

# ISCP / GMP Blueprint

## 1. GMC Framework for Appraisal and Assessment

The PMETB (now the GMC) reviewed Good Medical Practice (GMP) and drew from it core attributes that cover generic standards for appraisal and assessment. The ISCP independently adopted standards within the context of its curriculum and assessment system which are consistent with the GMC's *Framework for Appraisal and Assessment*.

The following pages show components of the ISCP referenced to the domains of the GMP *Framework for Appraisal and Assessment*: [http://www.gmc-uk.org/about/reform/Framework\\_4\\_3.pdf](http://www.gmc-uk.org/about/reform/Framework_4_3.pdf)

## 2. ISCP Framework

The Intercollegiate Surgical Curriculum Programme (ISCP) divides surgical training into four areas known as domains, they are: knowledge; judgement; technique and professional skills. These domains are underpinned by explicit syllabus standards for the development of competent surgical practice. The syllabus standards provide the basis for identifying relevant teaching and learning opportunities needed to support each trainee's development at each stage of training. They are also used to provide evidence of what trainees know and can do. During the training programme the scope of practice increases with the expansion in case mix and case load and this is accompanied by the need for greater depth of knowledge, increasing technical and clinical skills, judgement and professionalism. At the end of each stage of training, competence has to be demonstrated in order for the trainee to progress.

ISCP Domains		GMP Domains			
Knowledge	Trainees are expected to progress from 'knowing' to 'knowing when' and 'knowing how' to use the knowledge acquired. The levels for knowledge expected are indicated on the following four point scale: 1. knows of; 2. knows basic concepts; 3. knows generally; 4. knows specifically and broadly.	1. Knowledge, Skills & Performance			
		2. Safety and Quality			
		3. Communication, Partnership & Teamwork			
Judgement	Trainees demonstrate the use of judgement in a wide range of important day to day activities: in the collection and interpretation of data; in making clinical decisions; carrying out diagnostic therapeutic and surgical procedures and when communicating with patients and healthcare providers. They are also expected to respond appropriately to emergencies and demonstrate insight into the limitations of their expertise.	1. Knowledge, Skills & Performance			
		2. Safety and Quality			
		3. Communication, Partnership & Teamwork			
		4. Maintaining Trust			
Technique	Trainees are expected to demonstrate good technique in their clinical and operative skills. The levels of technique are indicated on the following four point scale: 1. has observed; 2. can do with assistance; 3. can do whole but may need assistance; 4. competent to do without assistance, including complications.	1. Knowledge, Skills & Performance			
		2. Safety and Quality			
Professional	Professional surgeons are committed to clinical competence, they practice in an ethical manner and have high personal standards of behaviour. Professional attitudes are complementary to good knowledge, technique and judgement and enable surgeons to provide effective patient-centred care.	1. Knowledge, Skills & Performance			
		2. Safety and Quality			
		3. Communication, Partnership & Teamwork			
		4. Maintaining Trust			

## ISCP / GMP Blueprint

ISCP components referenced to the GMP *Framework for Appraisal and Assessment*

<b>GMP Domain 1 Knowledge, Skills &amp; Performance</b>	<b>ISCP Domains Knowledge / Judgement / Technique / Professional</b>	
<b>Attributes</b>	<b>Relevant ISCP components</b>	<b>Sources of evidence in the ISCP</b>
<p>a) Maintain your professional performance</p> <p>b) Apply knowledge and experience to practice</p>	<p>Professional Skills and Behaviours syllabus including recommended practical activities within different clinical settings e.g. clinic, theatre, ward and MDT meetings</p> <p>Specialty syllabuses; topic-related clinical skills</p> <p>Appraisal with Assigned Educational Supervisor (AES)</p> <p>Topic-related research, projects and audits agreed within the learning agreement</p>	<p>Portfolio of practice</p> <p>Workplace-based assessment feedback</p> <p>Assigned Educational Supervisor's report</p> <p>Research, projects and audit</p> <p>Reflective practice</p> <p>CBD and audit as a part of case presentation</p> <p>OSCE</p>
<p>c) Keep clear, accurate and legible records</p>	<p>Professional Skills and Behaviours syllabus, particularly Medical Expert/Record-keeping; Communicator</p> <p>Clinical skills e.g. Child Protection</p> <p>WBA guidance</p> <p>Portfolio guidance</p>	<p>CBD assessment</p> <p>Mini-PAT, written communication with colleagues</p> <p>Surgical DOPS and PBA (post-operative section)</p> <p>Portfolio</p>

