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# BST Clinical Exam Proposal

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Report for  
Examination Sub-  
committee of PTC

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College of Psychiatrists of  
Ireland

*Revised July 2013*

*Version 2*

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## Purpose of the examination

***The purpose of the examination is to ensure that a national standard is both set and met in the assessment of curriculum based competencies set for basic specialist trainees in psychiatry. In turn, this will ensure uniformity of practice and consistent levels of attainment of the standards such that they may be used as an entry criterion for higher specialist training.***

## *Background*

The College of Psychiatrists of Ireland commenced a revised programme for basic specialist training (BST) in July 2011. This programme is outcomes-focused, monitoring and validating trainee progression by incorporation of structured continuous assessment, which is both formative and summative. The components of the assessment programme include workplace based assessment (WPBA), structured supervision sessions, regular progress meetings, structured course participation, maintenance of a training portfolio, self-directed learning activities and an annual review of progress (ARP). With the exception of the ARP, assessment is carried out in the trainee's workplace by the trainee's educational supervisor, local tutor or another consultant level trainer.

## *The College Examination*

Whilst the emphasis on assessment of outcomes in the workplace (by WPBA, frequent local evaluation and periodic certification) is important, there is a requirement for a national examination to allow trainees to be formally assessed by independent practitioners who are external to their training. It is important that trainees are not solely assessed by, and rely solely on, the opinions of their local educators.

The College has therefore decided to develop an examination that is fair, reliable, informative and defensible. Furthermore the examination will be integrated with the local continuous summative assessment process. A national (College) examination will add to the reliability and validity of an assessment matrix which includes local assessment of competence and performance and therefore it is prudent to combine locally based appraisal/assessment with central examinations.

In summary, the use of centrally organised assessment enables a national standard to be set which ensures both uniformity of practice and consistency in levels of competency. In addition it helps identify underperforming trainees and contribute important additional evidence using a national reference as a benchmark. A college examination, therefore, would allow progression in training to become dependent on assessment against a nationally agreed benchmark and not a local standard which by its very nature would be variable.

Hence the overall purpose of the examination is to ensure that a national standard is both set and met to ensure both uniformity of practice and consistency in levels of attainment of curriculum outcomes.

### Time Scale

The first sitting of the examination will be in the second quarter of 2014 (with the sitting of a 'mock' examination in December 2013). The examination will occur biannually (summer and winter). This will ensure that trainees will have 4 attempts to pass the examination whilst in training posts. All components of the exam must be completed within 2 years of successful completion of the Annual Review of Progress (ARP) for BST year 3..

### How examination content is determined

The examination must validate the outcomes set by the curriculum. Therefore, examination content must be determined with reference to the curriculum. This has been greatly facilitated by the development of the new BST curriculum, which is an outcomes based document. This has resulted in sets of outcomes for each phase of training, within both clinical and professional domains. Trainees are expected to have achieved these outcomes and the examination is therefore an objective benchmark which all trainees must achieve to progress towards basic training completion and as a foundation to progress towards higher training.

The examination content is determined by the creation of an examination blueprint, utilising the BST curriculum as the framework against which outcomes are determined for assessment. A methodology will be selected for how each learning outcome will be assessed (see appendix 1). For example, a learning outcome may be assessed by the ARP process, by an Objective Structured Clinical Examination, a Clinical Formulation and Management Examination or by a combination of these (see below). This will be done by the Exam Sub-committee of the Post-graduate Training Committee of the College (PTC), chaired by the Dean of Education.

In summary, to achieve alignment between assessment and curriculum outcomes a blueprinting process will be performed. This will allow an examination to be developed to assess explicitly stated outcomes utilising appropriate assessment types.

### Test method selection

A variety of test methods have been selected to ensure that the widest ranges of outcomes, both theoretical and practical are assessed. Assessment must be reliable, valid, feasible, cost-effective, acceptable and also provide feedback to candidates being assessed. These attributes are collectively termed “assessment utility”. Review of examination instruments and methods used in psychiatry in other major jurisdictions revealed that the multiple choice question paper (MCQ), short answer question (SAQ), critical appraisal paper and structured oral examination (OSCE) are both widely and effectively utilised in assessing trainees. No single assessment instrument can assess every single outcome satisfactorily. The College examination will be developed in two phases. In Phase 1 trainees will continue to be required to complete the written components of the Royal College of Psychiatrists MRCPsych Exam. In addition, they will be required to complete the College of Psychiatrists of Ireland Clinical Exam. In Phase 2 College of Psychiatrists of Ireland written exam will be developed and implemented. By the conclusion of these two phases the College examination will therefore been developed incorporating all the above components in a structured and integrated fashion.

