Understanding the RCPCH Assessment Review - changes to workplace-based assessments

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Josh Hodgson

I think overall people felt good about these different types of workplace assessments. They saw the value in them, in supporting a more modern style of training, a more meaningful type of assessment, empowering trainees to get the training that they should be getting anyway.

Cathryn Chadwick

But we really want to start to embed that training and assessment back into everyday work, and it doesn't have to be a whole ward round which is devoted to teaching and training.

It really is building that mentorship and assessment and learning into our relationships between more senior doctors and those in training.

Sarah Hallett

It's better to get that constructive feedback, have a chance to develop those skills further, and then come back and and be signed off. So it's all about that learning journey, and ensuring that, that we're producing really excellent consultants at the end of the training programme.

Cathryn Chadwick

So, hello, and welcome to this podcast about the RCPCH assessment reviews. I'm Cathryn Chadwick. I'm the current Vice President for Training and Assessment to the Royal College, and I'm joined today by colleagues Josh Hodgson, Chair of the RCPCH Trainees Committee, and Sarah Hallett, Trainee Assessment Rep at the college.

Josh Hodgson

Good morning, Cathryn.

Sarah Hallett

Hello. Thank you.

Cathryn Chadwick

So today we're going to talk mainly about the assessment review process. We're going to talk about the new assessments that have been delivered today. We're going to talk about the new assessment process. We're going to talk about how the assessments have been developed. We're going to talk about the pilot and consultation phase and the submission to the General Medical Council, and the timeline that we're envisaging, we're not going to talk a lot about the clinical exam review, as that review is just a little bit behind the assessment review, but we will also be talking about what we're going to be doing with the START assessment.

Cathryn Chadwick

Cathryn Chadwick

For those listeners who are not familiar with the review, I'll just give some brief background about why we were doing the review and how it has progressed. So, over the last 18 months, the RCPCH has been reviewing the program of assessments within the Progress+ curriculum for doctors in paediatric training in the UK. The overall aim of the review was to ensure that the workplace-based assessments and the MRCPCH clinical exams are fair, fit for purpose, and sustainable, and importantly, we wanted to make sure they were in line with Progress+. You'll remember that Progress+ was successfully implemented in 2023 and we are now proudly a capability-based curriculum, but at the time we didn't review our assessment strategy, and so we wanted what we wanted to do was to look at our assessment strategy and really bring it in line with our new two level programme, and to be assessing for capability at the same time we recognize that the clinical exam is now sitting slightly later in training, trainees don't need to take it till the end of ST4 and so may already have been a registrar for over a year, so we wanted to move to an exam, which tests through higher level diagnostic skills and communication and synthesis of clinical information. We really felt that examination of clinical systems should be trained for and assessed much earlier in the programme. So the review started about 18 months ago. You two will remember we had that great event at the college, didn't we, where we all got together and there were lots of doctors in training, there were people involved in the current assessment strategy, there were people involved in undergraduate assessments, there was the college staff, and we had a real brainstorm think about what an ideal assessment and exam structure would look like, and from that we had two working groups, the Clinical Exam Review Group, the

Assessment Review Group. They've now finished that piece of work, and we're currently being managed by a project board, which I'm chairing,

Josh Hodgson

Cathryn, there's been.. there's been such a lot of change, hasn't there? I think that's a reflection from, from lots of my peers. Progress+ came in, lots of us will remember that, a bit of an overhaul to the portfolio, and some complexities associated with that. And now, what I'm hearing from a lot of people, I'm thinking myself, is, oh, there's more change coming, but I think the thing that I've really come to appreciate with, through being involved in this, is sort of a continuation of the change, really, it's accompanying the transition through to Progress+, but it would have been pretty impractical to overhaul the assessment process and the exams all at the same time as we were changing the curriculum, I think it's right, that would have been too much all in one go. So I view it as a bit of a stage transition, and this is the next stage to optimize the assessments for the new curriculum, ultimately with the aim of making things easier in the long run for us as trainees, making us better trainees, more respected internationally and ultimately in a better position to deliver the best care for our kids and families when we are qualified and working as consultants?

Josh Hodgson

Is that how you see things too, Sarah?

Sarah Hallett

Absolutely, I think this has been a real opportunity to improve assessments to ensure that they align with our curriculum, but also to make sure that they are properly rooted in the workplace. The other element that I think that is important here is that we often hear from trainees that they can sometimes go through training without elements of what they're doing actually being observed or being critiqued by their kind of expert bosses, and so some of these assessments will hopefully enshrine into practice being observed, getting feedback, and that real mentorship relationship with the consultants.

