**ASSESSMENT PILOT REPORT**

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# SUMMARY

1. This report presents the outcomes from the pilot on the new Programme of Assessment. The Programme of Assessment Pilot (the Pilot) was requested by the GMC in its response to the CAG submission on 31 March 2022. The aims of the Pilot were:
   1. Give feedback on the impact on those with protected characteristics
   2. Give feedback on various details associated with the new Programme of Assessment, namely:
   3. the roles and responsibilities of CS and ES in implementing the new workplace-based assessment plan
   4. how the MAR will feed into the EPAs and ESR
   5. the number of ESRs expected to be completed per year and if there is a template
   6. whether the EPA outcomes are intended to feed into the ESR or be used as evidence for the ES to consult
   7. Identify any unnecessary duplication or opportunity to reduce the burden of assessment
   8. Consider how Clinical Supervisors and Educational Supervisors can access data and support to benchmark their entrustment decisions
2. The RCOphth provided an outline of the intended pilot on 30 March 2022 to GMC, including the number of volunteers expected in the six pilot deaneries, their location, demographic mix, duration of pilot and the data collection and analysis which would be undertaken following the pilot.

# HEADLINES

* The pilot met, and in some cases, exceeded the targets originally reported to the GMC.
* The results cover all respondent and new assessment types. There were no concerns about the impact of the changes on those with protected characteristics, given the range of respondent types.
* The pilot has raised awareness of Curriculum 2024 amongst all respondent groups, particularly Educational Supervisors.
* Many of the concerns raised can be addressed by producing comprehensive guidance.
* The ePortfolio will be a crucial factor in implementing Curriculum 2024.

# A1 PILOT PROCESS

1. All aspects of the Pilot were overseen by the OST Project Board (OPB) which is a sub-set of the Curriculum Sub-Committee. The six pilot deaneries were:

* London
* Northern
* Northern Ireland
* Scotland
* West Midlands
* Yorkshire & The Humber

1. Instructions and guidance were developed for the Pilot overall, and for each of the new assessments. It was not appropriate to carry out the Pilot on the existing ePortfolio and the new ePortfolio was not sufficiently developed, so the decision was made early on to conduct the Pilot with Word forms. This meant that it was not possible to pilot the Educational Supervisors Report (ESR) process, because in order to do so an entire cohort of trainees and their supervisors would have required access to all assessments. The fundamental role and principles of the ESR will remain unchanged and these will be user-tested and piloted by the ePortfolio provider, who has indicated that the new ESR functionality will be very different to the current ESR.
2. The assessment forms were finalised by the OPB and all materials made live in a [dedicated area](https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/the-curriculum-2024-assessment-pilot-has-been-set-up-to-test-and-provide-feedback-on-the-three-new-assessments-which-will-come-into-force-from-august-2024/) on the Curriculum 2024 webpage on 17 July 2022. At the same time emails were sent to all TPDs/HoS and trainees in the six pilot deaneries with [Implementation Note No 2](https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/implementation-notes/). The Pilot deadline was 31 October 2022 – in the event this was extended by 2 weeks to 14 November 2022.
3. Volunteers were asked to complete one or more of the new assessment forms (which were downloaded as Word forms from the website) and email them to [Curriculum2024@rcophth.ac.uk](mailto:Curriculum2024@rcophth.ac.uk), whereupon they would receive an automated response with a link to a short on-line survey. The anonymous survey was set up so that volunteers could complete more than one survey (i.e. one for every submitted form), but only enter their demographic details once. TPDs were asked to keep a note of the participation rates and types of forms completed. The Pilot was also advertised by Eyemail and on the website, so that volunteers from other deaneries could participate if they wished.
4. The content for the on-line survey was developed by the OPB and the tool used was SmartSurvey (Annex 1). This tool allowed for anonymous completion and sophisticated question set-up (e.g. questions being omitted if they did not apply to an option chosen). Volunteers could enter their contact details if they wished to receive a certificate and also if they would like to participate in future exercises. The Project Manager was notified each time a survey response was uploaded and was able to monitor response rates closely. This allowed early reporting of any issues affecting the Pilot, e.g. low submission rates from a particular deanery.
5. All completed forms submitted to the [Curriculum2024@RCOphth.ac.uk](mailto:Curriculum2024@RCOphth.ac.uk) email address were filed according to deanery and form type on the RCOphth shared drive.

# A2 DATA ANALYSIS ISSUES

1. Some TPDs interpreted the instructions differently, so that they, rather than individuals, sent in completed forms. This then meant that the individuals did not get the automatic link to the on-line survey. The project manager had to take remedial action to then contact the individuals and ask them to complete the survey.
2. Not everyone who submitted a form completed the on-line survey. Thus there is not a direct correlation between number of forms received and number of surveys completed, as illustrated in the table below.

