Outcomes of assessments of registrars in the medical specialties

Michael Tunbridge, David Dickinson and Pauline Swan*

Michael Tunbridge MD FRCP, Former Postgraduate Dean and Director

David Dickinson BA, Business Manager

Pauline Swan, Head of Medical Personnel

Department of Postgraduate Medical and Dental Education (PGMDE), University of Oxford

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ABSTRACT – The Records of In-training Assessment (RITAs) of all registrars in the medical specialties in the UK were analysed in three successive years, specialty by specialty, and compared with the average outcome for registrars in all disciplines over the same three-year period. Over 97% of medical registrars were assessed as satisfactory, 1.5% needed targeted training and 1.0% were graded unsatisfactory, requiring repeat training. Targeted training and repeat training led to a satisfactory outcome in the majority of cases. The process of assessment needs to be more objective and should become so as the medical Royal Colleges develop better measures of clinical competence.

KEY WORDS: assessment, competence, specialist registrar, training

One of the most important aspects of the introduction of the unified specialist registrar grade in 1996/7[1] was the requirement for a formal annual documented assessment. The Record of In-Training Assessment (RITA) was developed, based on report(s) from the educational supervisor(s) about the clinical competence of the trainee, trainees' log books in some specialties, and generic skills according to General Medical Council criteria.[2] The assessments were conducted by a panel representing the deanery, the deanery specialty training committee and the relevant Royal College. The RITAs are graded as follows:

- C: satisfactory (or G in the final year of training)
- D: recommended for targeted training
- E: recommended for intensified supervision and repeated training.

Form F is a record of out-of-programme experience, eg research, for which up to 12 months credit is usually given by most specialties.

The process of assessment took some time to develop and is not without criticism, especially concerning the lack of objective measurements of competencies.[3] The principles of assessment were nevertheless rapidly accepted by the specialist registrars themselves; they and their seniors recognise the value of the process of formative appraisal and summative assessment which will soon be required of all members of the profession to inform their revalidation as doctors.

Methods

The postgraduate deans in the UK have audited the results of the RITAs for all specialist registrars in their deaneries over the past four years. The analysis includes registrars on type I programmes leading to a Certificate of Completion of Specialist Training (CCST), whether holders of National Training Numbers (NTNs) or Visiting Training Numbers (VTNs), and those on short-term fixed (type II) appointments, whether as Locums for Training (LAT) or on a Fixed-Term Training Appointment (FTTA). The records reflect an average 87% per annum ascertainment of those eligible for assessment, excluding recent joiners in the year and leavers assessed as satisfactory (G) the previous year. The shortfall of records, after allowing for sickness absence and maternity leave (1%), was mainly amongst short-term appointments (LATs and FTTAs), who left without adequate documentation.

Results

The outcomes of the assessments in the medical specialties for each of the years 2000, 2001 and 2002 are shown in Table 1 and are compared with the average for registrars in all disciplines (anaesthetics, dentistry, medicine, obstetrics and gynaecology, oncology, paediatrics, pathology, psychiatry, radiology, surgery and public health) over the same three-year period. The results are very consistent over each of the three years. Overall, 85% of medical specialist registrars were graded as satisfactory (C and G), 1.5% needed targeted training (D), and 1% (E) needed to retrain for a defined period. An average of 12.5% of medical specialist registrars were out of programme and given RITA grade F, reflecting the higher proportion of physicians in training who undertake research compared with the national average of 6.7%. Almost all RITA F reports are satisfactory and overall the out-

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Table 1. Analysis of RITAs – registrars in all medical specialties compared with registrars in all disciplines in the UK, 2000–2002.

Year	No. SpRs assessed	C (%)	D (%)	E (%)	F (%)	G (%)
All medical specialties						
2000	3,263	73.2	1.5	1.0	13.2	11.1
2001	3,321	71.8	1.7	1.0	12.5	13.0
2002	3,466	72.2	1.4	1.0	11.9	13.5
Average	3,350	72.4	1.5	1.0	12.5	12.5
All disciplines in UK, 2000–2002						
Average	12,772	76.9	1.8	1.5	6.7	13.1

SpR = specialist registrar.

Table 2. Analysis of RITA grades for all medical registrars, specialty by specialty, compared with the total in all disciplines, 1 October 2001 to 30 September 2002.

