9. Further Work and Development

As indicated from the start this is a living curriculum and will change when it is rational to instigate developments which are evidence based either directly from our own monitoring or through a review of current best practice. Quality assurance will be designed to enhance the curriculum.
We also acknowledge we have particular pieces of work to complete.
These include:-

- Ongoing review and development of the PBAs
- Further validation and reliability testing of the assessment instruments
- Further blueprinting such that workplace based assessments integrate with formal tests and examinations
- The competency proving of trainers.
- Assessment of professional skills competencies

We anticipate a sustained programme of work prioritising the need to ensure that assessment instruments would stand up to challenge in any disputes.

Ongoing review and development of the PBAs

Our ongoing consultation in pilots in Northern and North Western Deaneries and with our trainees and some trainers on a panel suggest we should extend the range of PBAs in some specialty specific areas. This has been alluded to in the list on PBAs in the assessment section. We anticipate that PBAs will take some time to finally "bed down" into a workable number which can be reliably measured.

Further validation and reliability testing of the assessment instruments

Pilot testing of PBAs and a triangulation exercise with the logbook has confirmed that the PBAs have at least face validity. We as yet have no evidence of predictive validity..
We are, as we submit the curriculum, designing and have funding for a study of construct validity and reliability. This project will also compare T&O trainees with general surgery trainees who will use identically structured assessments, naturally customised to general surgical procedures. The study will be designed around the use of Generalisability theory and should be completed by the end of 2006.

Further blueprinting such that workplace based assessments integrate with formal tests and examinations

We have illustrated a curriculum map which can be linked to good clinical practice and can indicate where examinations can define the best methodologies for testing knowledge in particular. The challenge will be to consolidate the whole map onto a living blueprint which can define the scope and depth of assessment by ensuring workplace based assessments appropriately triangulate with set piece examinations. The tension between undue overlap and assurance of sufficient assessment to indicate reliability is still a challenge to be met. We do not however feel alone in this deficiency and would welcome opportunities to share best practice and solutions with other medical disciplines.

The competency proving of trainers

We have alluded to the essential "buy in" by busy practicing orthopaedic surgeons who understand their obligations to training. However we have also alluded to current tensions between that necessity and the need to deliver timeous, high quality and accountable service. In general the best trainers are the best practitioners, but formulating that competency is a challenge.
We again acknowledge that we are not alone and would be looking to get agreement at the Academy of Medical Royal Colleges on how we might assure training competency over and above what we have achieved so far.
Whatever the vital educational imperative to achieve this it cannot be divorced from current tensions in political and terms and conditions of service issues.

Assessment of Professional Competencies

Clinical Skills will be assessed in the workplace and so must "professional" skills. The same constraints apply and so a similar assessment method will be developed.

It is our intention to identify a series of "indicative activities", for example:

- Giving a presentation
- Writing a report
- Chairing a meeting
- Conducting a briefing session

Plus others to cover range of professional skills

Each activity will have an Activity Based Assessment (ABA) in a similar format to the existing PBA, with competence statements that can be mapped across a wide range of activities.

A pilot version of such a form is in development using the validated Non Operative Technical Skills in Surgery (NOTSS) system from the RCSEd/University of Aberdeen project. Full details of NOTSS can be found on the website (www.abdn.ac.uk/iprc/notss).