

Education Department

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Policy regarding Minimum Requirements for Assessments and Assessors of Foundation Doctors in the South Thames Foundation School within KSS Local Education Providers with effect from August 2011

Equality Impact Assessed October 2010

Introduction

1. Work-based assessment and feedback are fundamental aspects of the Foundation Programme. They provide a 'snapshot' of the Foundation Doctor's competence within the work place at a specific point in time. Used together with other forms of assessment, such as portfolio review and reflective practice, they build a picture of evidence for each Foundation Doctor that documents progress, achievements and areas for development in knowledge, skills and attitudes.
2. All Foundation Doctors are subject to assessment by trained and competent Assessors and should demonstrate that they have met the defined competencies in the workplace using structured assessment tools. Satisfactory completion of assessments form an essential part of the criteria for FY1 and FY2 sign off.
3. This document has the following purposes:
 - a. To define the minimum requirements for assessments and Assessors of all Foundation Doctors working within the South Thames Foundation School (STFS) based in KSS LEPs.
 - b. To ensure that all Foundation Doctors working within the South Thames Foundation School based in KSS LEPs are assessed to the same standards.
4. It is expected that all Local Education Providers (LEPs) review regularly their practices against this policy and make any adjustments necessary as for example, in KSS Deanery, in the Local Faculty Annual Audit and Review and, as appropriate, in the Local Academic Board Annual Audit and Review.
5. This policy applies to both years of the Foundation Programme. It is also congruent with the KSS Deanery Educational Governance structure as outlined in the Graduate Education and Assessment Regulations (GEAR) and with the Foundation Programme Reference Guide 2010.

¹This document incorporates the minimum requirements for Assessment and Assessors of Foundation Doctors, produced by the London Deanery April 2009

²**List of abbreviations**

FY1 First Foundation Year
FY2 Second Foundation Year

6. It is required that LEPs ensure that everything related to Foundation Doctors' assessments (e.g. assessment tools and how to find Assessors) are explained to Foundation Doctors as part of their Local Education Provider (LEP) Induction programme (within KSS Deanery, see GEAR sections 1.7, 1.16 and 13.5).
7. In KSS Deanery this document should be read in conjunction with the latest version of GEAR available at <http://www.kssdeanery.org/documentwarehouse>
8. In KSS Deanery the STFS will monitor LEPs against this policy through their quality management process as outlined in GEAR and the KSS Single Contract Monitoring formally the Centre Review Process.

Assessment Principles

9. FY1 Doctors must be assessed against the standard of competence that is expected of a Foundation Doctor completing the Foundation year one and FY2 Doctors must be assessed against the standard of competence that is expected of a Foundation Doctor completing the Foundation year two. A detailed list of which competences Foundation Doctors need to achieve can be found in the Foundation Programme Curriculum <http://www.foundationprogramme.nhs.uk/pages/home/key-documents#foundation-programme-curriculum>.
10. The Key Principles of the Assessment Process are:
 - i. Competence based
 - ii. Foundation Doctor led
 - iii. Work-based assessment
 - iv. Fair and based on evidence
 - v. An open and transparent process
 - vi. Immediate constructive feedback to the Foundation Doctor
 - vii. Produce an educational effect

Assessment Tools

11. All LEPs should use the following four work-based assessment tools for the assessment of Foundation Doctors:
 - ✓ **Mini-Peer Team Assessment of Behaviour (TAB)** – a Multi-Source Feedback (MSF) tool which provides feedback from a range of co-workers;
 - ✓ **Mini Clinical Evaluation Exercise (mini-CEX)** - an evaluation of an observed clinical encounter where developmental feedback is provided immediately after the encounter;
 - ✓ **Direct Observation of Procedural Skills (DOPS)** – a structured checklist for the assessment of practical procedures;
 - ✓ **Case-based Discussion (CbD)** - a structured discussion of clinical cases managed by the Foundation Doctor. Its particular strength is evaluation of clinical reasoning.

12. It should be noted that the assessment tools are the same for both years of the Foundation Programme. However, what differs is the level of competence and expertise, appropriate to the stage of training, that Foundation Doctors are required to demonstrate through these tools.
13. In the STFS, Foundation Doctors and their Assessors are required to use the assessment tools available in the Foundation e-Portfolio, thus use of paper forms is usually not acceptable.

