**Declaration of interest**

None declared.

**References**


CUMSUM cannot define competency

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Editor—Drake and colleagues have addressed the drawbacks of CUMSUM analysis, namely self-reporting and small sample size. They have also broadened the definition of failure to increase the sensitivity. We would like to highlight some related issues. Procedural skill proficiency can lead to better patient outcomes. However, substandard performance does not invariably lead to poor patient outcome. For example, poor aseptic technique during a procedure such as placement of an epidural catheter does not necessarily affect the (analgesic) success of the procedure, at least in the short term. Nonetheless, it is clearly unacceptable.

Hence, the concept of defining competency based only on failure rates is inherently flawed. We suggest that ascertaining competency for a particular procedure first requires establishment of a benchmark of proficiency for that procedure. This should be based on unambiguous, objective, and validated metrics. Each procedure (performed by each trainee or not) can then be assessed based on these benchmarks. A practitioner can then be deemed competent once he or she meets the benchmarks consistently. This concept of proficiency training has been described in detail elsewhere. This approach should enable trainees to receive prompt, specific, and objective feedback on their performances. The ability to give feedback on performance is one of the key factors in deliberate practice and is absent in CUMSUM.

We disagree with the authors’ conclusion that ‘CUMSUM is an effective tool in charting the development of competence for trainees’; efficacy requires that meaningful change in performance standard is captured, which is a condition not met if success or failure alone is measured.

**Declaration of interest**

None declared.

**References**


Reply

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Editor—We thank Drs Srinivasan, O’Brien, and Shorten for their interest in our article. Obstetric epidural practice for the trainee, once deemed competent by experienced trainers, most often occurs out of hours. In this situation, because much of the trainee’s work is unsupervised it is difficult to gain an insight on a trainee’s performance in a particular procedural skill.