Cathryn Chadwick

I'm really pleased to hear you say that, Sarah, because I absolutely agree that training and assessment needs to be fully embedded into everyday business as usual. I know people worry about the time that is involved in assessments, but I really want to move away from every assessment has to be a sit-down hour in a consultant's office to assessments and training happening seamlessly on wardrobes in clinics on our admissions units, so I really think that that needs to be part of our messaging, that that's what trainees should expect.

Sarah Hallett

Absolutely, so would now be a good time. Do you think for us to run through what some of these new workplace-based assessments are going to look like, and the names and new acronyms that we have found for them.

Cathryn Chadwick

Yes, let's do that. So, I think the important thing to say at the start is that we do not want to increase the overall burden of assessments, and we are sticking with the idea that that formative assessments, supervised learning events like our mini-CEXes and CBDs. We're going to stick with that idea of no minimum number. We are wanting doctors in training to use the full breadth of assessment available to them, including the development log in the portfolio, which we've actually rebranded, haven't we? Do you want to talk a bit about that, because think you were instrumental in that, Sarah.

Sarah Hallett

Yes, absolutely. We're now, I believe, referring into it as more of a reflective log, and it's a, it's a really powerful tool that trainees, doctors in training can use to evidence the capabilities in the curriculum, and there are various different ways of doing that, but it means that you can really reflect the breadth of experience that you get in training, and then ensure that that is in your portfolio, that work is going towards getting your curriculum and your capabilities signed off, but it should provide that flexibility and that ability as adult learners to show that you are getting what you need to from your training, and that can be looked at and signed off.

Cathryn Chadwick

Yes, yeah, absolutely, and so I think what we wanted was to have the mandatory assessments, both at core level and at specialty level, to really ensure that those capabilities at the end of core, so ready to be a more senior registrar, and at the end of specialty level, i.e. ready to be a consultant that the mandatory assessments were really targeted towards assessing those capabilities, so yeah, so what have we got? We've got the a new assessment at core called the OACS. Did you want to talk about that, Josh?

Josh Hodgson

I can speak to the OACS. Yeah, so it's O A C S, stands for Observed Assessment of Clinical Skills, and this is, as Cathryn says, a new assessment that's to be completed within the core training level, and it is an observed clinical examination of a child's particular organ system, so I think it's across six possible systems. Cathryn, correct me if I'm wrong.

Cathryn Chadwick

Yeah, that's right.

Josh Hodgson

The usual offenders: cardiac, respiratory, abdomen, neurology, these sorts of categories, and importantly, development also, and if I'm right in understanding where we're going to say that the development is a mandatory one, and then you're to achieve three more across any of the other remaining assessment areas, is that right?

Cathryn Chadwick

Yes, that's absolutely right. Yes, we, I think, we had feedback that trainees were not getting the opportunity to assess development, and we wanted to bring that down to early years training, not necessarily patients with complex development problems in a child development center, but on the board assessing children's development, such as we would all be doing in our general pediatric encounters.

Josh Hodgson

Sarah, what's what's this going to look like for trainees in practice? How are they going to get this done?

Sarah Hallett

So, as we've already referenced, we're hoping that this will be part of business as usual. We know some of the feedback that we've had is that there is potentially a concern about the burden of assessments on trainers. We know that consultants and trainers are incredibly busy, and there are lots of pulls on their time, but we really do want this to be built into your day-to-day work, so overall we want this to lead to excellent examination skills being enshrined early on in training, so that within those first few years of your training everybody is happy that you are effective at examining a child, as we've said previously, we have had lots of trainees report it can sometimes be a challenge to ensure that people are seeing you do these things on a day-to-day basis. So, on a practical basis, what we're hoping this will be is that this will be an assessment that's delivered by a consultant or an SAS doctor. Hopefully, you'll have a range of assessors watching you do these examinations, and it will be for a patient on your ward. You should not know what clinical examination findings there are, but your assessor should know, and and then you should perform an examination, receive feedback, and we are looking at this almost being like a what will already be more familiar to you as a.in that you may perform an oak and then you'll have feedback and then you are able to improve and then perform it again before eventually you are signed off as being competent to perform that particular examination so it shouldn't be a stressful experience. We want it to be a really valuable learning experience, but with the end goal of getting signed off for these types of examination.