### Standard setting and maintenance

The Postgraduate Training Committee (PTC) will have overall responsibility for the creation, setting and on-going review of the College examination. The PTC will be assisted by the Exam Sub-committee of the PTC, chaired by the Dean of Education and will consist of accredited trainers (including senior clinical academic psychiatrists) with demonstrated knowledge and expertise in trainee supervision and assessment. The content expert group

will have access to educational expertise (a statistician with knowledge of the education literature), both within the College and through appointment of an external examiner panel.

The group will utilise the assessment blueprint to develop the required examination formats outlined previously. The group will be responsible for examination test item development, proofing, and standard setting. A standard is set for each component using an absolute standard. This means that there is no pre-determined number of candidates who pass or fail. Candidates pass or fail according to their own performance and not on how well they perform in relation to the other candidates.

Standard setting will occur using the Angoff method. This method utilises examiners (selected from College educational supervisors or tutors, etc.) who are asked to review each element in the clinical exam. Each element is independently assessed in relation to an external standard set by the examiners. These estimates are discussed and averaged across assessors to reflect the standard for each question. The standard for each element is averaged across an exam to provide a pass mark.

The group will also be responsible for oversight of the delivery of the test, and post-test analysis of results, in particular, determination of final cut-off score and test scores of candidates.

#### Selection, training and monitoring of examiners

All postgraduate training is supervised by accredited trainers. Trainers are required to be on the specialist register of the Irish Medical Council, members of the Irish College and professional competence scheme (PCS) compliant. Trainers will have undertaken a train-the-trainer programme and prospective examiners, an examiner training programme (a specific training part to standardize scoring). Periodic refresher training for both trainers and

examiners will be put in place. For Examiners this will be mandatory every 3 years. It is from within this pool that examiners will be selected, both to develop and standard set/maintain the examination, and also to deliver the clinical component of the examination.

Examiners will be provided with a list of the Trainees being examined prior to the exam and will be required to declare any conflict of interest. Examiners cannot exam a candidate they have previously worked with or if the candidate(s) is known to them (e.g. relative, friend). It will be permissible for an Examiner to exam a candidate which they have previously reviewed as part of the Annual Review of Progress (ARP) process. Performance of examiners will be routinely monitored during the clinical exam by external examiners and post-assessment feedback meetings for examiners will take place to share experience and allow dialogue to occur between examiners. Examiners who do not maintain a suitable standard, as determined by the College Exam Sub-committee of the PTC, will be offered retraining or will be required to relinquish their role in future examinations.

#### Candidate feedback and appeals procedure

Feedback is given to candidates on an on-going basis during the formative component of their continual assessment process. The College examination will also allow structured feedback to be given to candidates on their performance. In particular, the OSCE should permit focused feedback on performance to be given to candidates due to the nature of the marking constructs used for the OSCE assessment. The College is currently developing its appeals procedure for candidates and this will be developed in line with international best practice.

#### Clinical Examination Format

Candidates are required to be registered trainees who have passed the Foundation Year and have at least 12 months experience in BST.

*Clinical (Clinical Formulation and Management Examination (CFME) and Objective Structured Clinical Examination)*

In Phase 1 candidates for both the CFME and the OSCE will be required to have obtained a pass in all written papers of the MRCPsych prior to sitting the College of Psychiatrists of Ireland clinical examination. The first offering of the clinical component will be in summer 2014.

The CFME will occur in tandem with the OSCE examination at a single national centre.

*(A) CFME (Clinical Formulation and Management Examination)*

The CFME will take the format that involves all candidates watching the same video (of an interaction between a psychiatrist and a patient) in one test centre with each candidate then being interviewed by a panel of two examiners. The focus of the examination will be the development of, and discussion surrounding, formulation and clinical management. In the interview the trainee is asked to present and assess the case making an appropriate diagnosis and to formulate a management plan. This will be repeated once with a second video and a different set of examiners.