**TABLE 1 FORMS SUBMITTED TO** [**CURRICULUM2024@RCOPHTH.AC.UK**](mailto:CURRICULUM2024@RCOPHTH.AC.UK) **AND ONLINE SURVEYS COMPLETED**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Deanery** | **EPA L1** | **EPA L2** | **EPA L3** | **EPA L4** | **GSAT** | **CRSGon** | **EPA Surg** | **MAR** | **Total forms** | **Total surveys** |
| London |  |  | 7 | 11 |  | 1 | 1 |  | 20 | 5 |
| N Ireland | 1 | 1 | 3 | 1 | 6 | 1 |  | 6 | 19 | 17 |
| Scotland | 6 | 7 | 12 | 6 | 11 | 2 |  | 10 | 54 | 51 |
| West Midlands | 4 | 1 | 5 | 10 | 8 |  |  |  | 28 | 37 |
| Northern |  |  | 1 | 1 |  |  |  |  | 2 | 2 |
| Yorkshire & Humber |  |  | 1 | 2 |  |  |  |  | 3 | 3 |
| Other |  |  |  | 1 | 1 |  |  |  | 2 |  |
| **TOTAL FORMS** | **11** | **9** | **29** | **32** | **26** | **4** | **1** | **16** | **128** |  |
| **TOTAL SURVEY** | **10** | **6** | **30** | **24** | **30** |  |  | **15** |  | **115** |

1. Each completed form should have attracted two survey responses, as respondents were requested to send the form to their trainee and trainer and complete the survey. In the event, this did not appear to happen.
2. Respondents were asked to complete the MAR if they had completed one of the EPA forms and submit it separately. Unfortunately only 2 respondents confirmed that they had sent in a MAR (though there were 16 MAR submissions), with a comment that the guidance was insufficiently clear as to the relationship between the MAR and EPA.
3. There were 115 on-line surveys completed. 39 respondents completed more than one survey, and 76 one survey only. It is impossible to disaggregate the 39 who completed more than one to get the true number of individuals who participated. Likewise, 127 completed forms were submitted but demographic details were not requested.

# B OVERALL PILOT RESPONSE

Table 2 illustrates the number of forms and surveys received against the targets reported to the GMC. Both in terms of completed surveys or of submitted forms, the target was either met or significantly exceeded for all forms.

**TABLE 2 GMC TARGETS FOR FORMS SUBMITTED AND SURVEYS COMPLETED**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Deanery** | **EPA L1** | **EPA L2** | **EPA L3** | **EPA L4** | **GSAT** | **MAR** | **Total forms** | **Total survey** |
| **GMC target** | 6 | 6 | 24 | 24 | 6 | 6 | 72 | 72 |
| **Forms %** | 183.3 | 150 | 120.8 | 133.3 | 433.3 | 266.7 | 176.4 |  |
| **Surveys %** | 166.7 | 100 | 125 | 100 | 500 | 250 |  | 159.8 |

# C SURVEY RESPONSE DEMOGRAPHICS – RESPONDENT GROUPS, REGION, AGE, ETHNICITY, GENDER AND DISABILITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C1 Respondent role** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Trainee ST1 | |  | | --- | |  | | 5.22% | 6 |
| 2 | Trainee ST2 | |  | | --- | |  | | 9.57% | 11 |
| 3 | Trainee ST3 | |  | | --- | |  | | 5.22% | 6 |
| 4 | Trainee ST4 | |  | | --- | |  | | 3.48% | 4 |
| 5 | Trainee ST5 | |  | | --- | |  | | 5.22% | 6 |
| 6 | Trainee ST6 | |  | | --- | |  | | 3.48% | 4 |
| 7 | Trainee ST7 | |  | | --- | |  | | 14.78% | 17 |
| 8 | Educational or Clinical Supervisor | |  | | --- | |  | | 47.83% | 55 |

Of the 54 trainees who answered the question, 9.26% (5) identified as LTFT. Of the 6 who indicated they were “Other”, 4 were Supervising Doctors, one was a Clinical Fellow FY2 and another was a TPD. It is interesting that ST7s were the most inclined to take part in the pilot, given that they will not be affected by Curriculum 2024. Possibly this was because most of them will become Educational Supervisors after September 2024

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C2 Region overall** | | | **Percentage of total respondents** | **Response Total** |
| 1 | London | |  | | --- | |  | | 4.35% | 5 |
| 2 | West Midlands | |  | | --- | |  | | 32.17% | 37 |
| 3 | Scotland | |  | | --- | |  | | 44.35% | 51 |
| 4 | Northern Ireland | |  | | --- | |  | | 14.78% | 17 |
| 5 | Northern | |  | | --- | |  | | 1.74% | 2 |
| 6 | Yorkshire & The Humber | |  | | --- | |  | | 2.61% | 3 |
| 7 | Any other deanery |  | 0.00% | 0 |