Josh Hodgson

So, this is an assessment, isn't it? But it's, it's not an examination. I think it's important to emphasize that difference. And I know there's going to be people listening to this who are thinking, "Oh, another, another thing to do. This sounds like more work, and I'd point out a couple of things. It will be something new and a change, and that's important to appreciate. It's important to emphasize

that, just as you say, Sarah, it should be in built into day-to-day work, and I hope part of this is going to be about empowering we trainees. We should be getting trained in this way. We should be early on in our training being witnessed by consultants to check that we're examining well and get formal feedback. And so this is a tool that ensures that that has to happen as part of our training. And it's also important to emphasize that there are things coming out of the assessment table as well, aren't there, Cathryn? So, there will be some things that we no longer ask core training trainees to do.

Cathryn Chadwick

Yes, so particularly the safeguarding CBD is coming out as a named mandatory different event, so we are absolutely not taking safeguarding out of training. We are the safeguarding capabilities in progress, plus are very clear, but we want to give doctors and training the flexibility to evidence those capabilities in a whole range of ways, we felt that the annual mandatory safeguarding CBD have become a little bit tick boxy., So we are removing that mandatory safeguarding CBD, and we are keeping a few DOCS. We're expecting a few DOCS at core level, and we're asking that one of those DOCS be a safeguarding report, and we're hoping that that will drive learning and experience for doctors in core training to carry out safeguarding medicals with the appropriate supervision, of course. So we're hoping that that will drive more meaningful safeguarding learning during core training,

Josh Hodgson

And then we're also removing the ACATs as well, isn't it? The acute care assessment tool

Cathryn Chadwick

We are, in specialty level training.

Josh Hodgson

And that's sort of a part of a shift to more of an entrustment type model, is my understanding. And I wonder if that's an appropriate time to tell our listeners more about the two other new workplace-based assessments that we're introducing that refer to specialty level training rather than core, which we've discussed so far.

Cathryn Chadwick

Yes, so we've got two new assessments at specialty level. One of them, the professional conversation, isn't really new, of course, is it? It's a rebranding of the leader assessment, so the current leader assessment was always intended to be a discussion around non-clinical skills, but I think it's become a little bit used more to talk about clinical resuscitation leadership, and perhaps a little bit less useful and less broad in that sense, so we have rebranded the leader as a professional conversation to really bring that focus back to non-technical, non-clinical situations, and I think we've come up with a really wide range of suggestions about what those can be, haven't we?

Sarah Hallett

Absolutely, and I think it feeds into again some of the feedback that we've had as trainees and as a college that people were getting towards the end of their training programs and some of those other skills that are vital in being a consultant they didn't necessarily feel that they'd had the opportunities to develop those whilst in the training program so hopefully the professional conversations will provide a framework to have some of those discussions again for that mentorship relationship with the consultants, and to have an opportunity to really see what some of those consultant level skills look like, and hopefully have a chance to, you know, practice and enact some of those, so some of the areas that we have suggested around consent and the law we've discussed incident reviews, perhaps some of the finer or more complex areas of ethics, and of course supporting our our trainee colleagues as well, but there's that won't be an exhaustive list, and it's a really rich area I think for showing those consultant level skills.

Cathryn Chadwick

And can be really nicely targeted to whatever sub-specialty level pathway trainees are on, so obviously, what a PICM consultant needs in terms of those skills might be different from what a general paediatric trainee might be hoping to achieve, so it's an it's a really nice flexible broad assessment, and rooted in day to day practice, and what those trainees are doing in their, in their job.

Sarah Hallett

Absolutely, and I think that is a thread that runs through a lot of the assessment review. I don't know if you would agree, but I think this is trying to make sure this is real world experience and really rooted in our, in our day to day experiences.

Cathryn Chadwick

A hundred percent and you know, getting back to that idea of trying to make assessments part of day to day business as usual. I don't know what your experience has been, but as a consultant, I will often have a chat on the ward about issues that come up, things we've just seen. I have to say, when I was doing acute on call, sitting in the middle of the night at the clinical desk, waiting for a retrieval team, or waiting for the next blood result, would be a really rich time to have those sorts of conversations, and they're exactly the sorts of conversations we want to have for things like the Professional Conversations, but also CBDs and other learning events. It really is building that mentorship and assessment and learning into our relationships between more senior doctors and those in training and coming up through.

