



Assessment – RITAS – Preparing logbooks and case-reports




The Past



The training pathway

- HO (1 year)
- SHO (1 year) – Part 1 FDS
- Registrar (3 years) – Part 2 FDS
- Senior Registrar – 4 years
- Consultant

- Clearly not a good pathway



In course assessment – a “Soft Touch”

- Nothing formal
 - Nothing recorded
 - Nothing summative
 - Anything formative?
 - Useful?
 - Open to bias
 - Clearly not fit for purpose.
- Clinical examinations taken



Competition for places

- Proliferation of Diplomas for trainees
 - (DRD, FDS ++, FFD, MSc)
- Certificate of Completion of Specialist Training



ISFE

- 1993
 - “Fireside chat”
 - Examination
 - Log book “examined”/reviewed
 - RITA *tighter*

RITA Process Overview

Our goal is for doctors and dentists in training to be safe, to develop the habits of lifelong learning, and to achieve appropriate standards of practice. By regulating the progress of doctors in training, the RITA process protects patients and directs the training process.

RITA Background

The Deanery has responsibility for managing and administering the RITA system, and for demonstrating that it meets the standards required of an effective assessment process.

The Postgraduate Institute will support high quality RITA processes, with:

- Effective tutorials and supervision
- Written guidance containing requirements and recommendations
- Support for faculty development

RITA Principles

That the RITA process is:

- Systematic
- Evidence based
- Visible and open to audit
- Based upon explicit standards
- Consistent and reliable
- Credible and defensible

Purpose of the RITA Panel in the Northern Deanery

- Through interpretation and discussion of documentary evidence, to form a credible view on the trainee doctor's active engagement in the learning process, on the learning outcome and whether there is a need to inquire further
- To award the appropriate RITA Category (COBPR)
- To provide feedback to the trainee and to advise the trainee's future training placement
- A 'credible view' of the trainee's progress is obtained from interpreting both subjective and more objective data in relation to standards. Written curricula, standards and assessment instruments are currently being developed throughout the profession and we can expect these to strengthen over time.

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Panel Membership

The Panel should normally be made up of 2-4 members, selected from: Programme Director, Royal College representative, Trainer, STC representative, Regional Specialty Advisor, Postgraduate representative, University representative. It may also be appropriate for Quality Assurance purposes to invite external specialty representation from time to time e.g. trainer from another deanery.

To avoid role conflict, a trainee's Educational Supervisor should not serve as a member on that trainee's Panel.

Documents Available to the RITA Panel

Depending upon the documents available to the specialty/grade:

- A summary of achievement agreed by the educational supervisor and the trainee
- A summary of evidence produced by the trainee, cross referenced to the appropriate curriculum and endorsed by the educational supervisor

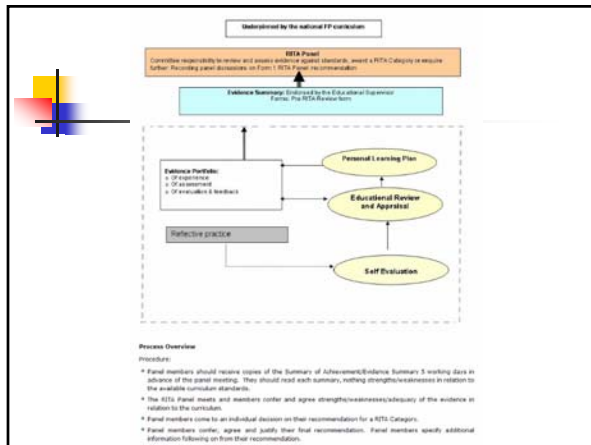
The trainee's documented evidence of performance (e.g. their log book and/or Learning Portfolio), including appraisal summaries and learning plans, evidence of experience, assessment, evaluation and feedback, but including confidential self-evaluations.

Check with your Specialty Training Co-ordinator to confirm if this information is required before the RITA or to be brought along to the RITA Assessment.

Learning Portfolio

The use of a Learning Portfolio by trainees is central to the RITA process. The Learning Portfolio brings together the Evidence Portfolio and the documents relating to educational review, appraisal and planning. Its use demonstrates engagement in lifelong learning processes, and provides documentary evidence for review by the RITA Panel.

Please note – the RITA Panel will base its decision upon documentary evidence. Where the documentary evidence submitted is incomplete or otherwise inadequate to support a judgement, no decision will be taken about the adequacy of the trainee until the deficiencies in the documentation have been addressed. It is not acceptable for a trainee to use the RITA meeting as an alternative to documented in-training assessments. Trainees are encouraged to acknowledge and explain gaps in evidence within their evidence summary/summary of achievement.



Northern Deanery Advice

What is Targeted Training?
 Closer than normal monitoring to enhance a clinical skill
 Time in which to gain training lost due to consultant trainees absence
 Further specific training which you have been unable to demonstrate the appropriate competences

What if I Disagree with the Panels Decision?
 You will have the chance to discuss the decision with the panel or panel chair to see all the documents on which the decision was based. If you still disagree with the decision, you have the right to ask for a further review.

