The Royal Australasian
College of Physicians

Advanced Training Forum

Report

20 October 2014

Contents

Executive summary

The third Advanced Training Forum was held on 20 October 2014. A range of topics were discussed by participants, with an emphasis on issues relating to assessments. This report is structured by the topics discussed and presents the key concepts discussed by participants, as summarised below.

College Education Committee updates

Participants received updates on topics from previous Fora and priority College education projects, including education governance changes, capacity to train, the AMC / MCNZ reaccreditation, and curricula reviews.

Advanced Training Committee queries and issues

Participants discussed current top of mind advanced training issues

Future Advanced Training Fora

Participants prioritised the following topics for future Advanced Training fora:

1. Curriculum and assessments
2. Selection into training
3. Supervision and trainees in difficulty

Failure to fail

Participants discussed the following:

- areas of practice that trainees most often struggle with:
- most common reasons for failure to fail
- most common reasons for failure to pass

Programs of assessment

Participants discussed valuable aspects of programs of assessment as well as some of the challenges in implementing programs of assessment.

Entrustable Professional Activities

Participants were given an update on Entrustable Professional Activities, and the pilot of Entrustable Professional Activities in Community Child Health.

Standards for assessment

Participants were presented with the proposed RACP standards for assessment and provided additional feedback.

Purpose of Advanced Training Forum

The Advanced Training Forum is a key College education body with a crucial role in establishing and maintaining alignment across Advanced Training Programs. The College Education Committee (CEC) has established the Advanced Training Forum to:

- harmonise all aspects of Advanced, Faculty and Chapter training program requirements and assessment across Australia and New Zealand

- consider policy and program change from both a strategic and operational perspective and provide feedback as appropriate

- assist in ensuring standardisation and continuous improvement of training delivery across all specialty areas

- enable wider consultation and collaboration with key stakeholders, jurisdictions and Government as required

- promote the adoption of best practice standards in training and assessment

- act as the forum where Education Committees and Training Committees, through their Chairs or appointed representative, can receive professional development, updates and information from the College relating to specific areas of interest, for example policy and governance related issues

- Select Advanced Training, Faculty or Chapter representatives to other bodies as appropriate.

Advanced Training Forum, 20 October 2014

The purpose of this forum was to:

- discuss current CEC priorities and respond to general issues from Advanced Training Committees
- discuss key concepts relating to assessment, including:
    - failure to fail
    - setting programs of assessment
    - Entrustable Professional Activities
- provide an introduction to the planned review of Advanced Training Curricula.

CEC updates

During the forum, participants were provided with an update on key CEC education projects, listed below. A written summary of each project was provided to participants as pre-reading and this is available on the [College website.](#)

Australian Medical Council (AMC) / Medical Council of New Zealand (MCNZ) reaccreditation

- 2014 reaccreditation visit

Curriculum standards

- Standards framework for curricula reviews
- Curriculum Advisory Group
- Basic Training Curricula Review
- Advanced Training in Community Child Health – Entrustable Professional Activities pilot
- Advanced Training Curricula reviews

Learning and teaching

- eLearning Futures project
- Online resources
- Supervisor Professional Development Program
- SPDP Coaching

Assessment

- Revision of Advanced Training research projects

Education policy

- Selection into training
- Supervision
- Supporting trainees in difficulty

Research and Evaluation

- Preparedness for independent practice study
- Patient feedback pilot

Advanced Training Committee queries and issues

Participants were given the opportunity to ask questions and raise key issues with the CEC. Discussions centred around concerns about an increase in the workload expected by Advanced Training Committees, questions regarding the relationship between Advanced Training Committees and the Division Education Committees, and the importance of regular accreditation of training sites. Discussion points relating to each theme are listed below.

Advanced Training Committees' workload

- **Difficult for committees to balance operational and strategic activities.** Advanced Training Committees report having difficulty balancing the operational and strategic aspects of work for their training program. Whilst committees recognise the importance of discussing both operational and strategic matters, the size and complexity of committee agendas have greatly increased and may not be sustainable.