Josh Hodgson

Cathryn, you've got a phenomenal amount of energy in the middle of the night. Great respect for that. But yeah, those kind of moments are really great. They're really valuable, aren't they? And actually, training should be enjoyable and fun. And I think those opportunistic moments are often when that happens. There's one more, isn't there? There's one more workplace-based assessment, and that's the peak you get to the peak of your training, and then, and then, if you do the PEAC, you'd like to talk to that.

Cathryn Chadwick

So the PEAC is the Paediatric Entrustment Assessment for Consultancy. We do love an acronym, don't we? I like to think of this as a basket of assessments targeted towards a consultant level activity, so for instance, outpatient management, so you might choose as a trainer, you might say, I want to do a peak in outpatient management, and you will collect some assessments that you've done, maybe already done, or maybe assessments you choose to do to target it towards that peac, so you might do some docs around some clinic letters, you might do a CBD around triaging a clinic, you might do a mini cex, you might get your consultant to watch you doing a clinic patient, you might use your reflective log to document clinics that you've done, and you'll take all of those and put them in a virtual basket. I don't, we've got a virtual basket, but that's my image. And then you will sit down with your supervisor, and you will discuss the evidence that you've produced, and how you feel about clinics, how you're doing in clinics, what your evidence shows.

Cathryn Chadwick

Meanwhile, your consultant supervisor will have taken the opportunity to discuss with at least one more of his, his or her colleagues, the faculty, the local faculty, who may also have seen you in clinic, to get some feedback about who you've managed, and the sum of those assessments and that discussion will be an entrustable statement, so the outcome will be obviously some formative feedback, some learning, some reflective learning, but also a statement that says you are now ready to run the clinic at the level of a day one consultant with the appropriate supervision, and we all know that even as day one consultants we have supervision, we have a friend that we can pop our head around the corner to, or somebody we can discuss a tricky case with afterwards, but it's that level of capability that we are looking for. Alternatively, you might get an outcome that says actually you need to practice this bit, or this bit, in which case you might need to do a further PEAC.

Yeah, go on.

Sarah Hallett

Yeah, no, absolutely. And I think sometimes the really valuable learning comes from where you might not have got everything right, so sometimes it's better to fail, as it were. I'm using that term very broadly, but it's better to get that constructive feedback, have a chance to develop those skills further, and then come back and and be signed off. So it's all about that learning journey, and ensuring that, that we're producing really excellent consultants at the end of the training programme.

Cathryn Chadwick

Absolutely, I mean, talking to that point, I think everybody's portfolio should reflect that journey, right from the beginning of training to the end of training, about your progression through the learning of the outcomes and the key capabilities, and of course, that continues after CCT as well, doesn't it? One of the best things about medicine is that lifelong learning, and absolutely, I chose outpatients as an example there, but again, this is an assessment that's really flexible and can be adapted to whichever specialty level pathway you're on, so again, somebody that's working in emergency medicine may choose to do something around their management of the of the emergency floor, or somebody that's working in PICM may choose to do it around managing a difficult clinical situation. So there are there are a vast number of ways that this PEAC can be used.

Sarah Hallett

Absolutely, and I think there is something powerful about having, you know, multiple consultants who know you and who know how you work with. Guide you with that feedback, we will potentially move on to discussing this next, but as part of the assessment review, we are looking to be moving away from the START assessment at the end of training, and I know that something that has been raised was whether that might lead to less robust robustness in ensuring that people are ready to become a consultant, but I think that the aim with these assessments is to actually ensure that that sign off process is really robust and that you know consultant colleagues who know you as an individual have the chance to provide you with that feedback.

Cathryn Chadwick

Yes, so you're right. We have, we are moving away from START. So START has been an invaluable part of training, particularly preparedness for consultants working, but a lot has changed since start was introduced. The Progress+ curriculum has really embedded capabilities that are about preparedness for consultancy, and I think there's something about START being a moment in time, which, however valuable, is not necessarily rooted in a trainee's current working experience, and I think what we're trying to do with this suite of assessments is to really embed it in day-to-day working to have it as a learning and growing and changing way of demonstrating assessment rather than that single moment in time and I know that some people have found some of the feedback from start has become a little formulaic and perhaps a little bit tick boxy, so I think now is the right time to move away from START. Of course, I just, the fact that it's an expensive assessment, the GMC are very keen for us to move away from it, and the deans have not been in support of start for quite some time, so I think now is the time to recognise all of those concerns about start and to put something that we think will be, will be much more meaningful in place.

