CLINICAL REFLECTION

Adapting to change: when training assessment reform meets clinical reality

Indira Vinjamuri & Rohit Shankar

SUMMARY

Recent changes to formative assessment in UK psychiatry training aim to strengthen clinical reasoning, autonomy and alignment with consultant practice. Presenting these reforms to trainers and resident doctors revealed a gap between policy intention and front-line experience. The article reflects on this, exploring what implementation of assessment reform reveals about learning, trust and professional identity, highlighting how successful change depends not only on assessment design but also on engagement with those expected to use it.

KEYWORDS

Education and training; carers; clinical governance; patients and service users; rating scales.

The 2022 revisions to the Royal College of Psychiatrists' (RCPsych) curricula, operationalised through the Psychiatry Silver Guide, placed greater emphasis on outcomes-based training, workplace learning and programmatic assessment. The new Core Psychiatry Curriculum streamlined the training pathway by moving towards a capabilities-based framework designed to simplify assessment processes and promote a more holistic evaluation of resident doctor progression (Royal College of Psychiatrists 2022). The Silver Guide was conceived as an adaptation of the national Gold Guide framework published by the Conference of Postgraduate Medical Deans (COPMeD), translating the generic principles of postgraduate medical training into the context of psychiatric training (www.rcpsych.ac.uk/training/curricula-and-guidance/curricula-implementation/curricula-documents-and-resources).

A subsequent Assessment Strategy Review identified limitations within existing assessment processes and recommended further work on formative assessment to strengthen feedback, workplace-based assessment and assessment for learning (Royal College of Psychiatrists 2023). Proposed changes included the introduction of 'entrustability scales', structured patient and carer feedback, explicit assessment of formulation, and expansion of non-clinical competencies within existing workplace-based assessment tools (Royal College of Psychiatrists 2023).

Stakeholders' feedback

Assessment frameworks can sometimes appear removed from the realities of clinical practice. Educational systems require continuous renewal to avoid stagnation; however, meaningful change should be evidence-informed and directed towards improving learning rather than change for its own sake. The College therefore collected trainers' and resident doctors' opinions on these curricular reforms and proposals, generating rich discussion about assessment, professional identity and educational change. What emerged was not passive acceptance but an active process of interpretation, negotiation and reflection (Box 1).

Seven domains consistently arose from these conversations: workload, formative utility, entrustability, summative creep, formulation, non-clinical competencies and implementation itself.

Anticipation and the reality of workload

One of the most consistently positive responses was appreciation of early communication. Stakeholder engagement through in-person presentations, online events and a College webinar was widely valued. However, this receptivity was frequently tempered by concerns about workload. Even where reforms were intended to replace rather than add assessments, many clinicians perceived them as an additional burden. One consultant commented: 'Bad enough I struggle to get patient/carer feedback, I now have to help my residents also'.

This reflects a broader tension within contemporary psychiatric practice, where clinical, administrative and educational demands compete for limited time. Perceived burden appeared to influence

Indira Vinjamuri, FRCPsych, is a consultant psychiatrist in the Liverpool Crisis Resolution Home Treatment Team (Mersey Care NHS Foundation Trust), Director of Medical Education at the Trust and an honorary lecturer in the Department of Primary Care and Mental Health at the University of Liverpool, and Associate Dean for Curriculum and Assessment at the Royal College of Psychiatrists (RCPsych), London, UK. She led the College's formative assessment programme, which informed this article. **Rohit Shankar**, MBE, FRCPsych, is Professor of Neuropsychiatry at the University of Plymouth's Peninsula Medical School, Director of its Cornwall Intellectual Disability Equitable Research (CIDER) unit, a consultant neuropsychiatrist with Cornwall Partnership NHS Foundation Trust (Truro), Chair of the Royal College of Psychiatrists' Faculty of the Psychiatry of Intellectual Disability, Co-Chair of the RCPsych International Congress and RCPsych Associate Dean for Academic Training, London, UK.

