**RCOPHTH ASSESSMENT PILOT**

**LIST OF CHANGES TO NEW FORMS**

**Introduction**

This document sets out the changes that were made to the new assessment forms: Entrustable Professional Activity (EPA), Generic Skills Assessment Tool (GSAT) and Multiple Assessor Report (MAR) following feedback received from the Assessment Pilot. The methodology and results are summarised in the accompanying Assessment Pilot Report. This document will also be shared with those who completed the Pilot and put on the RCOphth website, alongside the Assessment Pilot Report.

A small group, comprising the Chair of the Curriculum Sub-Committee, Chair of the Training Committee, Deputy Head of Education & Training and Curriculum 2024 Project Manager reviewed a detailed analysis of the feedback prepared by the Curriculum 2024 Project Manager. The analysis focussed only on the suggestions that were practical, feasible, relevant or significant, as a detailed analysis of all the feedback had already been carried out as part of the Assessment Pilot Report.

The review recommended changes which were agreed by the OST Project Board, and the forms were duly amended. These amended forms were sent to the ePortfolio developer, so that they can be fully piloted from August 2023. The amended forms, which also reflect the changes to curriculum wording as contained in our covering letter, are attached to this report.

**Key:**

EP = ePortfolio

AH = Assessment Handbook

Ignore = change has been discussed and rejected

DG = Domain Guide (working title)

