Outcomes of specialist registrar assessments

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The present study analyses the record of in-training assessment grades of 12 822 specialist registrars in the UK over a 12-month period and the outcome of further assessments during the subsequent year.

INTRODUCTION

Higher specialist training in the UK was reorganized in 1995 from which time the term 'specialist registrar' has been used to describe the unified grade which replaced the previous registrar and senior registrar grades (Department of Health, 1998). An important aspect of the new higher specialist training programmes was the introduction of regular formative appraisal of trainees at the beginning of and during each module of their training, together with the requirement that each trainee should have an annual summative assessment before proceeding to the next phase of their training.

The annual summative assessment of a specialist registrar includes the report of the educational supervisor and an analysis of the training records. The assessment is conducted by a panel representing the relevant Royal College, the deanery and the local specialty training committee. A trainee's performance is assessed against the level of competence expected of a specialist registrar at that stage of training in a programme which may vary in duration between 3 and 6 years, depending on the specialty. The trainee is also assessed against the generic criteria identified by the General Medical Council (2001) in *Good Medical Practice*. The outcome of this assessment is recorded on a standard form known as the record of in-training assessment (RITA) (*Table 1*).

If the outcome of the annual assessment is deemed by the panel to be satisfactory form C is issued (or form G in the final year). Form D indicates the need for focused training but does not hold up the progress of the trainee to the next stage of the programme. Form E signifies that there are major problems such that the trainee does not progress to the next stage of the programme until a satisfactory level of performance has been achieved after a further period of training. Form F is the record of out-of-programme experience, e.g. research. The aims of the present study were to analyse the RITA grades of all specialist registrars in post in the UK in a given 12-month period and to determine in the subsequent year the outcome of the assessments, particularly of those graded D and E initially.

METHODS

Each deanery recorded the grades of RITAs accorded to specialist registrars assessed in their deanery in the 12-month period from 1 October 1999 to 30 September 2000. Those who joined the programme in the year after the date of the annual assessments for the specialty in the deanery concerned or who had been in post for less than half a year were not included in the returns from most deaneries. Others having had a RITA G in their final year but remaining in post during their 6-month period of grace in the 12 months during which this analysis was conducted were not reassessed. A similar analysis was conducted at the end of the subsequent 12 months finishing on 30 September 2001. The outcome of the reassessments of those graded D or E in the first analysis was determined.

The sample of specialist registrars included those in a type 1 programme leading to a certificate of completion of specialist training (CCST) (European nationals issued with a national training number or those in a similar programme from outwith the European Union issued with a visitors training number), locum appointments for training (LATs) who have to satisfy the same entry criteria as those in a substantive specialist registrar programme but who do not carry an national training number, and those in a type 2 programme with fixed training objectives (fixed term training appointments (FTTA)) who carry a fixed-term training number (FTN).

TABLE 1.
Record of in-training assessment description of forms A to G

Form A	Core information on the trainee
Form B	Changes to core information
Form C	Record of satisfactory progress within the specialist registrar grade
Form D	Recommendation for targeted training – stage 1 of 'required additional training'
Form E	Recommendation for intensified supervision or repeated experience – stage 2 of 'required additional training'
Form F	Record of out-of-programme experience
Form G	Final record of satisfactory progress

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RESULTS

A total of 12 822 specialist registrars were assessed during the first year of the study (1 October 1999 to 30 September 2000) (*Table 2*). Out of all the trainees 2% had already had a satisfactory final year assessment the previous year and 13% were recent joiners who were not yet due their first year assessment. Of the trainees 1% were not assessed because of maternity leave or long-term sickness absence, 1% had left without assessment (mostly temporary employees) and 9% had missed the assessment in this year for other reasons. During the 12-month period under review, 87% of all eligible trainees were assessed.

RITA C, F and G

The RITA outcomes are expressed for each category of trainee as a percentage of those assessed. Categories C, F and G collectively reflect a satisfactory assessment in almost 97% of trainees. The number of trainees in approved out-of-programme training for research or working abroad is reflected by the number of RITA Fs issued which, although they may be incomplete, are almost invariably satisfactory. Gaps in the clinical programme created by such trainees may be filled by LATs or by trainees from outside the European Union countries on FTTAs.

RITA D

Two hundred and twenty (1.7%) of all trainees assessed were issued with a RITA D indicating the need for targeted training. The proportion of RITA Ds issued varied between 0% and 3.5% across the deaneries. Among all specialist registrars graded D, reasons given were for poor communication skills, poor interpersonal skills, examinations failures, lack of competence in a particular area and lack of a variety of other skills. The latter miscellaneous group included weakness in management or organizational skills or weakness in research as well as poor record keeping and lack of documentation.

