



Conducting the Assessment of Clinical Competence (ACC)
An examiner's survival guide

Updated 2016

About this guide

This guide has been developed as a quick reference for clinical teachers on how to conduct an Assessment of Clinical Competence (ACC). It is intended to serve either as a brief introduction, or as a refresher for more experienced examiners. Please note that the GMC now require all examiners to be trained. Reading through this document may be considered as basic level training. However, for a fuller account of the guidelines on conducting an ACC we strongly encourage examiners to take the

online module on the staff development portal, MEDUSA (www.southampton.ac.uk/medusa), where you can also practise rating students' performance and see feedback from experienced examiners. Examiners are required to declare on each ACC form, alongside their professional registration number, that they have read this guide or accessed further training (either the MEDUSA module or a workshop).

The ACC: summative measure, formative treasure

The ACC is a short, structured clinical assessment based upon and developed from the Mini Clinical Evaluation Exercise or mini-CEX. Fourth and Final year students are assessed on several occasions during the following modules: Medicine, Surgery, Psychiatry, Primary Medical Care, Obstetrics & Gynaecology, and Paediatrics (18 times in total), with a different case, and ideally a different examiner on each occasion. The examiner observes the student carrying out a focused history, examination, presentation of a patient's condition and a management plan, and rates the student's performance on a six-point scale. The student is then given feedback on their performance.

The ACC aims to provide a holistic assessment of the student's ability to efficiently and professionally assess a patient, using appropriate communication skill. The assessment should include the whole process from taking a focused history to an appropriate examination, and using this information to formulate a diagnosis and a suitable management plan. Therefore, it seeks to replicate as closely

as possible the task of assessing the patient in the clinical setting that they will need to do after qualification. It differs from an OSCE station in that it assesses the complete task, rather than specific elements taken in isolation.

The ACC has been directly developed from and remains intentionally very similar to its postgraduate cousin, the mini-CEX, which is principally a formative assessment, i.e. its main function is to provide constructive feedback rather than monitor performance. However, the ACC includes a summative element since it also measures a student's ability and is used to make a judgment about whether they can progress in the programme. Therefore, ACCs must be conducted rigorously and reliably in all cases since they form part of the student's "finals examinations".

Appendices 1 and 2 show examples of assessment forms, with a brief description of each competency.

[Appendix 3 gives specific guidance regarding the conduct of the ACC which must be followed.](#)

'As learning tools they have been fantastic. As an actual occasion to get someone... to sit down and properly listen to you and give you genuinely informed feedback... it's some of the best teaching I've had on any of my attachments.'

Final year student



The ACC: step-by-step

Step 1: Preparation

Adequate preparation is vital. The examiner must choose an appropriate patient, and seek fully informed consent. A full explanation of the purpose of the exercise should be given, and the patient must be told what to expect. The student cannot choose either the patient, or the examiner. In the clinical area where the student will see the patient, disturbances should be anticipated and prevented as far as possible. A suitable location should be identified for discussing management and diagnosis, and giving the student feedback on their performance. This should be away from the clinical area, in a quiet and relaxed space.

Step 2: History and examination

The examiner introduces the student and patient, and reiterates to the patient that the student will ask some questions and perform a brief examination. The examiner should then instruct the student to spend around 15 minutes to take a history and perform a clinical examination, focusing on the patient's presenting problem. The examiner observes and assesses the student's performance on a number of defined competencies. These competencies are listed in an assessment form, which the examiner starts to fill in while observing the student.

Step 3: Management and diagnosis

The student presents their deductions regarding diagnosis, and proposes a management plan, away from the patient in a quieter, relaxed location. The examiner then scores the remaining competencies. It is essential that ALL the competency domains are given a score before moving onto the next step and that no negotiation over these scores is entered into with the student.

Usually 15 - 20 minutes have elapsed by the end of Step 3.

Step 4: Feedback

The examiner gives the student constructive feedback on their performance. A good way to open the feedback session is to ask the student how they felt about their performance - what went well, and what could be improved. The examiner and student should end the feedback session by agreeing upon an action plan for making further improvement. Having done so, the examiner must complete the final sections of the form, sign the declaration, add their professional registration number (e.g. GMC/NMC/BAN) and then give all copies to the student to distribute as described on the front sheet. Usually 30 minutes have elapsed by the completion of feedback.

The competency domains

The six specialties are Medicine, Surgery, Obstetrics & Gynaecology, Child Health, Primary Medical Care and Psychiatry. Each assess the following domains (though in Psychiatry they are worded slightly differently):

- History Taking
- Physical Examination (Examination Skills)
- Communication (Communication Skills)
- Clinical Judgement (Decision Making Skills)

- Professionalism (Personal and Professional Behaviour)
- Organisation/Efficiency (Use of time)
- Overall achievement of task

It is essential that ALL domains are marked in EVERY assignment since leaving a domain blank will affect the overall reliability.

