TRAINING: VIEWPOINT

Assessment of specialist registrars in A&E—opportunities for change

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The assessment of competence of specialist registrars is a requirement of all training programmes.¹ Assessment is required to assure the public and the profession that only doctors who are adequately trained can progress through a training programme to be appointed to the consultant grade. The burden of this assessment process falls upon the trainer, who has to be able to certify that a trainee is competent at the end of a period of training. Most trainees will make satisfactory progress through all stages of their training, while a small number will clearly not have reached the required standard to permit progression. Between these two groups will lie a number of trainees who are borderline or may lack insight into their failure to meet training requirements. The assessment process must identify these groups reliably and be sufficiently rigorous to withstand legal challenge.

It is inappropriately late in a doctor's career to use an exit examination to determine suitability for appointment to a consultant post. The challenge is to produce an assessment process that is reliable, valid, and able to target remedial training or halt training appropriately.

Setting standards

The curriculum for higher specialist training in accident and emergency medicine (A&E) has been produced by the Faculty of Accident and Emergency Medicine (FAEM).² This sets out the core knowledge and skills that a trainee should possess before completion of higher training. Training in A&E and the core allied specialties should be based on achieving the specific educational objectives set out within the curriculum. A requirement of the specialist registrar grade is that trainees must be assessed yearly to determine progression to the next stage of training.¹ To make this assessment possible the key areas of training must be placed in a time scale to indicate what level of achievement is required to progress between different years of the programme. After development of a time based curriculum for training it is crucial that standards are set against which competence can be assessed. It is important to recognise that different standards for the same skill are appropriate at different stages of training. It is not adequate to simply state that

trainees must be "better" year on year, or alternatively to assume that a trainee spending a certain time in a particular post will have achieved the necessary standard to progress. The work required to reach a consensus on these key issues should not be underestimated.

During training in A&E, core attachments in a variety of related specialties are undertaken. At present satisfactory completion of these attachments merely requires a trainee to spend three months in a recognised training post. It is suggested that assessment of satisfactory completion should in future be competency based. The attainment of set educational objectives should be the indicator of completion of a core attachment. It is imperative that the key educational objectives for each attachment be decided. These objectives should be the minimum requirement and may be extended on an individual or local basis.

The requirement to assess against a certain standard must be reflected in the design and use of the assessment process. This standard may change with time. It is therefore a requirement that the assessment process itself is subject to audit and review.

Minimum requirements for the assessment process

The Department of Health has published a set of minimum criteria that all assessment processes for the specialist registrar grade must satisfy.¹ These include:

- A formal description of the assessment strategy including details of both the methods and standards of assessment.
- Details of the required College or Faculty examinations. This information must be available to trainees before entry to the specialist registrar grade.
- A meeting between the trainee and their educational supervisor at the earliest possible opportunity to discuss the trainees' training objectives, the training opportunities of the placement, and the requirements of the training programme.
- An annual review of progress with feedback to the trainee.
- Written arrangements for an end of programme assessment including the evidence required for recommendation for the award of

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a Certificate of Completion of Specialist Training (CCST).

- An appeals procedure for trainees to appeal against decisions to recommend targeted training, repeat experience, or withdrawal from the programme. Clear guidance on the appeals procedure is available.

The assessment process

The importance of department based regular informal appraisal cannot be overstated. This process highlights the important areas for personal and professional development for trainees to both trainees and trainers on a regular basis. It is valued by trainers and trainees.^{3,4} The process of appraisal is confidential and formative. It is not appropriate to use this technique for the summative annual assessment. Appraisal is a mechanism for discussing trainees' attitudes (for example, relationships with patients, other staff groups, and senior and junior colleagues; honesty, integrity, and timekeeping). These are important areas which if ignored early in the training process may result in individuals progressing through the training programme inappropriately.

The annual summative assessment must be formalised, objective, and based on good evidence if it is to withstand the appeals procedure and perhaps legal challenge. The use of structured questionnaires completed by the supervising consultant has attracted considerable support. The Royal College of Surgeons of England has led the way in the assessment of higher training. It has considerable experience in the use of a rating scale based assessment which has subsequently been adopted and modified by other specialties.⁵ This is a process requiring the trainer and trainee to attribute scores on rating scales. The main advantage of this style of assessment is that it can be completed quickly compared to other forms of assessment; it requires little additional training of trainers, and is acceptable to trainers and trainees. However, subjective evaluations of trainees by trainers are unreliable and tend to inflate performance.⁶⁻⁸ Trainers are reluctant to score deficits in clinical performance appropriately.⁹ Furthermore, it has been noted in other specialties that in many cases trainers never observed trainees taking a history or performing a physical examination.¹⁰ This method requires the trainer to have observed directly the working practices of the trainee over the spectrum of clinical and non-clinical practice. The nature of A&E work does not support this style of working pattern—and hence this assessment technique.

