



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

Workplace-Based Assessment Working Group

Minutes of the Meeting held on Thursday, 7 December 2006

Present:

Dr Trevor Gray (Chair)	Mr Peter Anderson	Dr Ruth Ayling
Miss Joanne Brinklow	Dr David Carrington	Ms Sandra Dewar
Professor Janet Grant (Guest)	Dr John Hood	Dr Peter Johnston
Dr Alan Jones	Dr Dinakantha Kumararatne	Dr Mary Thompson
Professor Lesley Southgate (Guest)		

Apologies for absence:

Dr Philip DaCosta	Ms Elizabeth Livingston	Mrs Stella Macaskill
Dr Hani Zakhour		

1. Chairman's Welcome and Introduction

Dr Gray welcomed all to the meeting, particularly Mr Peter Anderson as a new member of the group and Professor Southgate and Professor Grant who were invited to attend the meeting to offer advice and external support.

2. External Support

a. Piloting and validation of workplace-based assessment tools

Dr Gray explained that the MSF (ePATH-SPRAT) for the cohort of 2005/06 year 1 histopathology trainees was conducted in April 2006. The process was co-ordinated by Dr Helena Davies and the Healthcare Assessment & Training (HcAT) team based at Sheffield Children Hospital. The MSF questions, mapped to the year 1 histopathology curriculum were set by the year 1 histopathology assessment panel. Mapping of the content of ePATH-SPRAT to the histopathology curriculum assured content validity and were based on both pathological and humanistic factors.

The assessor response rate was 92% and the responses to the specific pathology questions correlated highly with candidate's performance in the year 1 histopathology OSPE assessment. It was agreed that MSF is quality controlled, has been validated and is transferable with all other specialties, therefore should be used across the other specialties.

It was reported that experience in foundation training had shown that the CbD was as reliable as the mini-CEX. With the exception of ECE, the other assessment tools have been validated for foundation training.

b. Long term monitoring of assessments

It was advised that all assessments should be centrally monitored. This was most easily conducted via a web-based system. This would enable the appropriate quality assurance to be undertaken and to make it easier for participants. An application for costs could be made to the Department of Health, but trainees may also be asked to contribute to the costs.

Action: Dr Gray to investigate costs for a web-based system – HcAT to be approached in the first instance.

c. Number and frequency of assessments

Professor Southgate suggested, as per table below, 8 assessments (each tool) per year, per trainee with the exception of MSF which should be conducted thrice throughout training. MSF can be repeated more regularly for doctors in difficulty/in cases where trainees are not progressing as expected.

Specialty	MSF	DOPS	CbD	ECE	Mini-CEX
Chemical Pathology	3 during training	8 per year for first 2 years	8 per year throughout	8 per year throughout	8 per year throughout
Histopathology	3 during training	8 per year throughout	8 per year throughout	8 per year throughout	-
Medical Microbiology	3 during training	8 per year throughout	8 per year throughout	-	-
Virology	3 during training	8 per year throughout	8 per year throughout	-	-

It was advised that the assessment tools when finished by the relevant CATTs should be copyrighted by the College. All assessment tools must be blueprinted to the curriculum.

It was suggested that as validation already exists for foundation trainees for most of the assessment tools, it was not necessary for pilots to take place. However, data should be collected and evaluated once roll-out begins. It is necessary for assessors to apply professional clinical judgement when conducting workplace-based assessments.

d. Integration of assessment with the RITA process and record-keeping

Professor Grant advised that the overall assessment must have a purpose and that the assessment tools must be fit for purpose. The RITA panel should ideally be presented with all evidence of assessments. The College is in the process of submitting its assessment system to PMETB and descriptive purposes for each component of the assessment tools/systems will be included.

e. Training of Supervisors

It was acknowledged that assessors involved in the assessment process must undergo training. Ideally, any system set up should also be able to provide feedback on assessors.

Action: Training days to be arranged.

f. Evaluation of the Foundation Assessment System

This document, written by Professor Grant was circulated (for information) to the group prior to the meeting.

3. Minutes of the Last Meeting held on 22 September 2006

Minutes of the last meeting were accepted as a true and accurate record.

4. Matters Arising from the Last Meeting

a. PATH-SPRAT Quality Assurance Report, Dr Helena Davies

The report, based on the year 1 histopathology trainees was previously circulated to the group. The report concluded that the MSF (ePATH-SPRAT) assessment tool customised to histopathology year 1 training was valid and reliable. The meeting agreed that all ePATH-SPRAT assessments must be customised to each specialty.

Action: Specialty representatives to consider whether MSF questions should be the same for all years but tailored for the expected level.

The name 'SPRAT' was challenged, as the group generally felt it was not totally appropriate.

b. Key Activities and Performance Measures

This was brought up to date.

5. Use of Assessment Tools

a. Definitions of Assessment Tools

Minor amendments to the generic document were agreed.

It was agreed that specialties would later amplify the definitions.

b. Purpose of Assessment Tools

Minor amendments to the document were agreed.

c. Tools to be used for each Specialty

The specialty representatives agreed to use the assessment tools as per 2c above.

d. Cost of MSF Assessment Tools

This agenda item was deferred pending costings for a web-based system.

6. Process for Submission of Assessment System to PMETB

The submission of the assessment system to PMETB is to be made by the ending of February, although at this stage, the formal guidance notes are still being awaited.

It was reported that the curricula for Histopathology, Chemical Pathology, Medical Microbiology and Virology were presented to PMETB on 5 December 2006. The presentation was by Joanne Brinklow, Dr Hani Zakhour and the Chairs of the CATTs, except for Histopathology who was unable to attend. PMETB made recommendations for minor amendments for re-submission in 4 weeks time.

Action: Joanne Brinklow to circulate the informal notes from the meeting/presentation.

7. Academy Assessment Sub-committee

The Chair reported that, to date, four meetings have taken place and agreement has been reached in terms of a categorization of the assessment tools that will be used. It was also agreed at one of the sub-committee meetings that trainees' permission must be sought before their exam results could be passed to deaneries.

8. Training the Year 1 Trainer

Report on 29 November 2006

Dr Gray reported that good feedback was received for the event on 29 November 2006 which was well attended by Histopathologists who are involved in year 1 training.

Session on 27 February 2007

Another event will be held at the College on 27 February 2007 aimed at educational supervisors and training leads in the UK who will be involved in the delivery of Year 1 run-through training from August 2007.

9. Any Other Business

- a. Dr John Hood offered his services as a member of the Year 1 Assessment Panel representing Medical Microbiology. It was reported that Dr Marina Morgan had also expressed an interest. The other members of the Medical Microbiology and Virology Year 1 Assessment Panel would be drawn from the College Advisory Training Teams (CATTs).

10. Date of Next Meeting

Wednesday, 14 June 2007 at 10:30am

11. Future Meeting Dates

Wednesday, 14 June 2007 at 10:30am

Tuesday, 25 September 2007 at 10:30am