The highest participation rate in the survey was demonstrated by Scotland with 44.35% (51) of the responses, with Northern the lowest at 1.74% (2). London’s participation rate in the survey of 4.35% is disappointing given that it trains 21% of the UK’s ophthalmic specialty trainees. As can be seen in Table 1, London submitted 20 completed forms but only 5 responses to the on-line survey despite several reminders. Two completed forms were received from Any other deanery but no survey responses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C3 Age overall** | | | **Percentage of total respondents** | **Response Total** |
| 1 | 21-29 | |  | | --- | |  | | 13.16% | 10 |
| 2 | 30-39 | |  | | --- | |  | | 38.16% | 29 |
| 3 | 40-49 | |  | | --- | |  | | 19.74% | 15 |
| 4 | 50-59 | |  | | --- | |  | | 26.32% | 20 |
| 5 | 60 or older | |  | | --- | |  | | 1.32% | 1 |
| 6 | Do not wish to specify | |  | | --- | |  | | 1.32% | 1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C4 Ethnicity overall** | | | **Percentage of total respondents** | **Response Total** |
| **White** | | | | |
| 1 | British | |  | | --- | |  | | 38.16% | 29 |
| 2 | Irish | |  | | --- | |  | | 1.32% | 1 |
| 3 | Other | |  | | --- | |  | | 5.26% | 4 |
| **Asian or Asian British** | | | | |
| 4 | Indian | |  | | --- | |  | | 22.37% | 17 |
| 5 | Pakistani | |  | | --- | |  | | 6.58% | 5 |
| 6 | Bangladeshi |  | 0.00% | 0 |
| 7 | Any other Asian background | |  | | --- | |  | | 3.95% | 3 |
| **Mixed** | | | | |
| 8 | White and Black Caribbean |  | 0.00% | 0 |
| 9 | White and black African | |  | | --- | |  | | 1.32% | 1 |
| 10 | White and Asian |  | 0.00% | 0 |
| 11 | Any other mixed background | |  | | --- | |  | | 1.32% | 1 |
| **Black or Black British** | | | | |
| 12 | Caribbean |  | 0.00% | 0 |
| 13 | African | |  | | --- | |  | | 2.63% | 2 |
| 14 | Any other black background |  | 0.00% | 0 |
| **Other Ethnic Group** | | | | |
| 15 | Chinese | |  | | --- | |  | | 6.58% | 5 |
| 16 | Any other Ethnic Group | |  | | --- | |  | | 5.26% | 4 |
| 17 | I do not wish to disclose my ethnic origin | |  | | --- | |  | | 5.26% | 4 |

Survey respondents were categorised according to the College’s agreed protected characteristics. Only 4 did not wish to disclose their ethnic origin.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C5 Gender overall** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Male | |  | | --- | |  | | 64.47% | 49 |
| 2 | Female | |  | | --- | |  | | 32.89% | 25 |
| 3 | Do not wish to answer | |  | | --- | |  | | 2.63% | 2 |
| 4 | Other (please specify): |  | 0.00% | 0 |

The results reflect the general composition of the ophthalmic training community. It is interesting that only female ST4 and male ST6 trainees took part in the survey.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C6 Disability** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Yes |  | 0.00% | 0 |
| 2 | No | |  | | --- | |  | | 93.42% | 71 |
| 3 | Do not wish to answer | |  | | --- | |  | | 6.58% | 5 |

5 respondents chose not to answer this question, and of those that did answer, none identify as disabled.

# D PROTECTED CHARACTERISTICS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D1 Detrimental impact of assessment on those with protected characteristics ((age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Yes - please see Comments below |  | 0.00% | 0 |
| 2 | No | |  | | --- | |  | | 96.52% | 111 |
| 3 | Do not know | |  | | --- | |  | | 3.48% | 4 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D2 Challenges with delivering new assessments for those with protected characteristics** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Yes - please see Comments below | |  | | --- | |  | | 1.74% | 2 |
| 2 | No | |  | | --- | |  | | 90.43% | 104 |
| 3 | Do not know | |  | | --- | |  | | 7.83% | 9 |

The two comments received did not relate at all to the survey question. The overwhelming response to these two questions indicates that there are no concerns about the impact of the new assessments on those with protected characteristics, given the range of respondent types.

# E RESULTS

Results are discussed below in three sections. Section 1 gives the general spread of responses across the assessment types and Special Interest Areas. Section 2 summarises the results for questions that were about the individual assessment form completed. Section 3 describes the overall reaction to the pilot from a detailed analysis of the comments received for questions 22-24.

## SECTION 1 RESPONSE INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E1 Assessment forms completed according to survey** | | | **Percentage of total respondents** | **Response Total** |
| 1 | GSAT Level 1 | |  | | --- | |  | | 12.17% | 14 |
| 2 | GSAT Level 2 | |  | | --- | |  | | 2.61% | 3 |
| 3 | GSAT Level 3 | |  | | --- | |  | | 5.22% | 6 |
| 4 | GSAT Level 4 | |  | | --- | |  | | 6.09% | 7 |
| 5 | MAR | |  | | --- | |  | | 13.04% | 15 |
| 6 | EPA Level 1 | |  | | --- | |  | | 8.70% | 10 |
| 7 | EPA Level 2 | |  | | --- | |  | | 5.22% | 6 |
| 8 | EPA Level 3 | |  | | --- | |  | | 26.09% | 30 |
| 9 | EPA Level 4 | |  | | --- | |  | | 20.87% | 24 |

A total of 30 GSAT, 15 MAR and 70 EPA forms were completed. The most popular category was EPA Level 3. This may be because participants were most concerned about this as their first major exposure to the new Programme of Assessment after August 2024. Two people had completed a MAR to accompany an EPA (though note that MARs could be completed separately). One commented that “Requested MAR to be completed by other colleagues who may comment on the areas, I was unable to assess this trainee”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E2 Assessment forms submitted to Curriculum2024@rcophth.ac.uk** | | | **Percentage of total respondents** | **Response Total** |
| 1 | GSAT all Levels |  | 20.31% | 26 |
| 2 | CRSGon |  | 3.13% | 4 |
| 3 | EPA Surg |  | 0.78% | 1 |
| 4 | MAR |  | 12.50% | 16 |
| 5 | EPA Level 1 |  | 8.59% | 11 |
| 6 | EPA Level 2 |  | 7.03% | 9 |
| 7 | EPA Level 3 |  | 22.66% | 29 |
| 8 | EPA Level 4 |  | 25.00% | 32 |