Completing the form - using the scale

Scores are awarded according to the extent to which the student “meets expectations.” A student who “meets expectations” performs to a standard that the examiner, as an experienced professional, would expect of a safe and competent doctor at the start of their first postgraduate year of medical training, i.e. a safe, responsible, new F1 trainee on their first day in the job. The ratings we give students are anchored to that reference standard.

A rating of “Borderline” or “Below expectations” does NOT in itself represent a failed assessment: a student who fails on average to meet expectations within a single specialty across all domains or within a single domain across all specialties will need to be assessed on

at least 6 (and up to 12) further ACCs during the final BM examination. The exact number they need to take in Finals will depend upon the number of specialties or domains in which they fail to gain exemption. It is to be expected that most students will have some low ratings, as they do not consistently attain the target level of proficiency until the end of the Final Year.

It is particularly important that if a student displays any of the following traits, the rating must reflect this, and specific feedback should be given to the student:

- Inappropriate attitudes or behaviour
- A lack of awareness of his/her limitations
- A level of knowledge that could put patients at risk

Giving constructive feedback

The examiner should encourage the student to take responsibility for managing their learning, reflecting on their performance and how it could be improved. We now know that humiliating or belittling feedback is counter-productive.

Please do:

1. Start by asking the learner for self-assessment: “What went well? What could be improved? How did you feel about your performance?” You will then be able to gauge the student’s insight.
2. Use a collaborative tone, and open questions.
3. Highlight good and poor areas, giving reasons.
4. Be clear and direct rather than making vague comments. Students appreciate this approach if carried out with sensitivity and respect.
5. Offer specific observations that the student will be able to act upon.
6. Check out feelings. Make sure the student doesn’t go away with emotional barriers to change.
7. Review understanding. Make sure the student doesn’t go away with misconceptions.
8. Negotiate a realistic improvement plan.

Please avoid:

1. Sandwiching negative comments between positives. Students often miss the positive comment, because they are anticipating the inevitable negative.
2. Giving feedback at a later time. Learning happens most effectively when the experience is fresh in the mind.
3. Using this opportunity to mention all mistakes. The most important problems should be highlighted, but unnecessary pickiness will serve only to demoralise the student.
4. Adopting an inappropriately cheerful, optimistic manner. This may be seen as insincere, and might obscure constructive, honest feedback.

Appendix 1: Medicine ACC form

NB The same domains apply to Surgery, Obstetrics & Gynaecology, Child Health and Primary Medical Care.

Assessment of Clinical Competence (ACC) - MEDICINE

MED

Please complete the questions using a cross:
Please use CAPITAL LETTERS

Student to complete:

Centre: Basingstoke Bournemouth Chichester Dorchester Frimley Guildford
 Isle of Wight Jersey KSM Lymington Poole Portsmouth
 Salisbury Southampton Wexham Winchester Other _____

Student Surname: _____

First Name(s): _____

Student Number: _____

Once your ACC is completed, give the top two copies to the centre undergraduate administrator and one copy to the examiner.
KEEP ONE COPY FOR YOUR RECORDS

Examiner to Complete:

Clinical Setting: ED OPD In-patient Acute Admission GP Surgery Other _____

Examiner Position: Consultant SASG HST GP Other _____

Please grade the following areas using the full range of scores. The standard expected is that of a safe competent doctor at the start of the foundation programme (F1)

	Below expectations		Borderline	Meets expectations		Above expectations
	1	2	3	4	5	6
History Taking - Facilitates patient's telling of story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination - Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort, modesty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication - Explores patient's perspective; jargon free, open and honest, empathic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgement - Makes appropriate diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic studies, considers risks, benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism - Shows respect, compassion, empathy, establishes trust. Attends to patient's needs of comfort, respect, confidentiality. Behaves in an ethical manner. Is aware of and sensitive to the patient's cultural background. Aware of own limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation/Efficiency - Prioritises; is timely; succinct; summarises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall achievement of task - Successful achievement of the specific task that was set.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feedback - you and the student need to identify and agree strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment

Particular strengths	Suggestions for development

Time taken for observation (minutes) Time taken for discussion of diagnosis (minutes) Time taken for feedback (minutes)

Examiner: I declare that I have observed the above named student performing the ACC.

Examiner GMC/NMC/BAN No.:

Examiner: I confirm that I have read "Conducting the ACC: An Examiner's Survival Guide" (Please tick box)

Examiner name in CAPITALS: _____

Examiner signature: _____ Date: / /

Student: I confirm that I was observed performing the ACC.

Student signature: _____ Date: / /

Centre Administrator - Send only TOP COPY to the Exams & Assessment team for processing.

