

IBTPHEM



THE ROYAL COLLEGE
OF SURGEONS OF
EDINBURGH

Intercollegiate Board for Training in Pre-hospital Emergency Medicine

IBTPHEM Training Assessment Panel

June 2014

v1.1

1. Purpose of the IBTPHEM subspecialty training assessment

1.1 The subspecialty training assessment process coordinated by the IBTPHEM ensures that all subspecialists are appropriately trained, meeting the prescribed standard for award of subspecialty accreditation in PHEM. The primary purpose is to assess the completion of training of subspecialty trainees, underpinned by the following principles:

- Achievement of clinical aspects of subspecialty training can be appropriately assessed only by specialists in that subspecialty
- Subspecialty assessment must inform the formally recognised Annual Review of Competence Progression (ARCP) in the parent specialty
- Assessment of trainees' skills and attitudes should be based on objective evidence and involve external assessment to ensure standards are met
- All assessments must be undertaken by individuals who've attended courses about current educational processes, e.g. courses that confer recognition as an Educational Supervisor
- Subspecialty assessment must comply with the [GMC standards](#)
- ARCP panels can be confident in the assessment of PHEM sub-specialty training through this process, and in recommending the award of sub-specialist to the GMC

1.2 The panel's objectives are :

- to consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee's educational portfolio including structured reports from the educational supervisor(s), documented assessments (as required by the curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report;
- provided that adequate documentation has been presented, to make a judgement about whether the trainee's progress has been satisfactory and whether they can confirm training has been satisfactorily completed

1.3 Each trainee who is nearing the end of phase 2 PHEM training will, upon the recommendation of their Training Programme Director, present themselves to a national IBTPHEM Training Assessment Panel.

1.4 The panel will determine if the trainee has met the requirements of PHEM sub-specialty training, and will make a recommendation to the trainee's

parent college and ARCP panel.

2. IBTPHEM subspecialty training assessment panel

- 2.1 The IBTPHEM subspecialty training assessment is organised by the IBTPHEM Training Committee and is known as the IBTPHEM Training Assessment Panel (TAP).
- 2.2 The IBTPHEM TAP will usually sit twice each year and be chaired by the chair of the Training Committee or nominated deputy.
- 2.3 The TAP needs to be able to present information for the trainee's final ARCP panel when they are recommended for award of a CCT in their parent specialty. It is at this time that the ARCP panel can also recommend award of subspecialty accreditation with the CCT. It is recognised that this might not be the parent ARCP closest to the end of subspecialty training.
- 2.4 For those subspecialty trainees that are post CCT, a recommendation on the addition of subspecialty accreditation will be given to the parent College.
- 2.5 The panel would typically consist of a minimum of 5 members :-
 - Chair of the IBTPHEM Training Committee (Chair of TAP) or nominated deputy as agreed with the IBTPHEM Board Chair
 - 2 PHEM Training Programme Directors or suitable nominated deputy as agreed with the TAP Chair
 - 1 representative of the Lead Postgraduate Dean
 - 1 lay person
- 2.6 At the request of the TAP Chair, other members may be invited eg external advisor or representative of employing organisation.
- 2.7 All TAP members must be trained in the same requirements as for an ARCP panel eg equality and diversity, fitness to practice.
- 2.8 The panel will have a standardised guidance framework available on which to make judgements and decisions.
- 2.9 The IBTPHEM coordinates how the assessment outcome is communicated to the trainee, the training unit, the trainee's deanery (Head of School) and the

deanery delivering the subspecialty training programme, and will feed back to assessors.

3. Relationship between the IBTPHEM subspecialty training assessment and ARCP

3.1 The deanery ARCP process is the only formally recognised process for determining the progress of specialty trainees (StRs). However, the IBTPHEM subspecialty training assessment panel provides significant information to direct the ARCP panel's decision in respect only of subspecialty accreditation. The IBTPHEM TAP will:

- Assess the clinical PHEM training of the trainee and compile a report that informs the deanery ARCP process
- Make recommendations about the award of PHEM subspecialist status with the parent CCT award for decision by the ARCP panel

3.2 The ARCP panel will take into account all evidence relating to progress of all training.

4. Roles and responsibilities within the IBTPHEM subspecialty training assessment process

4.1 This section outlines the roles and responsibilities of all parties in the subspecialty training assessment process.

4.2 Trainee

- To fully engage in the IBTPHEM subspecialty training assessment process
- To carefully collect and document the objective evidence of training progression against the subspecialty training curriculum, using the latest version of the approved IBTPHEM Guide to Training
- To meet with their Educational Supervisor regularly, to agree a training plan, and participate in formulation of IBTPHEM Structured Training Reports which will be reviewed by the TAP.