Trainees issued with a RITA D were reassessed after an agreed interval for targeted training of between 3 and 12 months. One hundred and eighty one (82.3%) of the 220 trainees issued with a RITA D were reassessed in the 12 months from 1 October 2000 to 30 September 2001. One hundred and thirty nine (63.2%) were reassessed as satisfactory (C) and 20 (9.1%) had a satisfactory final year assessment (G) so 72.3% overall reached a satisfactory standard. Eight (3.6%) remained in category D and 14 (6.4%) deteriorated and their progress in the programme was halted (RITA E). Thirty-nine were not reassessed in the 12 months and of these 18 (8.2%) had resigned before the reassessment could be undertaken. Three (1.4%) had not had a reassessment for health reasons and one had died. Nine (4.1%) had not yet had their reassessment and eight had other reasons for not being reassessed in the period concerned including interdeanery transfers, further retraining, withdrawal from programme and an appeal.

RITA E

One hundred and eighty four (1.4%) of all trainees assessed were graded E and this ranged from 0% to 2.9% across the deaneries. The reasons given were poor communication skills, poor interpersonal skills, examination failure, lack of competencies and other reasons. The latter included poor time management, poor academic performance and poor attendance.

One hundred and thirty four (72.8%) of the 184 trainees issued with a RITA E were reassessed in the 12 months up to 30 September 2001. Ninety-three (50.5%) were regraded C and progressed to the next year of the programme and 25 (13.6%) were issued with RITA G indicating satisfactory final year assessment, thus 64% achieved a satisfactory outcome. Four (2.2%) had improved but were assessed in category D and 12 (6.5%) remained at grade E. Fifty (27.2%) had not been assessed in the 12-month follow-up period: 25 (13.5%) had resigned, nine (4.9%) had not yet been assessed for health reasons and one (0.5%) had died. Eight (4.3%) had not yet been assessed and the remaining seven (3.8%) included four who had been withdrawn from training, one who had changed specialties, one who had returned abroad and one who was on appeal. The subsequent careers of those who had resigned are mostly unknown.

TABLE 2.
Analysis of RITAs from 1 October 1999 to 30 September 2000: national summary

	Assessed	RITA Cs		RITA Ds		RITA Es		RITA Fs		RITA Gs	
	a	C	C/a (%)	D	D/a (%)	E	E/a (%)	F	F/a (%)	G	G/a (%)
NTN	10556	7917	75.0	165	1.6	152	1.4	865	8.2	1458	13.8
VTN	1220	985	80.7	38	3.1	26	2.1	38	3.1	133	10.9
LAT	384	369	96.1	5	1.3	3	0.8	1	0.3	5	1.3
FTN	662	620	93.7	12	1.8	3	0.5	5	0.8	22	3.3
Total	12822	9891	77.1	220	1.7	184	1.4	909	7.1	1618	12.6

FTN = number given to a specialist registrar on a fixed term training appointment (type 2 programme); LAT = locum appointment for training; NTN = national training number (type I programme); RITA C–G = record of in-training assessment grade C–G (*Table 1*); VTN = visiting training number (type 1 programme)

Analysis of RITA D and RITA E by specialty

The number of trainees varies widely from specialty to specialty so results have been grouped into the broad disciplines of dental, pathological, psychiatric, medical and surgical specialties and other named large specialty groups (*Table 3*). The proportion of RITA D varied from 0.7% to 5.3% across the major broad disciplines. The proportion of RITA E varied from 0.3% to 3.1% across the same broad disciplines.

Comparison of RITA outcomes in the year 2000 compared with 2001

Analysis of 12 460 RITAs conducted in the 12 months ending September 2001 showed that the proportion of RITA D (1.8%) and RITA E (1.4%) were similar to the results a year earlier.

DISCUSSION

This analysis reveals a shortfall in the number of assessments of year one trainees because of the number of recent joiners who have been less than 1 year in post. These trainees are included in the assessment process in due course but of greater concern is the high proportion of short-term registrar appointments of less than a year who leave without formal documentation of their assessment as a LAT (only 35%) or a FTTA (only 56%). Indeed failure to assess these doctors, especially those in LAT, may result in such experience not being credited as part of recognized training if they are successful in subsequently acquiring a place in a type 1 programme leading to a CCST. No one should leave an appointment without formal properly documented assessments.

The RITA D does not prevent progression to the next phase of training but is meant to focus future training on areas of which the trainee has had some experience but needs further tuition and supervision to achieve the required levels of competence. The trainees often perceive a RITA D as damaging but this should not be the case. Rather it may reflect the availability of training opportunities or simply that trainees learn at different rates. If a RITA D were to be perceived more constructively arguably this might lead to the issue of a greater proportion of grade Ds especially since at reassessment nearly three quarters achieve a satisfactory outcome.