- **Focus on strategic matters during committee meetings.** Advanced Training Committees should use face-to-face meetings to discuss strategy and implementation of policies for their training program.

- **Make operational decisions about trainees out of session.** Operational responsibilities of committees such as approval and certification of training should be made out of session. Where possible, these tasks should be delegated to College staff.

- **Delegate committee work.** Advanced Training Committees can make their workload more sustainable by delegating work to Fellows outside of the committee. This is particularly important in light of the education governance review and the resulting reduction in size for some committees. Fellows outside of the committee could be delegated work such as accreditation of training sites and project marking. Past committee members are a valuable resource for these types of activities given their corporate knowledge and understanding of the training program.

Relationship with Division Education Committees

- **Remote relationship between Advanced Training Committees and Division Education Committees in Australia**. Advanced Training Committees in Australia report that they perceive the relations between Division Education Committees and Advanced Training Committees to be very remote. Conversely, Advanced Training Committees in New Zealand report a strong relationship with Division Education Committees.

- **New governance structure seeks to improve engagement and interaction between Advanced Training Committees and Division Education Committees.** Each of the new Division Education Committees will have three Advanced Training Committee members. The appointed representatives will represent Advanced Training overall, rather than a particular specialty. The current process for appointing Advanced Training representatives to the Division Education Committees is for the Advanced Training Forum to elect representatives. As Advanced Training Forum attendance changes frequently this process may not be feasible. The College is currently reviewing the process in light of this.

Site accreditation

- **Importance of ongoing site accreditation.** The current process for accreditation of Advanced Training sites allows for each site to be visited every five years. The cycle may require revisions due to the importance of ensuring each training site provides a certain level of supervision and clinical oversight.

Selection of topics for future Advanced Training Fora

The participants identified the following three topics to be covered at future fora:

1. Curriculum and assessments
2. Selection into training
3. Supervision / trainees in difficulty

Assessments workshop

An interactive workshop on assessments was developed by Professor Tim Wilkinson FRACP and Professor Lambert Schuwirth in collaboration with staff from the College Education Program Development unit. This workshop covered the topics of failure to fail, programs of assessment and Entrustable Professional Activities.

Failure to fail

Failure to fail refers to the common occurrence of unwillingness by supervisors to provide negative feedback when completing final reports for unsatisfactory trainees. Often, these learners continue to progress through training without impediment, and move from rotation to rotation until supervisors identify that it is too late to stop them from graduating.