Correspondence Indira Vinjamuri. Email: Indira.vinjamuri@merseycare.nhs.uk

First received 27 Jul 2026 UTC
Revised 16 Sep 2026 UTC
Accepted 28 Sep 2026 UTC

Copyright and usage
© The Author(s), 2026. Published by Cambridge University Press on behalf of Royal College of Psychiatrists.

https://doi.org/10.1192/bja.2026.10260 Published online by Cambridge University Press

BOX 1 Common clinician responses to changes in formative assessment

Perceived benefits:

- early communication supports engagement and preparedness
- explicit assessment of formulation restores depth in psychiatric thinking
- expansion of non-clinical competencies is welcomed
- greater alignment with consultant-level practice

Concerns:

- workload burden
- difficulty predicting the educational impact of patient and carer feedback
- subjectivity and accountability associated with entrustability
- risk of formative tools acquiring summative functions

Conditions for success:

- clear guidance
- trainer development
- reassurance regarding formative purpose
- ongoing evaluation and feedback

attitudes towards reform as much as any objectively measurable increase in workload.

Although the intended benefits included greater standardisation, improved documentation of progression and closer alignment with competency-based training standards, these gains were often weighed against concerns regarding feasibility and sustainability.

Formative intent and perceived utility

A central aim of the reforms was to move workplace-based assessments beyond procedural completion towards meaningful formative learning. Although patient and carer feedback was generally viewed positively in principle, clinicians questioned whether it would result in tangible educational benefit or become another administrative requirement.

These concerns suggest that clinicians are resistant not to reflection itself but to processes that risk becoming disconnected from authentic learning. In psychiatry, where understanding is often relational and contextual, highly structured approaches may sometimes be perceived as reductive.

Entrustability and the challenge of judgement

The introduction of entrustability scales generated the greatest discussion. For trainers, the change represented a move towards making explicit the judgements they routinely make regarding resident doctors' autonomy.

Concerns clustered around three areas:

- subjectivity and potential bias
- lack of clarity regarding application
- accountability associated with recorded decisions.

These concerns illustrate an important paradox. Psychiatry relies heavily on nuanced professional judgement, yet clinicians may feel less comfortable when those judgements become formalised within assessment systems (Govaerts 2013; ten Cate 2013; Varvari 2024).

An unexpected observation was that resident doctors often appeared more comfortable with entrustability than trainers were. For residents, the concept reflected their own experience of graduated responsibility. Trainers, by contrast, expressed greater concern regarding consistency, defensibility and potential consequences.

These discussions highlighted the need for ongoing refinement, guidance and evaluation, reinforcing the idea that implementation should be viewed as a continuing process rather than a completed reform.

The perceived drift towards summative assessment

A recurrent concern was that formative tools might gradually acquire summative functions. Although the reforms are explicitly developmental, many clinicians anticipated that entrustability ratings and structured feedback could eventually influence progression decisions more directly.

This raises an important question: Can any assessment within a high-stakes training system remain entirely formative?

The anxieties expressed by clinicians appeared to reflect concern about the quantification of complex professional competence rather than opposition to assessment itself. Once data are generated, there is often pressure for them to be used in decision-making processes. The perceived instability of the boundary between formative and summative assessment remained an important source of caution.

Formulation: reconnecting with psychiatric identity

In contrast to the ambivalence associated with some reforms, the explicit inclusion of formulation in case presentations was met with almost universal enthusiasm.

Clinicians described this as:

- 'bringing back the long case'
- restoring depth to clinical discussion
- reaffirming the biopsychosocial foundations of psychiatric practice.

BJPsych Advances (2026), page 2 of 4 doi: 10.1192/bja.2026.10260

https://doi.org/10.1192/bja.2026.10260 Published online by Cambridge University Press

This response was strikingly consistent across settings. It suggested that acceptance of educational reform depends not only on educational theory but also on the extent to which changes resonate with professional identity.

Notably, clinicians also requested additional training and guidance on formulation. Unlike some assessment changes, formulation was viewed as educationally meaningful and directly relevant to everyday clinical work, rather than as an additional administrative requirement (Norcini 2007).

Expanding non-clinical competencies

The expansion of direct observation of non-clinical skills (DONCS), particularly following engagement with RCPsych special interest groups, was broadly welcomed. Clinicians recognised the importance of leadership, advocacy, public mental health and system-level thinking in modern psychiatric practice.

However, many sought practical guidance and examples to help translate these domains into observable behaviours suitable for assessment. This highlighted the continuing challenge of assessing non-clinical competencies in routine training.