Even aggregating all the GSAT forms together, the EPA Level 3 remains the most popular of the forms submitted to [Curriculum2024@rcophth.ac.uk](mailto:Curriculum2024@rcophth.ac.uk). A total of 128 forms were submitted, compared to 115 survey responses (see also Table 1).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E3 Special Interest Areas for EPA Level 3 and 4** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Oculoplastics and Orbit | |  | | --- | |  | | 9.26% | 5 |
| 2 | Cornea and Ocular Surface Disease | |  | | --- | |  | | 9.26% | 5 |
| 3 | Cataract Surgery | |  | | --- | |  | | 11.11% | 6 |
| 4 | Glaucoma | |  | | --- | |  | | 11.11% | 6 |
| 5 | Uveitis | |  | | --- | |  | | 7.41% | 4 |
| 6 | Medical Retina | |  | | --- | |  | | 9.26% | 5 |
| 7 | Vitreoretinal Surgery | |  | | --- | |  | | 14.81% | 8 |
| 8 | Ocular Motility | |  | | --- | |  | | 3.70% | 2 |
| 9 | Neuro-ophthalmology |  | 0.00% | 0 |
| 10 | Paediatric Ophthalmology | |  | | --- | |  | | 14.81% | 8 |
| 11 | Urgent Eye Care | |  | | --- | |  | | 9.26% | 5 |
| 12 | Community Ophthalmology |  | 0.00% | 0 |

There were no survey responses for Community Ophthalmology and Neuro-ophthalmology for either EPA Level 3 or Level 4. However, one EPA Level 3 for Community Ophthalmology was submitted to [Curriculum2024@rcophth.ac.uk](mailto:Curriculum2024@rcophth.ac.uk). The two most popular SIAs were Paediatric Ophthalmology and Vitreoretinal Surgery.

## SECTION 2 FORM-SPECIFIC INFORMATION (SURVEY QUESTIONS 19-21)

These questions asked for responses about the specific form that had been completed.

**Q19. How easy or difficult was the assessment form to use?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E4 Ease of use overall** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Very easy | |  | | --- | |  | | 1.74% | 2 |
| 2 | Easy | |  | | --- | |  | | 48.70% | 56 |
| 3 | Neither easy nor difficult | |  | | --- | |  | | 31.30% | 36 |
| 4 | Difficult | |  | | --- | |  | | 16.52% | 19 |
| 5 | Very difficult | |  | | --- | |  | | 1.74% | 2 |

Only 2 respondents found the forms Very difficult to complete; 16.5 % found them Difficult. More than 50% found the forms either Easy or Very easy. Similar levels of respondents found the GSAT Level 1, 3 & 4, EPA Level 2, 3 & 4 difficult to complete which might point to common issues with the forms. The EPA Level 3 and MAR appear to be the easiest. Common comments included: (a) lack of guidance; (b) lack of clarity as to who completes the form; (c) lack of clarity as to the kinds of evidence needed; (d) lengthy and time-consuming; (e) use of language and jargon.

**Q20. Do you think that the assessment form you completed collected sufficient relevant information for its purpose?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E5 Form collected sufficient information overall** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 76.52% | 88 |
| 2 | No | |  | | --- | |  | | 11.30% | 13 |
| 3 | Other (please specify): | |  | | --- | |  | | 12.17% | 14 |

Although 76.52% felt that the form did collect sufficient information, there were a number of common comments which included: (a) the lack of minimum numbers of procedures; (b) subjectivity of the form; (c) lack of guidance; (c) unnecessary and duplicated information; (d) concern as to whether the right kind of evidence would be collected. The EPA Level 3 form attracted the most feedback, not surprising as it was the most completed form.

**Q21. How helpful did you find the guidance and instructions for the assessment form you completed?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E6 Helpfulness of guidance overall** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Extremely helpful | |  | | --- | |  | | 2.61% | 3 |
| 2 | Very helpful | |  | | --- | |  | | 36.52% | 42 |
| 3 | Somewhat helpful | |  | | --- | |  | | 48.70% | 56 |
| 4 | Not so helpful | |  | | --- | |  | | 10.43% | 12 |
| 5 | Not at all helpful | |  | | --- | |  | | 1.74% | 2 |

Overall the majority of participants found the guidance either Very helpful or Somewhat helpful. The GSAT Level 1 attracted the most Not so helpful response, and the overall response to the MAR is positive. It is interesting that EPA Level 3 had a much higher Somewhat helpful than any other criterion, perhaps indicating that those completing it were taking a more critical approach. Common comments included: (a) more detailed guidance on sections needed, including worked examples; (b) clarification of what was meant by evidence; (c) links to syllabi etc needed (these were actually provided in the form).

