

Postgraduate Medical Training

ENTRUSTABLE PROFESSIONAL ACTIVITY ASSESSMENT (EPA)

Guidance for Assessment Pilot 2022

Introduction

1. Thank you for agreeing to look at this new tool. This guidance document is aimed to assist trainees and their supervisors to complete the new EPA as part of the Assessment Pilot from 18 July to 31 October 2022. The outcomes of the Assessment Pilot will be reported to the GMC, and fed into the ongoing development of the new ePortfolio.
2. The EPA is part of the new RCOphth Programme of Assessment, which is defined by the GMC as ‘the integrated framework of exams, assessments in the workplace and judgment made about a learner during their approved programme of training’. It will be used by ophthalmologists in training starting on or transitioning to the new OST Curriculum in August 2024. A limited pilot took place in October 2021.
3. The purpose of the EPA is to assess the level that a trainee can be entrusted with independent practice.
4. The EPAs will replace the Clinical Supervisor Report (CSR), be filled in every six months by the Named Clinical Supervisor, and used by Educational Supervisors, along with MSFs and MARS (multi-assessor reports), to make a recommendation to an ARCP panel at the end of the training year.
5. EPAs allow assessors to make and record a decision about the degree of independence a doctor can safely work with. In our curriculum this decision is made about a relatively wide area of practice, which is described by high-level Learning Outcomes. The degree of independence is described in terms of entrustment, using the terms
 - observing
 - direct supervision
 - indirect supervision
 - competent
 - supervising

6. EPAs map to all of the Learning Outcomes, which are described in each EPA, for each Level of the curriculum in the Patient Management domain.
 - Level 1 is management of low complexity patients with development of differential diagnoses
 - Level 2 is low complexity patient management at a faster rate of work, and with the beginning of more refined differential diagnoses
 - Level 3 is the management of moderate complexity patients, of the type we would expect a consultant, not specialising in the area, to managed
 - Level 4 is management expected of a consultant with a special interest in that area.
7. A trainee therefore might be 'competent' at Level 1 (managing low complexity patients), need 'indirect supervision' only at Level 2 but need 'direct supervision' at Level 3 (moderate complexity patients).

Guidance

1. We would like you to use a form to assess a trainee (or trainees) that you are currently working with and feedback to us via the Survey how useful the *content* of the form is in helping you decide the level of entrustment that you can agree at this stage of training. You do not need to focus on the layout of the form, which is a Word document, and which will look different on the ePortfolio.
2. The EPA form includes a self-assessment and the trainee should complete this prior to the assessor.
3. While much of the EPA is based on observation and discussion of cases over a period of time, some evidence of specific competency assessment is required, e.g. OSATS for surgical skills. These are incorporated in the EPA under mandatory evidence.
4. Some competencies may appear in the EPA of more than one SIA e.g. Vitreous/Aqueous biopsy appears in Level 3 Cataract surgery EPA as well as Level 3 Vitreo-retinal surgery EPA. Where a competency has already been signed in one EPA, this can be taken as evidence of competence and transferred to the next EPA. The competency assessment *does not need to be re-assessed*.
5. Level 1 EPAs must be linked to/accompanied by a completed CRS for Gonioscopy.
6. Level 1 and Level 2 EPAs must be linked to/accompanied by at least one completed pilot MAR.
7. For the surgical Level 4 EPAs, we have provided the Level 4 EPA Operating List which is part of the mandatory evidence. If you have completed this, please send in with the completed EPA.
8. The expected progression at different stages of training are outlined below.

- By the end of ST2, all trainees must be ‘competent’ at the Level 1 EPA, but many will be progressing on Level 2 and perhaps even some of the Level 3 Learning Outcomes in the special interest area (SIA) they are working in.
- By the end of ST3, all trainees must be ‘competent’ at the Level 2 EPA, but many will be progressing in Level 3 in one or more SIA.
- By mid-way through ST6, all trainees must have satisfactorily completed all Level 3 EPAs. Some will be well on their way with the Level 4 capabilities by this stage.
- By the end of training of all trainees will have completed Level 4 in at least 2 SIAs to a level of ‘supervising’.

9. Please use the table below to decide which EPA is most appropriate for the trainee.

<i>If you are assessing for this pilot (training stage)</i>	<i>Please use</i>
ST1	EPA L1 and try EPA L2 (we would not necessarily expect the EPA assessment to be ‘competent’ as this stage, it may be with ‘direct’ or ‘indirect supervision’)
ST2	EPA L2 and, if they are competent at this level, try EPA L3 in a SIA you work with them
ST3	EPA L3 in a relevant SIA (please include the EPA for Cataract Surgery too if possible)
ST4	EPA L3 as above
ST5	EPA L3 and try EPA L4
ST6 or ST7	EPA L4

Survey

1. Once the EPA is completed, it should be emailed to Curriculum2024@rcophth.ac.uk whereupon you will receive an automated email with a link to a short survey. Level 1 and Level 2 EPAs should be emailed with their linked MARS and CRS Gonioscopy. **Linked MARS and CRS Gonioscopy should also be emailed separately.** Depending on who submits the survey, please also forward the automated email to the trainee or supervisor with whom you collaborated so that they can do the survey too.
2. You may submit more than one pilot form if you wish and should complete the survey each time you get the automated email with the survey link. This is to allow you to test a variety of forms and for the Project Board to get detailed feedback on each type of form. Demographic information will only be requested the first time you do the survey.

3. You will have the opportunity to request a certificate of participation/CPD points in the survey.
4. To preserve confidentiality, names and personal details are not required to be entered into any pilot forms. After completed forms have been emailed, they will be saved by the RCOphth and the email deleted.
5. Completed forms will **NOT** form part of any formal assessment process.