Changes to Assessments for Specialty Trainees
August 2015

We have listened to what you said about Workplace-Based Assessments (WPBAs)

‘It is better to do a few assessments well rather than hundreds not very well.’

‘...our life is all about paperwork paperwork...’

From 2015, the changes will aim to:

- Improve and simplify the use of WPBAs, and their effectiveness in training.
- Give more weight to the judgment of trainers.
- Strengthen the completion of units of training.
- Improve e-portfolio forms to reflect these changes.

The GMC has recommended similar changes and other Colleges have already changed their approach to assessment.

Revised Assessment Guidance will be published and available on the website by 15 August 2015 – please see: www.rcoa.ac.uk/training-programme/wpba.

New WPBA forms will be produced for e-Portfolio – please see the website for further details: www.trainingeportfolio.rcoa.ac.uk

Further information

Achievement of Core Learning Outcomes must be demonstrated

Airway management*

This higher unit is one of the two mandatory units of higher training which all trainees are expected to complete satisfactorily during their general duties training block. It shares a number of important competencies with ENT, maxillofacial and dental surgery and it is expected that it can be delivered in many of the non-specialist hospitals that form part of many, if not all, Schools of Anaesthesia.

Learning outcomes:
- Become skilled at managing the more complex airways by building upon intermediate knowledge, skills and experience

Core clinical learning outcomes:
- Able to perform and interpret fibreoptic intubation in patients with serious intra-oral/ora/ora/antral pathology, safely and proficiently, in awake or anaesthetised patients under direct supervision
- Able to manage patients with complex airway disorders safely and proficiently in all situations, under local supervision

These are essential

These are possible areas for WPBAs

### Achievement of Core Learning Outcomes must be demonstrated

<table>
<thead>
<tr>
<th>Competence</th>
<th>Description</th>
<th>Assessment Methods</th>
<th>EPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM_HW_01</td>
<td>Discusses the use of novel airway techniques, including the use of retrograde catheters and airway exchange devices</td>
<td>A,D</td>
<td>1,2</td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th>Competence</th>
<th>Description</th>
<th>Assessment Methods</th>
<th>EPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM_HS_01</td>
<td>Demonstrates ability to perform awake fibreoptic intubation, including obtaining consent</td>
<td>A,D</td>
<td>1,2</td>
</tr>
<tr>
<td>AM_HS_02</td>
<td>Demonstrates ability to perform fibreoptic intubation for elective cases including those with airway pathology under direct supervision</td>
<td>A,D</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>AM_HS_03</td>
<td>Demonstrates ability to perform fibreoptic intubation for emergency cases including those with airway pathology under direct supervision</td>
<td>A,D</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>AM_HS_04</td>
<td>Demonstrates management of an operating list involving multiple patients for airway-related surgery, including patients with predicted difficult airway, with appropriate airway management decision making</td>
<td>A,D</td>
<td>1,2,3,4</td>
</tr>
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New Assessment Guidance has been produced for the CCT in Anaesthesia Curriculum.

Workplace-based assessments (DOPS, A-CEX, CbD and ALMAT) will be formative.
- No more satisfactory/unsatisfactory grading.
- Simplified e-Portfolio forms.
- Emphasis on feedback to aid learning.
- Formulation of action plans to guide development.
- Indication of the level of trainee independence.

Completion of Units of Training will be Summative.

A new Completion of Unit of Training (CUT) form is designed to emphasise:
- A unit is being completed; not a ‘sign-off’ nor a ‘tick-box.’
- Designated trainers sign completion of each unit.
- Achievement of Core Clinical Learning Outcomes essential.
- WPBAs are only one source of evidence.
- Trainer must comment on trainee’s professional attributes.

Consultant Feedback

All consultants involved in training in each unit should be canvassed for their judgment on the trainee’s performance.
- Some Schools and/or hospitals already run consultant feedback schemes: existing schemes should continue.
- A suggested form is available on the RCoA website to help departments who do not have one.

Feedback should be completed at end of specialist units (cardiothoracic, neuro, paediatrics).

For general duties units, it may be more appropriate to complete the feedback across the whole department; some Schools already suggest this at six month intervals.

NB: Do not delay General unit completions to wait for the formal feedback. The Consultant completing the unit may take soundings from colleagues to ensure that the completion is appropriate.

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What will not change

The assessment tools are the same ones you have been using for several years.

The Educational Supervisors Report (and Interim Progress Reports) will remain pivotal to informing the ARCP process.

Multi-discipline Multi-Source Feedback (MSF) must be completed annually.

Initial Assessment of Competence and the Initial Assessment of Obstetric Competence must be completed. They remain summative assessments.

Assessments can be completed by Consultants; SAS grades; senior trainees; and allied professionals; as long as they meet the GMC criteria as trainers.

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What will change

Assessment contains both formative and summative elements

**Formative Assessments**
- assessments for learning, e.g. driving lessons
- provide constructive feedback
- aim to guide, reflect and make progress

**Summative Assessments**
- are assessment of learning, e.g. the driving test
- tests performance
- requires judgement of competence

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