

Update on the Competency Based Medical Education (CBME) project working group – of ANZCA Training Program Evolution.

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Introduction

In 2023 the current ANZCA Training Program will be ten years old, and in need of updating in line with new developments in post-graduate medical education, and with evolving Australian Medical Council (AMC) requirements.

We are seeking input from supervisors of training (SOTs) on the considerations outlined in this article.

Background

ANZCA graduates must demonstrate high levels of knowledge and scholarship, as assessed through our primary and final exams. In addition, we need to ensure our trainees are competent to do the work required of them at every stage of their training and ensure that each of our training sites is delivering to the high standards expected of ANZCA fellows.

This report provides an update of the work of the CBME project group of Education Development and Evaluation Committee (EDEC). We anticipate that the final recommendations will be ready in November 2020.

To inform this report we have undertaken the following:

- Review of internal ANZCA evaluations from trainee surveys.
- Review of AMC recommendations relevant to assessment.
- Extensive consultation with SOTs.
- Consultation with trainees, relevant ANZCA committees and subcommittees.
- Consultation with education leads in Australasian colleges.
- Comprehensive literature reviews of competency based programs in anaesthesia; tools used for gathering workplace information on trainees across all post-graduate training; group decision making (GDM) in specialist training.

While details remain to be completed, and there is scope for modification, the current working model is as follows:

1. **Primary and final exams remain** as high stakes assessments and requirements for progression to advance training (AT) and provisional fellowship training (PFT) respectively.
2. **Core unit reviews (CURs) strengthened** to ensure trainees meet the required standard before progression to the next stage of training, and these standards, and the process of assessing them, is comparable across training regions.

Strengthening CURs

The trainee e-portfolio

Trainees would compile an e-portfolio of assessments to submit to the CUR. These would comprise workplace-based assessments (WBAs), using existing ANZCA tools, modified to address current concerns raised by supervisors to ensure the following:

- WBA cases are at the appropriate levels of complexity for progression to the next stage of training.
- The information provided in the e-portfolio is sufficient to make a sound decision (around 15 WBAs, combination of narrative and scores).
- WBA forms prompt supervisors to explore trainee reasoning and ability to respond to unexpected events.
- Improved WBA quality through a brief online module for supervisors.
- Supervisor feedback gathered through a standard and transparent process such as a consultant multisource feedback (MSF) or daily reports.
- SOT clinical placement reviews from each placement included in the e-portfolio.

Group decision making

Decisions on progression made by a group, rather than a single SOT, are more robust and defensible, and comparable across training sites. They also take the pressure off an individual. Composition of the group, and the process of review of the portfolio have been extensively discussed in the literature. Current thinking includes the following:

- Group members would need some knowledge of assessment principles.
- Members could include regional or local SOTs, rotational supervisors, SSU supervisors or Director of Professional Affairs (DPAs), acknowledging the balance of potential bias versus advantage of prior knowledge of the trainee.
- Meetings could be virtual, or in person, or some combination. In person meetings have been reported as valuable professional development opportunities through shared experiences.
- Workload could be managed by one-two panel members conducting a preliminary review of the e-portfolio, prior to review by the whole group, allowing rapid review of most e-portfolios, and more time for those at the borderline.

Introductory training pilot

The initial assessment of anaesthetic competence (IAAC) has been identified as a problem by trainees, and interviews of SOTs across Australia and New Zealand have confirmed wide variability in practices. A pilot of the new WBAs and GDM in introductory training (IT) could test the new processes without a disruption to the existing training program, and overcoming the need for transitional arrangements.

The current model for the IT / IAAC, taken from the best practices across ANZCA training sites, comprises the following components:

- A standardized assessment of knowledge. For example, an online multiple choice question (MCQ) bank, where trainees can sit a test in their own time, and can repeat until they pass. In discussion with the Primary Exam Committee Chair, some of these MCQs could come

from the MCQs addressing the IT clinical practice learning outcomes addressed in the primary exam.

- An e-portfolio of WBAs with the modifications described above and including existing skills and emergency responses.
- GDM at the CURs to ensure that the trainee can competently manage an ASA 1 or 2 patient for low complexity surgery, including assessment, regional and general anaesthesia, post-operative management and management of unanticipated critical events.

Beyond the pilot

After piloting the e-portfolio and GDM in IT, these processes could be progressively implemented for this group of trainees at subsequent CURs at basic training (BT), AT and PFT with the following considerations:

- With the primary and final exams as the tests of knowledge there would be no need for an additional test of knowledge such as the MCQs suggested for IAAC.
- WBAs would be targeted to the expectations of trainees progressing to the next stage of training.
- SSU sign off could be incorporated into the e-portfolio requirements.
- With a more robust system of workplace assessment and decision-making, scope exists for incorporating the previous medical viva from the FANZCA into the CUR at the end of AT.

Other considerations

An e-portfolio of assessments requires an IT approach capable of collecting and displaying the information in an accessible format.

Trainees in difficulty are often identified early in a rotation, and processes already exist for managing these situations. The proposed process at CUR is not intended to replace that process. It is, however, a model for decision-making on these trainees, and a potential resource to be called on, to assist individual SOTs to make these difficult decisions.

The total amount of workplace assessment, and thus the workload on supervisors, should not be increased by the proposed changes.

Comments and Feedback

We welcome your comments and feedback on the considerations outlined in this article. In the first instance, we suggest you email your comment to [Strategy & Quality](#).

We will review all comments received.