

Curriculum 2020: Programme of Assessment

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With grateful thanks to the RCOG

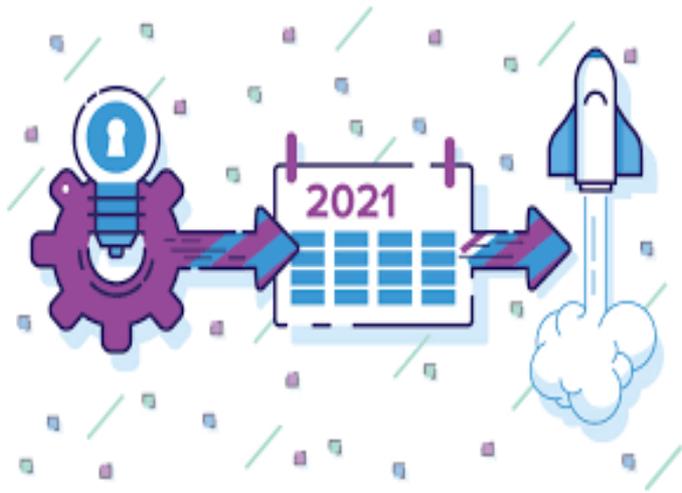
Key Points

- **The new curriculum will be an integrated framework of exams, assessments in the workplace and judgements made about a learner during their approved programme of training.**
- **Current CSRH workplace-based assessments have been fully reviewed as part of the curriculum development.**
- **Assessment tools, which are well established in CSRH training, will be both formative and summative and have been selected on the basis of their fitness for purpose and their familiarity to trainees and trainers.**
- **The revised assessment tools will put the trainee at the heart of the assessment process, with a much stronger emphasis on the trainee as a reflective practitioner.**
- **Assessors will make accountable, professional judgements on whether trainees have made sufficient progress throughout the training year to progress to the next year/level of training.**
- **The successful completion of each stage of training will be dependent on achieving the expected level in all Capabilities in Practice (CiPs) and procedural skills, with the programme of assessment being used to monitor and determine progress throughout the programme.**

Purpose of the programme of assessment

- To clearly communicate the expected levels of performance and ensure these are met on an annual basis and at other critical progression points and to demonstrate satisfactory completion of training as required by the curriculum.
- It is also to ensure specialists of the future are equipped with knowledge and skills, and it also informs the learning programme and training plan.

What has changed?

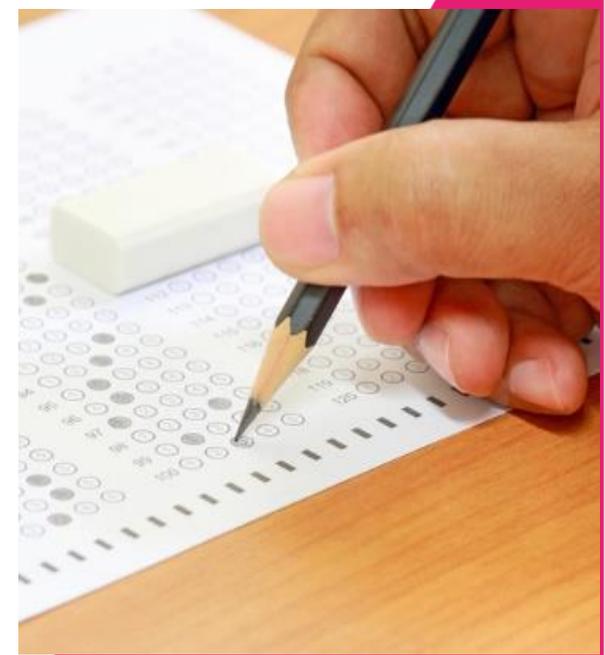


1. Education Supervisors (ES) will now be required to make a **global judgement** as to whether trainees should progress to the next year of training
2. The **Education Supervisors Report (ESR)** has been **redesigned** to support the global judgement process
3. With **multi-source feedback**, a trainee will now be able to **self-assess** using a modified TO1 form (SO)
4. A **reflective element** has been added to workplace-based assessment tools

Curriculum 2020 Assessments

Assessment type	Assessment method	Changes introduced
Examinations		
Part 1 MFSRH Part 2 MFSRH (KAT & OSCE)	Summative	<ul style="list-style-type: none"> Examinations and waypoints are the same as in the old curriculum, but the exam syllabus has been remapped to the new knowledge areas EBC & CRQ removed First new format exam June 2022
Workplace-based assessment – Assessment of Performance encounters		
Objective Structured Assessment of Technical Skills (OSATS)	Summative	<ul style="list-style-type: none"> No changes introduced
Workplace-based assessment – Supervised Learning Event encounters		
Case-based discussion (CbD) Mini-Clinical Examination (Mini-CEX) Objective Structured Assessment of Technical Skills (OSATS) Directly Observed Clinic (DOC)	Formative Formative Formative Formative	<ul style="list-style-type: none"> Assessments have been revised to include an explicit reflective element
Workplace-based assessment – not encounter-based		
Team observation (TO1 & TO2) Reflective practice (RP) Patient Satisfaction Questionnaire (PSQ)	Formative	<ul style="list-style-type: none"> New SO1 form for self-assessment