What is a Further Review?
 A further review will involve the original panel looking at the information on which their decision was based plus any additional information you have supplied. The decision after a further review is final.

Guidance for SpRs in receipt of a RITA E

A RITA E is a recommendation for intensified supervision/repeat experience. Training is extended for 3, 6, 9 or 12 months. A RITA E is awarded when a trainee has failed to acquire or reach a satisfactory level of specific skills or competencies, and further progress is not possible without such skills/competencies.

Why is a RITA E Awarded?
 A RITA E can be awarded for a variety of reasons:

- To extend the period of training to allow a trainee to obtain a further qualification, to complete a research project or to obtain further specialist training, in order that the trainee will be appropriately competitive in an application for a consultant post. Overall issues of clinical competence do not apply.
- To give additional time to allow a trainee to acquire the full range of competencies for a RITA G. Issues of overall clinical competence do not apply.
- To address significant concerns about aspects of a trainee's performance or progression. Such measures are necessary to ensure that while the trainees educational needs are being met, issues of clinical governance particularly those of patient safety, are appropriately considered and dealt with.

How do I Appeal?
 You must put your request for a formal appeal in writing to the Postgraduate Dean and you must do so within 10 working days from the date of the initial RITA review. The appeal hearing should take place within 15 working days of receipt of your written request.

Who will be on the Appeal Panel?
 The Postgraduate Dean or deputy as Chairperson, a College Regional Advisor from another region, two Consultants from this deanery (one from a different specialty), a Trainee Representative and a HR Advisor/representative from the employing trust.

Members of the original RITA panel are not allowed to sit as part of the review panel. They may however be called as witnesses.

Can I Have a Representative at the Appeal?
 Yes, you have the right to representation at the hearing, to address and to submit written documentation in support of your appeal. You could, for example, choose a friend, BMA Representative or a colleague.

It is your responsibility to identify and invite your chosen representative and inform the Postgraduate Dean of the name and designation of the individual concerned.

What Happens if the Original Decision is Upheld?

You will receive a RITA E and either:

Undertake the recommended repeat training with the support of a learning plan (visit www.pimd.co.uk for guidance), and your CCT date will be delayed accordingly.

You will have your training number withdrawn and be removed from the programme.

What do I do if I still Disagree?

You can either accept the decision and the recommendations made or you can put your case to an industrial tribunal through arbitration.

Specialty Training Team February 2007

ISFE

- 'assessment methods and requirements probably have greater influence on how and what students learn than any other single factor'

- Impetus for the logbook now lies with the RITA

Boud D (Ed). *Developing student autonomy in learning*. 2nd edn. London: Kogan Page, 1988.

Problems with present system

- ? National standard - less influential SAC
- ? London RITAS
 - Case presentations
 - Merseyside
 - Northern
 - Scotland
 - What can be presented at time periods?
 - Logbooks reviewed
 - RITA panel membership
 - Local variation (recommended external)
 - RITA Process
 - Paper or people

Positives of the present system

- Mostly transparent (can be improved upon)
- External assessor often acts as "trainees' advocate"
- Relatively humane
- Developmental (if not always perceived as such)

The Future

- Annual
- Competence
- Record (of)
- Progression



"Introduction

The arrangements for the introduction of competence based specialty training in the UK are set out in the publication 'A Guide to Postgraduate Specialty Training in the UK' (The 'Gold Guide').

The Gold Guide identifies three key elements which will support trainees through the new postgraduate medical training structure: appraisal, assessment and annual planning. These three individual but integrated components form the basis of the Annual Review of Competence Progression (ARCP)."

Supplementary Documentation for trainees with Unsatisfactory Outcome
(Where must be in attendance)

Recommended outcome: _____ Date: from _____ to _____ of _____ PT /PT as %
PT

Defined reasons for recommended outcome:
1. _____
2. _____
3. _____

Discussed with Trainee
Mitigating circumstances: _____

Competencies which need to be developed: _____

Recommended actions: _____

Recommended additional training time (if required): _____

Date for next review: _____

Signed by Chair of Panel: _____
Date: _____

These documents should be forwarded in duplicate to the Director, Training Programme Director (who must ensure that the trainee receives a copy through the further appraiser and learning promoter). Copies must also be sent to the Medical Director where the trainee works, as well as to the College or Faculty File trainee as a CCT programme.

Likely assessments

The screenshot shows the HcAT (Healthcare Assessment Tool) website. The main navigation bar includes 'Home', 'About', 'Assessments', 'Projects', 'Research', 'FAQ', 'Information', and 'Contact Us'. The 'Assessments' section is highlighted, and a search bar is visible at the bottom right.

DOPS
DIRECTLY OBSERVED PROCEDURAL SKILLS
What is DOPS?
It is essential that all trainees should be adequately assessed for competence in the practical procedures that they undertake. Directly Observed Procedural Skills (DOPS) is a method, similar to the mini-CEX that has been designed specifically for the assessment of practical skills, and was originally developed and evaluated by the RCGP. In keeping with the Foundation programme quality improvement assessment model, strengths and areas for development should be identified following each DOPS encounter.

