



Assessment Strategy

Introduction

The Royal College of Pathologists' mission is to promote excellence in the practice of pathology and to be responsible for maintaining standards through training, assessments, examinations and professional development.

The Royal College of Pathologists' assessment strategy identifies the broad approach and purpose of our programme of assessment, the role of the different forms of assessment in relation to one another, and the context of each assessment outcome in relation to the curriculum.

This strategy describes the approach for the medical pathology specialties regulated by the General Medical Council. These specialties are:

- Chemical Pathology (incorporating Metabolic Medicine)
- Diagnostic Neuropathology
- Forensic Histopathology
- Haematology
- Histopathology
- Immunology
- Medical Microbiology
- Medical Virology
- Paediatric and Perinatal Pathology

1. Curriculum

Each pathology curriculum outlines Capabilities in Practice (CiPs) which describe the professional tasks or work within the scope of the specialty. Each curriculum contains both generic and specialty-specific CiPs and each CiP has a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated for an entrustment decision to be made and to provide some detail about how CiPs grow through their respective programmes with time. An entrustment decision is the decision to trust a trainee with a level of responsibility in relation to patient diagnosis, treatment or care. By the completion of training and award of CCT, the doctor must demonstrate that they are capable of unsupervised practice in all generic and specialty CiPs.

The generic CiPs cover the universal requirements of all specialties as described in the [GMC's Generic Professional Capability \(GPC\) framework](#). The specialty-specific CiPs describe the laboratory and clinical tasks or activities which are essential to the practice of the relevant pathology specialty. The specialty-specific CiPs have also been mapped to the GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks.

Assessment of CiPs involves looking across a range of different skills and behaviours to make global decisions about a trainee's suitability to take on particular responsibilities or tasks. Assessors will be expected to indicate whether the trainee is meeting expectations or not, using the following global anchor statements:



- below expectations for this year of training; may not meet the requirements for critical progression point
- meeting expectations for this year of training; expected to progress to next stage of training
- above expectations for this year of training; expected to progress to next stage of training.

For the assessment of specialty-specific CiPs, the Educational Supervisor will make an “entrustment decision” for each CiP and record the indicative level of supervision required, with detailed comments to justify their entrustment decision in the Educational Supervisor’s Structured Report (ESSR). The Educational Supervisor will also indicate the most appropriate global anchor statement (see above) for overall performance.

Entrustability scales are behaviourally anchored ordinal scales based on progression to competence and reflect a judgment that has clinical meaning for assessors.

Level	Descriptor
Level 1	Entrusted to observe only – no provision of clinical care
Level 2	Entrusted to act with direct supervision: The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3	Entrusted to act with indirect supervision: The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision
Level 4	Entrusted to act unsupervised

2. The assessment of Clinical Competence

The College approach to assessment is defined by Miller’s Pyramid¹ (Diagram 1). The diagram illustrates how the College’s programme of assessment aims to evidence the trainee’s progress from knowledge and understanding to competent performance.

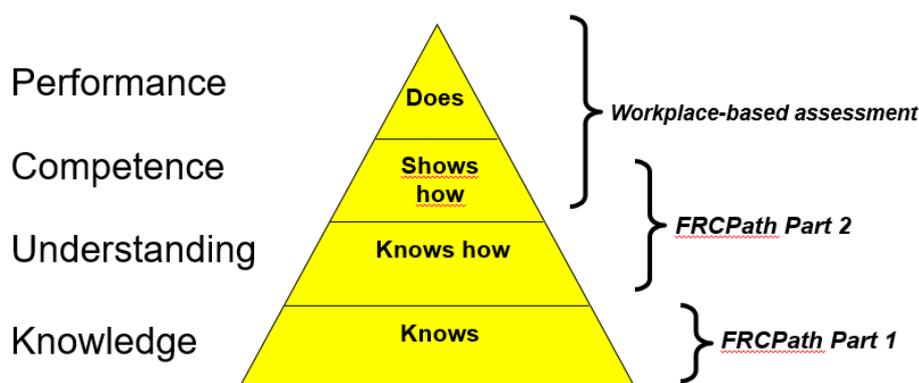


Diagram 1. Miller’s Triangle

3. Programme of assessment

The strategy outlines a programme of assessment which is an integrated framework of quality-assured examinations, assessments in the workplace and judgements made by trained assessors about a trainee during their approved programme of training. The purpose of the programme of assessment threefold:

- a) to provide feedback to the trainee to guide their future development (principally through workplace-based assessment)

¹ Miller GE. Academic Medicine 1990;65(Sup): S63-7

- b) to robustly evidence achievement of required standards, through formal summative assessment
- c) to demonstrate satisfactory completion of training as required by the curriculum.

