CiP 1	Managing an acute unselected take
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • CbD • ACAT • Logbook of cases • Simulation training with assessment (eg IMPACT)

Royal College of Physicians

CiP 2: Managing an acute specialty–related take

Table 1: Evidence used in CiP 2

	Number of occasions evidence used
ACAT	32
CbD	31
MSF	27
CiP Study Clinical Supervisor Report	27
Logbook	15
Other evidence used	10

Other evidence used

MCR	5
Personal observation / supervision	5

Table 2: Suggested evidence to inform decision for CiP 2

CiP 2	Managing an acute specialty–related take
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • CbD • ACAT • Logbook of cases • Simulation training with assessment (eg IMPACT)

Royal College of Physicians

CiP 3: Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment

Table 1: Evidence used in CiP 3

	Number of occasions evidence used
ACAT	33
MSF	32
Mini-CEX	31
CiP Study Clinical Supervisor Report	29
MRCP	24
DOPS	21
Other evidence used	13

Other evidence used

MCR	6
Personal observation / supervision	5
Ward round supervision	1
CBDs	1

Table 2: Suggested evidence to inform decision for CiP 3

CiP 3	Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment
Suggested evidence to inform decision	- CiP Study Clinical Supervisor Report - MSF - ACAT - Mini-CEX - DOPS - MRCP(UK)

Royal College
of Physicians

CiP 4: Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions

	Number of occasions evidence used
Mini-CEX	29
ACAT	27
CiP Study Clinical Supervisor Report	26
Other evidence used	23
Patient Survey	8

Other evidence used

Personal observation / supervision	7
CBDs	4
MCR	4
Patient Feedback	2
Trainee Reflections	1
MSF	1
Clinic letters	1
Information on Outpatient clinics	1
Ambulatory care clinics done during Acute Medicine posting	1
Logbook	1

Table 2: Suggested evidence to inform decision for CiP 4

CiP 4	Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • ACAT • mini-CEX • Patient survey • Letters generated at OP clinics

Royal College of Physicians

CiP 5: Managing medical problems in patients in other specialties and special cases

Table 1: Evidence used in CiP 5

	Number of occasions evidence used
CiP Study Clinical Supervisor Report	29
ACAT	29
CbD	27
MRCP	24
Other evidence used	14

Other evidence used

Personal observation / supervision	5
MCR	4
MSF	2
Mini-CEX	1
Feedback from other staff	1
LFG feedback	1

Table 2: Suggested evidence to inform decision for CiP 5

CiP 5	Managing medical problems in patients in other specialties and special cases
Suggested evidence to inform decision	- CiP Study Clinical Supervisors Report - ACAT - CbD - MRCP(UK)

Royal College of Physicians

CiP 6: Managing a multi-disciplinary team including effective discharge planning

	Number of occasions evidence used
MSF	32
ACAT	27
CiP Study Clinical Supervisor Report	26
Other evidence used	17

Other evidence used

Personal observation / supervision	7
MCR	4
CBD	2
Ward supervision	1
ES report	1
Feedback from other staff	1
Mini-CEX	1

Table 2: Suggested evidence to inform decision for CiP 6

CiP 6	Managing a multi-disciplinary team including effective discharge planning
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • ACAT • Discharge summaries

Royal College
of Physicians

CiP 7: Delivering effective resuscitation and managing the acutely deteriorating patient

Table 1: Evidence used in CiP 7

	Number of occasions evidence used
ALS	39
CiP Study Clinical Supervisor Report	29
ACAT	26
MSF	22
DOPS	19
Logbook	10
Other evidence used	5

Other evidence used

MCR	1
mini-CEX	1
Personal observation / supervision	1
Simulation Training	1
Trainee Reflection	1

Table 2: Suggested evidence to inform decision for CiP 7

CiP 7	**Delivering effective resuscitation and managing the acutely deteriorating patient**
Suggested evidence to inform decision	- CiP Study Clinical Supervisor Report - DOPS - ACAT - MSF - ALS certificate - Logbook of cases - Reflection - Simulation training with assessment (eg IMPACT)

Royal College of Physicians

CiP 8: Managing end of life and palliative care skills

Table 1: Evidence used in CiP 8

	Number of occasions evidence used
MSF	29
CiP Study Clinical Supervisor Report	29
MRCP	24
Mini-CEX	23
CbD	22
Other evidence used	13

Other evidence used

Personal observation / supervision	6
MCR	1
Trainee Reflection	1
Audit	1
Patient Feedback	1
Curriculum competency signoff	1
ACAT	1
Feedback from other staff	1

Table 2: Suggested evidence to inform decision for CiP

CiP 8	Managing end of life and palliative care skills
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • CbD • Mini-CEX • MSF • MRCP (UK) • Regional teaching • Reflection

Royal College of Physicians

CiP 9: Achieving procedural skills

Table 1: Evidence used in CiP 9

	Number of occasions evidence used
DOPS	39
CiP Study Clinical Supervisor Report	25
Other evidence used	10

