



Using entrustment scales to assess progress

CiPs and EPAs

An entrustable professional activity (EPA) is a key task or clinical activity that can be identified as a unit that an individual can be trusted to perform in a given context, once sufficient competence has been demonstrated.

The new curriculum for clinical oncology is based around high level learning outcomes known as capabilities in practice, or CiPs. Each CiP describes the clinical activities and critical tasks carried out by a day 1 clinical oncology consultant, which trainees can be trusted to perform once they have demonstrated sufficient competence. The CiPs can be viewed as high level descriptions of the entrustable professional activities that underpin clinical oncology practice.

Entrustment levels

Judgments about a trainee's ability to safely perform a task, and the level of supervision they require when doing so, are routinely made in the workplace. These are based on the observations and experience of the supervising consultant and form the basis of assessing each CiP.

For the oncology CiPs and clinical oncology CiPs, trainees will be assessed using a 4 point 'entrustment scale' which identifies where a trainee is entrusted to observe only (level 1), to act with direct or indirect supervision (level 2 and 3 respectively) and where they are entrusted to act independently (level 4). This method of assessment is intuitive to use since it mirrors the way judgements are naturally made in a clinical setting.

A similar 4 point scale is used to assess the generic CiPs, however the descriptors for each level have been adjusted to reflect the level of support that the trainee requires with these CiPs rather than the level of supervision.

When we assess a CiP, we are automatically assessing the underlying knowledge and skills that allow a trainee to competently perform that task. This provides a manageable way of using one assessment to judge a range of knowledge, skills and behaviours without resorting to an extensive tick list of competencies.

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Progression grids

The clinical oncology curriculum includes progression grids that specify which entrustment level trainees must reach for each CiP at each stage of training. These are shown on the following pages and make the expectations for trainee progression very clear. Trainees should achieve the entrustment level given in the progression grids for their stage of training as a minimum, although they may achieve above this level in some CiPs.

As you will see from the grids, trainees should gradually advance in level as they move through training, working their way towards more independence. It is important to remember that the levels relate to the amount of supervision that trainees require, so they would not be expected to achieve level 4 (independent, unsupervised practice) from the start of training.

Generic CiP	OCS	Clinical Oncology Training				
	ST3	ST4	ST5	ST6	ST7	CCT
1. Able to successfully function within NHS organisational and management systems	2	3	3	4	4	Critical progression point
2. Able to deal with ethical and legal issues related to clinical practice	2	3	3	4	4	
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement	2	3	3	4	4	
4. Is focused on patient safety and delivers effective quality improvement in patient care	2	3	4	4	4	
5. Carrying out research and managing data appropriately	2	2	3	4	4	
6. Acting as a clinical teacher and clinical supervisor	2	3	3	3	4	

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Oncology CiP	OCS	Clinical Oncology Training				
	ST3	ST4	ST5	ST6	ST7	CCT
7. Applying knowledge and understanding of the scientific principles that underpin malignancy for the provision of high-quality and safe patient-centred cancer care.	2	3	3	3	4	Critical progression point
8. Delivering the acute oncology take, managing oncological emergencies and providing oncology advice to other healthcare professionals as part of an Acute Oncology Service and managing the AOS team	3	3	3	3	4	
9. Providing continuity of care to oncology in-patients to include the effective management of disease and treatment-related complications, the acutely deteriorating patient and the palliative care/end-of-life needs of those with advanced cancer	3	3	3	3	4	
10. Working effectively within and contributing expert opinion to the tumour site-specific multi-disciplinary team (MDT) meeting to inform evidence-based management plans individualised to the needs of each patient, leading discussions where appropriate	1	2	2	3	4	
11. Assessing patients at all stages of the cancer pathway from diagnosis to end-of-life care, considering the holistic needs of individuals and the additional needs of vulnerable groups to formulate patient-centred management plans	2	3	3	3	4	
12. Safely and effectively delivering, and managing patients receiving, standard systemic anticancer therapies (SACT) in the curative, neo- adjuvant, adjuvant and palliative settings	2	3	3	3	4	
13. Acting as an advocate for health promotion and high-quality cancer survivorship, advising on cancer prevention, management of long- term treatment-related sequelae and patient self-management strategies	2	3	3	3	4	

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Clinical Oncology-Specific CiP	OCS	Clinical Oncology Training				
	ST3	ST4	ST5	ST6	ST7	CCT
14. Correctly interpreting radiological imaging for accurate target volume and organ-at-risk definition in radiotherapy planning		2	3	3	4	Critical progression point
15. Safely and effectively delivering, and managing patients receiving, a course of radical and combined modality radiotherapy (to include consideration and utilisation of emerging techniques)		2	2	3	4	
16. Safely and effectively delivering, and managing patients receiving, a course of palliative radiotherapy		2	3	4	4	
17. Safely and effectively delivering, and managing patients receiving, a course of radioisotope therapy using an unsealed source to include post-therapy radiation protection measures		1	2	3	3	
18. Safely and effectively managing patients treated with brachytherapy and their complications		1	2	3	3	
19. Participating in clinical research trials and developing guidelines and protocols to safely implement new radiotherapy/combined modality regimens/techniques		1	2	2	3	

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Assessing progress

As a trainee progresses, judgements about the level of supervision they require when performing key tasks will be made multiple times, by multiple people, and in various contexts. Evidence of these judgements will be recorded in the e-portfolio through workplace-based assessments (WPBA) and reports from their clinical supervisors.

Clinical supervisors will be asked to make a judgement about the level that the trainee has achieved in each CiP during their attachment with them. They will base this on the observations that they have made while supervising the trainee on a day to day basis, along with feedback from other members of the team and the WPBA that the trainee has completed during this time. These levels, and a summary of the evidence supporting them, will be recorded in the clinical supervisor's report.

The educational supervisor will have an overview of the reports from each of the trainee's clinical supervisors, as well as feedback from a range of other colleagues through the multi-source feedback (MSF) and multiple consultant report (MCR) tools. They will use these and the other evidence recorded in the trainee's e-portfolio to make an overall judgement about the trainee's progress for that training year. This will be summarised in the educational supervisor's report.

An ARCP panel will review all of the available evidence and compare the trainee's progress to the minimum expected progress outlined in the progression grids for the relevant stage of training. They will then make a judgement about whether the trainee is ready to progress to the next stage of training.

Supporting trainee development

By the end of training a doctor must be trusted to undertake all the critical tasks needed to work as a consultant oncologist and that becomes the outcome and end point of training.

If a supervisor judges that a trainee can perform a CiP independently, then the knowledge and skills that underlie that task will have been demonstrated. If not, then the trainee is still working towards achieving that CiP. In this case, the descriptors associated with each CiP can be used to help identify the underlying knowledge, skills or behaviours that require improvement and to provide the trainee with targets for further learning. This supports supervisors to plan teaching and provide feedback.

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Summary

- The CiPs describe the key tasks carried out by consultants and can be viewed as entrustable professional activities
- Assessing a trainee's progress against the CiPs allows a range of underlying knowledge, skills and behaviours to be assessed at once
- The descriptors for each CiP provide an effective way for supervisors to plan teaching, provide feedback and set targets for future learning
- Trainees will be assessed using an intuitive 4 point entrustment scale
- Progression grids provide a clear expectation of the level of supervision at which trainees should be working at each stage in their training, and provide a framework for decisions on progress through training
- Clinical and educational supervisors will make a judgement on the levels achieved for each CiP in their respective reports
- ARCP panels will review all of the available evidence and make a judgement about whether the trainee is ready to progress to the next stage of training.