



The Royal College of Pathologists
Pathology: the science behind the cure

Workplace-Based Assessment Working Group
Minutes of the Final Meeting held on 5 December 2007

Mary Ward House, 5/7 Tavistock Place, London, WC1H 9SN

Professor Paola Domizio
Registrar

Present:

Dr Trevor Gray (Chairperson)
Dr David Carrington
Dr John Hood
Dr Jennifer Logue

Mr Peter Anderson
Dr Philip DaCosta
Dr Alan Jones
Mrs Stella Macaskill

Dr Ruth Ayling
Ms Sandra Dewar
Dr Dinakantha Kumararatne
Dr Mary Thompson

1. Welcome and apologies for absence

Apologies for absence were received from Miss Joanne Brinklow, Mr Neil Formstone, Professor Shelley Heard, Dr Peter Johnston, Ms Elizabeth Livingston and Dr Marina Morgan.

Dr Trevor Gray welcomed all to the meeting. He explained that it was the final meeting of the short-life Working Group. He thanked everyone, past and present, for their full support and contribution to the Group. He explained that all the workplace-based assessment forms, guidance notes and supporting documents have been made available on the College website since the beginning of October 2007. He particularly thanked Sandra Dewar for managing the whole process which started in March 2006.

2. Minutes of the last meeting held on 25 September 2007

The minutes were accepted as a true and accurate record.

3. Matters arising from the minutes not appearing elsewhere on the agenda

There were no matters arising from the minutes that were not already included on the agenda.

a. Draft medical microbiology ECE assessment form

A draft ECE form for medical microbiology was circulated in advance of the meeting. Dr Gray requested, through Dr Hood, that the Medical Microbiology CATT should look at it with a view for further development for future use. It was noted that the medical microbiology ECE would require approval from PMETB before use.

Action: Dr John Hood/Medical Microbiology CATT

Dr Carrington confirmed that there was no need for virology ECE as such items were already built into other virology assessments.

It was reported that the medical microbiology and virology curricula would be separated when next submitted to PMETB.

Action: Dr Carrington and Dr Hood to revise the portfolio of workplace-based assessment with the respective CATTs in time for submission to PMETB.

(i) Suitable items for medical microbiology ECE

These items were circulated to the members in advance of the meeting. The items were listed according to laboratory practice, audit, presentation, clinical, written exercise, infection control and other.

b. Project brief for evaluating WPBA

The draft project brief to be managed by Sandra Dewar was tabled at the meeting. Dr Gray explained that in order to ensure that workplace-based assessments was fit for purpose, following a tender process, an independent group or person would be invited to carry out the evaluation.

Action: The meeting was asked to send comments to Sandra Dewar or Dr Gray by the end of the month.

It was reported that the person or group chosen to evaluate workplace-based assessments would report their findings to the Assessment Committee.

c. Draft technical specification for web-based system for recording workplace-based assessment

This project is being managed by Sandra Dewar and the draft document was tabled at the meeting. It was explained that all assessments will go into trainees' portfolio (including unsatisfactory ones), but only the satisfactory assessments will go forward to the annual review of competence (ARCP).

Lengthy discussions took place and it was felt that trainees, so that they have ownership, should choose who their assessments should be shown to and when. It was pointed out that the educational supervisors should have access to their trainees' portfolio at all times. Not only would it assist them in ensuring that assessments were being assessed at appropriate levels but it would give them the opportunity to keep an eye on trainees who may be in difficulty.

Action: Further comments were invited from the meeting, to be sent to Sandra Dewar by the end of January 2008.

Comments/feedback to be sought from the CATTs.

A further developed document to be presented to the Assessment Committee at its first meeting.

d. Proposed DOPS for autopsy WPBA

A draft assessment form for autopsy was circulated in advance of the meeting for information. Dr Gray explained that it was a mock-up of what it could look like as requested by Professor Sebastian Lucas.

Discussions took place whereby it was suggested to delete 'DOPS' as it was not strictly a DOPS assessment, specify the types of autopsies and amend item 16.

Further comments were invited to be sent to Sandra Dewar and Dr Gray with a copy to Professor Lucas.

e. Training the Assessor – 19 October 2007

Dr Trevor Gray reported that the first 'Training the assessor: workplace-based assessment' training session took place on 19 October 2007 in London. There were nearly 80 delegates in attendance. The afternoon session comprised roleplays which were preceded by Professor Grant's paper/presentation 'Giving feedback on performance'. The actors gave examples of 'how not to give feedback' (i.e. showing bad practices) which were very entertaining and interesting. The overall evaluation for the session was very positive.

Action: Sandra Dewar to arrange for the actors to demonstrate 'how to give feedback' (i.e. showing good practices) for future training sessions.