## ISCP / GMP Blueprint

ISCP components referenced to the GMP *Framework for Appraisal and Assessment*

GMP Domain 2 Safety and Quality	ISCP Domains Knowledge / Judgement / Technique / Professional	
Attributes	Relevant ISCP components	Sources of evidence in the ISCP
<p>a) Put into effect systems to protect patients and improve care</p> <p>b) Respond to risks to safety</p>	<p>Syllabus standards, levels and stages.</p> <p>Professional skills and Behaviours, particularly ethics, managing clinical care</p> <p>Training roles and responsibilities</p> <p>Supervision of the trainee through Programme Director, AES, Clinical Supervisor, trained assessors</p> <p>Guidance on workplace-based assessment</p> <p>Learning agreement/appraisal system/AES report</p> <p>Examinations</p> <p>Surgical Logbook</p> <p>ARCP</p>	<p>Workplace-based assessment feedback, particularly mini-CEX, CBD, surgical DOPS/PBA demonstrating protocols to be followed e.g. taking consent, investigation and referral</p> <p>Learning agreement/AES report</p> <p>Workplace-based assessment feedback</p> <p>OSCE feedback</p> <p>Surgical Logbook</p> <p>Reflective practice</p>
<p>c) Protect patients and colleagues from any risk posed by your health</p>	<p>Obligatory curriculum statements of Health and Probity</p> <p>Professional Skills and Behaviours syllabus</p>	<p>Curriculum statements of Health and Probity</p> <p>Mini-PAT Health and Probity feedback</p>

## ISCP / GMP Blueprint

ISCP components referenced to the GMP *Framework for Appraisal and Assessment*

<b>GMP Domain 3 Communication, Partnership &amp; Teamwork</b>	<b>ISCP Domains Knowledge / Judgement / Professional</b>	
<b>Attributes</b>	<b>Relevant ISCP components</b>	<b>Sources of evidence in the ISCP</b>
a) Communicate effectively  b) Work constructively with colleagues and delegate effectively  c) Establish and maintain partnerships with patients	Professional Skills and Behaviours syllabus  Workplace-based assessment, particularly mini-PAT, CBD, PBA  Examinations  Reflective practice	Workplace-based assessment feedback  Learning agreement/AES report  Examination feedback  Reflective practice

<b>GMP Domain 4 Maintaining Trust</b>	<b>ISCP Domains Judgement / Professional</b>	
<b>Attributes</b>	<b>Relevant ISCP components</b>	<b>Sources of evidence in the ISCP</b>
a) Show respect for patients	Professional Skills and Behaviours syllabus  Guidance on workplace-based assessment  OSCE	Workplace-based assessment feedback  AES report  OSCE feedback
b) Treat patients and colleagues fairly and without discrimination	Professional Skills and Behaviours syllabus  Curriculum statements	Workplace-based assessment feedback
c) Act with honesty and integrity	Professional Skills and Behaviours syllabus  Curriculum statements of Health and Probity  Guidance on workplace-based assessment	Self-appraisal and self-assessment  Reflective practice  Curriculum statement of Health and Probity  Workplace-based assessment feedback

# ISCP / GMP Blueprint

## 3. Assessment system

The progress of trainees is measured using an assessment system which maps to the curriculum and fulfils three main purposes:

- To provide systematic and comprehensive feedback as part of the learning cycle;
- To determine whether trainees have met the standards of competence and performance specified at various waypoints in the curriculum;
- To determine whether trainees have acquired the skills and attributes required to practice at the level of the CCT (standard for independent surgical practice at consultant level) in the designated surgical specialty.