Roles and Responsibilities of Assessors

14. In order to ensure fairness and reproducible quality of the assessment process, the assessments should be conducted by health care professionals deemed by the Local Foundation Faculty to have met the minimum requirements.
15. Each LEP, via the Local Foundation Faculty, should maintain a full database of approved Assessors (including records of their training undertaken) from which Foundation Doctors can nominate their Assessors. The lead hospital Trust, which is responsible for Foundation Doctors throughout the programme, should also add to the database approved Assessors who are located outside of the lead hospital (e.g. Assessors in GP practices and Mental Health Trusts).
16. The following staff groups are considered appropriate to assess Foundation Doctors in relation to the following tools, once they have filled in the appropriate forms and have been accepted as Assessors by the Local Faculty Groups. **Please note that where a trainee has been identified as a Trainee in Difficulty by the Local Faculty Group then all assessments must be undertaken by a consultant.**
 - ✓ TAB- Any grade of doctor or nurse and any appropriately qualified healthcare professional. Please note that feedback from the team assessment of behaviour which is TAB, should be given to the Foundation Doctor by the Educational Supervisor.

It should be noted that each Foundation Doctor is required to nominate a minimum of 15 co-workers to conduct the assessment. A minimum of 10 completed TAB forms are essential for a valid assessment. In addition, foundation doctors must also complete their own assessment using self-TAB.

The recommended mix of raters/assessors is as follows:

- 2–8 doctors more senior than F2, including at least one consultant or GP principal
- 2–6 senior nurses (band 5 or above)
- 2–4 allied health professionals
- 2–4 other team members including ward clerks, secretaries and auxiliary staff

Please note that it may not be that every attachment may be able to offer opportunities for the completion of a TAB assessment e.g. a small GP Practice. This issue must be

discussed between the Foundation Doctor and the Educational Supervisor and, with agreement, may be deferred until the second post in the rotation.

- ✓ Mini-CEX – Consultant, GP, Staff Grade and Associate Specialist, Specialty Trainee, experienced Nurse or Allied Health Professional.
- ✓ DOPS – Consultant, GP, Staff Grade and Associate Specialist, Specialty Trainee, experienced Nurse or Allied Health Professional.
- ✓ CbD – Consultant, GP, Staff Grade and Associate Specialist, Specialty Trainee 3 or 4.

17. KSS Deanery Educational Supervisors are selected and appropriately trained in accordance with the *Qualified Educational Supervisor Programme (QESP)* or the 1st Module of the Education Pathway in General Practice and will have been given a broad overview of assessment requirements.

18. The following people are not suitable to assess Foundation Doctors and should not complete any of the assessments:

- ✓ Medical students, student nurses and others not yet qualified
- ✓ Patients
- ✓ Foundation Doctors themselves. While it is usual for trainee doctors to help their immediate juniors to learn it is not appropriate for them to take on an assessment role.
- ✓ Partners, relatives

N.B! Foundation Doctors should be informed that completing their own assessments is a probity issue which could result in their being referred to the GMC.

19. A range of Assessors should be used for each type of assessment, wherever possible. **One third of all assessments should be undertaken by consultants.** Thus assessors at consultant level may undertake more than one assessment with a Foundation Doctor. Assessors at more junior level should not assess the same Foundation Doctor more than once.

Assessors' Requirements

20. All Assessors should be able to demonstrate knowledge of the following.

<p>a) Principles of workplace-based assessments</p> <ul style="list-style-type: none">✓ s/he understands the purpose and principles of workplace-based assessment✓ s/he understands and has demonstrated ability in the use of approved work-place based assessments and is clear about what is deemed acceptable progress
<p>b) Assessment tools and methodology</p> <ul style="list-style-type: none">✓ s/he distinguishes between formative and summative assessment✓ s/he is aware of the methodology and the content of the assessment tools✓ s/he understands the assessment process, including the forms s/he is required to complete on line or the e-Portfolio.
<p>c) Giving constructive feedback*</p> <ul style="list-style-type: none">✓ s/he is aware of the principles of giving effective feedback and knows how to use feedback and debriefing to support learning (not required for TAB). See Appendix B for some guidance on giving constructive feedback.
<p>d) The Foundation Programme Curriculum</p> <ul style="list-style-type: none">✓ s/he has knowledge of the level of performance expected of the Foundation Doctor towards the end of their training year
<p>e) Equality and Diversity</p> <ul style="list-style-type: none">✓ Up-to-date Equality and Diversity training within three years.