Sarah Hallett

Absolutely, we should also note that we're hoping that many of the excellent elements that are included at start at the moment are still going to be captured elsewhere in the training programme, so both through evidencing capabilities towards the Progress+ curriculum, but also we're not going

to go into detail about the potential changes to the clinical exam today, but we'll note that the clinical exam is also changing, and perhaps some of the elements from start may well be reflected in the new style clinical exam as well, but watch this space for more information on that.

Cathryn Chadwick 27:43

Absolutely, and obviously the next steps in this review are that it's being submitted to the GMC for approval, but if that approval is given as we hope, we are anticipating that the move away from start will happen as early as the next 18 months or so, so it at the moment our advice is that if your anticipated CCT date is the 31st of March 2028 or earlier, then you should be applying for START and carrying on doing that as usual, but if your CCT date is on or after the first of April 2028 you're unlikely to be doing START, and instead you will be doing the peaks and the professional conversations to evidence that readiness for consultancy. Of course, change is difficult, isn't it? As you alluded to at the beginning, Josh, I think there will be lots of people that feel they've been caught in many, many changes. I think people that have trained on a on a slower, more wiggly pathway, maybe less than full time, will be particularly feeling that they've been caught up in many changes. And I do really empathize with that. It's hard to keep being asked to change what you're doing, and many will feel that the goalposts keep changing. I think moving away from START will cause particular anxiety. There will be some people that are going to do START, and then the next week people won't be doing START, and that is difficult. I think, as a college, and as a group, and you guys as trainee representatives, we really want to get the communications right to listen to people's concerns and to make sure everyone has a really clear timeline in good time to be able to get the necessary assessments and prepare for change.

Josh Hodgson

Yeah, thanks, Cathryn. Thanks for saying that. Actually, I think it's really meaningful. We hear a lot from trainees that change is a great source of stress, you know, they're trying to do their day jobs and provide some service whilst also training, and, and when they're having to adapt what they're doing, it's, it can be a source of frustration, definitely, but I think what we've spoken about is that. Times are always changing, the curriculum is changing, and we have to modernise our training and our assessment strategies alongside that. And another thing I think you've, you've really nicely described is that we're at the Royal College of Paediatrics and Child Health, which is part of quite a big web, actually, and there's only so much that's within our own control, and we do have to ensure that the GMC and other regulatory bodies are satisfied that we're delivering and assessing training appropriately.

Cathryn Chadwick

Yes, absolutely, totally. And I think that's important to recognise. I mean, I have, I have to say, I'm coming to the end of my term now. One of my goals in my term was to fully embed capability-based training, and I'm not sure that everyone always understands what that means, and to me that is different from competency-based training. Competency-based training is quite granular, it's about ticking boxes as you go through training, whereas capability is about looking at what the, what the capability, what the person at the end of a level of training is capable of doing. So, at core training,

your capabilities are all about saying what does the person at the end of ST4, ready to be a more senior registrar, what capabilities do they have, and how do we evidence that, and in specialty level training, it's about saying what capabilities does somebody have who's about to be a day one consultant, and how do we evidence that, and I think that's really different slant on training, it means looking at what that end goal and that end person needs, and therefore how we evidence that, and how you train towards that, and I really strongly believe that this new assessment strategy, in combination with Progress+, will help to move towards that. So, yes, change is difficult, but hopefully the end goal will be really, really worthwhile.

Sarah Hallett

Absolutely, and as one of those trainees I'm certainly one of those trainees on a on a wiggly path. I started my training in 2016 I still have several years to go, and I think this is now my third curriculum that I've been evidencing towards in my portfolio, but overall I think this is a really positive direction of travel, and so while change can sometimes be challenging, as alluded to, and there will always be people who are, you know, in that in the different cohorts where alignment has to be drawn, for example, with who sits the START assessment. I think overall the direction of travel is positive, and so for those of us on wiggly paths, hopefully we will just be able to provide the clarity as to what will need to be evidence, what will need to be done, and we'll be planning on doing that as a college with as much notice as possible to ensure that everyone knows exactly where they are, because I think that's really important in terms of communication.

Cathryn Chadwick

And I think it's important to say that, of course, any capabilities that have been evidenced in whatever way they've been evidenced, and with whatever assessments, and the previous assessments strategy will still stay on the portfolio and will contribute to that end assessment.