Failure to fail poses a great deal of risk to the quality and safe practice of medicine. Patient safety and care can be jeopardised by underperforming trainees. Colleagues of the underperforming trainee can also be put under additional strain, as they are often required to put in extra work to make up for the underperforming trainee's deficiencies. Failure to fail is also detrimental for the unsatisfactory trainee, as without feedback indicating that they are underperforming they may not be aware of their shortcomings and so are denied the opportunity for remediation.
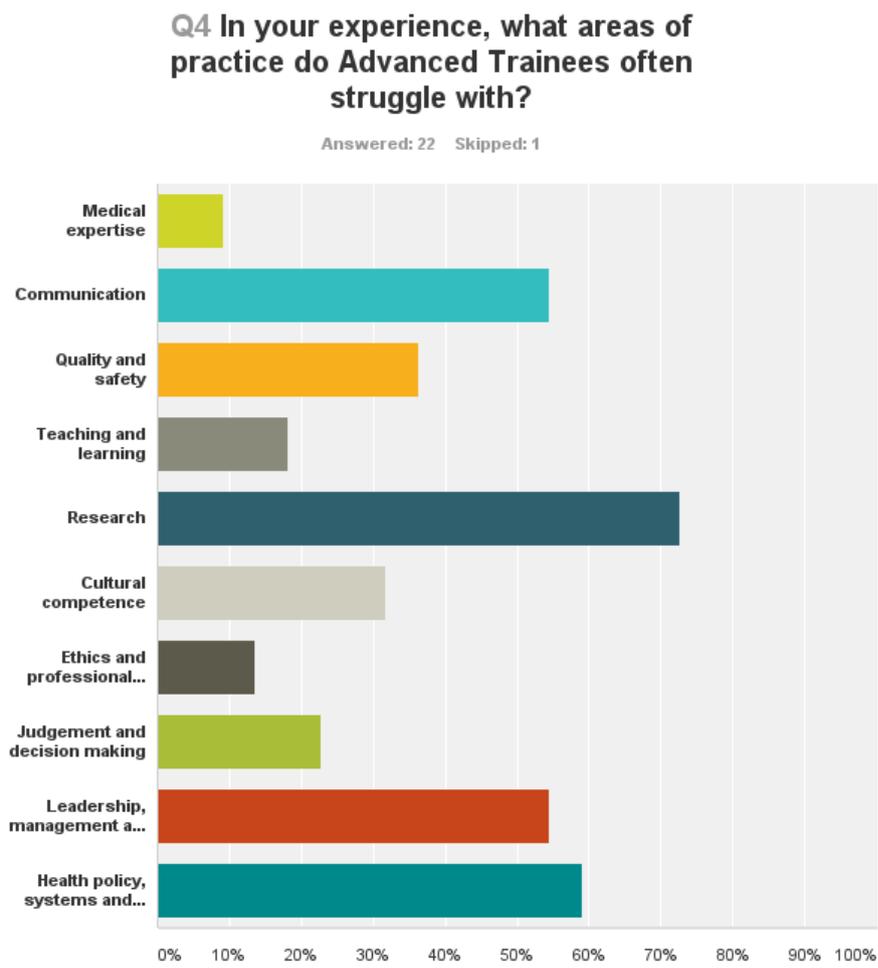
A number of causes for failure to fail have been identified, including a lack of written evidence, not knowing what to note as evidence, fear of repercussions such as an appeals process or legal proceedings and no knowledge of a clear remediation path. Additionally, institutional factors such as policies and processes that impede or delay the remediation or failing process have been identified as contributing to failure to fail.

Conversely, some conditions result in the failure of satisfactory trainees. These may include assessments which do not assess what they intend to, difficulties in the relationship between the supervisor and the trainee or factors external to the workplace, such as illness or stress.

Areas of difficulty for trainees

In a survey distributed prior to the Advanced Training Forum, participants reported that trainees have the most difficulty in the areas of research and health policy, systems and advocacy (see Figure 1). During the forum participants also listed communication, organisation and leadership as areas in which trainees regularly struggle, and suggested that many areas that trainees struggle with are not easily recognised by exams or common assessment tools.

Figure 1. Results from pre-forum survey

Q4 In your experience, what areas of practice do Advanced Trainees often struggle with?

Answered: 22   Skipped: 1

Forum participants identified a number of issues that contribute to failure to fail. These are categorised according to the trainee and system.

Trainee

- **Strengths appear to outweigh weaknesses.** Trainees often have a number of strengths which seemingly outweigh their weaknesses. This often includes a likeable personality or reliability.
- **Sufficient medical knowledge, insufficient professional skills.** Trainees may appear to be medically competent but have difficulty with personal insight and communication skills. Trainees may also unintentionally avoid their areas of weakness, meaning that the supervisor is not aware of deficiencies.
- **The trainee's performance is border line**, not a clear pass or fail.
- **Personal factors affecting current performance.** Issues outside of work may be affecting the trainee's workplace performance.

