Trainees’ perception of the Annual Review of Competence Progression: 2-year survey

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Aims and method The Annual Review of Competence Progression (ARCP) is a process of checking and evaluating evidence of competency attainment collected by a trainee over the preceding year. There has been no study evaluating trainees’ perception of this new process. Two cross-sectional electronic surveys were conducted a year apart in the north of England. Out of 92 psychiatry trainees 58 (63%) completed the survey in 2008; 60 (63%) out of 96 trainees completed the second round in 2009.

Results Over the year there was a significant improvement in trainees’ perception of the new process: 75% of respondents highlighted non-availability of a list of acceptable evidence for the portfolio in 2008, which reduced to 22% in 2009 (P<0.001). The percentage of trainees facing difficulty in accessing the electronic portal reduced from 73 to 28% (P<0.001). The trainees continued to express the need for explicit feedback at ARCP and improved training of the assessors in addition to other parameters.

Clinical implications The process of ARCP seems to have become robust over the year studied. There is scope for further refining of the process according to trainees’ needs.

Declaration of interest None.
The HcAT website for collation of WPBAs and to submit paper copies of the WPBA to the ARCP panel in the portfolio. From late 2008 onwards the College commissioned its own electronic portal, Assessment Online (https://training.rcpsych.ac.uk). In early 2009 the Northern Deanery school of psychiatry produced a document for the trainees to use as a guide for collecting and presenting evidence in a particular format for the ARCP portfolio (available from the authors on request). The ARCP has now been completed on two occasions in various deaneries in England in 2008 and 2009. Two of the authors (A.V. and P.T.) went through the ARCP in 2008, and having perceived difficulties during this process speculated if other trainees in the deanery had undergone similar experiences. The aim of the survey was to collect feedback from specialty trainee psychiatrists regarding their experience and perception of the ARCP process. Two annual surveys were conducted to estimate differences, if any, between the two years.

**Method**

The questionnaire items were devised by two authors (A.V. and P.T.). The items were discussed with the third author (K.V.) and modified. A pilot was conducted on three trainees and the items were further changed based on their feedback. The questionnaire items included categorical and Likert scale questions; free text comments were invited. These were then uploaded to the Surveymonkey website (www.surveymonkey.com). This website enabled collation as well as summative analysis of the results. All specialty trainees (ST1–5) who had undergone the ARCP were contacted by email on behalf of the authors by the deanery’s specialty training programme coordinator within a week of the completion of their annual reviews. They were invited to participate in the survey by means of a hyperlink within the text of the email. By clicking on the link they were directed to a webpage presenting the questionnaire. One reminder was sent 2 weeks later to all the trainees to encourage them to complete the survey. The surveys were closed 1 month after the first email was sent (in June 2008 and June 2009).

The results of the first survey were presented at the authors’ host National Health Service Trust (Northumberland Tyne and Wear) medical education committee and the Northern Deanery school of psychiatry. The results were also presented at the national Annual Postgraduate Medical Education and Training Conference in 2008. Clearance was gained from the host trust prior to initiation of the survey.

**Results**

The survey included all the psychiatry trainees in the Northern Deanery in two successive years. The response rates to the survey were the same over the 2 years: 63% each in 2008 and 2009 (Table 1). We observed a significant improvement in trainees’ perception of the ARCP on most of the parameters over the period (Table 2). Overall, 21% of the trainees faced no problem through the ARCP process in 2008, whereas 45% had no problem in 2009 (Fig. 1). In 2008, 48% of the trainees felt they did not have adequate

| Table 1 Demographic characteristics of the sample |
| Training year | Trainee response in 2008 | Trainee response in 2009 |
| ST1 | 13 (25) | 13 (23) |
| ST2 | 12 (23) | 16 (29) |
| ST3 | 16 (26) | 12 (16) |
| ST4 | 17 (20) | 9 (10) |
| ST5 | 0 (0) | 12 (18) |

ST, specialty trainee.

a. Percentage of total potential responders.

| Table 2 Survey items |
| Trainees agreeing with statement, % |
| 2008 | 2009 | \( \chi^2 \) | d.f. | P |
| Adequate information about the ARCP | 52 | 72 | 8.5 | 1 | 0.003 |
| Difficulties in collecting evidence | 93 | 78 | 9.1 | 1 | 0.002 |
| Non-availability of a list of acceptable evidence | 75 | 22 | 56.2 | 1 | <0.001 |
| Inadequate number of assessors to complete WPBA | 42 | 25 | 6.5 | 1 | 0.01 |
| Difficulty in getting colleagues to complete assessments on time | 69 | 45 | 11.7 | 1 | <0.001 |
| Assessor unsure about expected competency at stage of training | 56 | 45 | 2.4 | 1 | 0.12 |
| Assessor found form too basic | 14 | 3 | 7.8 | 1 | 0.005 |
| Assessor found form too complicated | 29 | 17 | 4.1 | 1 | 0.043 |
| Assessor unsure about which WPBA tool to use for a clinical situation | 29 | 17 | 4.1 | 1 | 0.043 |
| Assessor found own training affecting ability to assess trainee | 36 | 15 | 11.6 | 1 | <0.001 |
| Assessor reluctant or unable to complete electronic form of WPBA | 31 | 18 | 4.6 | 1 | 0.032 |
| Access difficulties to electronic portal | 73 | 28 | 40.5 | 1 | <0.001 |
| Inadequate timing of ARCP | 26 | 25 | 0.03 | 1 | 0.872 |
| Inadequate preparation time | 19 | 18 | 0.03 | 1 | 0.855 |

ARCP, Annual Review of Competence Progression; WPBA, workplace-based assessment.
ARCP, as they had received either none or a sheet of paper

discharged by the lack of feedback subsequent to the

prepare adequately for their ARCP. Some trainees felt

to midterm reviews and thus affected their ability to

examinations; others stated that the ARCP was too close

commented that the ARCP clashed with MRCPsych

for the MRCPsych examinations. Some individuals

clinical training time as well as the preparation time needed

that the process of collating WPBAs impinged on the

considered cumbersome by some trainees. It was observed

ARCP was convenient (74% in 2008 and 75% in 2009).

preparation of their portfolio and they felt that the timing of

supervisors to devote at least an hour of their clinical time

trainees finding it difficult to persuade their consultant

ment of Clinical Expertise being time-consuming and

This again raises the issue of training of the assessors, and

whether there are ways to validate and standardise

assessment process over this time.