Josh Hodgson

Cathryn, Sarah, big, big team of people in the college as well. I know we absolutely didn't want to be introducing change, and, and not knowing what the effect of it was, and not knowing it was the right thing. So, a lot of work went into consulting and piloting, and then consulting on the pilots to get people's feedback, wasn't it?

Cathryn Chadwick

Yes, that's probably a good time to talk about what's happened, really, as a result of the work of the Assessment Review Group and the Clinical Exam Review Group, and you're right, at every stage we've had involvement, really valuable involvement from trainees, but also from the college staff, and from lots of people involved in training and assessment.

Josh Hodgson

Even from children and young people!

Cathryn Chadwick

Yes, really brilliant involvement from children and young people, and that work is ongoing with Emma Sparrow and her team doing a fantastic piece of work, looking at what children and young people want from doctors in training at various stages in their training, and the capabilities they want them to develop in preparation for consultant working, so that's very exciting, and I think really meaningful, which is fantastic, and having the work of the clinical exam review group, and the assessment review group, having produced the assessment strategy and the new assessments, we moved on to a piloting phase, and just huge thanks to everybody that was involved in that piloting phase. So we piloted the all the new assessments, and we have collated the feedback from those pilots. I didn't. If you wanted to talk to that feedback and what we've done with it, Josh.

Josh Hodgson

Yeah, really, really happy to. So, there were a few key themes that we've picked out. I think overall the key message was actually quite resoundingly positive. People felt good about these different types of workplace assessments. They saw the value in them, in supporting a more modern style of training, a more meaningful type of assessment, empowering trainees to get the training that they should be getting anyway, and moving towards an entrustment model that places you much better to move on to the next stage of training, and to become a consultant. So, overwhelmingly, it was positive, which was really nice. There were definitely things that were highlighted as challenges, and obviously we want to ensure that we can learn from those and put in place some mitigations. So I'll pick out a couple of those. The main anxieties, I think it's fair to say, were around the OACS, the Observed Assessment of Clinical Skills, and particularly the feasibility of delivering those. There was a sentiment that that would require more time, and people don't have time, and I think we all feel that lack of time day to day. So, I think we're really conscious of that.

Josh Hodgson

The key message, which I know you've said many times, Cathryn, is that we want this to be part of day to day working, and it should be, and it's going to take a while to get there, and it's probably going to be a bit difficult at the beginning, but it should become more integrated in day to day working, and actually, there's absolutely no reason why the OACS shouldn't be happening on a ward round and taking up very little extra time, and a really valuable opportunity for everyone to learn, but we will be providing some guidance as well on how assessors can integrate the workplace-based assessments into routine work, just like that. We're going to be monitoring their uptake and how they're being used. We're going to be continuing to get feedback as all of these changes go live, and we'll be adjusting guidance, communication, and education, and other events around all of that, and again, to emphasise, there are, as well as these things being added in, there are things that we're no longer making mandatory in the assessment process. So the expectation is that the overall workload will remain similar.

Cathryn Chadwick

Yes, I think we can't emphasise that that workload issue enough, and we all recognise that not just trainees but consultants are pulled with lots of increasingly complex clinical work, and training does sometimes slip. But we really want to start to embed that training and assessment back into everyday work, and it doesn't have to be a whole ward round which is devoted to teaching and training. We know that there isn't time for that, but it can be one patient where there's OACS done for some teaching given, and then people divide up to do business as usual, to do, you know, to do the clinical work I have been. I recognize the concerns, but I've been a bit horrified to hear people tell us that they've never assessed how their trainees examine a clinical system. Comments about that's what the clinical exam is for, but the clinical exam now sits at the end of ST4, and I really don't think we should be waiting until the end of ST4 to make sure our more junior doctors can examine a child effectively. Being able to examine a child reliably empowers trainees to go on and make firm clinical decisions and diagnoses and and all of the rest of the things that that forms our practice.

Josh Hodgson

As we as we've said we're that clinical exam is going to become much more about a higher level of Bloom's Taxonomy and it's going to be much more about synthesis and evaluation and creating ideas which is a really positive step we've said we're not talking so much about the clinical exam today, and there's lots of resources on the website to look at that, but yeah, it seems totally appropriate to me that the more fundamental skills of being a paediatrician should be taught and assessed and drilled in at an earlier stage.