Each of the videos will be for 20 minutes followed by a 20 minute interview.

The CFME may assess any of the 4 recognised psychiatry specialties (General Adult Psychiatry, Child and Adolescent Psychiatry, Learning Disability Psychiatry and Old Age Psychiatry) or a sub-specialty (Addictions, Forensic, Liaison, Psychotherapy, Social & Rehabilitation).

Candidates will be provided with a formatted sheet for notes for personal use, not to



be marked but to be retained by the College in case of appeals.

Examiners will have been trained in advance of the roll out of this examination and will assess candidates utilising a structured answer template and a likert scale or global rating scale (GRS). All opening questions will be standardised before the assessment and examiners will be permitted to interact and probe candidates during the interview. 2 Examiners will be required per interview with a number of extra Examiners/Invigilators available on site if and when required to step in.

*(B) OSCE (Objective Structured Clinical Examination)*

The purpose of the OSCE is to provide a valid and reliable assessment of knowledge and clinical skills. The OSCE will include both patient and clinical data focused material. The Exam sub-committee of the PTC will develop an OSCE blueprint and will determine the pass mark based initially on the Angoff Method and subsequently utilising the Borderline Group Method. The pass mark will not only set a threshold for each station or a number of stations that must be 'passed' but, in addition, core domains will be assessed across a number of stations such that the candidates will be required to pass each of these core domains. These will cover at least the following 4; (i) Communication Skills, (ii) Physical Examination and Health, (iii) Prescribing Skills and (iv) Risk Assessment. The blueprint, marking schema, and detailed examination outline will be made available to candidates well in advance of the examination.

OSCE stations will be both unlinked and linked (paired stations) and will utilise actors, suitable patients or consist of data interpretation. The entire scope of practice will be assessed. Examiners, therefore, would not be restricted to psychiatry and patients/carers or allied specialities could also be represented, for example general

practice, neurology, geriatric medicine and paediatrics. 1 Examiner will be required per station with a number of extra Examiners/Invigilators 'floating' between stations and available on site if and when required to step in.

### Summary

The College is developing an examination that is fair, reliable, informative and defensible. It is important that trainees are not solely assessed by, and rely solely on, the opinions of their local educators. The purpose of the examination is to ensure that a national standard is both set and met to ensure both uniformity of practice and consistency in levels of attainment of curriculum outcomes. A national examination will allow trainees to be formally assessed by independent practitioners who are external to their training. A national (College) examination will add to the reliability and validity of an assessment matrix which includes local assessment of competence and performance and therefore it is prudent to combine locally based appraisal/assessment with central examinations.

Dean of Education

10/7/13

## Appendix 1

<b>BST Learning Outcomes</b>	<b>Portfolio</b>	<b>CFME</b>	<b>OSCE</b>
		<b>% of Marks</b>	<b>% of stations</b>
The Psychiatric Interview	X	20-30%	50-60%
Physical Examination & Medical Management	X	<10%	40-50%
Collateral History Taking	X	20-30%	30-40%
Communication	X	20-30%	60-70%
Formulation	X	40-50%	<10%
Risk Assessment & Management	X	30-40%	40-50%
Clinical Management & Care Planning	X	40-50%	<10%
Pharmacotherapy & Physical Treatments	X	20-30%	30-40%
Psychosocial Interventions	X	20-30%	<20%
Psychotherapy	X	20-30%	20-30%
Professional Behaviour	X	<10%	<10%
Clinical Governance	X	20-30%	<10%
Team Working	X	20-30%	<10%
Audit	X	<10%	<10%
Research	X	<10%	<10%
Teaching	X	<10%	<10%
Ethics and the Law	X	20-30%	20-30%

At any one sitting of the OSCE, candidates will face 12 stations. Normally candidates could expect to encounter the following make up of stations:

At least one station testing physical examination skills / data interpretation

At least one station testing communication skills

At least one station testing prescribing skills

At least one station with mental state assessment as the focus

At least one station with risk assessment as the focus

At least one station with a psychotherapy theme

At least one station with an old age psychiatry theme

At least one station with a learning disability theme

At least one station with a child and adolescent psychiatry theme

Remaining stations will cover general adult psychiatry themes, including sub-specialties

Throughout these stations there will be a mix of skills required including history taking, aspects of mental state examination, communication of diagnoses, management plans, and prognosis.