MFSRH Examination



Part 1 MFSRH

- covers basic and applied sciences relevant to the clinical practice of SRH
- summative assessment of **CiP 1, 4, 5 & 8.**

Part 2 MRCOG: (KAT & OSCE)

- covers the application of knowledge, clinical competencies and attitudes required during clinical practice
- summative assessment of **CiPs 1, 2, 4, 7, 8, 9, 10 (KAT)** and **CiPs 1-8 (OSCE)**

Knowledge Requirements

- Knowledge Requirements for the CSRH are the same as for the MFSRH and are now combined into one document
- Part 1 is the MFSRH Syllabus and gives the overview of the syllabus topics by CiP
- Part 2 specifies the knowledge criteria for each Key Skill of each CiP
- This will be useful for all examination candidates, not just trainees





Progression through the training programme

- Progression through the programme will still be determined by the ARCP process
- The assessment requirements for each indicative year of training are summarised in the Matrix of Progression
- The successful completion of each stage of training will be dependent on achieving the expected levels in all CiPs and procedural skills, supported by appropriate evidence
- Decisions on progression fundamentally rely on the professional judgement of the Educational Supervisor who will sign off the annual Educational Supervisors Report
- Towards the end of each training year trainees will assess their own progression for each CiP and record this in the Training ePortfolio, signposting to the evidence that supports their rating
- The programme is based on capability not time

Matrix of Progression

- This has been updated so that it is relevant for the new curriculum.
- The Matrix provides guidance on all aspects of training, both clinical and non-clinical, for each year of training – and information about skills and experiences necessary for each year of training.
- It sets out the requirements for a satisfactory ARCP outcome at the end of each training year and critical progression points.
- The new Matrix of Progression is available [here \[ADD LINK\]](#)



Assessment of CiPs

Detailed guidance on the assessment of CiPs will be provided on Training ePortfolio in the CiP Guides. The guidance will cover:

- *what the CiP is about*
- *statement of expectations*
- *the kind of evidence that might be relevant to the CiP*
- *when the CiP can be signed off.*

- The CiP is the fundamental basis of global judgement.
- Trainees will be assessed throughout the training programme, allowing them to continually gather evidence of learning and to provide formative feedback.
- Trainees will use evidence to support progress.
- Clinical Supervisors and others contributing to assessments will provide formative feedback to the trainee on their performance throughout the training year.
- The ES will carry out an annual global judgement, and satisfactory sign off will indicate that there are no concerns with progress and performance expected for completion of that stage of O&G training
- The method of assessing CiPs varies depending on whether they are generic and non-clinical or a clinical CiP.

Assessment of generic & non-clinical CiPs

- With these CiPs trainees are required to make a self-assessment as to whether they meet expectations for the stage of training, linking to appropriate evidence in the ePortfolio.
- ES will indicate on the ESR whether they feel a trainee is meeting expectations or not.
- If trainees are not meeting expectations, an explanation will need to be given by the ES, as well as a plan for addressing deficiencies/training needs.
- Trainees will need to meet expectations for the stage of training as a minimum to be judged satisfactory to progress.
- Detailed guidance will be available on the Training ePortfolio



“Overall, I consider that this trainee is meeting expectations for this stage of training”

Assessment of the clinical CiP 8

Level	Descriptor
1	Entrusted to observe
2	Entrusted to act under direct supervision: (within sight of the supervisor)
3	Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)
4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
5	Entrusted to act independently

- With CiP 8, the trainee will make a self-assessment to consider whether they meet expectations for the year of training, using the five supervision levels listed opposite and linking to relevant evidence in the ePortfolio.
- The ES will then indicate whether they feel the trainee is meeting expectations or not by assigning one of the five supervision levels.
- Trainees will need to meet expectations for the year of training as a minimum to be judged satisfactory to progress.

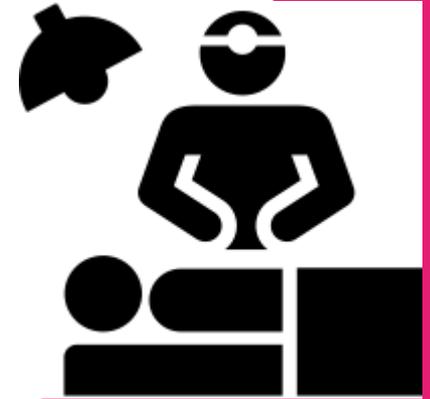
Assessment of clinical CiP

Outline grid of progress by Level of Supervision for CiP 8

CiP No	Capabilities in Practice (CiP)	Phase 1			Phase 2		Phase 3		
		ST1	ST2	ST3	ST4	ST5	ST6	CCT	
8.	The doctor is competent to assess and manage people presenting for reproductive healthcare throughout their life course.	L1		L2	CRITICAL PROGRESSION POINT	L3	L4	CRITICAL PROGRESSION POINT	L5