System

- **Fear of repercussions for both trainee and supervisor.** The decision to pass or fail a trainee is very high stakes and may result in significant repercussions for both trainees and supervisors. Trainees who are required to undertake additional training may face difficulty in securing a job that allows them to carry out the extra training time. Supervisors often express concerns that they do not have the time or resources to undertake remediation and those who have experienced difficulty in remediating trainees in the past may be reluctant to engage in remediation again. Supervisors also expressed concern that they could find themselves in a very confrontational situation, with a possibility of legal action taken against them.
- **Not enough information to make decision.** Currently, expectations for trainees at different levels of training are not clearly articulated. This can create difficulty for supervisors in determining a clear pass or a clear fail, and in allowing the opportunity for trainees to correct any deficiencies.
  When the stakes are high, supervisors must have appropriate and sufficient data to make their decisions. A lack of clear documentation and handover from supervisor to supervisor about the trainee may lead to failure to fail.
- **Conflict between the supervisory roles of mentor and assessor.** Supervisors often find that they have a conflict between mentoring and supporting their trainees through the learning process, and judging and assessing the trainee at the completion of the training period.
- **Complex remediation pathways.** Supervisors report that the remediation process is complex, time consuming and emotionally draining.
- **Pressure to keep trainee moving through system.** There can be pressure on supervisors to pass the trainee and to move them along the system
- **Hope that the trainee in difficulty will be picked up by someone else.** Supervisors often struggle with the task of giving difficult feedback, and hope that the trainee in difficulty will be dealt with by a future supervisor.

Suggested measures to address failure to fail

- **Conditional pass.** This would mean that certification of the year of training would be given, providing the trainee meets certain conditions within a set timeframe, e.g. a trainee must be able to perform a certain procedure independently within the next six months. A conditional pass could also be used when a supervisor has decided that a trainee requires additional training time.
- **Training position allocation based on individual training needs.** A system of training position allocation based on trainees' learning needs would ensure that trainees are able to attain jobs which support their identified learning needs.
- **Separate the supervisory roles of mentor and assessor.** To separate the roles of mentor and assessor, a group would need to be convened to make decisions about certification through training. This decision-making group could be formed at the hospital level, training network level, or at a College level. By removing the responsibility of making a decision about progress from individual supervisors, supervisors would be able to focus on providing formative feedback to trainees rather than gathering information for high stakes assessments.

Failure to pass

Forum participants generally agreed that failure to pass is not as common as failure to fail. Many felt it was rare for a supervisor to fail a trainee who had satisfactory performance, and if this was due to personality clashes that it reflected poorly on the supervisor and system.

Programs of assessment

Professor Lambert Schuwirth gave a [presentation](#) to participants on programs of assessment.

Competency-based education is now widely accepted as international best practice for post-graduate medical education. To assess trainees, supervisors are required to make decisions about each trainee's competence across a range of pre-determined competencies. Supervisors require a large amount of information to support these important decisions about competence, and this is where a program of assessment is required.

A program of assessment is the planned and deliberate use of assessments rather than an arbitrary selection of tools and content for assessment. It is planned so that a whole overall picture of the trainee's competence can be formed. Whilst single assessments provide only a snap shot of the trainee's competence in a particular situation and point in time, repeat observations and assessments in varying contexts by multiple supervisors help the supervisor to form an overall view of the trainee's competence[3].

Planning a program of assessment includes selection of a variety of assessment methods that sample as many situations as possible. Assessments should ideally provide feedback on a variety of aspects of practice, such as medical knowledge, communication, and quality and safety. Assessments should also be undertaken across a range of contexts and include different methods such direct observations, case discussions, written reflections. By collecting assessment information across the breadth of practice, a complete view of the trainee's performance can be formed.

As well as providing evidence for high-stakes decisions about competence, programs of assessment are designed to maximise learning throughout the training program. Supervisors will combine information that they gained from assessments and, together with the trainee, will use this to plan learning activities and learning goals. Information gained through assessments can be used to continuously measure progression towards the end goals of the learning program. This follows the concept of assessment *for* learning, as compared to assessment *of* learning[4].

Following Professor Schuwirth's presentation, participants discussed the merits of a programmatic approach to assessment, challenges of implementing a program of assessment in the College context, and measures to address these challenges. Participants also identified under-used sources of information which could be used to make assessment decisions about trainees.

Valuable aspects of programs of assessment

- **Emphasis on decision-making.** Programs of assessment emphasise the value of using multiple sources of information to make high stakes decisions. Information from a range of instruments is used to periodically make decisions in order to ultimately make a high stakes decision.
- **Uses expert judgement.** Programs of assessment involve a high degree on human judgement to make assessment decisions. These decisions become reliable when they are shared by multiple experts.