Implementation as a relational process

Across presentations of the reforms, a consistent pattern emerged. Initial curiosity was followed by selective acceptance and then by ongoing negotiation regarding meaning, application and purpose.

Change occurred not through transmission of information alone but through dialogue, interpretation and adaptation. In this respect, implementation closely resembled clinical practice itself.

Assessment reform is therefore not simply a technical exercise. It is a relational process requiring trust, communication and attention to the experiences of those affected. The response to these reforms suggests that successful implementation depends as much on clinician engagement as on the design of the assessment tools themselves.

Several themes emerged repeatedly:

- workload strongly shapes perceptions of change
- formalising professional judgement can generate discomfort
- trainers and resident doctors may respond differently to innovation
- reforms aligned with psychiatric identity are more readily embraced.

These observations reinforce the importance of humility in educational reform. Systems that appear coherent in design may be experienced quite differently in practice.

Key learning points

- Perceptions of workload strongly influence engagement with educational change.
- Trainers and resident doctors may respond differently to entrustability-based assessment.
- Explicit assessment of formulation resonates strongly with psychiatric professional identity.
- Assessment reform is a relational rather than purely technical process.
- Ongoing dialogue and feedback are essential to successful implementation.

Conclusion

The evolution of formative assessment in psychiatry reflects an effort to align training more closely with contemporary clinical practice. However, implementation reveals that clinicians interpret reform through the lenses of workload, professional identity, experience and trust.

Although concerns regarding burden, subjectivity and unintended consequences are valid, so too is the appetite for educational developments that feel meaningful and clinically relevant. The particularly positive response to formulation suggests that reforms are most readily embraced when they resonate with core psychiatric values and practice.

Ultimately, assessment is not merely a technical exercise; it reflects what the profession values, trusts and seeks to cultivate in future psychiatrists.

Data availability

Data are available from the corresponding author, I.V., on request.

Acknowledgements

We thank the trainers and resident doctors whose questions, insights and feedback informed the reflections presented in this article. Artificial Intelligence use: Microsoft Copilot (GPT-5 chat model) was used [Aug–Sep 2026] to assist with proofreading and improving the clarity, grammar and structure of the manuscript. AI-generated suggestions were reviewed, edited and incorporated at the authors' discretion. No AI was used to generate data, analyses, results or scientific conclusions. All content was reviewed and approved by the authors.

Author contributions

I.V. conceived the article, led the educational engagement activities that informed the reflections, analysed recurring themes arising from discussions

https://doi.org/10.1192/bja.2026.10260 Published online by Cambridge University Press

and drafted the manuscript. R.S. contributed to the development of the manuscript and critically reviewed the content. Both authors approved the final version.

Funding

This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

Declaration of interest

I.V. is Associate Dean for Curricula and Assessment at the Royal College of Psychiatrists and was involved in the development, dissemination and implementation of the formative assessment reforms discussed in this article.

References

Govaerts M, van der Vleuten CPM (2013) Validity in work-based assessment: expanding our horizons. *Medical Education*, **47**: 1164–74.

Norcini J, Burch V (2007) Workplace-based assessment as an educational tool. *Medical Teacher*, **29**: 855–71.

Royal College of Psychiatrists (2022) *Core Psychiatry: Royal College of Psychiatrists Core Training Curriculum (CT1 – CT3) (Version 1.0)*. RCPsych (https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/2022-curricula/core-psychiatry-curriculum-final-17-august-2022.pdf?sfvrsn=36b5ba25_10).

Royal College of Psychiatrists (2023) *Assessment Strategy Review: Final Report*. RCPsych (https://www.rcpsych.ac.uk/training/curricula-and-guidance/assessment-strategy-review).

ten Cate O (2013) Nuts and bolts of entrustable professional activities. *Journal of Graduate Medical Education*, **5**: 157–8.

Varvari I, Duddu V, Ranjith G (2024) Entrustable professional activities in postgraduate psychiatric training. *BJPsych Advances* (Epub ahead of print) 2 Dec 2024. Available from: https://doi.org/10.1192/bja.2024.65.

https://doi.org/10.1192/bja.2026.10260 Published online by Cambridge University Press