## SECTION 3 GENERAL REACTION (QUESTIONS 22-24)

This section brings together the quantitative results from Q22 (greater understanding about how the new assessments will work), and the combined comments from Q22-24. The comments contain a lot of feedback, not just about the forms themselves, but about the general state of awareness within the educational community of the underpinning concepts of Curriculum 2024. These questions were:

**Q22. Do you feel that you have a greater understanding about how the new assessments will work as a result of this pilot?**

**Q23. Do you have any suggestions for how this assessment form could be improved? If you do, please specify below**

**Q24. Do you have any other comments about the new assessments generally or this pilot?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E7 Greater understanding of new assessments overall** | | | **Percentage of total respondents** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 82.61% | 95 |
| 2 | No | |  | | --- | |  | | 11.30% | 13 |
| 3 | Not sure (please specify): | |  | | --- | |  | | 6.09% | 7 |

82.91% felt they had a greater understanding of the new assessments as a result of this pilot. Perhaps not surprisingly, those who completed EPA Level 3 and 4 had the highest rates of not understanding the new assessments. This could be because these are the most complex of the new forms and are focussed on the 12 SIAs. This is somewhat offset by the much larger proportion in the same assessments who did have a greater understanding. Two participants commented in this question that they did not see why the system had to change. It is pleasing that the vast majority of Educational Supervisors indicated that they had a better understanding of the new assessments.

The comments for questions 22-24 were analysed together in order to draw out common themes and issues. Each comment was categorised according to topics that emerged from the analysis. Note that a single comment could meet more than one category. The categories were then organised into overarching themes in Table 3 which are addressed below.

**TABLE 3 ANALYSIS OF Q22-24 COMMENTS**

|  |  |
| --- | --- |
| **Topic** | **Number of occurrences in comments** |
| Positive reflections | |
| Positive comment | 14 |
| Specific points | |
| Practical suggestion for form | 7 |
| Specific clinical points raised | 13 |
| Concern about absence of specified numbers of procedures | 5 |
| MAR | 3 |
| Wider concerns about the requirements of the forms | |
| Level of independence/competence/entrustability | 19 |
| Assessments and progression | 7 |
| Evidence | 27 |
| Guidance | |
| More guidance | 41 |
| Examples requested | 9 |
| When to complete | 2 |
| Roles in the process | |
| Who completes | 5 |
| Trainee self-assessment | 4 |
| Named Clinical Supervisor | 7 |
| ePortfolio | 9 |
| Content and format of the forms | |
| Repetitive | 9 |
| Comparison between forms | 4 |
| Duplication | 8 |
| Definitions & clarifications | 22 |
| Onerous/time consuming | 10 |
| Old assessments | 10 |
| Jargon/wording on forms | 13 |
| Format | 16 |

#### Positive feedback

1. Positive comments were made on all forms except EPA L1 and GSAT L4. Examples of positive feedback include:
   * I feel that almost all the evidence provided was covered by required evidences in the current curriculum but I do think the concept of the GSAT/EPA forms as replacement for the current supervisor forms is good. If it is adapted correctly then it could be useful.
   * I was impressed with the form - I felt it allowed for dealing with different levels of complexity in managing cases rather than just counting cases.
   * I thought the chosen areas in the Level 3 were excellent and much more appropriate than the level 4 areas.

#### Specific points

1. Specific clinical observations formed the largest group of comments in this category, and were made on EPA L2, EPA L3 and EPA L4, as well as CRSGonio and one on GSAT L2. These observations, along with the 7 practical suggestions, were reviewed to see if any changes needed to be made to the content of the form.
2. The number of procedures featured not surprisingly as a concern for those completing the EPAs, a typical comment being “I think we need minimum numbers of surgical procedures for the specialist interest areas”. We have to adhere to the GMC requirement not to specify numbers of procedures, but maybe there is scope to introduce indicative numbers in some areas. This point also features in comments relating to assessment and progression.
3. The comments on the MAR are interesting, in that there is recognition of their relationship to the EPA. One commented that “I think feedback from MAR form is very important for the validity of EPA form, and another that “for level 3 EPAs, trainers will need to make sure they have collated all relevant evidence beforehand from colleagues in the form of MAR forms etc. This is fine but when introduced, this should be made clear to all trainers”. This points to a need to clarify the role of the MAR in the EPA guidance.

#### Wider concerns about the requirements of the forms

1. These come in 3 broad groupings: (a) level of independence/competence/entrustability; (b) assessments and progression and (c) evidence.

*Level of independence/competence/entrustability*

1. The participants who commented on this had with only one exception completed one of the EPA forms. The main concerns are as follows.
2. There was confusion about the level of independence and how this relates to competence – an example was given whereby the majority of required skills for end ST1/2 will not be labelled as fully competent until later. There is confusion also about whether the definition of competency is general or should be applied to the clinical level.
3. There was concern as to what is considered as "competent”. One participant commented that “a certain number of CBDs and DOPS as minimums should be determined in the syllabus to ensure the minimum level of competence is standardised across trainees. Some trainees may demonstrate that they are competent with fewer assessments than others but a minimum amount should be present as to ensure standardisation across trainees and to reduce the risk of people being signed off prematurely as the syllabus is vague enough that invariably some trainers may have lower thresholds (and vice versa) compared to other trainers.” It is not clear what is meant by low complexity vs moderate vs high complexity and what constitutes the minimum required competencies for each.
4. The use of “supervising” in defining the level of entrustment was problematic for some trainees who preferred to say competent no matter the situation. Another comment was that “the inclusion of "supervising" as a level of entrustment is quite confusing for the trainee's self-assessment, as it is really a different measure than whether they are competent or not”.
5. There was concern about how to assess the overall level of entrustment. This may be difficult to assess as trainees may be competent in some items but not others. The levels of entrustment are unclear when it comes to clinical practice rather than surgical.

