

Supplimentary Text S1 Questionnaire sent to the country principal investigator.

## **Part One Checking**

### ***AREAS FOR GATHERING INFORMATION THROUGH FOCUS GROUPS***

#### Portfolio

- Do you regularly use a portfolio?
- What is the use of such a portfolio: informal discussion with trainees, formative assessment?
- Does this need to be supervised/signed off by supervisor?

#### Formative feedback

- Is feedback given regularly to the trainees?
  - Understanding the setting and context
  - Formal vs informal
  - How regularly
  - Who provides it (e.g. one person vs multitude of people)

How are trainees assessed during the rheumatology training?

There are various forms of work-place based assessments conducted during rheumatology training. These are summarised as below:

- a) Mini-CEX: direct observation and face-to-face feedback by the assessors during a clinical consultation conducted by the trainees and supervised by the assessors
- b) Case Based Discussion (CBD): a formal discussion and feedback between the trainees and assessors of management of an interesting case that has been seen by the trainees
- c) Direct Observation Procedural Skills (DOPS): the assessors observe and assess trainee's performance in undertaking various procedural skills such as joint injections, percutaneous muscle biopsy etc.
- d) Multi-Source Feedback (MSF): this is the 360 degrees feedback obtained from various team members including Consultants, peers, juniors, nurses, clerks, secretaries, physiotherapist, pharmacist etc.
- e) Multiple Consultant Report (MCR): At least two consultants provide reports on trainees' performance throughout during a 12-month period
- f) Patient Survey (PS): patients fill the form to provide feedback to the trainees pertaining to their consultation
- g) Teaching Observation (TO): direct feedback is provided by assessors during a teaching session, which is performed by the trainees
- h) Audit Assessment (AA): the trainees are assessed by their supervisors on the audits or quality improvement projects that they have undertaken
- i) Reflection: the trainees are encouraged to reflect on interesting clinical or ethical

cases that they have encountered

- j) Rheumatology Specialty Certificate Exam (SCE): all trainees must pass this written (multiple choice questions) examination prior to becoming a Consultant. This examination is only conducted once a year with a passing rate of about 70%.

#### Summative assessment

- What assessments does a trainee need to pass in order to be certified?
- Does a trainee have to give evidence of any other thing?
  - Range of clinical practice (e.g. through portfolio)
  - Research publication?

#### Clinical practice

- Is clinical practice assessed through work-based assessment (e.g. mini-CEX)? Format and frequency
- Is clinical practice assessed through other means (portfolio? etc)

#### Skills

- Are skills assessed (e.g. joint aspiration)?
- Format (e.g. work based assessment? DOPS? Simulation?) and frequency

#### Professionalism:

- Is professionalism assessed (e.g. MSF)?

#### Knowledge tests

- Are written knowledge tests performed? Format and frequency
- Are oral knowledge tests performed? Format and frequency

#### National standard

How similar are assessment methods/strategies across the country?

How strong is the national regulation vs centre-dependent decisions?

#### Other aspects

If a trainee is detected in a formative assessment to not achieve the expectations, what is done?

Are trainers trained and certified?

Please, describe any further features of the assessments performed in your country that you feel we should recommend or avoid