The assessment system contains an integrated and triangulated set of assessments including formative workplace-based assessments (assessments *for* learning) and summative examinations (assessments *of* learning).

### 3.1 Workplace-based assessments:

- **Case-based discussion (CBD)** assesses clinical judgment, decision-making and the application of medical knowledge in relation to patient care in cases for which the trainee has been directly responsible. It can be used in case presentation
- **Mini-Clinical evaluation exercise (Mini-CEX)**, assesses a doctor-patient encounter including history taking, physical examination, professionalism, clinical judgment, communication skills, organisation/efficiency and overall clinical care
- **Mini-Peer Assessment Tool (Mini-PAT)** assesses professional competence within a team-working environment
- **Direct observation of procedural skills in surgery (Surgical DOPS)** assesses surgical skills in basic diagnostic and interventional procedures
- **Procedure-based assessment (PBA)** assesses surgical skills in advanced interventional procedures

### 3.2 Summative intercollegiate examinations:

- **MRCS**, an early test of the knowledge and core skills expected of all surgeons at that stage of training
- **FRCS**, an examination towards the end of training which tests specialist and generic clinical skills, knowledge and judgement

The use of assessments is guided by a learning agreement which is created between the trainee and the trainee's Assigned Educational Supervisor (AES) as part of the educational appraisal. Trainees, guided by the learning agreement, develop a learning portfolio containing a body of evidence including a range of assessments. All the assessment methods are supported by reflective practice. At the end of each placement the AES carries out an internal review of the portfolio and completes a structured report summarising the performance of the trainee.

The learning portfolio together with the AES's end of placement report informs the external annual review of competence progression (ARCP) which documents whether the competencies required are being gained at an appropriate rate and through appropriate experience.

## ISCP / GMP Blueprint

### 3.3 SMART standards for core surgical training

In collaboration with the Heads of Schools of Surgery and the Association of Surgeons in Training (ASiT), the JCST has devised five standards for the delivery of high quality core surgical training. SMART is a mnemonic term commonly used in project management and in objective setting as a way of evaluating goals or targets for specific activities. The letters stand for:

- **S**pecific
- **M**easurable
- **A**ttainable
- **R**elevant
- **T**ime framed

Applying these attributes to the requirements of core training, we have devised the following five SMART standards:

1. Every trainee will, in an average week, spend at least 4 half day sessions in the operating theatre
2. Every trainee will, in an average week, spend at least 1 half day session in the outpatients' clinic
3. Every trainee will, in an average week, receive a minimum of two hours structured teaching
4. Every trainee must have an assigned educational supervisor (AES) and have a learning agreement.
5. Every trainee will, in an average week, to do at least 1 workplace based assessment (WPBA).

In some posts or specialities, there may be emphasis on other forms of clinical activity, rather than on formal operating sessions (e.g. ENT, ITU). In such cases, it would be reasonable to substitute standards 1 and 2 for *five supervised clinical half day sessions per week*.

These standards do not replace existing standards, including the generic GMC Standards for Training.

## 4. Blueprinting the ISCP Assessment System to the GMP Framework

The pages below show components of the ISCP Assessment System referenced to the domains of the Good Medical Practice Framework for Appraisal and Assessment: [http://www.gmc-uk.org/about/reform/Framework\\_4\\_3.pdf](http://www.gmc-uk.org/about/reform/Framework_4_3.pdf).