Other evidence used

Personal observation / supervision	2
Curriculum competency signoff	2
Logbook	1
Completion of CMT	1
MCR	1
CiP Trainee self-assessment	1
ACAT	1
ePortfolio	1

Table 2: Suggested evidence to inform decision for CiP 9

CiP 9	Achieving procedural skills
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • DOPS

Royal College of Physicians

CiP 10: Is focussed on patient safety and delivers effective quality improvement in patient care

Table 1: Evidence used in CiP 10

	Number of occasions evidence used
CiP Study Clinical Supervisor Report	25
QIPAT/AA	25
MSF	19
CbD	17
Mini-CEX	16
Other evidence used	9

Other evidence used

Current QiP	1
ePortfolio	1
Organisation of MRCP PACES teaching uploaded in portfolio	1
Presentation at ward meetings etc	1
Presentation of audit that trainee has been involved in	1
QIP underway, RCA training, audit	1
Reflection	1
Reflective diary; Personal observation; Face-to-face discussion	1
Reflective writing	1

Table 2: Suggested evidence to inform decision for CiP 10

CiP 10	Is focussed on patient safety and delivers effective quality improvement in patient care
Suggested evidence to inform decision	- CiP Study Clinical Supervisor Report - QIPAT / AA - CbD - Mini-CEX - MSF - TO - Participation in / leading quality improvement project - Reflection on complaints and compliments - Record of attendance at clinical governance meetings and committees

Royal College
of Physicians

CiP 11: Carrying out research and managing data appropriately

Table 1: Evidence used in CiP 11

	Number of occasions evidence used
CiP Study Clinical Supervisor Report	26
Other evidence used	20
GCP certificate	9

Other evidence used

Personal observation / supervision	6
Certificate in personal library	2
Presentation	1
Audit	1
Trainee self-assessment	1
Observation of teaching sessions	1
Period of OOP research	1
Completion of Masters in Medical Education and recent thesis in simulation	1
PhD	1
ePortfolio	1
Research post application	1
Evidence of following Guidelines and early protocols	1
Academic supervisor's report	1
MRCP	1

Table 2: Suggested evidence to inform decision for CiP 11

CiP 11	Carrying out research and managing data appropriately
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • GCP certificate • Attendance at regional teaching • Quality improvement project / critical analysis of data • Poster presentations • Journal club reports • Higher degrees • Supervision of trainee undertaking a project

Royal College
of Physicians

CiP 12: Acting as a clinical teacher and clinical supervisor

Table 1: Evidence used in CiP 12

	Number of occasions evidence used
CiP Study Clinical Supervisor Report	27
MSF	23
TO	22
Other evidence used	13

Other evidence used

Student Feedback	3
Personal observation / supervision	3
Has just been appointed as associate college tutor to help organise PACES teaching.	1
Teaching sessions attended (weekly teaching to med students)	1
Teaching assessments	1
MCR	1
Verbal Feedback	1
ePortfolio	1
Evaluation forms following organization of a regional interview training session in personal library	1

Table 2: Suggested evidence to inform decision for CiP 12

CiP 12	Acting as a clinical teacher and clinical supervisor
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • MSF • TO • Observe undertaking a mini-CEX on a trainee • Education course such as 'doctors as educators' etc.

Royal College
of Physicians

CiP 13: Dealing with ethical and legal issues related to specialty clinical practice

Table 1: Evidence used in CiP 13

	Number of occasions evidence used
CiP Study Clinical Supervisor Report	28
MSF	26
MRCP	24
CbD	23
Mini-CEX	16
DOPS	12
Other evidence used	10

Other evidence used

Trainee Reflection	4
MCR	2
Teaching attendance log	1
Ward experience	1
Evidence of teaching	1
Personal observation / supervision	1

Table 2: Suggested evidence to inform decision for CiP 13

CiP 13	Dealing with ethical and legal issues related to specialty clinical practice
Suggested evidence to inform decision	• CiP Study Clinical Supervisor Report • CbD • DOPS • Mini-CEX • MSF • MRCP(UK) • Reflective writing • ALS certificate • End of life care and capacity assessment • e-learning / course with assessment

Royal College
of Physicians

CiP 14: The ability to successfully function within NHS organisational and management systems

Table 1: Evidence used in CiP 14

	Number of occasions evidence used
CiP Study Clinical Supervisor Report	29
MSF	23
CbD	15
Other evidence used	11
QIPAT/AA	9

Other evidence used

Personal observation / supervision	4
Reflections in portfolio.	1
MCR, personal supervision	1
Course certificates	1
Reflection	1
Management course certificate	1
ACAT	1
MCR	1

Table 2: Suggested evidence to inform decision for CiP 14

CiP 14	The ability to successfully function within NHS organisational and management systems
Suggested evidence to inform decision	- CiP Study Clinical Supervisor Report - QIPAT / AA - MSF - CbD - Lead role in governance structures - Management course with practical application observed

Royal College of Physicians