

ROYAL COLLEGE WHITE PAPERS: ASSESSMENT OF TRAINING. THE AUTHORS REPLY

We thank Dr. Harvey for his editorial¹ addressing the Royal College white paper on assessment. We are pleased that he read the paper and took time to provide feedback during this consultation phase of the white paper series. We wish to take this opportunity to clarify several points.

We agree that assessment is part of the core mission of the Royal College of Physicians and Surgeons of Canada. We also agree that there remains a need for a final national summative assessment, such as certification examinations for physicians.

However, Dr. Harvey may have misunderstood the white paper's emphasis on greater in-training assessment. Formative assessments, using valid and reliable tools, must accompany summative assessments because they lead to enhanced learning and a more robust determination of physician competence.^{2,3} Frequent and objective formative assessments can identify weaknesses and provide a target for early educational interventions, thus preventing the case of a final-year resident who "cannot pin a hip." Effective workplace assessment permits early objective identification of residents who are poorly matched to their specialties and prevents those who are not yet prepared or ready to take the exam from progressing. The authors of this particular white paper argue that the time has come to ensure our profession does better in the in-training assessment area.

What areas deserve greater attention? We agree with Dr. Harvey that

intraoperative and clinical assessments must focus on both the Medical Expert role, and the other intrinsic CanMEDS roles (Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional), which support core medical expertise. Opinions from public and government consultations, medical regulatory authorities, professional societies and Fellows of the Royal College reiterate that residents must demonstrate competence across all of these domains. The CanMEDS competencies, developed by Fellows like Dr. Harvey, remain the Royal College's fundamental framework of physician competence.⁴

Enhanced in-training assessment does not mean increasing formal centralized assessments beyond current practices. Rather, the authors argue for the provision of effective tools to facilitate an increase in valid and reliable formative assessments, conducted in real patient care settings. To successfully and safely practise, residents must be assessed as competent in the clinical settings where they will practise. The example of the Final In-Training Evaluation Report (FITER) offered by Dr. Harvey supports the need for the diligent and timely conduct and recording of these assessments. The final summative examination represents only one portion of an appraisal of a specialist's competence.⁵

As challenges to medical education in Canada evolve, the Royal College seeks to anticipate and practically address the needs of educators and the profession. The white papers are one example of the Royal College's desire for better standards, better physicians

and better care. We welcome further correspondence during this consultation period.

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