21. The minimum requirement is that assessors must have been trained, for example by undertaking the e-Training for Trainers on-line assessment training package or other specific training e.g. workshop on WPBA run by a trust, deanery or college or QESP in KSS Deanery. In addition to this all doctors who are Educational Supervisors must also undertake the QESP programme. Assessors may also wish to enhance their assessment skills from a variety of sources which may include:

- a) GP Education Pathway
- b) Deanery-led assessment training sessions
- c) Trust-led courses
- d) E-learning packages, e.g. e-LfH and the London Deanery Faculty Development websites
- e) Royal College Assessment Training

22. It is highly recommended that Assessors also seek to have their assessment skills observed and validated either by their Clinical Tutor, Foundation Programme Training Director or another Consultant colleague recognised by the Postgraduate Centre who has been trained in relevant areas.

23. Each LEP should review and re-validate the skills and knowledge of 'Approved Assessors' at five yearly intervals.

24. Each LEP should demonstrate that they can implement Generic Standards for Training Standard 6.26 and 6.27(July 2008) and these are:

- 6.26 Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.
- 6.27 Trainers must regularly review the trainee's progress through the training programme, adopt a constructive approach to giving feedback on performance.

Each LEP should ensure that approved assessors are able to demonstrate continuing skills and knowledge subject to Deanery Quality Management processes. LEPs should maintain and provide Foundation Doctors with a list of 'approved Assessors'. This means that the group of people listed in paragraph 17 may conduct assessments regardless of training undertaken, if they are registered with the Postgraduate Centre and informed of which type of assessment they can conduct (e.g. a Core Specialty Trainee should not be allowed to conduct CbD).

The Number of Assessments and Target timeline for Completion

- 25. Each Foundation Doctor must satisfactorily complete during each Foundation Year a minimum of:
 - ✓ 3 DOPS
 - ✓ 6 Mini-CEX
 - ✓ 6 CbD
 - ✓ 1 rounds of TAB (including a Self- TAB each)
- 26. The assessments should be spread across each Foundation Year and must be completed by mid-June each year.
- 27. The STFS advises that Foundation Doctors undertake and satisfactorily complete at least two each of Mini-CEX, CbDs and one DOPS in each four months placement (i.e. two of each assessments should be completed by the end of November, next two by the end of March and last two by mid-June). The progress of the completion of assessments by Foundation doctors will be monitored by each Local Foundation Faculty Group.
- 28. The first TAB should be undertaken by the end of November unless in e.g. a small general practice (see 17). A second TAB may be required only if there are concerns raised by the Foundation Training Programme Director.
- 29. In some specialties, where it may be difficult to undertake certain forms of assessments (e.g DOPS in Psychiatry), the Foundation Doctor should seek advice from the Educational Supervisor on how to spread the assessments to compensate for this. Equally the Foundation Lead may also be well placed to assist the Foundation Doctor to spread assessments to compensate for time in specialties where certain assessments are difficult to complete.
- 30. Foundation Doctors on academic programmes who have undertaken the academic part of their programme as their first or second component will need to manage their assessments according to requirements of different programmes, and should complete their assessments by mid-June.

31. Foundation Doctors on flexible or part-time programmes will also need to manage their assessments according to a different timescale and should seek the advice from the Educational Supervisor on how best to spread the assessments across the programme.

Completion of Assessments

32. It is the Foundation Doctor's responsibility to arrange the assessment, choose the Assessor and the procedure/case (where appropriate).

33. The Assessor is responsible for completing the online assessment forms.

34. While assessing the Foundation Doctor, the Assessor should ensure that:

- ✓ s/he has enough time to conduct the assessment (the whole process should usually take no longer than 20 minutes, including a minimum 5 minutes feedback), and it is the Assessor's responsibility to ensure that the process has not been rushed through
- ✓ s/he only fills in the sections on the form where s/he has had a chance to observe the Foundation Doctor enough to make a judgement
- ✓ s/he only answers the questions that relate to their personal experience and that they are competent to comment on
- ✓ no form is completed without direct observation of the assessment undertaken
- ✓ s/he ensures that scoring and comments reflect the competencies required to demonstrate competence at the appropriate level of training
- ✓ a judgement is made based on the Foundation Doctor's performance only
- ✓ the full range of the rating scale is used. Comparison should be made with a Foundation Doctor who is ready to complete the Foundation Year of training. **It is expected that ratings below 'meets expectations for FY1 or FY2 completion' will be in keeping with the Foundation Doctor's level of experience early in each placement.** Some descriptors for a satisfactory Foundation Doctor can be found in Appendix A.