| **WHERE TO INCLUDE** | **FORM** | **SUGGESTED CHANGE** | **FORM CHANGED**  **YES | NO** | **CHANGES / OTHER COMMENTS** |
| --- | --- | --- | --- | --- |
| EP  AH | All EPA | Consider whether it should be possible to choose one level of entrustment and also what to do if a trainee’s self-assessment does not tally with the assessors | Yes | The forms used for the pilot allowed more than one level of entrustment to be clicked. The eP providers have been informed that only one level can be selected. This principle applies to all Levels and types of EPA. |
| Ignore | All EPA | Consider whether more space is needed for trainees to comment | No | This change was rejected by the review team on the grounds that there are plenty of opportunities for trainees to comment. |
| AH | All EPA | Add option "No formal evidence on portfolio, but observed clinically" | No | While this change was agreed in principle, it was decided that it would be better added to guidance rather than included on the form itself. |
| AH | All EPA | Clarify sections to be completed by ES and CS. | No | The guidance will stress that EPAs are completed by NCS not ES. |
| All EPA | All EPA | Clarify "Yes" "No" and "Reservations" relating to entrustability and "supervising" for level of entrustment | Yes | The wording on the form has been changed as follows: Please comment if the evidence submitted indicates that this doctor in training can be entrusted to practice independently in this area: Yes, it does/I have reservations about whether evidence meets the standards/There is no evidence |
| AH | All EPA | Specify whether grading of competency is general or in context of clinical level, also to know what makes a trainee competent or requiring indirect supervision etc | No | The guidance will stress that competency should be benchmarked to the level of the assessment (e.g. L1 etc). |
| AH | All EPA | Clarify the process of evidence - Review of letters etc How do we evidence this? Does the assessor have to go through trainee’s documentation/ letters? | No | The guidance will give examples of how to review evidence. |
| Ignore | All EPA | Clarify who can complete an EPA e.g. consider what happens if an assessor is not able to observe clinical skills as not observed by them – how can they complete the EPA | No | The guidance will stress that EPAs are completed by NCS. |
| All EPA | All EPA | Reword "Where the level to which you are able to recommend entrustment is limited by the evidence available to you, please indicate below the additional evidence required to increase your entrustment recommendation" | Yes | All forms have been edited - change current wording on amended form to: “If you are unable to recommend the appropriate level of entrustment due to limited evidence, please indicate what additional evidence is needed to reach that level of entrustment”. |
| AH  DG | All EPA | Clarify assessments in outpatients | No | This will be included in the guidance. |
| EPA All  EP | All EPA | Clarify difference between “mandatory evidence” and some are “other competencies that must be evidenced” | Yes | The requirement to demonstrate “other competencies that must be evidenced” has been removed from all forms to avoid confusion. The “other competencies” will be used instead in guidance. This will also be reflected in the ePortfolio. |
| Ignore | All EPA | Clarify essential surgical procedures / clinical skills for all 4 levels on each form so that assessors (at least at the beginning) can have a clear idea of what competencies are expected for the level that they are assessing the trainee. | No | The review panel did not consider this to be necessary as the EPA specifies what is required. |
| EPA All  AH | All EPA | Add: “Please confirm that one or more MARs have been completed” | Yes | This addition was suggested by the review panel. The wording has been changed from: “Indicate whether MAR(s), if any, has been reviewed before completing this EPA” to “Indicate whether one or more MARs have been reviewed before completing this EPA”. Additionally, another box has been added: “Please indicate who completed the MAR(s)”. This is likely to be a free text box and guidance will need to clarify what information is expected here, e.g.name/role.  The relationship between the MAR/EPA will be included in the guidance. |
| EPA All | All EPA | Remove “Agreed action for further development” and move “Anything good” to before “If unable to recommend” | Yes | This addition was suggested by the review panel. |
| AH | All forms | Clarify free comments sections | No | The purpose of free comments will be explained in the guidance. Comments sections should also be used to indicate where evidence is in the process of being collected. |
| AH | All forms | There was no option to indicate that evidence was in the process of being collected. | No | While this change was agreed in principle, it was decided that it would be better added to guidance rather than included on forms themselves. |
| AH  eP  DG | All forms | Consider whether guidance is needed on Levels - the “level” above is very task-dependent and probably will vary from one hospital/case mix. | No | General guidance on levels will be included in the Assessment Handbook. The ePortfolio will include definitions of levels, and Domain Guides will give more detail as to how they apply to any particular area. |
| DG  All | All forms | Consider whether to structure the form in domains with examples of poor/standard/excellent | No | The guidance will include examples of poor/standard/excellent for each level. |
| AH GSAT | All GSAT | Consider deleting the trainer self-assessment column and ask the trainee to write a yearly self-reflection on the progress on each of the GMC domains | No | The review panel considered that this already takes place as part of the ESR and ARCP process and was unnecessary to include here. |