The FAEM has created the agenda for assessment of trainees with the introduction of the Fellowship of the Faculty of Accident and Emergency Medicine examination (FFAEM).¹¹ This is an exit examination to signify reaching an adequate standard to allow completion of higher training. This examination has components which could be mirrored in a regional assessment process.

The most difficult and controversial element of any postgraduate assessment is the component assessing clinical competence. Many of

the postgraduate diplomas have attracted comments concerning their fairness, relevance, and inability to assess clinical competence reliably.¹²⁻¹⁷ Over recent decades the objective structured clinical examination (OSCE) has attracted considerable support as a method of assessing competence in undergraduates¹⁸⁻²⁰ and postgraduates,²¹ sometimes as part of an integrated assessment package.²² More recently several of the Royal Colleges have introduced an OSCE component to their postgraduate diplomas. The FAEM has included an OSCE in their exit examination. The principle of using an OSCE is attractive in view of its reliability and validity, but it is of the utmost importance that the area tested is most appropriately tested in an OSCE and that the skill allows objective, structured marking. Fundamental to this is that there must be a consensus on the correct way to perform a skill or acceptance of several techniques or answers in the marking scheme.²³

Oral examinations are prone to many errors and tend to test at a level of factual knowledge rather than problem solving.^{24,25} Scores are related to irrelevant attributes such as appearance and confidence.²⁶ However, oral examinations can be improved by careful selection and training of examiners.²⁷⁻²⁹ These principles should be applied equally to postgraduate diplomas and local assessment processes. The FFAEM has an oral section that covers four areas, each of which could be reproduced in a regional assessment scheme.

The management component consists of a discussion of specific management problems which are not known to the trainee before the assessment. The management problems posed should be drawn from a pool of scenarios collated by the assessment committee. This part of the assessment is difficult to mark against objective criteria, thus requiring the marking scheme to have a significant discretionary element. It would therefore require at least two assessors to undertake this component to reduce the effects of other factors.

The section on critical appraisal of published research and research methodology requires the trainee to appraise a recently published paper. The trainee is allowed a period of one hour to read and assess the article, followed by a viva voce on the merits of the paper and general research methodology. A system for evaluating literature appraisal skills has been described.³⁰ The structured nature of this viva would allow marking against a similarly structured marking proforma.

Discussion of a prepared clinical topic provides a situation where a trainee's depth of knowledge and understanding of a specific topic, chosen by the trainee, can be explored. This section tests cognitive skills and ability to review literature, and also gives an insight into the clinical experience of the trainee.

In the FFAEM examination the trainee's training record³¹ would be discussed during the viva, including the clinical topic review. In the assessment process this may be more appropriately held over until the final summing up component of the process.

Regional assessment

An integrated assessment package for higher specialist trainees is important to identify and assess the crucial areas which come together to provide overall competence of a trainee. The process should conclude with a discussion of performance of the trainee over the previous year, a discussion of the marks gained in the assessment, and a review of the training record. This assessment should allow the assessment panel to make the appropriate recommendation to the chairman of the Deanery specialist training committee regarding progression of the trainee. The panel and the trainee should agree on an annual training agreement for the following year containing specific educational objectives.

A written summary of the assessment process, signed by the trainee and a member of the assessment panel, must be provided for the trainee and the chairman of the Deanery specialist training committee.

A time and place for assessment?

Valid and valuable assessment is undoubtedly time consuming. Training the consultants of the future is a responsibility that must be recognised by all concerned in the training process. A significant component of this training is assessment.

A regional assessment process of the style discussed above can be performed for 16 trainees in one day. The process would require a minimum of six and preferably eight trainers to run smoothly. It is imperative that the assessors are trained in assessment techniques and monitored to reduce the influence of peripheral issues in the assessment.

Several rooms are required, including four offices for vivas, a quiet reading area, a sitting area, and a room large enough to contain the OSCE with facilities for subdividing the room into individual stations.

The way forward

The recognition of the need for a valid, accurate, reliable, and feasible assessment is long overdue. The logistical problems of carrying out an intensive assessment process appropriate to the needs of the training system should not prevent the process from occurring. This issue requires urgent attention from all providers and consumers of higher specialist training.

We look to the Faculty of Accident and Emergency Medicine and the forthcoming Joint Committee on Higher Training in Accident and Emergency Medicine to provide leadership and direction.

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