The programme of assessment provides encouragement and support for trainees and will reassure patients and the public, employers, the professions, and other relevant bodies that the trainee is fit for purpose and ready to undertake a consultant appointment by:

- ensuring fairness for all candidates;
- driving learning demonstrated through the acquisition of knowledge and skill;
- supporting trainees to progress at their own pace by measuring a trainee's capacity to achieve competencies for their chosen career path;
- indicating the capability and potential of a trainee through tests of applied knowledge and skill relevant to the specialty;
- demonstrating readiness to progress to the next year or stage of training having met the required standard of the previous stage;
- enabling the trainee to collect all necessary evidence for the Annual Review of Competence Progression (ARCP);
- gaining Fellowship of the Royal College of Pathologists (FRCPath);
- and providing evidence for the award of the Certificate of Completion of Training (CCT).

a. Workplace-based assessment

Workplace-based assessment (WPBA) is an essential and significant element of specialist medical training. The Royal College of Pathologists supports and is fully committed to the development and implementation of WPBA as standard practice. WPBA is the assessment of a trainee's professional skills and attitude and should provide evidence of the acquisition of required clinical competences and performance. It has the advantage of high content validity through assessing actual performance in the workplace.

WPBAs are an integral part of curriculum design and educational planning in which teaching, learning, assessment and feedback are closely integrated. WPBAs are also an excellent potential source of information for educational supervision and feedback, geared towards providing evidence of progress and achievement as well as identifying areas needing further development and discussing and agreeing means of addressing them. Trainees are generally judged against the standard that they are expected to have reached by the end of their current year or stage of training.

The WPBAs used by The Royal College of Pathologists are Supervised Learning Events (SLEs). These are strictly designed as formative assessments and are aimed at reinforcing learning, with the intention of helping trainees overcome difficulties and improve performance. They also assist assessors in recognising and monitoring trainees' progress and achievements.

The SLE tools are defined as follows:

Case-based Discussion (CbD) is a way for trainees to present and discuss their cases with more experienced colleagues throughout their training, and obtain systematic and structured feedback from the assessor. It is designed to assess decision-making and the application or use of medical knowledge in relation to the care of patients where the trainee has been involved either clinically or through their laboratory involvement. It also enables the discussion of the ethical and legal framework of practice and encourages trainees to discuss why they acted as they did.

Direct Observation of Practical Skills (DOPS) is a method that has been designed specifically for trainees to be assessed for competence in the day-to-day practical procedures that they undertake as part of their training. The procedure may involve a patient or laboratory technique. When necessary, the patient's consent is sought for DOPS to be undertaken both the

procedure and the observer to conduct the assessment. The assessor is expected to give their open and honest opinion of the trainee's performance and should provide immediate feedback by high-lighting strengths and identifying areas for development.

Evaluation of Clinical Events (ECE) provides a method of assessing the trainee in the performance of their duties in complex tasks, often involving teamwork or interacting with other professional staff. Examples include clinic-pathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings.

Mini Clinical Evaluation Exercise (Mini-CEX) is a snapshot of a doctor/patient interaction. It is designed for an assessor to provide trainees with feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. The setting for this is usually a clinic or ward, and the assessment is usually only concerned with one aspect of the clinical encounter, such as taking a history or one part of the clinical examination.

The following SLEs are used in each specialty:

SLE	Chemical Pathology	Cellular Pathology	Medical Microbiology & Virology
CbD	X	X	X
DOPS	X	X	X
ECE	X	X	X
Mini-CEX	X		X

Clinical supervisors and others contributing to assessment will provide formative feedback to the trainee on their performance throughout the training year. This feedback will include a global rating in order to indicate to the trainee and their educational supervisor how they are progressing at that stage of training. To support this, workplace based assessments will include global assessment anchor statements.