*Assessments and progression*

1. Three of the seven participants who commented had completed GSATs. One asked what would happen if a Learning Outcome (e.g. Design and implement quality improvement programmes to improve clinical effectiveness, patient safety and patient experience) is not able to be completed. The guidance will need to explain that failure to complete a learning outcome will impact upon progression.

*Evidence*

1. The question of evidence was raised in 27 comments across all the forms. This is not surprising, given that the pilot consisted of completing Word templates with none of the accompanying functionality that the same forms would have in the ePortfolio. The ability to link evidence to Learning Outcomes and other forms is a fundamental component of Curriculum 2024. Leaving aside the comments that reflected on the technical aspects of providing evidence (e.g. linking to syllabi for guidance, linking assessments to Learning Outcomes etc), other concerns were noted as follows.
2. There were comments on a lack of clarity about the difference between “mandatory evidence” and “other competencies that must be evidenced’, and whether there is a different level of obligation on the part of the trainee to achieve these.
3. There was no option to indicate that evidence was in the process of being collected.
4. There was particular concern about how to provide evidence for the GSAT. One participant commented that “I am not sure how people will be able to have physical evidence for all of the individual areas and if not policed I can imagine people just writing anecdotal things in the self-assessment area without any evidence”. Another commented that it would be “difficult to evidence very generic competencies through typing out lots of bullet points. Often the assessor will neither be able to confirm not refute the evidence supplied in these boxes as they won't have observed you doing so.” Another commented on the difficulty of supplying specific evidence for the generic Learning Outcomes even with the help of a supervisor.
5. Duplication was noticed within the GSAT, as well as with the PDP and ARCP form.

#### Guidance

1. By far the largest number of comments (41) related to Guidance, although it should be noted that a number of participants also thought the guidance provided was appropriate. This again is not surprising, given that these are new forms based on new concepts, and the guidance given was sufficient to complete the pilot. Many suggested guidance in the form of worked examples, and specific guidance for each section, particularly for assessors. One commented that “more clarity and guidance would be helpful to ensure everyone interprets and fills the form similarly” and another that the “guidance was not sufficient to understand what is required for each section. It would be helpful to have examples of what evidence is suitable to include.”
2. Guidance was specifically asked about some of the issues raised in *Level of independence/competence/entrustability* above, as demonstrated by this comment – “my trainee and I found it hard to apply categories such as observing, direct supervision, indirect supervision (etc) to something like "medical retina" care, rather than the normal use of surgical procedures. There wasn't any more specific guidance on this in the guidance notes. Possibly the use of these terms could be used in the guidance notes and/or the list in the actual EPA (ideally both). I also think the inclusion of "supervising" as a level of entrustment is quite confusing for the trainee's self-assessment, as it is really a different measure than whether they are competent or not.”
3. Guidance is also needed on when to complete the forms. One participant asked whether “the EPA done at multiple points of the training or just at the end? Does the clinical tutor see what the assessment from the last rotation was? As the assessor needs to know what the level of attainment was before.” Another asked whether the GSAT should be completed at the end of each placement or at the end of the relevant Level.

#### Roles in the process

1. Comments in this category focussed on the question of who completes a form, the role of the trainee self-assessment, the role of Named Clinical Supervisor and the ePortfolio.
2. Clarification was felt to be needed about who completes the EPA, as most of the comments arose from those who completed an EPA, such as “I am not clear whether this same form is to be used by both clinical and educational supervisors. If I am filling the form in CS role then I wouldn't be expected to review MAR/review CBDs and assessments carried out by other assessors. Similarly if I was doing this form in ES role then it should not be necessary for me to comment on various skills by way of longitudinal, periodic observations.”
3. The purpose of having trainee comments for each section of the GSAT as well as trainee self-assessment was queried as leading to duplication. One suggestion was to delete the trainer self-assessment column and to ask the trainee to write a yearly self-reflection on the progress on each of the GMC domains.
4. The time and capacity for Named Clinical Supervisors was a concern, mostly for those who completed EPAs. One commented that “most nCS will have assessed numerous trainees and will be experienced supervisors. Not all will be actively involved with training and education. In my opinion, this it will not be easy for nCS to fill this form unless they are regularly updated with training related activities.” Another commented that “this form will take more time for nCS to fill than the present ones. To make sure this is done appropriately, consultants will need SPA time.” Named Clinical Supervisors will need access to the ePortfolio, as well as training in the EPA process.
5. Access to the ePortfolio was mentioned in several comments as being crucial to the assessment process, so that assessors could see what had been done before and others’ comments on assessments. Permissions to the ePortfolio will be set to enable Named Clinical Supervisors and others to undertake their roles.