Challenges and solutions for implementing programs of assessment

- **Need to acknowledge biases.** Biases will exist when making assessment decisions about trainees, as biases exist in clinical practice.
- **A number of factors to be considered when collecting trainee information.** Supervisors and trainees need to understand the reasoning behind collecting trainee information, the types of decisions the information should be used for and the amount of documentation required. A method of collecting the information must also be planned and an electronic professional learning portfolio could be a useful method. By centrally organising the data about each trainee, the quality of the data is ensured.
- **Recognition of privacy and confidentiality issues.** Privacy and confidentiality issues must be considered when planning the recording of assessment of data and the sharing of information with the College.
- **Over-burdening supervisors.** Supervisors already put a lot of time into the education of trainees, so it is important that any new systems of assessment do not over-burden them. Due to the different nature of rotations across specialties, it may be more difficult to implement in some specialties than others.
- **Remediation following identification of problems.** Programs of assessment should assist to identify any difficulties that trainees may be facing and a plan for remediation.

Under-used sources of information that supervisors could include in their assessment of trainee progress

- **Written communication.** Discharge summaries, letters to other health professionals
- **Observation.** Observation of clinics.
- **Handovers.**
- **Presentations.** Journal club, grand rounds, annual scientific meetings, mortality / morbidity meetings.
- **Multi-source feedback.** Talking to colleagues, often helps to pick up the trainee in difficulty.
- **Data gathering**. Comparing the number of tests that have been ordered to the number that have been ordered by peers

Entrustable Professional Activities

Dr David Thomas, Co-Chair of the Basic Training Curricula Review Working Group provided participants with an update on the current revision of the Basic Training Curricula. Dr Thomas explained the concept of Entrustable Professional Activities which is being considered as part of the revision.

What are Entrustable Professional Activities?

- Tasks of high importance for daily practice or core business, high risk or error prone tasks, or tasks exemplary of a number of specific domains of competence, e.g. communication, medical expertise, quality and safety.
- Supervisor confirms when a trainee has reached the level where they can be trusted to perform each activity without direct supervision.
- Trainees should gain entrustment in performing these activities without direct supervision before progression to subsequent stages of training.

Why use Entrustable Professional Activities?

- To bridge the gap between the theory of competency-based medical education and clinical practice.
- Address two of the main criticisms of competency-based medical education:
  - that it results in an overload of atomistic competencies which are difficult to process and almost impossible to assess
  - that the assessments targeted at specific domains of competence, e.g. communication, do not allow for the assessment of performance as it occurs in the real world given the need to integrate the domains of learning when practicing the 'art' of medicine.

- Entrustable Professional Activities translate learning outcomes and make them more manageable and meaningful in terms of the tasks or activities that can be safely entrusted to a trainee who has demonstrated the required ability.
- Supervisors make entrustment decisions every day when working with trainees. Entrustable Professional Activities:
  - provide a mechanism for formalising this process
  - promote direct observation of pre-determined activities rather than random aspects of performance
  - align what is assessed with what physicians actually do on a regular basis.

Community Child Health Pilot

Dr Terry Donald, Chair of the SAC in Community Child Health explained the pilot of Entrustable Professional Activities in Advanced Training in Community Child Health.

The pilot aims to explore the usefulness of Entrustable Professional Activities in terms of both curricula design and workplace application for a College training program.

The pilot will run in 2015 for a six-month period in conjunction with a Community Child Health training rotation. Participant pairs will comprise of a supervisor and trainee who will be working together for the duration of the pilot.

Standards for assessment

Dr Marie-Louise Stokes presented on the proposed RACP standards for assessment.

Plan
1. **Educational value and rationale**
2. **Aligned**
3. **Program of assessment**
4. **Fit for purpose**

Implement
5. **Fair and transparent processes and decision making**
6. **Sustainable**
7. **Feedback**
8. **Communication and training**

Evaluate
9. **Evidence informed and practice based**

DRAFT

Standards for assessment are the guiding principles for education providers when setting assessment tasks.