Sarah Hallett

And I suppose also to add, currently we know that the our kind of core level trainees in preparing for the clinical will organize groups, they'll go and find patients to examine, examine patients, and that will be something that they will do out with the day to day work on the wards, and that you know that is absolutely still something that can take place in order to continue developing those skills before they are then more formally assessed within the auspices of the OACS, so there are still lots of learning opportunities that we hope will continue to take place alongside this, and the burden of learning that is not entirely on our consultant colleagues, but we just hope that this will, as we said, become embedded as useful practice.

Cathryn Chadwick

Yes, and I guess one of the other concerns from the feedback was that shift from an exam-based assessment and an external assessment, whether that's the clinical exam or the start assessment, to things being embedded in the program, and concerns that that might lead to less less rigorous assessment and unconscious bias, and I know that with internal assessment it's quite difficult to give more negative feedback, so that is one of the concerns. We, as one of the mitigations is that we're going to put some, a lot of training in place to demonstrate how we're expecting these, these assessments to be run and managed.

Josh Hodgson

Getting videos on the website and examples, so that both trainees and trainers or assessors in this case know what the expectations are.

Sarah Hallett

Absolutely. And again, this is this is one element within the way we are assessed, you know. We've there will still be ARCP, the clinical exam is still going to be there as part of the training programme, so there are still lots of different opportunities to ensure that level of oversight and robustness as well.

Cathryn Chadwick

Yes, and I think we want to emphasise again that these things are not an exam, but we want to empower both trainees and assessors to give rounded feedback, including feedback for improvement as well as positive feedback, and I think you used the, you used the F word of failing, didn't you, earlier, Sarah, and you know, I think we have to realize that not achieving something perfect first time is an important part of learning and growth, and evidence doing that through a whole portfolio is is part of what ARCP panels are looking for, they're not looking for a perfect portfolio first time round, otherwise we wouldn't need a training programme.

Sarah Hallett

Absolutely, I'm a big fan of growth mindset, and you know, black box thinking, as in that excellent book by Matthew Saeed. Those that approach to development, I think, is really important, and it's great to have that as part of our training programme.

Cathryn Chadwick

100%

Josh Hodgson

Can I have a crack at summarising all of the changes, guys, because you've both been involved more than I have? You've been working much harder than I have at all of this, so I wonder if it's helpful for listeners. Definitely helpful for me to have a crack at summarising all of the changes that are taking place with it at each training level. Does that sound helpful?

Sarah Hallett

Please do Josh

Cathryn Chadwick

We'll tell you if you're failing!

Josh Hodgson

On the spot now. I'm nervous. I'm nervous! Growth mindset, and so if I'm correct, at core training level we're changing the clinical exam, and we're introducing OACS, Observed Assessment of Clinical Skills. At the same time we're getting rid of being mandatory safeguarding CbD; the safeguarding elements shifting into a DOCS, the documentation. And we're getting rid of the Acute Care Assessment Tool, the ACAT. Is that correct for core training?

Cathryn Chadwick

That's right. What we are having is the ECAT, so Entrustable Care Assessment Tool, which will form part of the readiness for tier two working process, which is already in place, , those ECATs will now become mandatory at the end before stepping up to tier two working.

Sarah Hallett

I would also potentially add for evidence in the safeguarding competencies, we that again, there's a breadth of ways of doing that, so if anything, we're just broadening the ways in which we can evidence that really important skill for us as paediatricians.

Cathryn Chadwick

Absolutely, no minimum number of mini-CEXes and CbDs. But what I think, as a College and as a collective group, we have a lot of comms work to do to really bring those back to everyday working. Sorry, continue, Josh!

Josh Hodgson

So specialty level training. START is going to be out and in place of START will be two new workplace based assessments, the Professional Conversations, a rebrand really of a LEADER CbD. And then the PEAC, the Paediatric Entrustment Assessment for Consultancy.

Cathryn Chadwick

Got it, no minimum number of CBDs and CEXes, as before, there will be some DOCS as currently exist, but we won't have the ACAT anymore.

Josh Hodgson

So all of that...

Sarah Hallett

I was gonna say, and I know that you know the final assessment table, as it were, is yet to be confirmed, because we will still have things like the handover assessment tool and things like that in, but all of that will be confirmed in due course.

Cathryn Chadwick

Yes, and I think the numbers that the handover assessment tool is likely to be similar to the numbers required at the moment, maybe a couple in core to make sure that's really embedded.

Josh Hodgson

So that's the what. And to just clarify the when, which is going to be really important for people. I think Cathryn, you already spoke to START - could you just remind us?