Medicine	Assessed	C	% C/A	D	% D/A	E	% E/A	F	% F/A	G	% G/A
Audiological medicine	15	10	66.7	0	0.0	3	20.0	0	0.0	2	13.3
Cardiology	393	299	76.1	3	0.8	1	0.3	46	11.7	44	11.2
Clinical genetics	41	27	65.9	0	0.0	0	0.0	5	12.2	9	22.0
Clinical immunology and allergy	8	8	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Clinical neurophysiology	18	10	55.6	0	0.0	0	0.0	0	0.0	8	44.4
Clinical pharmacology	44	33	75.0	0	0.0	0	0.0	4	9.1	7	15.9
Dermatology	136	106	77.9	1	0.7	1	0.7	4	2.9	24	17.6
Endocrinology and diabetes	286	200	69.9	2	0.7	0	0.0	41	14.3	43	15.0
GUM	101	81	80.2	2	2.0	1	1.0	2	2.0	15	14.9
Gastroenterology	386	246	63.7	11	2.8	3	0.8	82	21.2	44	11.4
General medicine	18	17	94.4	0	0.0	0	0.0	0	0.0	1	5.6
Geriatric medicine	402	301	74.9	15	3.7	4	1.0	21	5.2	61	15.2
Haematology (inc blood transfusion)	256	190	74.2	1	0.4	2	0.8	33	12.9	30	11.7
Infectious diseases	55	38	69.1	0	0.0	0	0.0	6	10.9	11	20.0
Medical oncology	133	81	60.9	0	0.0	0	0.0	36	27.1	16	12.0
Medical ophthalmology	2	0	0.0	0	0.0	0	0.0	0	0.0	2	100.0
Neurology	135	102	75.6	3	2.2	2	1.5	8	5.9	20	14.8
Nuclear medicine	7	5	71.4	0	0.0	0	0.0	0	0.0	2	28.6
Occupational medicine	106	75	70.8	1	0.9	14	13.2	1	0.9	15	14.2
Palliative care	121	92	76.0	1	0.8	1	0.8	1	0.8	26	21.5
Rehabilitation	57	39	68.4	2	3.5	1	1.8	0	0.0	15	26.3
Renal medicine	220	151	68.6	0	0.0	0	0.0	47	21.4	22	10.0
Respiratory medicine	335	241	71.9	3	0.9	0	0.0	54	16.1	37	11.0
Rheumatology	191	152	79.6	2	1.0	1	0.5	21	11.0	15	7.9
TOTAL – All medical specialties	**3,466**	**2,504**	**72.2**	47	**1.4**	34	**1.0**	**412**	**11.9**	**469**	**13.5**
TOTAL – All disciplines	**13,035**	**9,990**	**76.6**	233	**1.8**	217	**1.7**	**790**	**6.1**	**1,805**	**13.8**

GUM = genitourinary medicine.

comes of C+F+G are probably not very different across all medical specialties, allowing for the varying size of the specialty pool which can vary from single figures to several hundred. The grades of all medical registrars assessed in the 12 months to 30 September 2002 are shown by specialty in Table 2 and compared with the national total for registrars in all disciplines in the same year. Numbers are too small in some specialties to make valid comparison of outcomes in one specialty with those in another.

Reasons given for grade D included poor communication skills, poor interpersonal skills, lack of competencies in particular areas, weaknesses in management or organisational skills, weakness in research, as well as poor record-keeping and lack

Key Points

- **Over 97% of medical registrars were assessed as satisfactory**
- **RITA D, signifying the need for targeted training in 1.5%, should be seen as constructive since the outcome at subsequent assessment was satisfactory in 75% of cases**
- **RITA E, signifying the need for repeat training in 1.0%, resulted in a satisfactory subsequent assessment in over 50% of cases. Others either withdrew or were withdrawn from training and were advised on more suitable career directions**

of documentation. Reasons given for a RITA E were broadly similar but usually multiple and more severe, and judged to necessitate retraining. In some other non-medical specialties, failure to pass medical Royal College examinations was a barrier to progression of training. Nationally, across all disciplines 72% of those graded D were satisfactory a year later, 4% were still grade D, 6% were regraded E, 8% had resigned and 10% had not yet been reassessed during the period of this analysis. Sixty-four per cent of those graded E had a subsequent satisfactory outcome at their next assessment up to a year later, 2% were regraded D and 6% were still E. However, about a quarter of those graded E in all disciplines subsequently resigned or were withdrawn from programme.[4]

Commentary

There is a concern that a proportion of trainees, particularly those in short-term appointments and especially locums in post for 3–12 months, escape the assessment process. No one should leave an appointment without a properly documented assessment. A RITA D should not be perceived as damaging because it does not prevent progression of training. Rather, it should be seen as constructive and, arguably, used more often to focus training on areas needing attention. The outcome at subsequent assessments are satisfactory in 75% of cases. A RITA E, on the other hand, does indicate serious concern about the trainee's progress, such that repeat training is needed and inevitably postpones the date of the CCST. Trainees have the right of appeal to the postgraduate dean and a new panel of external as well as internal assessors was usually convened when necessary. The original assessment was usually upheld, but in some cases it was modified or overturned by the appeal panel. It is encouraging that after further repeat training over half of those given a RITA E achieved a satisfactory outcome. However, those who at subsequent assessment remained on an E did not usually complete their training programme and either withdrew voluntarily or at the direction of the deanery concerned. Trainees whose contract of employment is terminated have the subsequent right to go to an employment tribunal. Postgraduate deans, however, do their best to help trainees find another more suitable career direction.

The Medical Royal Colleges, in particular the Royal College of Physicians, have developed curricula for their specialties and are also developing measures by which the defined competencies required at different stages of training can be recorded. These will greatly help the assessment process to become more objective but will require more time and effort on the part of trainees and trainers. The records of assessment continue to develop and should inform the process of revalidation of doctors and reassure the public of the quality of doctors in training.

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