Completing a DOPS
DOPS can be completed on paper or online.

List of DOPS Procedure Numbers to Foundation Trainees

Criteria on assessment form	Competencies from curriculum
1. Demonstrates understanding of indications, relevant anatomy, technique of procedure	As applicable to procedure
2. Obtains informed consent	1.6.(3)
3. Demonstrates appropriate preparation pre-procedure	1.3.(3)
4. appropriate analgesia or sedation	1.10(i), 7.0.(3)
5. Technical ability	As applicable to procedure
6. aseptic technique	1.4
7. seeks help when appropriate	7.0.(3)
8. Post procedure management	1.30(i)
9. Communication skills	3.0
10. Consideration of patient/professionalism	1.3.(3), 1.A(i), 6.(3)
11. Overall ability to perform procedure	As applicable to procedure

Also refer to the trainee's guidance for each assessment - available on the HcAT website at: <http://www.nrcni.nhs.uk>

PEER ASSESSMENT TOOL
What is mini-PRAT?
mini-PRAT provides feedback from a range of co-workers across the domains of Good Medical Practice. There are six mapped to the core objectives of the Foundation curriculum. PRATs and GMC have identified peer ratings as a suitable for postgraduate assessment and revalidation evidence. A number of groups have been involved in developing and evaluating multi-source feedback (MSF) for trainees. The tool being evaluated for this project for use in Foundation training assessment, mini-PRAT builds on the work, it is derived from the Sheffield Peer Review Assessment Tool (SPRAT) and has been shortened on the basis of content validity in relation to the GMC curriculum.

Completing a mini-PRAT
The mini-PRAT process is administered online only.

Assessment criteria related to competencies

mini-PRAT question	Link to competencies as written in curriculum
1. ability to diagnose patient problems	1.1.(3)
2. ability to formulate appropriate management plans	1.1.(3)
3. Awareness of own limitations	1.3.(3), 4.0.(3)
4. ability to respond to professional aspects of illness	1.1.(3), 1.3.(3)
5. Appropriate utilisation of resources e.g. ordering investigations	7.0.(3)(iv)
6. ability to manage time effectively/prioritise	1.2
7. Ability to deal with stress	
8. Technical skills (appropriate to current practice)	1.4
9. willingness and effectiveness when teaching/training colleagues	3.0.(3)
10 Communication with patients	1.1.(3), 1.3.(3), 3.0.(3)
11. Communication with carers and/or family	1.1.(3), 1.3.(3), 3.0.(3)
12. Respect for patients and their right to confidentiality	1.3.(3), 1.4.(3)
13. Verbal communication with colleagues	1.3.(3)(i), 7.0.(3)(ii)
14. Written communication with colleagues	1.1.(3), 7.0.(3)(ii)
15. Ability to recognise and value the contribution of others	4.0.(3)
16. Accessibility/availability	


CbD
CASE-BASED DISCUSSION
What is CbD?
Case-based discussion (CbD) is used to enable the documenting of conversations about, and presentations of, cases by trainees. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback. The approach is called chart stimulated recall in the USA and Canada, and is widely used for the assessment of residents and of established doctors who are in difficulty. In the UK it is used and is being evaluated in the assessment of established practitioners by both the GMC and the GMC. CbD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care for which the trainee has been directly responsible. It also enables the discussion of the ethical and legal frameworks of practice, and in all instances, it allows trainees to discuss why they acted as they did. Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance.

Completing a CbD
CbD can be completed online only.

A paper version of the form can be obtained from your Foundation Coordinator but once completed the paper form must be inputted online by the assessor or your Foundation Coordinator.
Any paper CbD forms received by HcAT will be returned to the Trust.

Assessment criteria related to competencies

Criteria on assessment form	Competencies from curriculum
1. Medical record keeping	1.1.(i)
2. Clinical assessment	1.1.(3)
3. Investigations and referrals	7.0.(iv), 4.0.(3)
4. Treatment	1.1.(3)
5. Follow-up and future planning	7.0.(3)
6. Professionalism	6.0.(3), 1.4
7. Overall clinical judgment	1.3.2.0.(3)



mini-CEX

CLINICAL EVALUATION EXERCISE

What is mini-CEX?
 Mini-CEX is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. The mini-CEX is a 'snapshot' of a doctor/patient interaction. Not all elements need to be assessed on each occasion. In keeping with the Foundation programme quality improvement assessment model, strengths, areas for development and agreed action points should be identified following each mini-CEX encounter. This form samples a range of areas within the Foundation curriculum and can be mapped to Good Medical Practice but was designed originally by the American Board of Internal Medicine.

Completing a mini-CEX
 mini-CEX can be completed on paper or online.

Assessment criteria related to competences

Criteria on assessment form	Competences from curriculum
1. History taking	1.10)
2. Physical examination skills	1.10(i)
3. Communication skills	3.0
4. Clinical judgment	1.10(i)
5. Professionalism	5.0(i), 1.6
6. Organisational/efficiency	1.2
7. Overall clinical care	1.3