35. Foundation Doctors should know that, to ensure fairness and equality of opportunity, all assessments may be subject to monitoring by the Post Graduate Medical Education Centre, the Local Foundation Faculty Group, Educational Supervisor, the Foundation School or the Deanery by reviewing their portfolios.

Lack of Progress in Assessments

36. By the end of each training year, all Foundation Doctors will be expected to have undertaken a minimum number of assessments during that year and be able to demonstrate satisfactory progress towards the completion of the programme by the end of that year and towards the full competence in the areas required from Foundation Doctors by the end of the FY2.

37. Foundation Doctors may achieve positive results in individual assessments. However, if the Local Faculty Group Assessors still doubt the Foundation Doctor's overall professional

standards or behaviour, then there should be further assessment by a consultant or clinical supervisor as necessary.

38. Where the Foundation Doctor is failing to meet the target deadline for the assessments or complete the required number of assessments satisfactorily, the Local Faculty Group must be informed and the trainee provided with an action plan. The relevant Educational Supervisor or Foundation Training Programme Director should arrange a meeting with the Foundation Doctor to discuss the reasons for failure to complete the required assessments and agree an action plan. The STFS must be informed via the trainee progress review which in KSS is in GEAR, flagging any Foundation Doctor who fails to complete the required numbers of assessments by the target deadline (see paragraphs 27-33 for your reference).

Quality Management

39. The LEP is responsible for monitoring and ensuring that all Foundation Doctors are assessed appropriately and by competent and approved Assessors. Although they are responsible, the calibration of national assessment is under review in Foundation.
40. Any dispute regarding an assessment decision must be taken to the local Foundation Programme Director and, if unresolved, be referred to the South Thames Foundation School.
41. The Foundation School may also carry out supervision and monitoring on the overall progress to completion of assessments for all trainees eg via e-Portfolio by the Local Foundation Faculty group.
42. Feedback on the assessment process should be sought by Foundation Doctors on a regular basis. At Foundation School level this will be ascertained at Centre Review and Foundation School visits to Local Education providers and in questionnaires (eg PMETB survey and pre-visit questionnaires and online questionnaires for the GP placements in KSS).

Foundation Leads should be aware of trainees with disabilities and other significant needs so that they are able to support such trainees to complete their assessments in an appropriate and timely manner within the constraints of the Foundation Programme.

APPENDIX A

Some Descriptors for a Satisfactory Foundation Doctor by the Assessment Tool

Mini-CEX: Clinical Evaluation Exercise

Question area	Descriptor
History taking	Facilitates patient's telling of story, effectively uses appropriate questions to obtain adequate information, responds appropriately to verbal and non-verbal cues.
Physical examination	Follows efficient, logical sequence, examination appropriate to clinical problem, explains to patient, sensitive to patients comfort and modesty.
Communication skills	Explores patient's perspective, jargon free, open and honest, empathetic, agrees management plan/therapy with patient.
Clinical judgement	Makes appropriate diagnosis and formulates a suitable management plan. Selectively orders/performs appropriate diagnostic studies, considers risks, benefits.
Professionalism	Shows respect, compassion, empathy, establishes trust. Attends to patient's needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations.
Organisation/efficiency	Prioritises; timely; succinct; summarises.
Overall clinical care	Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations.

CBD: Case-based Discussion

Question area	Descriptor
Medical record keeping	The record is legible, signed, dated and appropriate to the problem, and understandable in relation to and in sequence with other entries. It helps the clinician who uses the record to give effective and appropriate care.
Clinical assessment	Can discuss how they understood the patient's story and how, through the use of further questions and an examination as appropriate to the clinical problem, a clinical assessment was made from which further action was derived.