The Royal College of Pathologists considers that SLEs form an important part of assessing the competency of trainees, and ensuring that they are making progress. The principle is that trainees are assessed on work that they are undertaking in real-time and that, as far as possible, the assessment is integrated into their day-to-day work.

Further information about the definition and purpose of each SLE tool are outlined in the documents, 'Definition of assessment tools' and 'Purpose of assessment tools' on the [College website](#).

Multi-Source Feedback: The College also requires trainees in all pathology specialties to undertake Multi-Source Feedback assessments (MSF). MSF is a method of obtaining feedback in a structured form from staff associated with the trainee who has the opportunity to observe their practice. Such staff may be their supervisors but also staff they work alongside and may include those that the trainee themselves supervise. The respondents are asked to rate the trainee by filling in a standard form listing a number of qualities or behavioural characteristics with a rating scale. The trainee also provides their own assessment of how they think they are doing. It provides reasonable feedback on the trainee's behaviour and competence in clinical situations which may not be directly observed by the supervisor.

For trainees in the cellular pathology specialties, **Assessments of Performance (AoPs)** across the full spectrum of their work will also inform the ARCP process. AoPs represent opportunities to both capture and triangulate data about trainees' longitudinal progress, and improve the feedback provided, engendering reflective practice. AoP forms are completed by trainees' supervisors after each rotation/attachment. In particular, they are designed to capture evidence of trainee progress towards independently entrustable practice across the spectrum of pathology activities. As the forms are completed after each rotation, areas of strengths and weaknesses will be evident.

For trainees in the medical microbiology and medical virology specialties, the **Multiple Consultant Report** is designed to help to capture the opinions of Consultants who have supervised trainees with a specific focus on clinical knowledge and skills and various important aspects of clinical performance.

b. Examinations

Governance and quality assurance

There are clear governance processes and procedures, underpinned by a framework for the examinations, approved by Council. These outline the examinations, reporting structure for examiners, Examinations Committee and panels, advisors (statistical and lay), and staff and their relationship to each other in the delivery of the College examinations.

Each examination is set by a panel of examiners, and delivered by a Fellow of the College, responsible for Quality Assurance for that examination. They report to Council via the Chair of their Panel of Examiners, who in turn reports to the Clinical Director of Examinations. They are responsible for guaranteeing the standards and quality of the College's examinations by:

- working closely with College staff to review examination process and making recommendations for improvement where required;
- analysing College examination results in order to identify trends and inform the continued development of the examinations;
- promoting best practice in the running and quality assurance of examinations and recommending improvements to the running of the College's examinations; and
- providing statistical reports as required.

The College also publishes [examination performance reports](#) after each examination session, summarising information about FRCPATH examination performance broken down by specialty, by UK and overseas centres, and by attempt.

FRCPATH Part 1 Examinations

Purpose

The FRCPATH Part 1 examination aims to determine whether candidates have successfully acquired a core body of knowledge that will underpin their ability to practice in their chosen specialty.

Format

FRCPATH Part 1 examinations are a written test of knowledge. In a very small number of specialties there is also currently a practical component, although plans are in hand to transfer all practical assessments to Part 2. Guidance as to when to take the FRCPATH Part 1 in specialty training is outlined in the specialty specific regulations.

These tests of applied knowledge, taken as Single Best Answer (SBA) or Extended Matching Questions (EMQ), Short Answer Question (SAQ) or essay papers, aim to determine whether an individual has successfully acquired a core body of knowledge that will underpin their ability to practice in their chosen specialty. The type of assessment used for each specialty is stated in the specialty specific regulations.

Feedback

For SBA/EMQ examinations, candidates' result notification will include at minimum their score and the pass score.

For written essay/SAQ examinations, candidates are informed of their result and no feedback is provided directly to them. The result notification advises unsuccessful candidates to contact their specialty adviser or educational supervisor to discuss their result. To inform that discussion, the specialty adviser or educational supervisors can obtain a summary of a candidate's performance for each question from the Examinations Department.