Assessment of procedures

- Doctors must be able to demonstrate that they are capable of unsupervised practice in CiP 8 and that they meet the minimum requirements for the other CiPs
- Trainees should ideally receive training in a simulated setting before performing the procedures
- Procedural skills will be assessed using the OSATS tool
- When a trainee has been signed off to be able to perform the procedure independently they are not required to have any further OSATS in that procedure, unless they or the ES consider it necessary
- There are different expectations at for each training level. Core procedures are addressed in basic, intermediate and advanced training, and progress can be demonstrated with formative OSATS
- Trainees must meet Matrix requirements for independent practice for each training year



The global judgement process: Principles

- The programme of assessment in the new curriculum relies on the ES making a professional judgment as to whether trainees have met the learning outcomes and expected levels of performance set out in the approved curriculum.
- This is not a new concept, and actually something which many doctors are already doing daily on an informal basis. The new curriculum seeks to formalise the process.
- ES will make accountable, professional judgements on whether progress has been made
- The ES will then offer a global judgement as to whether the trainee should progress to the next year of training.



The global judgement process: Principles (ctd)

Educational Supervisors report (ESR)

The Educational Supervisors records annually a longitudinal, global report of a trainee's progress over the full range of CiPs based on a range of assessments, including exams and observations in practice or reflection on behaviour by those who have appropriate expertise and experience. The ESR can incorporate commentary or reports from observations, such as from supervisors, or formative assessments demonstrating progress over time.

- The trainee will self-assess and be will be globally judged by the ES against the expectations for the particular stage of training.
- Detailed guidance on the expectations for each CiP will be provided on the Training ePortfolio.
- There will be a difference between the global judgement of generic and non-clinical specialty CiPs, and the clinical specialty CiP.
- The global judgement decision will be recorded on the ESR, which has been redesigned to support the new Curriculum.
- Trainees will be given the opportunity to agree or disagree with the recommendations of the ES.

The role of evidence in the global judgement process

- Provision of evidence in the ePortfolio remains a key concept in the new curriculum
- Trainees will collect evidence to support their self-assessment
- Evidence will support the ES global judgement

Summative assessment

- The FSRH examination: Part 1 and Part 2 (KAT & OSCE)
- Objective Structured Assessment of Technical Skills (OSATS)

Formative assessment

- Case-Based Discussions (CbD)
- Mini-Clinical Evaluation Exercise (mini-CEX)
- OSATS
- Team Observation (TO1) and TO2
- Directly Observed Clinic (DOC)
- Patient Satisfaction Questionnaire (PSQ)

Supervisor report

- Educational Supervisor Report (ESR)



The global judgement process: how it will work

1. Trainee uploads evidence on to the Training ePortfolio throughout the training year, linking to one or more CiPs.
2. At any stage, trainees can assess their progress for each CiP signposting to the evidence that supports this.
3. Once they feel they have enough evidence to complete the CiP, they add a self-assessment rating of their performance, stating that they are:
 - not meeting expectations
 - meeting expectations
4. Before the ARCP, the ES or trainee will generate the ESR, which pulls together a summary of the trainees progress within each CiP.
5. The ES will review the evidence in the ePortfolio including workplace-based assessments, the TO2 and the trainee's self-assessment and record their global judgement of the trainee's performance in the ESR with commentary.
6. The ESR will make a recommendation to the ARCP panel as to whether the trainee has met the defined levels of achievement for the CiPs and acquired the procedural competence required for that year of training.
7. The ARCP panel will then make the final decision on whether the trainee can be signed off and progress to the next year or level of training.



Workplace-based assessments and reflection



- In line with Foundation training, all formative workplace-based assessments in the new curriculum will include a reflective element:
 - TO1
 - Mini-CEX
 - OSATS
 - CBD
 - DOC
- Ensures reflection and feedback are an integral component of the assessment process.
- Every clinical encounter will provide an opportunity for reflection and feedback, which should take place as soon as possible after events to maximise the benefit for the trainee.
- A box on *Trainee's reflection* has been added to each of these forms on the Training ePortfolio.

Directly Observed Clinic (DOC)

- A number of mini-CEXs combine to provide feedback on non-technical skills.
- It enables behaviour in clinic to be observed and rated in a structured manner.
- Combined with Patient Satisfaction Questionnaire (PSQ) = DOC
- New DOC to be piloted, based on Emergency Medicine tool
- Changes to PSQ process in discussion



Summary

- Reflective practice is now embedded in all formative assessment tools
- Global assessment is essentially the evidenced application of professional judgement
- The quality of evidence is more important than the quantity of evidence
- All assessments, both formative and summative, are combined to form an overall Programme of Assessment