Standards for assessment are used to define how assessment tools are chosen, implemented and evaluated, and serve to clarify expectations of trainees and assessors regarding the purpose and use of assessments within a training program. Such standards also show how information from those tools is translated into defensible decisions about progression through training.

The proposed RACP standards for assessment will be considered by the College Education Committee in 2015 as a precursor to the development of a College-wide policy on assessments.

Next steps

The outcomes of the October 20 Advanced Training Forum will be used to inform development of College assessments in 2015.

The proposed date of the next Advanced Training Forum is the 4 May 2014. The topic will be Curriculum Development

References

1. Dudek NL, Marks MB, Regehr, G. Failure to fail: The Perspectives of clinical supervisors. Acad Med. 2005; 80; S84-S87.
2. Guerrasio J, Furfari KA, Rosenthal LD, Nogar CL, Wray KW, Aagaard EM. Failure to fail: The institutional perspective. Medical Teacher. 2014; Early online; 1-5.
3. Van der Vleuten CPM, Schuwirth LWT, Driessen EW, Dijkstra J, Tigelaar D, Baartman LKJ, Van Tartwijk J. A model for programmatic assessment fit for purpose. Medical Teacher. 2012; 34; 205-214.
4. Schuwirth LWT, Van der Vleuten CPM. Programmatic assessment: From assessment of learning to assessment for learning. 2011; 33; 478-485.

Appendix 1 – Workshop Schedule

Time	Session
10:00am	Meeting open
	Update on previous Advanced Training Fora projects (capacity to train and governance)
	Overview of priority College education projects for 2014
11.00am –11.15am	Morning break
Assessments workshop	
	Failure to fail
	• Small group discussion
	• Plenary discussion
	• Presentation
12.40pm–1.30pm	Lunch break
	Programs of assessment
	• Presentation
	• Small group discussion
	• Plenary discussion
3.10 – 3.20pm	Afternoon break
	Entrustable Professional Activities
	Standards for assessment
	Planned review of Advanced Training Curricula
	Summary and next steps
4:00pm	Meeting close

Appendix 2 – Workshop Participants

Members	
Prof. Nicholas Talley	President of RACP
Prof. Tim Wilkinson	Presenter
Dr Jonathan Christiansen	College Education Committee
Dr Jon Ho Chan	Curriculum Advisory Group
A/Prof Helen Dewey	STC in Neurology / SAC in Neurology
Dr Stephen Dee	SAC in General and Acute Care Medicine
Dr Matt Doogue	STC in Clinical Pharmacology
Dr Terence Donald	Community Child Health
A/Prof Tim Driscoll	College Education Committee / AFOEM Education Committee
Dr Marianne Elston	SAC in Endocrinology
Dr Valerie Fletcher	SAC in Geriatric Medicine
Dr Melanie Fentoullis	Curriculum Advisory Group
Prof. Michael Gabbett	SAC in Clinical Genetics
A/Prof Mitra Guha	College Education Committee / Adult Medicine Division Education Committee
A/Prof. Geoff Hebbard	SAC in Gastroenterology
Dr Tiffany Hughes	JSAC in Immunology & Allergy
Dr Michael Johnson	Rehabilitation Medicine - Assessment Subcommittee
Dr Hala Katf	SAC in General Paediatrics
A/Prof Mark Kotowicz	SAC in Endocrinology and Joint Endo/Chem Path Subcommittee
Dr Aravind Ravi Kumar	JSAC in Nuclear Medicine
Dr Steven Lamb	SAC in Dermatology
Dr Brian Le	Palliative Medicine Education Committee
A/Prof Matthew Links	College Education Committee
A/Prof Tara Mackenzie	STC in Respiratory and Sleep Medicine
A/Prof. Lewis Marshall	Chapter Education Committee in Sexual Medicine
Dr Andy McPhee	SAC in Neonatal/Perinatal Medicine
Dr Mark Montebello	Chapter Education Committee in Addiction Medicine