Cathryn Chadwick

Yes, so at the moment this is pending the GMC approval and the timeline for that, but at the moment we are saying that if your anticipated CCT date is the 31st of March 2028 or earlier, then you should carry on and apply for START as usual. If your anticipated CCT date is the first of April 2028 or later, you will not be doing START, and instead you will be doing the PEACS and the PCs, and for those that are anticipating being somewhere around the changeover period, we will be clear as early as we can what that timeline will be, what the arrangements will be for transition. You won't be expected to do start and the peaks and the PCs, although that option would be available to you in a an optional way, because as I hope you've heard that we think they're going to be really valuable tools, so there will be comms about those around the transition time, in terms of the new assessment table, again, we're very much in the hands of the GMC at the moment about timelines, but we are hoping that we'll be able to introduce the new assessment table for the 27-28 training year, with probably a period where it's optional, before that

Josh Hodgson

Brilliant, it sounds like a nice phase transition. I know all the changes will be causing anxiety, but it sounds like all of that's been really well considered, and we'll, we'll keep everyone posted as these changes come, and as things continue to become more and more solid.

Cathryn Chadwick

Yeah, so I guess I was just going to sort of clarify the timeline at the moment, so we alluded to the pilots, which we've had, we've had the consultation process about the assessment review, and just

to reiterate, huge thanks to everybody that's been involved in the pilots, to everyone that's responded to the consultation review, we have, we are just in the process of submitting our proposed assessment review changes to the GMC, the General Medical Council, and are waiting for their response and their request for a little bit more detail on that, in terms of the clinical exam, which, which, as you say, we're not talking about in detail today. We have run two pilots of the clinical exams so far. We're just analyzing the data from the second pilot of that clinical exam. And again, really big thanks to all the examiners and all the trainees who put themselves forward as guinea pigs for the for the pilot exams. It's hugely valuable, so we're still collating some of the data from that, and we would be aiming to submit the clinical exam changes to the GMC later this year with a timetable to implement after the assessment table has been embedded and implemented, so that's a little bit further off. Again, plenty of information on the website already, and there will be further comms coming out around those changes in due course.

Josh Hodgson

Do you know what I learned out about quite recently, actually, Cathryn was the on the website subscribing to updates on the pages. This is a game changer. I'd really recommend that all all trainee listeners go ahead and do that. You're not going to be able to remember everything that we've spoken about today, so do what I do very regularly, and look it up. Off you go to the college website, rcpch.ac.uk forward slash assessment review. Thank you. Get yourselves on there. It's got all of the information which we've been speaking about today. If you're logged in, you can scroll down a little bit, and you'll see a pink button saying subscribe to updates. That's really, really worth doing. The updates don't happen too, too frequently, so you won't be bombarded with emails, but you will be notified of the important changes at the critical times.

Sarah Hallett

It's also probably a good time to, one thinking about staying in touch and communication, but also it might be a good time to plug the trainee committee. Josh, do you want to talk a bit about the role of the Trainee Committee, and how that helps us hear the voices of trainees at a local level.

Josh Hodgson

Yeah, thanks, Sarah. Always up for a plug. Yeah, so the trainee committee is a group of 30 members composed primarily of regional representatives who are trainees representing all of the trainees within their region, as well as some other members representing specific subject areas, such as Sarah being for assessments, and our job is to facilitate bi-directional communication between the College and trainees, and we know that's that's difficult, and people often want to hear more, and we really do do our best. We always want to hear from trainees. It's so important. You've got a regional rep, you can have a look on the trainee committee web page on rcpch.ac.uk search trainee committee. You'll be able to find your regional rep on there. If you've ever got any suggestions of things you can, we could be doing to make training better, or just problems that you're having in your area. Please, please do get in touch. We want to know about it, and we want to help.

Sarah Hallett

Absolutely, and it's got the contact details on there for both Josh and myself as well. So, if you're listening to this podcast and you're thinking there is just something that I would like to raise, you could either speak to your regional rep, or feel free. I know I'd be very happy for people to get in touch with me directly, and I'm sure the same as speaking for you, Josh, but I'm sure it's the same for you as well.

Josh Hodgson

Absolutely

Cathryn Chadwick

Fantastic. Well, thank you both. It's been great to have you here, and to have this chat. Thank you, everyone, for listening. So just to remind you, do visit our website at www.rcpch.ac.uk/AssessmentReview, and as Josh has said, do click for updates, So, thank you and goodbye.

Sarah Hallett

Thank you so much.

Josh Hodgson

Pleasure talking.