

RCP new methods of assessment of Specialist Registrars in medical specialities

How to set up assessments; information for trainees and assessors

Below is general guidance for each of the methods. Guidelines of how to complete the assessment are included on all assessment pads. SpRs are responsible for setting up all assessments and ensuring the correct completed paperwork is returned to the relevant people. Trainees should keep blank copies of all relevant paperwork and provide it for their consultants as necessary. Trainees may wish to leave blank assessment pads in places where assessments will regularly occur e.g. outpatient clinics. It is the trainee's responsibility to ensure they have completed the necessary assessments before each RITA. Please ensure patients are informed and verbally consented before each assessment starts. If any blank paperwork is needed please contact JCHMT. If trainees or consultants have any questions concerning implementation of these methods they should contact JCHMT.

The scoring system used on all forms- how to use it

All the forms use a nine-point scale from 1 (extremely poor) to 9 (extremely good). A score of 1-3 would be considered unsatisfactory, 4-6 satisfactory and 7-9 would be considered above that expected, for a trainee at the same stage of training and level of experience. Each score of 1-3 must be justified with at least one explanation/example in the comments box provided; failure to do so will invalidate the assessment. Please note that scoring should reflect the performance of the trainee against that which the assessor would reasonably expect at their stage of training and level of experience. The trainee is marked for each component of the assessment (components 1-6, 1-10 and 1-8 for mini-CEX, generic DOPs and MSF respectively). At the end of each assessment form there is a mark given for overall performance (components 7,11 and 9 for mini-CEX, generic DOPs and MSF respectively). The overall score is not necessarily the sum of all the preceding components but an overall impression. For example if a trainee assesses an asthmatic in A&E with a life-threatening asthma attack and scores 'satisfactory' for all components except 'clinical judgement' where they score 'unsatisfactory' (because they plan to send the patient home!) then quite clearly they should fail the overall assessment (i.e. score 'unsatisfactory' for component 7 - 'overall clinical competence'). Likewise if a trainee is incapable of technically doing a procedure then they should fail the overall assessment (i.e. score 'unsatisfactory' for component 11 - 'overall clinical competence performing procedure').

Paperwork- where to get the forms from

Trainees are expected to provide all the necessary paperwork. This will be in the form of colour coded carbon copy pads available from JCHMT. In the initial implementation of the methods (2005) these may not be available, in which case trainees will have to download forms from the JCHMT website and make the necessary number of photocopies of the completed forms after each assessment, when the forms have been completed. The educational supervisor will keep one Copy of each completed assessment form. The programme director, STC chair or deanery

(hereafter referred to as 'deanery' in our documentation) will keep a copy of each completed assessment form, final arrangements for this will be decided on a local basis.

The Methods:

Mini-CEX

Each trainee must undertake a minimum of four mini-CEX assessments per year for the first four years of training. This must be with a minimum of two different consultant assessors per year. Clearly more assessments can be done, if this is stipulated as a requirement by the trainee's SAC or if the trainee wishes. There should be an equal mix of inpatient and outpatient assessments. There should also be an equal mix of low and high case complexity assessments.

The trainee is responsible for setting up the assessments and ensuring the correct number is completed. Details of how to do each assessment are provided on the assessment form pad. Trainees keep the blank assessment pads or they can be left in a convenient place. Each assessment form has two carbon copies. After the assessment form has been completed and signed by both trainee and assessor the trainee keeps the top (white) copy for their logbook. The assessor is then responsible for returning the bottom two forms to the educational supervisor, who keeps the middle (blue) copy for their records and returns final (yellow) copy to the deanery. Prior to the annual RITA the trainee's educational supervisor completes a summary form of the mini-CEXs done that year.

DOPS

Trainees are assessed on procedures as stipulated by their SAC. When a trainee, in conjunction with their educational supervisor, feels able to do a procedure independently it is expected that they undergo DOPS assessment to be certified as a competent independent operator. Each trainee is expected to pass six DOPS assessments with two different assessors (three cases with each) in order to be signed off for a procedure. Trainees who have completed a DOPS assessment may be asked to repeat their assessments if they have not done the procedure for an extended period of time, due to time out for research for example.

The trainee is responsible for setting up the assessments and ensuring the correct number is completed. A generic DOPS form must be completed for all assessments. There is a specialty specific additional form that should be used for relevant procedures, which are stipulated by the relevant SAC. Details of how to do each assessment are provided on the assessment form pads. Trainees keep the blank assessment pads or they can be left in a convenient place. Each assessment form has two carbon copies. After the assessment form has been completed and signed by both trainee and assessor the trainee keeps the top (white) copy for their logbook. The assessor is then responsible for returning the bottom two forms to the educational supervisor, who keeps the middle (blue) copy for their records and returns final (yellow) copy to the deanery. Prior to the annual RITA the trainee's educational supervisor completes a summary form of the DOPS done that year for each relevant procedure.

MSF

All trainees are expected to do an MSF assessment in the first and penultimate (prior to penultimate year assessment-PYA) years. It is expected that trainees should have been in post for at least three months before asking other staff to complete an MSF assessment. Before starting an MSF trainees should inform their educational supervisors and provide them with the following blank forms: MSF feedback form and guidelines and MSF summary table.

Trainees should choose five 'raters' from each of the four groups:

- 1) **Allied health professionals:** e.g. Physiotherapists, Occupational therapists, Speech therapists, Radiographers, Cardiac technicians etc
- 2) **Medical staff:** from all grades from most junior to consultant including associate specialists and non-career grade
- 3) **Nurses:** from all grades
- 4) **Secretarial and clerical staff:** e.g. administrators, managers, secretaries and ward clerks

In the event that trainees cannot find a minimum of 16 'raters' they should contact JCHMT for further advice. Where relevant they should choose some mix of seniority. The trainee chooses their 'raters' and records the name, profession and department of each on the 'list of 'raters' form'. They should then write the name of the 'rater' on the top right of each MSF form (where indicated) and their own name (where indicated) on the front, to remind the 'rater' who they are assessing. The SpR must then fill in their GMC number, the date and their year of training on each assessment form. They should then complete the name and relevant address on the front of an envelope for each form. The trainee then hands out a form and envelope to each 'rater'. The SpR keeps the top (white) copy of the list of 'raters' for their logbook the educational supervisor keeps the middle (blue) copy for their records and returns final (yellow) copy to the deanery. **All trainees should also complete a self-assessment**, which they should return to their educational supervisor. After completing the assessment form each 'rater' puts it in the named envelopes provided, seals it and returns it to the educational supervisor either directly or by internal post. Completed forms must NOT be given to the trainee.

The educational supervisor then collates the data from all the MSF forms onto the 'RCP table of trainee's MSF scores' form (provided by trainee). They may wish to enlist the help of secretarial or administrative staff for this task. The top (white) copy is kept by the educational supervisor and the bottom (yellow) copy returned to the deanery.

The educational supervisor then uses the information from the table to complete the 'RCP MSF feedback and RITA summary form of trainee's scores' (provided by trainee), which is used at a meeting with the SpR to give them anonymous feedback. At the end of the meeting the trainee and educational supervisor sign the form. The trainee keeps the top (white) copy for their logbook the educational supervisor keeps the middle (blue) copy for their records and returns final (yellow) copy to the deanery. The RITA panel may request to see this form, in the trainee's logbook.