Investigation and referrals	Can discuss the rationale for the investigations and necessary referrals. Shows understanding of why diagnostic studies were ordered/performed, including the risks and benefits and relationship to the differential diagnosis.
Treatment	Can discuss the rationale for the treatment including the risks and benefits
Follow-up and future planning	Can discuss the rationale for the formulation of the management plan including follow-up
Professionalism	Can discuss the care of this patient as recorded, demonstrated respect, compassion, empathy, and established trust. Can discuss how the patient's needs for comfort, respect, and confidentiality were attended to. Can show how the record demonstrates an ethical approach and awareness of any relevant legal frameworks. Has insight in to own limitations.
Overall clinical care	Can discuss own judgement, synthesis, caring, and effectiveness for this patient at the time that this record was made.

DOPS: Directly Observed Procedural Skills

Please use the guidance document: '*Directly Observed Procedural Skills: Clinical Guides for Foundation Doctors and Assessors*' (available online at:

<http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-application-forms> and <http://www.netfs.org.uk/news/revised-dops-guide>).

APPENDIX B

Some guidance on giving constructive feedback

(It is recommended that this appendix be included in any Local Faculty Handbook if produced)

Feedback

The overarching principle of feedback is that inquiring discussion and direct questioning as a basis for professional dialogue should precede the Assessor's judgement of performance and should provide a basis for it.

1. Feedback is an important part of the assessment process and must be included in the work-based assessments. Each Foundation Doctor must be provided with approximately 5 minutes of feedback from each Assessor immediately after the assessment (excluding TAB).
2. Feedback on TAB will be provided by the Educational Supervisor based upon the TAB Summary at the end of placement final review meeting with the Educational Supervisor or as soon as possible after the results of the Mini-TAB. It should be noted that the TAB questionnaire is confidential and individual comments and ratings are anonymised to the Foundation Doctor. However, should the Foundation Doctor specifically request to see the individual forms they will be entitled to do so under the Freedom of Information Act 2005.
3. Feedback should be provided in a sensitive way and in a suitable environment.
4. The aim of feedback should be to have a conversation that is genuine, mutual, clear, and trusting. During the conversation, the assessor must also set out to understand personal and situational factors.
5. Even when the Assessor is in the process of making a summative assessment, this can still be a learning experience for the trainee.
6. Feedback usually works best when it is descriptive, noting what the Foundation Doctor has done and what then happened or what colleagues or patients did in response.
7. Often a question is an effective way of moving a Foundation Doctor on – e.g. *Why do you think this went well? Why do you think this took longer than expected? How could you avoid this next time?*
8. As an Assessor try to get a balance of 'good points' and 'points to consider next time.' If the Foundation Doctors work is very weak, try to find something positive to comment on and try to focus your 'points to consider in order to improve', rather than giving a long list of negative points.

9. Where appropriate, the Assessor should discuss several alternative ways of doing things in future so that the Foundation Doctor has choice. This is more likely to encourage reflection and independence than simply giving directives.
10. During the feedback session, the Assessor and the Foundation Doctor should identify agreed strengths, areas for development and an action plan.
11. While giving feedback, the Assessor should make reference to the syllabus and competencies.
12. Assessors must be truthful and accurate while feeding back and be prepared to provide negative but constructive and developmental feedback should this be required with an action plan.
13. No Foundation Doctor should be criticised without recommending an appropriate solution.
14. Focus for feedback should be on behaviours that can be changed not personal judgments. No personal attributes should be commented on unless they affect performance or professional standing.
15. The results of the assessment and feedback session of an individual Foundation Doctor should be kept confidential and are allowed to be discussed only with the relevant colleagues (e.g. Local Faculty Group members) and other parties who are involved in the training of the particular Foundation Doctor.

Glossary

A trainer is an individual directly involved in the training of Foundation Doctors.

An Assessor is an individual who undertakes the assessment of Foundation Doctors. Assessors need to be approved as per the policy 2010.

An Educational Supervisor is a registered and licensed medical practitioner who is selected and appropriately trained to be responsible for the overall supervision and management of a specified foundation doctor's educational progress during a training placement or series of placements. (*Ref: Foundation Programme Reference Guide, March 2010, para 5.32*)

An Clinical Supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified foundation doctor's clinical work and providing constructive feedback during a training placement. (*Ref: Foundation Programme Reference Guide, March 2010, para 5.37*)