Appendix 2: Psychiatry ACC form

Assessment of Clinical Competence (ACC) - PSYCHIATRY

PY	
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Please complete the questions using a cross:

Please use CAPITAL LETTERS

Student to complete:

Centre: Basingstoke Bournemouth Chertsey Chichester Crawley Gosport
 Guildford Isle of Wight KSM New Forest Poole Portsmouth
 Salisbury Southampton Wexham Weymouth Winchester Other: _____

Student Surname: _____

Forenames: _____

Student Number: 4 _____

Once your ACC is completed, give the top two copies to the centre undergraduate administrator and one copy to the examiner.
KEEP ONE COPY FOR YOUR RECORDS

Examiner to Complete:

Clinical Setting: ED OPD In-patient Acute Admission GP Surgery Other _____

Examiner Position: Consultant SASG HST GP Other

Please grade the following areas using the full range of scores. The standard expected is that of a safe competent doctor at the start of the foundation programme (F1)

	Below expectations		Borderline	Meets expectations		Above expectations
	1	2		3	4	
History Taking: Asks relevant and appropriate questions; uses supplementary questions to clarify and explore when necessary; is aware of the areas to be covered; follows a logical and organised sequence with patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination Skills: Asks appropriate questions to elicit phenomenology; balances general screening and focussed, specific questions; able to report observations accurately; conducts the examination sensitively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills: Questions and explanations are clear and appropriate for the patient; responds to verbal and non-verbal clues; shows that they have understood the patient correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Skills: Demonstrates good judgement; synthesis and sifting of information in a focused way; is efficient and safe; knows limitations of personal competence and knows when to request help; is able to formulate a differential diagnosis, discuss appropriate investigations, and plans for immediate management including risks and benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and Professional Behaviour: Shows respect, compassion, empathy, establishes trust; attends to patient's needs and respects patient confidentiality, chooses an appropriate environment for interview, is aware of and sensitive to the patient's cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of time: Prioritises; manages time appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall achievement of task: Successful achievement of the specific task that was set.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feedback: You and the student need to identify and agree strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.

Particular strengths	Suggestions for development

Time taken for observation (minutes) Time taken for discussion of diagnosis (minutes) Time taken for feedback (minutes)

Examiner: I declare that I have observed the above named student performing the ACC.

Examiner GMC/NMC/BAN No.:

Examiner: I confirm that I have read "Conducting the ACC: An Examiner's Survival Guide" (Please tick box)

Examiner name in CAPITALS:

Examiner signature: _____ Date: / /

Student: I confirm that I was observed performing the ACC.

Student signature: _____ Date: / /

Centre Administrator - Send only TOP COPY to the Exams & Assessment team for processing.

Appendix 3: Guidance for Assessment of Clinical Competence

1. The standard required for a student to “meet expectations” is that of a doctor at the start of their first postgraduate year of medical training.
2. The whole consultation **MUST BE OBSERVED** and a mark given on the form for each of the seven domains (History Taking, Examination, etc.).
3. All examiners must be appropriately trained and as a minimum, it is essential that you have read this guide. The form asks you to confirm that you have read this.
4. Students **MUST NOT** choose their examiners and should be allocated a different examiner for each ACC. Students are responsible for scheduling ACCs with their allocated examiners so that they are completed in a timely fashion.
5. At least two ACCs in each specialty must be observed by a Consultant/GP/Staff and Associate Specialist (SAS) grade with the third observed by any of the above or an Education or Academic Fellow/Registrar (ST4 or above)/senior healthcare professional (equivalent to a nurse specialist Band 6 or above). Any variation to this must be approved by the ACSD.
6. You must obtain fully informed consent from the patient.
7. The student **MUST NOT** choose the patient. If a student is allocated a patient with whom they are already familiar, they **MUST** declare this before the assessment begins.
8. Once started, the ACC must be finished unless it becomes clear that the patient is not suitable for a fair and comprehensive assessment of the student, or that the student has not declared that they are already familiar with the patient, in which case the examiner should stop the assessment and report the matter to the ACSD.
9. At the end of the ACC, the examiner must enter their GMC/NMC/BAN number and both the examiner and student must then sign the form.
10. The examiner should retain the bottom copy of the completed form. Note that each form has a unique identifier which will be tracked to ensure that multiple assessments are not performed and then selectively submitted.

Contact us

We hope the survival guide has been useful. For more details about the Medical Education Staff Development Unit (MEDU) and our staff development activities, please go to:

www.southampton.ac.uk/medu

Employees of the NHS and other affiliated organisations can register for access to MEDUSA and other University systems at:

www.nhs.soton.ac.uk

To comment on this guide or for any further information please contact medu@southampton.ac.uk

Acknowledgements

Thanks to Faith Hill for helping prepare the original mini-CEX survival guide upon which this is based.

References:

1. Hill F, Kendall K. Adopting and adapting the mini-CEX as an undergraduate assessment and learning tool. *The Clinical Teacher*. 2007; 4(4):244-248.
2. Hill, F. Feedback to enhance student learning: facilitating interactive feedback on clinical skills. *International Journal of Clinical Skills*. 2007; 1(1):21-24.

www.southampton.ac.uk/medu