

RCP new methods of assessment of Specialist Registrars in medical specialities

General information about methods

Assessment of the performance of doctors has recently become an important issue both publicly as a result of high profile cases such as the Bristol Heart case, and within the profession following the redesign of higher specialist training. The assessment of doctors in an honest and objective manner is laid out as a fundamental part of practice in the General Medical Council's guidance 'Good Medical Practice'.

Until now the assessment of trainees in medicine has been a subjective process, based on an educational supervisor 'signing up' a trainee as competent. There was no process by which the educational supervisor collected objective evidence to inform judgments about a trainee's competence. It has been acknowledged that there needs to be a greater emphasis on performance-based assessment (i.e. what doctors actually do in real practice). The Royal Colleges of Physicians ran a pilot study in 2003, which showed the reliability, feasibility and validity of three novel methods of assessment, these are:

1. Mini Clinical Evaluation Exercise (Mini-CEX)

The Mini-CEX (clinical evaluation exercise) was developed in the USA to assess the clinical skills that trainees most often use in real clinical encounters. It involves direct observation by an assessor of a trainee's performance in real clinical situations and is designed to assess skills such as history taking, clinical examination, communication, diagnosis and management of patients and their problems. It is repeated on multiple occasions with different patients in different clinical environments (e.g. out-patients, in-patients, emergency department) and uses multiple assessors. Each encounter should take approximately 15-20 minutes. This is already in widespread use for the assessment of residency programs in the USA.

2. Directly Observed Procedural Skills (DOPS)

It is essential that all trainees should be adequately assessed for competence in the practical procedures that they undertake. Directly Observed Procedural Skills (DOPS) is a method, designed by the Colleges for the assessment of procedural skills. The process requires an assessor to observe directly the trainee undertaking the whole procedure being assessed, make judgments about specific structured tasks, and then grade the performance of these specific pre-determined components of the procedure. These include generic skills such as consent and communication in addition to the details of the practical aspects of the procedure under assessment. For some procedures there is an additional specialty section form, relevant only to that procedure and written by the relevant Specialist Advisory Committee (SAC). Clearly not all trainees will have to do DOPS because not all specialities involve practical procedures. The relevant SAC decides the procedures that are subject to DOPS assessment.

3. Multisource feedback (MSF) assessment

MSF (otherwise known as 360⁰ assessment) is an objective systematic collection and feedback of performance data on an individual derived from a number of stakeholders

on his/her performance. MSF is a method of assessing generic skills such as communication, leadership, team working, teaching, punctuality and reliability. This assessment method is in widespread use in medicine in the USA, Canada and Australia. We have shown that 15-20 'raters', in equal proportions from four groups (allied health professionals, doctors, nurses and clerical/secretarial staff) provide a reliable assessment of an SpR. Essentially 'raters' are people with whom the individual works. 'Raters' provide structured feedback about the individual's performance.

The RCP is formally introducing DOPS and MSF assessment for SpRs in medical specialties from October 2005. Mini-CEX will be formally introduced from October 2006. However some specialties may start using mini-CEX on an informal basis sooner, if decided by the relevant SACs.

Other methods of assessment being developed

The RCP is interested in a number of other forms of assessment, some of which are currently under development.

Patient Satisfaction Questionnaire (PSQ)

This is a method of assessing behaviours. This is currently being piloted and if successful is likely to be introduced in the near future.

Knowledge based assessment

The RCP is currently piloting this form of assessment in four specialties. If this is successful it is likely that all SpRs would have to pass an assessment of their core knowledge before proceeding to the third year of SpR training.

Case based discussion

The RCP is interested in this as a potential assessment tool and may pilot it in the near future.