4.3 Subspecialty Educational Supervisor

- To meet regularly with the trainee to set short- and long-term training goals using SMART criteria (specific, measurable, achievable, realistic, timely)
- To set realistic educational plans in anticipation of the assessment

and in negotiation with the trainee

4.4 Training Programme Director

- To complete the specific components of the assessment documentation required for the IBTPHEM TAP process
- To liaise with Heads of School(s) in their own deanery (and the trainee's deanery if the training is OOP) to make them aware of any issues in relation to progress

4.5 IBTPHEM

- To set the subspecialty training curricula and any changes, and to gain GMC approval
- To ensure all assessors have an appropriate understanding of the role and remit of the IBTPHEM TAP process
- To coordinate the TAP process and ensure deaneries (Heads of School) receive the subspecialty reports in acceptable timeframes

4.6 Deanery

- To be responsible to the GMC for the training of subspecialists following the IBTPHEM-defined curriculum
- To attend the subspecialty assessment to ensure fairness and on-the-spot trainee feedback, and to obtain feedback from assessors
- Head of School: if appropriate and required, to work with the Subspecialty Training Programme Director to develop an action plan to ensure any identified issues are addressed

4.7 IBTPHEM subspecialty training assessors

- Assessors must be or have been a Subspecialty Training Programme Director, or be an IBTPHEM-accredited subspecialist
- Assessors should understand educational assessment within the current postgraduate medical education context and have undertaken training at Educational Supervisor level
- Assessors should be aware of the remit of the ARCP process and outcomes, including the processes involved in managing a trainee in difficulty, and should ensure they have regular updates in educational supervision and assessments
- Assessors should review all objective evidence of training in clinical and non-clinical competencies
- Assessors should make an assessment of that information, weight against specific criteria, to determine whether the trainee has met the criteria for completion of PHEM subspecialty training, and then should make a

recommendation.

5 The TAP Process

- 5.1 The trainee will be approaching the end of phase 2 of PHEM sub-specialty training. They will, therefore, have
 - Achieved successful progression within an approved training programme from phase 1 to phase 2
 - Successfully achieved the NSA1 assessment (Diploma in Immediate Medical Care)
 - Be preparing for (or already achieved) the NSA2 assessment (Fellowship in Immediate Medical Care)
- 5.2 The dates of the TAP will be given to trainees as early in their training as possible.
- 5.3 Eight weeks prior to the TAP, the PHEM Training Programme Directors will be requested to confirm that they feel a trainee has made sufficient progress in their PHEM training that they are likely to have met all of the requirements of the curriculum by the end of training. Upon confirmation, an invite will be sent to the trainee to attend the TAP.
- 5.4 No later than two weeks prior to the TAP, the trainee will submit to the panel the required documentary evidence (appendix 1).
- 5.5 On the day of the TAP, the panel should review all evidence prior to meeting the trainee against the provided framework. An initial decision should be reached based on the evidence provided.
- 5.6 The TAP may meet with the trainee and
 - discuss the trainee's PHEM training outcome recommendation
 - discuss any disagreement
 - sign the outcome recommendation paperwork
 - give the opportunity to the trainee to provide feedback on their training experience
- 5.7 The trainee will be given an anonymous questionnaire to complete after the TAP inquiring about the PHEM training programme and TAP process.
- 5.8 It is recognised that most trainees will not have attempted, and therefore not successfully completed, the NSA2 assessment prior to the TAP. Without this, the trainee cannot be awarded subspecialty accreditation but an interim recommendation can be given.

5.9 Possible outcomes of the TAP

After review of the available evidence, the panel is able to recommend to the trainee and parent ARCP and College –

- A – PHEM subspecialty training has been completed.
- B – PHEM subspecialty training will be completed upon successful achievement of the NSA 2 exam.
- C – PHEM subspecialty training is not completed - specific competences are required without additional training time
- D – PHEM subspecialty training is not completed and additional training time is recommended
- E – Incomplete evidence presented
- F – PHEM subspecialty training is not completed – released from PHEM training

5.10 Certificates will be completed and sent to trainees by the IBTPHEM within 48hrs of the TAP. Copies will be available from the IBTPHEM.

5.11 If an outcome B or C is awarded, any additional evidence required to be submitted will usually be considered at the next planned TAP.

6 Appeal

6.1 If a trainee wishes to appeal against the outcome of the TAP they must do so in writing to the IBTPHEM Administrator within one week of being informed of the outcome.

6.2 The Chair of the IBTPHEM Training Committee, Lead Dean and Chair of the IBTPHEM Board will, with appropriate advice, consider the appeal and invite the trainee to an appeals meeting.

6.3 The decision of the appeals meeting will be final

Appendix 1

Documentary evidence to be provided to TAP by trainee

No.	Item
1	TPD recommendation
2	2 Structured Training Reports / Record of Educational Supervisor's Meeting
3	WPBA summary sheet
4	All WPBAs
5	Evidence of phase 1a local formative assessment
6	Evidence of NSA1 success
7	Evidence of NSA2 success
8	Log book of exposure
9	Attendance record at teaching
10	Summary of sentinel interventions