#### Content and format of the forms

1. Ten comments from those who completed EPA and GSAT refer to the onerous or time-consuming process of completing a form. This appeared to be linked to a sense of uncertainty as to the purpose of the form, as evidenced in this comment “The clear use of the assessment was not fully explained and how this will be implemented. The forms were time consuming to fill in” as well negative comparisons with existing forms, such as “This form appeared to take a lot longer than the previous assessments. I am not sure this will be the case when you get used to them.”
2. Comments relating to duplication and repetition referred not just to content within the forms themselves, but to other forms, such as this: “feels almost like completing a form for ARCP, but there is a lot of evidence to look through and it seems to duplicate ARCP form. Another commented that the MAR had “a lot of unnecessary fields with duplication of information”.
3. There were many comments about the language used in the forms and requests for clarification of terminology across all forms. One particular example was the use of the word “Reservations” with one commenting “the definitions of the "Please choose Yes, No, Reservation or No Evidence from the drop-down list" were not clear, what did these options mean?”. Another commented “Not sure what the Yes, No, Reservation means. Not sure what the difference was between no evidence and no?”. The GSAT attracted many comments about its vagueness, such as “The form was very vague and did not give guidance on how to assess a lot of the subjective parts of them” and “the GSAT form is quite vague and difficult to summarise your clinical practice when such vague questions are used”. Some of this can no doubt be rectified by better guidance and editing of some of the more “jargonistic” text.
4. In terms of format, the main theme seemed to be that of streamlining. GSAT form attracted the following suggestion: “Having looked at the different levels, very minimal changes are required for progression to different levels with a lot of duplication of information. Found the form to be very time consuming to complete, is it possible to create one single document which includes all the different levels to complete for each GSAT”. Likewise, there was a suggestion that the EPA form should be constructed on domains “Forms should be structured in domains. Each domain needs to have clear concise questions with examples of how a poorly performing/average performing/high performing trainee standard should be. Domains and questions should not repeat or overlap.”

# F CONCLUSIONS AND ACTION POINTS

1. The pilot results show that there is some confusion about key concepts of Curriculum 2024 despite multiple information sessions and webinars already held.

**ACTIONS:**

* Arrange Autumn 2023 programme of webinars as part of the Information Education & Communication (IEC) Strategy for 2023
* Promote Curriculum 2024 at Congress 2023
* Progress new microsite
* Establish Regional Curriculum 2024 Network of TPDs and Trainee Champions
* Ensure that the new ePortfolio contains guidance, explanations and worked examples
* Develop guidance (Assessment Handbook and more detailed guidance on curriculum areas)

1. There are concerns about terminology, jargon, specific clinical questions and duplication of information.

**ACTION:**

* The OST Project Board for Curriculum 2024 have reviewed the pilot feedback in detail and incorporated suggestions where appropriate. A list of agreed changes is attached to this report as **Appendix 1**, and the amended forms as **Appendix 2** - note that for the purposes of clarity, these do not show tracked changes.
* Some comments about terminology, jargon and duplication refer to agreed Learning Outcomes and descriptors. The OST Project Board will continue to keep these under close review.

1. There is confusion over the role of Named Clinical Supervisor and how the information will come together for the EPAs.

**ACTION:**

* There will be an increased focus on providing information about this role by making it a separate component of the IEC strategy.

1. There are continuing concerns about the absence of numbers, both for surgical procedures and other workplace-based assessments (WpBAs) such as Case based discussions (CBDs).

**ACTION:**

* The principles laid down by the GMC are very clear in terms of not using numbers in the formal curriculum. We have already indicated some mandatory WPBAs and will provide further guidance for assessment of competencies.

1. There are many suggestions as to the role and functionality of the ePortfolio. These have been conveyed to the ePortfolio development team.

**ACTION:**

* The ePortfolio pilot phase will start from August 2023.

# ANNEX 1

Curriculum 2024 Assessment Pilot Survey

1. Welcome to the Assessment Pilot Survey

Thank you for taking part in the RCOphth's Assessment Pilot. You are making a valuable contribution to how the new assessments will work from August 2024 and this will inform the design of the new ePortfolio. Please take some time to complete this short survey for each pilot form you complete. The results will be aggregated to preserve confidentiality, including details about your age, disability, ethnicity and gender (protected characteristics). We have been asked to collect these personal data by the GMC to assess whether there is any impact on those with protected characteristics. All results will be analysed and reported to the GMC, and used to make improvements to our new forms. Although the survey is anonymous, you will be offered the opportunity to request a certificate of participation at the end of the survey which you can upload to your ePortfolio or use for your CPD/appraisal.

1. Please indicate your role from the selection below. **\***

|  |  |
| --- | --- |
|  | Trainee ST1 |
|  | Trainee ST2 |
|  | Trainee ST3 |
|  | Trainee ST4 |
|  | Trainee ST5 |
|  | Trainee ST6 |
|  | Trainee ST7 |
|  | Educational or Clinical Supervisor |
|  | Other (please specify):   |  | | --- | |  | |

2. Trainee WTE

2. Are you less than full time (LTFT)? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

3. Your region

3. Please indicate the region you are based in. **\***

|  |  |
| --- | --- |
|  | London |
|  | West Midlands |
|  | Scotland |
|  | Northern Ireland |
|  | Northern |
|  | Yorkshire & The Humber |
|  | Any other deanery |

4. Previous participation in this survey

4. Have you already responded to this survey about a different assessment form? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

5. Your age

5. How old are you? **\***

|  |  |
| --- | --- |
|  | 21-29 |
|  | 30-39 |
|  | 40-49 |
|  | 50-59 |
|  | 60 or older |
|  | Do not wish to specify |

6. Your ethnicity

6. How would you describe your ethnic background?

|  |  |
| --- | --- |
| **White** | |
|  | British |
|  | Irish |
|  | Other |
| **Asian or Asian British** | |
|  | Indian |
|  | Pakistani |
|  | Bangladeshi |
|  | Any other Asian background |
| **Mixed** | |
|  | White and Black Caribbean |
|  | White and black African |
|  | White and Asian |
|  | Any other mixed background |
| **Black or Black British** | |
|  | Caribbean |
|  | African |
|  | Any other black background |
| **Other Ethnic Group** | |
|  | Chinese |
|  | Any other Ethnic Group |
|  | I do not wish to disclose my ethnic origin |