## ISCP / GMP Blueprint

ISCP assessment system referenced to the GMP *Framework for Appraisal and Assessment*

Assessment Framework	Frequency <sup>1</sup>
<b>A:</b> CBD	Minimum 1 every two months (6 per year)
<b>B:</b> Mini-CEX	Minimum 1 every two months (6 per year)
<b>C:</b> Mini-PAT	1 per year (may be repeated if necessary)
<b>D:</b> Surgical DOPS (+ logbook) <b>E:</b> PBA (+ surgical logbook)	1 every month for each index procedure (each index procedure at least twice in each stage of training to demonstrate progression). <sup>2</sup>
<b>F:</b> MRCS/DOHNS/MRCS(ENT)/FRCS	Once as specified in the appropriate regulations. MRCS required to enter higher specialty training. FRCS required for CCT
<b>G:</b> Learning agreement & AES Report	1 per placement (incorporates: Objective setting / Mid-point review (not essential for 4 month placements) / Final review)
<b>H:</b> ARCP	1 per year (more frequently if there is a need to deal with progression issues outside the normal schedule). Some deaneries or Schools of Surgery arrange two ARCPs each year in the early years of training.
<b>Symbols used</b>	** Covered by method * Partly covered by method Not covered by method

Domain 1 Knowledge, Skills & Performance	Curriculum																							
	Knowledge						Judgement						Technique						Professional					
	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F
Maintain your professional performance	*	*	*	**	**	*	**	*	*	**	**	*		**		**	**		*	*	**	**	**	
Apply knowledge and experience to practice	*	**	**	**	**	**	**	**	**	**	**	**		**		**	**	*	**	**	**	**	**	*
Keep clear, accurate and legible records	*	**	**	**	**	*	**	**	**	**	**	*		**		**	**		**	**	**	**	**	

## ISCP / GMP Blueprint

ISCP assessment system referenced to the GMP *Framework for Appraisal and Assessment*

Assessment Framework	Frequency <sup>1</sup>
<b>A:</b> CBD	Minimum 1 every two months (6 per year)
<b>B:</b> Mini-CEX	Minimum 1 every two months (6 per year)
<b>C:</b> Mini-PAT	1 per year (may be repeated if necessary)
<b>D:</b> Surgical DOPS (+ logbook) <b>E:</b> PBA (+ surgical logbook)	1 every month for each index procedure (each index procedure at least twice in each stage of training to demonstrate progression). <sup>2</sup>
<b>F:</b> MRCS/DOHNS/MRCS(ENT)/FRCS	Once as specified in the appropriate regulations. MRCS required to enter higher specialty training. FRCS required for CCT
<b>G:</b> Learning agreement & AES Report	1 per placement (incorporates: Objective setting / Mid-point review (not essential for 4 month placements) / Final review)
<b>H:</b> ARCP	1 per year (more frequently if there is a need to deal with progression issues outside the normal schedule). Some deaneries or Schools of Surgery arrange two ARCPs each year in the early years of training.
<b>Symbols used</b>	** Covered by method * Partly covered by method Not covered by method

Domain 2 Safety and Quality	Curriculum																							
Attributes	Knowledge						Judgement						Technique						Professional					
	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F
Put into effect systems to protect patients and improve care	*		*	**	**	*	**		*	**	**	*				**	**		**		**	**	**	
Respond to risks to safety	*	*	*	**	**	*	**	*	*	**	**	*		*		**	**	*	**	*	**	**	**	*
Protect patients and colleagues from any risk posed by your health	*		*	**	**	*	**		*	**	**	*				**	**		**		**	**	**	



## ISCP / GMP Blueprint

ISCP assessment system referenced to the GMP *Framework for Appraisal and Assessment*