A RITA E on the other hand does indicate that concerns about the trainee's performance or educational progress are such that an extension of training is necessary, which may be from 3 to 12 months, usually the latter. The reasons for issuing RITA E are often complex. A trainee may not accept the judgment and has the right to appeal to the postgraduate dean who may be obliged to set up a new panel with external assessors to review the training and the evidence leading to the assessment. The appeal panel may uphold the original assessment or modify it in the light of their findings.

It is fair to say that at present in the UK objective measures of performance are still being developed and currently assessments mainly depend on the professional judgment of those responsible for training. On appeal not all these judgments are found to be adequately supported by evidence, in which case the appeal panel is likely to find for the trainee. The trainee who does not accept the findings of an appeal panel which might ultimately result in a termination of contract of employment has the subsequent right to go to an employment tribunal.

TABLE 3.
Analysis of RITAs from 1 October 1999 to 30 September 2000: RITA D and RITA E as a proportion of those assessed (a) by specialty groups

	a	D	D/a (%)	E	E/a (%)
Dentistry	291	2	0.7	1	0.3
Medicine	3263	49	1.5	32	1.0
Pathology	430	16	3.7	13	3.0
Paediatrics	1180	11	0.9	7	0.6
Psychiatry	1001	13	1.3	10	1.0
Radiology/clinical oncology	829	17	2.1	16	1.9
Anaesthetics	1603	22	1.4	50	3.1
Obstetrics and gynaecology	831	8	1.0	14	1.7
Public health medicine	262	14	5.3	2	0.8
Total	12822	220	1.7	184	1.4

The initial formative appraisal between trainee and trainer is to set agreed goals against which the subsequent progress of the trainee can be monitored. The medical Royal colleges and their faculties have developed a curriculum for each of their specialties and have progressed in varying degrees towards defining measures by which competencies can be assessed at different stages of training.

One form of summative assessment is a college examination and these take place at different stages of a trainee's career depending on the Royal college and specialty concerned. Failure to pass the relevant college examinations may result in the issue of a RITA E in some specialties because of the need to have a period of intense retraining before further progress in the specialty training programme. However, while failure of an examination is a major reason for issuing a RITA E in specialties such as anaesthetics and obstetrics and gynaecology, poor communication skills, lack of good relationships with colleagues and lack of competencies, poor academic performance and poor management skills in varying combinations are common reasons for failure in all specialties.

Some of these deficiencies may be rectifiable if the trainee has sufficient insight and humility to be able to accept criticism and acknowledge the need for help. Transfer to a different unit may, however, reveal that the trainee is performing satisfactorily but if the same unacceptable attributes persist training may have to be stopped.

Some individuals are clearly in the wrong specialty and postgraduate deans can help to redirect their training towards another field. Some trainees, despite a further period of retraining in a particular specialty, may be deemed not suitable to progress further and advised to remain in a non-training grade under supervision. Others may be advised that they should not practise medicine. Such a decision may have been reached by the trainee which might explain some of the resignations. Others may be referred to the General Medical Council for assessment concerning their fitness to practise. The majority of trainees, however, progress

satisfactorily and ultimately are issued with a CCST by the specialist training authority which enables them to get on to the specialist register held by the General Medical Council. They still have to win a consultant appointment in open competition.

The process of annual assessment of doctors in training has come a long way since the introduction of the unified higher specialist training grade. It is time consuming and requires dedicated time by trainers and trainees to be conducted properly. Measures of competencies need further refinement and the duration of training may therefore need to be more flexible. Adequate documentation of the process is essential and remains the responsibility of the trainees themselves as much as the trainers.

CONCLUSION

The RITAs of 12 822 specialist registrars assessed over a 12-month period in the UK were analysed. Nearly 97% were deemed satisfactory (grade C and G), 1.7% needed targeted training (grade D) and 1.4% were unsatisfactory (grade E). Three quarters of those graded D initially and nearly two thirds of those graded E initially achieved a satisfactory outcome a year later.

Assessments need to be more objective and better documented. Measures of competencies need to be developed. The timing and relative importance of examinations in higher specialist training schemes needs to be reviewed. Targeted training (grade D) should be perceived more positively and arguably used more frequently than at present, as the majority of those graded either D or E have a satisfactory reassessment after further training. HM

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Department of Health (1998) *A Guide to Specialist Registrar Training.* The Stationery Office, London
General Medical Council (2001) *Good Medical Practice.* General Medical Council, London

KEY POINTS

- A total of 12 822 specialist registrars across the UK were assessed in 12 months. The assessments were satisfactory in 97%.
- Of this sample, 1.7% needed targeted training (grade D) and 1.4% needed retraining (grade E). Three quarters of those on grade D and two thirds of those on grade E achieved a satisfactory outcome a year later.
- Better measurement of competencies need to be developed.
- The quality of documented evidence needs to be improved.
- A properly documented record of in-training assessment should be essential before a trainee, whether in a substantive or short-term appointment, can move to the next job.