7. Your gender

7. How would you describe your gender? **\***

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Do not wish to answer |
|  | Other (please specify):   |  | | --- | |  | |

8. Your disability

8. Would you describe yourself as disabled? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Do not wish to answer |

If yes, please describe your disability.

|  |
| --- |
|  |

9. Impact on those with protected characteristics

9. Do you think the assessment form you completed might have a detrimental impact on trainees or trainers with protected characteristics? (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) **\***

|  |  |
| --- | --- |
|  | Yes - please see Comments below |
|  | No |
|  | Do not know |

Comments:

|  |
| --- |
|  |

10. Can you see any challenges with delivering these new assessments for those with protected characteristics? **\***

|  |  |
| --- | --- |
|  | Yes - please see Comments below |
|  | No |
|  | Do not know |

Comments:

|  |
| --- |
|  |

10. The assessment form you completed

11. Which new assessment form did you complete? **\***

|  |  |
| --- | --- |
|  | GSAT Level 1 |
|  | GSAT Level 2 |
|  | GSAT Level 3 |
|  | GSAT Level 4 |
|  | MAR |

|  |  |
| --- | --- |
|  | EPA Level 1 |
|  | EPA Level 2 |
|  | EPA Level 3 |
|  | EPA Level 4 |

11. EPA Level 1

12. Have you completed the CRS Gonioscopy to accompany this EPA? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No - please see comments |

Comments:

|  |
| --- |
|  |

13. We also require you to email the accompanying CRS Gonioscopy separately to Curriculum2024@rcophth.ac.uk. Have you done so? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No - please see Comments |

Comments:

|  |
| --- |
|  |

14. Have you completed a MAR to accompany this EPA? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No - please see Comments |

Comments:

|  |
| --- |
|  |

15. We also require you to email the accompanying MAR separately to Curriculum2024@rcophth.ac.uk. Have you done so? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No - please see Comments |

Comments:

|  |
| --- |
|  |

12. EPA Level 2

16. Have you completed a MAR to accompany this EPA? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No - please see Comments |

Comments:

|  |
| --- |
|  |

17. We also require you to email the accompanying MAR separately to Curriculum2024@rcophth.ac.uk. Have you done so? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No - please see Comments |

Comments:

|  |
| --- |
|  |

13. Special Interest Areas for Level 3 and Level 4 EPA

18. Choose the relevant Special Interest Area for the Level 3 or Level 4 EPA you completed. **\***

|  |  |
| --- | --- |
|  | Oculoplastics and Orbit |
|  | Cornea and Ocular Surface Disease |
|  | Cataract Surgery |
|  | Glaucoma |
|  | Uveitis |
|  | Medical Retina |
|  | Vitreoretinal Surgery |
|  | Ocular Motility |
|  | Neuro-ophthalmology |
|  | Paediatric Ophthalmology |
|  | Urgent Eye Care |
|  | Community Ophthalmology |

14. Ease of use

19. How easy or difficult was the assessment form to use? **\***

|  |  |
| --- | --- |
|  | Very easy |
|  | Easy |
|  | Neither easy nor difficult |
|  | Difficult |
|  | Very difficult |

If you answered Difficult or Very difficult, please explain why.

|  |
| --- |
|  |

15. Sufficient information

20. Do you think that the assessment form you completed collected sufficient relevant information for its purpose? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Other (please specify):   |  | | --- | |  | |

16. Helpfulness of guidance

21. How helpful did you find the guidance and instructions for the assessment form you completed? **\***

|  |  |
| --- | --- |
|  | Extremely helpful |
|  | Very helpful |
|  | Somewhat helpful |
|  | Not so helpful |
|  | Not at all helpful |

If you answered Somewhat, Not so or Not at all Helpful, please explain why.

|  |
| --- |
|  |

17. Understanding of new assessments

22. Do you feel that you have a greater understanding about how the new assessments will work as a result of this pilot? **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not sure (please specify):   |  | | --- | |  | |

18. Improvements to forms

23. Do you have any suggestions for how this assessment form could be improved? If you do, please specify below. **\***

|  |  |
| --- | --- |
|  | Yes - please see Comments below |
|  | No |

Comments:

|  |
| --- |
|  |

19. General comments

24. Do you have any other comments about the new assessments generally or this pilot? **\***

|  |  |
| --- | --- |
|  | Yes - please see Comments below |
|  | No |

Comments:

|  |
| --- |
|  |

20. Your contact details

25. The answers you have given to this survey will be aggregated and used anonymously to create reports. If you wish to receive a certificate to evidence your participation in this important project, please enter your contact details below. This information will be removed from the dataset informing the reports.

|  |  |  |
| --- | --- | --- |
| First name | |  | | --- | |  | |
| Last name | |  | | --- | |  | |
| Email address | |  | | --- | |  | |

21. Further participation in Curriculum 2024

26. Finally, would you be willing to take part in further piloting and developmental activity for Curriculum 2024? If you are, please enter your email address below and we will be in touch 2 weeks after the close of the survey. **\***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Email address

|  |
| --- |
|  |