Assessment Framework	Frequency <sup>1</sup>
<b>A:</b> CBD	Minimum 1 every two months (6 per year)
<b>B:</b> Mini-CEX	Minimum 1 every two months (6 per year)
<b>C:</b> Mini-PAT	1 per year (may be repeated if necessary)
<b>D:</b> Surgical DOPS (+ logbook) <b>E:</b> PBA (+ surgical logbook)	1 every month for each index procedure (each index procedure at least twice in each stage of training to demonstrate progression). <sup>2</sup>
<b>F:</b> MRCS/DOHNS/MRCS(ENT)/FRCS	Once as specified in the appropriate regulations. MRCS required to enter higher specialty training. FRCS required for CCT
<b>G:</b> Learning agreement & AES Report	1 per placement (incorporates: Objective setting / Mid-point review (not essential for 4 month placements) / Final review)
<b>H:</b> ARCP	1 per year (more frequently if there is a need to deal with progression issues outside the normal schedule). Some deaneries or Schools of Surgery arrange two ARCPs each year in the early years of training.
<b>Symbols used</b>	** Covered by method * Partly covered by method Not covered by method

Domain 3 Communication, Partnership & Teamwork	Curriculum																							
Attributes	Knowledge						Judgement						Technique						Professional					
	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F
Communicate effectively	*	*	**	**	**	**	**	**	**	**	**	*	*	**		**	**	*	*	**	**	**	**	*
Work constructively with colleagues and delegate effectively	*		**	*	**	*	**		**	*	**	*				*	**		*		**	*	**	
Establish and maintain partnerships with patients	*	*	**	**	**	*	**	**	**	**	**	*		*		**	**	*	*	*	**	**	**	*

## ISCP / GMP Blueprint

ISCP assessment system referenced to the GMP *Framework for Appraisal and Assessment*

Assessment Framework	Frequency <sup>1</sup>
<b>A:</b> CBD	Minimum 1 every two months (6 per year)
<b>B:</b> Mini-CEX	Minimum 1 every two months (6 per year)
<b>C:</b> Mini-PAT	1 per year (may be repeated if necessary)
<b>D:</b> Surgical DOPS (+ logbook) <b>E:</b> PBA (+ surgical logbook)	1 every month for each index procedure (each index procedure at least twice in each stage of training to demonstrate progression). <sup>2</sup>
<b>F:</b> MRCS/DOHNS/MRCS(ENT)/FRCS	Once as specified in the appropriate regulations. MRCS required to enter higher specialty training. FRCS required for CCT
<b>G:</b> Learning agreement & AES Report	1 per placement (incorporates: Objective setting / Mid-point review (not essential for 4 month placements) / Final review)
<b>H:</b> ARCP	1 per year (more frequently if there is a need to deal with progression issues outside the normal schedule). Some deaneries or Schools of Surgery arrange two ARCPs each year in the early years of training.
<b>Symbols used</b>	** Covered by method * Partly covered by method Not covered by method

Domain 4 Maintaining Trust	Curriculum																							
	Knowledge						Judgement						Technique						Professional					
	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F
Show respect for patients	*	*	*	**	**	**	**	**	**	**	**	*		**		**	**	*	**	**	**	**	**	*
Treat patients and colleagues fairly and without discrimination	*	*	*	**	**	**	**	**	**	**	**	*		**		**	**	*	**	**	**	**	**	*
Act with honesty and integrity	*	*	*	**	**	**	**	*	**	**	**	*		*		**	**	*	**	*	**	**	**	*

## ISCP / GMP Blueprint

### Notes

- <sup>1</sup> Frequency: The numbers quoted are minimum indicative numbers.

In the ISCP, assessment *for* learning is an ongoing process. Frequency refers to the minimum standards expected for trainers and trainees to achieve. The minimum standard is defined as that which is required to provide a reliable assessment. The curriculum states that assessment *for* learning should occur as frequently as learning opportunities arise. Every encounter between trainer and trainee should be seen as a debriefing and feedback opportunity as the norm. Guidance on frequency of assessment is included in the ISCP at [https://www.iscp.ac.uk/documents/wba\\_guidance.pdf](https://www.iscp.ac.uk/documents/wba_guidance.pdf) and is also presented in attachment 4b.

- <sup>2</sup> For plastic surgery, trainees rotate through different subspecialty areas and the various elective index procedures are only intermittently available to them. The frequency of Surgical DOPS and PBA is 1 index procedure each month (each index procedure should be repeated in order to demonstrate progression).