FRCPath Part 2 Examinations**Purpose**

The FRCPath Part 2 examinations are designed to test candidates' practical skills and understanding of the specialty. They aim to show whether the candidate can apply their knowledge appropriately and safely to the practice of the specialty.

Format

Candidates may normally only enter for the FRCPath Part 2 examination after they have successfully completed the FRCPath Part 1 examination in an appropriate specialty.

The Part 2 examinations include practical examinations in all specialties and written and/or oral examinations in some. A wide range of formats, as appropriate for the individual specialty, are employed. These include laboratory practical's that may use real or simulated material ('wet' or 'dry'), essays, critical appraisals and Objective Structured Practical Examinations (s). Orals are either separate examinations or viva stations integrated into a practical examination.

Feedback

For practical and oral examinations, feedback sent to unsuccessful candidates with their result notification is restricted to a list of the sections/components passed and, where provided, summary reasons for the failure. Candidates are advised to contact their specialty adviser or educational supervisor to discuss their result. For practical examinations, the specialty adviser or educational supervisor can obtain a numeric breakdown for each individual component, including any comments provided by the examiners, from the Examinations Department.

4. Annual Review of Competence Progression (ARCP)

Trainees must evidence their progress in training in an ePortfolio, including outcomes of all completed SLEs, MSFs and examinations as outlined in the relevant curriculum. This is aside from the critical progression points which will require trainees to have passed the FRCPath Part 1 and/or FRCPath Part 2 by a defined period of time.

Trainees must meet expectations for their stage of training as a minimum to be judged satisfactory to progress to the next training year.

Towards the end of the training year, trainees will provide a self-assessment of their performance for each CiP in their ePortfolio, signposted to evidence.

The educational supervisor will review the evidence in the ePortfolio, including workplace-based assessments, examinations, feedback received from clinical supervisors and the trainee's self-assessment and record their judgement on the trainee's performance in the ES report, with commentary.

All evidence will be reviewed annually by an ARCP panel who will make decisions about the progress of the trainee based on the combined evidence and the requirements set out in the curriculum.

5. Equality & Diversity

The College is committed to the principle of equality and diversity in its examinations. It is fundamental to the College that everyone is treated in a fair, open, and honest manner. Candidates are identifiable only by their candidate number by examiners and others involved in running the examination. Aside from computer-marked SBA/EMQ examinations, all papers are scored by a minimum of two examiners. No marks are awarded by a single examiner and each question is marked independently by a minimum of two examiners and the final mark given as an average of these scores. For the components of the Part 2 examination that consist of a face-to-face section, measures are in place to ensure that as far as possible candidates are not examined by an examiner known to them (although in very small specialties, this may not always be possible).

Subject to sufficient advance notice, the College is willing to make reasonable adjustments for candidates who have a disability or impairment in line with the Equality Act 2010. Under GMC guidelines, 'Colleges are required to consider providing reasonable adjustments to people with disabilities'. The College will discuss any reasonable requests that we are capable of accommodating, and will also consider the impact of temporary conditions subject to appropriate documentary evidence.

All examiners are required to attend a training course when they take up the role and thereafter attend re-training after approximately five years. Training covers a range of topics from standard setting and assessment theory to equality and diversity in examining and ensures examiners know about and understand the College's Code of Practice for Examiners and the examination requirements for their specialty.

Acronyms

AoP	Assessment of Performance
ARCP	Annual Review of Competence Progression
CBD	Case-based Discussion
CCT	Certificate of Completion of Training
CiP	Capabilities in Practice
DoPS	Direct Observation of Practical Skills
ECE	Evaluation of Clinical Events
EMQ	Extended Matching Question
ESSR	Educational Supervisor's Structured Report
FRCPPath	Fellowship of the Royal College of Pathologists
GMC	General Medical Council
GPC	Generic Professional Capabilities
MCR	Multiple Consultant Report
Mini-CEX	Mini Clinical Evaluation Exercise
MSF	Multi Source Feedback
OSPE	Objective Structured Practical Examination
SAQ	Short Answer Questions
SBA	Single Best Answer
SLE	Supervised Learning Event
WPBA	Workplace-based Assessment