One of the themes that emerged from the results was

that trainees would have benefited from better guidance

through the process in 2008. This should have included

explicit information on the structure and format of the

portfolio. A previous study has highlighted that there needs
to be consistency in content of portfolios. More published

guidance about WPBA and the ARCP process was made

available in 2009, including a College Occasional Paper.

The College’s replacement for the HcAT system, Assess-
m - Online, seems to have worked better; only 28% of the

trainees had access difficulties in 2009 compared with 73%
in 2008.

In other pilot studies, trainees have found the process

of gathering evidence time-consuming and frustrating

owing to the unavailability or unwillingness of potential

assessors. Many respondents in our survey raised concerns

that their assessors lacked the knowledge and skills

necessary to assess them using WPBAs. Such problems

have been perceived in other countries too and it is

recognised that adequate training of the trainers is crucial

for success of the assessment process. Our survey high-

lighted that non-medical staff were reluctant and found it

harder to judge whether individual trainees had reached

their expected level of competency for a particular domain.

This again raises the issue of training of the assessors, and

whether there are ways to validate and standardise

assessments by non-medical staff.

The timing of ARCP needs to be carefully planned.

Attempts may have to be made to individualise ARCP dates

so as to avoid clashes with midterm reviews and MRCPsych

examinations. Also, having the ARCP much before the end

of the training year might not give a true reflection of the

competency of the trainee. It might be encouraging for the

trainees to receive an explicit feedback on their perfor-

mance during or after the ARCP.

Limitations

The surveys were limited to the Northern Deanery; how-
ever, the ARCP process is a national one and trainees

in other deaneries might have perceived similar difficulties,
as the guidance and structure around the process are

comparable. The surveys were conducted just after the

ARCP and hence there might have been some ‘knee-jerk’

responses to the questionnaire. Our survey was designed to

prior information about the process of ARCP; this improved
to 28% in 2009. Individual comments in 2008 referred to

inadequate and late information provided by the Royal

College of Psychiatrists on the required content and

structure of the portfolio. Some trainees felt that the

curriculum was far too complex and off-putting. In the

second survey (2009), the trainees felt there was too much

replication of information, which had to be repeated on
different forms. Some trainees were also not sure which
evidence was essential for the portfolio besides WPBAs.

In total, 93% of the respondents in 2008 and 78% in
2009 experienced various difficulties in gathering evidence.
Non-availability of a list of acceptable evidence for the
purpose of the portfolio was highlighted by a majority (75%)
of the trainees in 2008. In the 2009 survey, 45% of trainees
found difficulties in getting colleagues to complete assess-
ments on time (compared with 69% in 2008, P < 0.001) and
45% felt that their assessor was unsure about their expected
competency at the stage of their training (not significantly
different from the 2008 response of 56%). In both surveys
there were a number of comments regarding the Assess-
ment of Clinical Expertise being time-consuming and trainees
finding it difficult to persuade their consultant
supervisors to devote at least an hour of their clinical time
to completing it. The majority of respondents (81% in 2008
and 82% in 2009) felt that they had adequate time for
preparation of their portfolio and they felt that the timing of
ARCP was convenient (74% in 2008 and 75% in 2009).

However, the process of maintaining portfolios was
considered cumbersome by some trainees. It was observed
that the process of collating WPBAs impinged on the
clinical training time as well as the preparation time needed
for the MRCPsych examinations. Some individuals
commented that the ARCP clashed with MRCPsych
examinations; others stated that the ARCP was too close
to midterm reviews and thus affected their ability to
prepare adequately for their ARCP. Some trainees felt
discharged by the lack of feedback subsequent to the
ARCP, as they had received either none or a sheet of paper

with a tick-box stating that they had passed the assessment.
Some felt that if the content and structure of a portfolio had
been exemplary, this should be commented upon by the

assessors and further encouraged.

Discussion

So far as we are aware this is the first survey that has
attempted to collate trainees’ perceptions of the new
method of assessing trainee doctors in the UK. The results
of the study validated our hypothesis that some or most of
the trainees might have faced varying levels of difficulties
during the process. The trainees have, however, noted a
significant improvement in the process of ARCP over 1 year.
It is also possible that the trainees have adapted to the new
competency-based assessment process over this time.

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responses to the questionnaire. Our survey was designed to

Fig 1 Overall satisfaction with the process.

Percentage of response = 2008
Percentage of response = 2009

Response, %

Enjoyed
No problems
Some difficulties
Quite a few
Complete disaster

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evaluate the ARCP process by measuring trainee satisfaction; it was not designed to be a qualitative study. The usefulness and validity of surveys are generally limited by the level of motivation and interest shown by the responders. It is possible that the results of this survey reflect the views of responders who had either mostly a positive or negative perception of the ARCP process or who were motivated to respond.

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Akshya Vasudev, Kamini Vasudev and Pratish Thakkar
The Psychiatrist Online 2010, 34:396-399.
Access the most recent version at DOI: 10.1192/pb.bp.109.028522

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