Dr Phillip Parente	SAC in Medical Oncology
Dr Gokulan Paven	College Education Committee
Dr Richard Phoon	SAC in Nephrology
Dr Rob Pickles	SAC in General and Acute Care Medicine
A/Prof Sue Piper	STC in Rheumatology
A/Prof. Geoffrey Playford	SAC in Infectious Diseases and Joint ID/Micro Subcommittee
Dr Amin Sheikh	College Trainees Committee
D Jan Sinclair	JSAC in Immunology & Allergy
Dr Tony Smith	SAC in Gastroenterology
Dr Danny (Andrew) Stewart	SAC in General Paediatrics
Dr David Thomas	College Education Committee
Dr Mike Tweed	SAC in Respiratory and Sleep Medicine
Dr Selwyn Wong	SAC in Cardiology

College staff	
Dr Marie-Louise Stokes	Director of Education
Lanica Alonzo	Education Officer, Advanced Training
Phillip Arthur	Senior Executive Officer, Examinations
Will Bennett	Curriculum Development Officer
Katherine Deller	Education Program Development Officer
Genevieve Foster	Education Program Development Officer
Emma Francis	Senior Executive Officer, Advanced Training
Jacqui Hall	Executive Officer, Advanced Training, New Zealand
Mari-Anne Houghton	Manager, Trainee Education Programs, Accreditation and Training Support
Kayla Kurta	Education Officer, Advanced Training, New Zealand
Susi McCarthy	Senior Executive Officer, Education Program Development
Victoria Baker Smith	Senior Executive Officer, Training Support
Sally Timmins	Senior Executive Officer, Advanced Training
Ella Veness	Curriculum Development Officer
Jen Wright	Senior Executive Officer, Advanced Training

Appendix 3 – Workshop evaluations

Criteria	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	N/A
Pre-reading materials provided were helpful	10 **(35%)**	17 (**60%**)	1 **(5%)**			
Workshop content was well organised	13 **(45%)**	15 **(55%)**				
Workshop instructions were clear and understandable	11 **(40%)**	15 **(55%)**	2 **(5%)**			
Length of workshop was sufficient	10 **(35%)**	17 **(60%)**	1 **(5%)**			
Questions were encouraged at the workshop	16 **(55%)**	11 **(40%)**	1 **(5%)**			
Questions asked were clearly answered	13 **(45%)**	13 **(45%)**	2 **(10%)**			
Participants had ample opportunity to present ideas and opinions	13 **(45%)**	13 **(45%)**	2 **(10%)**			
Workshop structure helped the group to consider complex issues	12 **(45%)**	14 **(50%)**	2 **(5%)**			
Workshop structure helped the group to make effective recommendations	5 **(15%)**	14 **(50%)**	6 **(20%)**	2 **(10%)**		1 **(5%)**
I would be prepared to participate in similar workshops on another occasion	14 **(50%)**	14 **(50%)**				

Aspects of the day found most useful by participants included:

- Small group discussions
- Small group discussion
- Discussions across RACP - Topics
- Great colleagues to engage with
- Group discussion – hearing issues from other SACs
- Opportunity to hear what the groups are currently doing on assessments
- EPA discussions
- EPAs
- Hearing the discussions about EPAs and collection of data
- Hearing from people with experience of new techniques, e.g. EPAs. Tim was excellent.
- Wonderful collegiate facilitator! Excellent
- Good discussions of issues. Dr Wilkinson led discussions well
- Tim Wilkinson was engaging, practical and knew his area very well

- Program based assessments
- To hear about expected developments
- New insights with assessment and concepts around communication of need for improvement with specific areas
- Useful to be exposed to the current priorities for education with the RACP
- Adequate pre-material/look of draft policy and likely directions

Suggestions for improvement include:
- No more cameras. It was off putting
- Cameras around the room was off putting
- Too much group discussion
- Getting feedback from each group
- A case scenario / case-based discussion may be helpful
- Implementation on the ground (as always!). Concepts are thought provoking and useful
- Defining / limiting discussion points
- More solutions / outcomes focus
- Microphones on tables. I could not hear the questions and comments
- The overall purpose. Clarifying opportunities to work across programs in common areas