| EP  GSAT All  AH | All GSAT | Consider how best to link evidence to the GSAT. Can each of the domains be linked to individual pieces of evidence as with the current e-Portfolio, which is easier. Maybe use individual pieces of evidence to link to outcomes in the GSAT in the same way that the LO summary populates into a grid. | No | We have asked our ePortfolio provider to consider this suggestion. |
| Ignore | All GSAT | Consider whether to create one GSAT for all Levels | No | The review panel did not agree with this suggestion as it would make the assessment process unnecessarily complicated. |
| GSAT All | All GSAT | Consider whether trainee comments at the bottom of each section are needed when you already have trainee self-assessment | Yes | The trainee comments from have been removed from the bottom of each section and “and comments” added to the trainee self-assessment column. |
| GSAT All  AH  EP  DG | All GSAT | General guidance needed on how to evidence - some list assesments etc, others just describe, still others have cut and pasted from the CTC or Syllabus | No | Examples of suggested evidence were given in the pilot guidance but the completed forms demonstrated a wide variety of approaches. This will be addressed in the guidance. |
| GSAT All  AH  DG | All GSAT | Guidance on what would meet expectations | No | The guidance will include examples of poor/standard/excellent for each level. |
| Ignore | CRS  Gonio | Remove the 'adjustment of slit lamp, light exposure and eye position' in the dynamic section- appropriate lens and indention technique is enough | No | The review panel did not agree with this suggestion. |
| Ignore | CRS Gonio | Some very detailed comments in one of the completed forms | No | The review panel did not agree with these suggestions. |
| AH | EPA L1&2 | Clarify "Overall level of entrustment" as trainee may be competent in some items but not others. | Yes | All forms have been edited – “Competent to this level” has replaced “Independent/competent” in L1 and 2. |
| EPA L3  Cataract DG | EPA L3 | Cataract: Review it mentioned indirect laser - is this a new requirement for trainees now as I wasn't aware they needed to do indirect laser. It mentioned vitrectomy - need more clarification. | No | The guidance for Cataract will include this. |
| Ignore | EPA L3 | Clarify whether trainee is competent in performing each procedure independently | No | Competence will be indicated in individual WpBA and the NCS will make their judgement at the level of the EPA. |
| Paed Ophth DG | EPA L3 | Review Paed Ophth: ‘NAI’ examination: comment it is a good idea to always use the vocabulary ‘suspected NAI’, secondly although great to have on the form, in some centres this will be hard for trainees to achieve, though a very important part of training. | Yes | All syllabi and forms have been cross-checked and changed. Please also see comments within LO and codes table and curriculum changes attached to the GMC report. |
| AH  Cataract DG | EPA L3 & 4 | Add minimum numbers of surgical procedures for the specialist interest areas | No | All numbers will be removed from the official curriculum documentation. |
| Ignore | EPA L4 | Cataract: Review No question about ECCE or SICS which is an essential skill for level 4 cataract surgeon | No | The review panel did not agree with this observation. |
| DG  Medical Retina | EPA L4 | Medical Retina: Review Given that there is a lack of visudyne for PDT at the moment as well as the fact that most centres do not have access to PDT, I think this should be excluded or included in the indirect/micropulse laser box above | No | This will be included in the guidance. |
| Ignore | EPA L4 | Add qu about overall competence/probity (unless that is what is meant by safeguarding). | No | The review panel considered that this is addressed by the Educational Supervisors Report and ARCP processes. |
| DG  Paed Ophth | EPA L4 | Paed Ophth: Review Need to remove ROP laser as a measure and perhaps replace with ROP treatment or screening and treatment as that is more important. | Yes | The form has been amended and this will be included in the guidance. |
| GSAT L1 | GSAT L1 | Review wording “Use & Promote” use of eye protection is a strange parameter to assess on, and difficult to gauge evidence. | No | These Learning Outcomes have been approved by GMC and will be kept under review. |
| GSAT L1 | GSAT L1 | “Distil” Research is not clear - does this mean understand, develop or analyse research? | Yes | Although this wording has been approved by the GMC, we are submitting a proposed change from “distil” to “understand”. |
| GSAT L2  DG  AH | GSAT L2 | Clarify terminology e.g. "Have evidence of leadership competencies in all 9 behavioural dimensions as defined by the NHS Leadership Academy". | No | This can be clarified in the guidance. |
| Ignore | MAR | Consider adding “Evidence checked in eP” | No | The review panel disagreed with this suggestion as not all assessors will have access to the ePortfolio. |
| MAR | MAR | Clarify whether the MAR form relate to one case or several cases or “an overall impression” | Yes | The form has been changed to clarify that it is an overall impression. |
| MAR  EP | MAR | Specify whether all comments boxes are mandatory to fill out for a valid assessment | Yes | The ePortfolio provider has been informed that comments are not mandatory but that all other items on the form must be completed. |
| Ignore | MAR | Consider whether “Clarity, accuracy, detail (and legibility) of notes/letter/summaries” should be specific to a training stage, unlike other criteria as these skills are essential from ST1 or below | No | The review panel disagreed with this suggestion, as the MAR is not specific to any level. |
| AH | MAR | Clarify how many MARs need to be completed, who fills them in | No | The guidance will specify that there will be no mandated number of MARs and that the NCS will determine number and contributors for every rotation on a 6-month basis. The EPA has been amended to confirm that one or more MARs have been completed. |
| MAR & ALL GSAT | MAR & ALL GSAT | Add “Does not meet/meets” across all forms | Yes | The wording of “exceed expectations” has been removed from all forms. |