Dr Gray thanked Dr DaCosta for his presentation to the training session. It was reported that another training session was arranged for 30 January 2008 to be held in London. As Dr DaCosta was unable to make this session, Dr Thompson agreed to do his presentation.

Action: Sandra Dewar to ensure that the presentation slides used in October 2007 were made available on the College website.

f. Repeated assessments

Concerns were raised at the training event on 19 October 2007 that trainees who found particular assessments difficult would possibly not be assessed by the same standard by another assessor.

Further clarification provided by Sandra Dewar and Dr Gray was circulated for comments. It was agreed that the following text should be included on the College website:

Where possible, for standardisation, practical procedures (DOPS, Mini-CEX) which have to be repeated should be undertaken by the same assessor. If there is an issue, then discussions should be had with the educational supervisor.

Action: Sandra Dewar to make available on the website.

4. Key activities and performance measures

This document was brought up to date as much as possible in readiness for signing-off by the Chairperson.

A discussion took place about how the cost of the web-based system of workplace-based assessment would be passed to trainees. It was reported that the cost would be included in trainee registration fees starting from 2008-09.

Page 8... it was noted that an annual grant that is normally given to the College by the Department of Health has now been granted to PMETB. It is envisaged that PMETB will allocate fractions of the grant to royal colleges.

It was agreed that multi-source feedback would be referred to simply as MSF, except for year 1 MSF where ePATH-SPRAT would be attached to the name. This is to show that it was originally based on the SPRAT (Sheffield peer review assessment tool) MSF tool.

It was reported that Sandra Dewar and Stella Macaskill would be meeting representatives from HcAT, as a potential provider on 9 January 2008 to further discuss MSF for year 3 pathology run-through trainees and consultants.

5. Roll out of workplace-based assessment training

Dr Gray reported that he would be going to West Midlands next week to participate in their training session that was arranged locally. He stressed that he and College staff were available to assist (upon request) other regions with training as it is appreciated that not everyone would be able to attend the College-arranged training sessions.

Action: Dr Gray to write to programme directors and regional specialty advisors to ask them to implement local training days. This would ensure that a wide range of assessors could be reached, i.e. BMS and clinical scientists etc.

6. Assessments for medical microbiology and virology trainees

The Virology CATT meeting held on 6 November 2007 discussed how many of the DOPs and CbDs should be in virology and medical microbiology each during Stage A of training. The Virology CATT recommended that guidance makes it explicit that ALL trainees should spread them across both and use the specialty specific form for each e.g. MM or MV form.

A proposed statement to address this was circulated. It was agreed to amend it as follows:

Assessments during placements outside main specialty (for medical microbiology and virology trainees)

For the common MM and MV stage A of MMV training it is recommended that trainees spread the workplace-based assessments across both medical microbiology and medical virology. Where trainees are taking an assessment in the specialty which is not their main training specialty, they should use the form appropriate to the specialty relevant to the assessment (e.g. a medical microbiology trainee undertaking a placement in virology would use a virology form). Where trainees are undertaking clinical attachment, the appropriate workplace-based assessment must be those within the clinical department. The assessment will count towards the total for that type of assessment for that training (DOPS, CbD).

Action: Sandra Dewar to make available on the website.

A discussion took place whether Mini-CEX was required for medical microbiology and virology, particularly for Stage 2 of training. As it was not included in the system of assessments approved by PMETB, it was agreed that it could be worked towards for the next submission.

Action: To be taken forward by the Assessment Committee.

7. Trainee composite assessment form

The Chairperson reported that this proforma (with guidance notes previously circulated in advance of the meeting) was received from Dr Mark Stephens, West Midlands Histopathology Training School. Dr Stephens had suggested that the inclusion of a clinical MSF with a content similar to the composite assessment form (or one using the headings and descriptors in the 'evaluation of clinical events' form but as a MSF) would be a useful piece of evidence to accompany the specific clinical event focussed WPBA tools which have been developed. The composite assessment form could be completed by clinical supervisors who have worked with a trainee in a given department. The raw data could be summarised by the educational supervisor at appropriate intervals and used at the ARCP.

The meeting agreed that the composite assessment form was not a form of workplace-based assessment but thought it could possibly be useful as a template for the educational supervisor report for the ARCP.

However, it was ultimately felt that the RCPATH Training Department and CATTs should decide what documentation was necessary for the ARCP.

8. Report from the Academy Assessment Committee

Dr Gray reported that the Academy Assessment Committee will have a summit on workplace-based assessment in January 2008. Items to be discussed will be standards, web-based system, costs, and evaluation.

Action: Dr Gray to report to the first meeting of the Assessment Committee.

9. Any other business

There was no other business.

The group thanked Dr Trevor Gray for being a model chairperson exhibiting commitment and positivity. The group thanked Sandra Dewar for putting in an enormous amount of work into ensuring all workplace-based assessment documents were highly presentable and which were timely completed and available on the College website.