

WORKPLACE BASED ASSESSMENT FORUM

OUTCOMES

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Presentations and round table discussion groups took place for each of the six topics below. Each session was based around pre-determined discussion points. The outcomes of these discussions is detailed in what follows, and an overall summary is found at section 7.

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1. RESULTS OF GMC TRAINEE/TRAINER SURVEY

Presentation by Mr John Smith

Discussion points and feedback received:

In which other areas would survey methodology be helpful?

- What are the surveys for? It is vital that they make a positive impact on education and training. Can the answers be used a local level to make change?
- Primary priority to clarify the current questions used and ensure they are focused and optimal. Questions are currently too open, leading to limited interpretation
- Two additional areas to consider:
 - Quality of WPBA
 - Do trainees feel they are actively involved with the team at a higher level?
- How can the trainer response rate be increased (currently 48%). Could participation be included in the appraisal process? Increased responses from trainers might highlight the time barrier around WPBAs, which could be used as evidence when job planning
- Issue of survey fatigue for trainees. Should it be made compulsory in revalidation or not?
- Issues around the accessibility of the data from the surveys (currently just on GMC website). Should results be fed back to trainers? Deaneries to provide email address of trainer for this to be achieved
- Needed domain matrix within the survey to replace term ‘good’
- Time taken to publish results is too long and often too late to make any changes
- Status of being an educational supervisor needs to be increased in hospital specialties (is much higher in GP)
- Roles of Educational Supervisor and Clinical Supervisor should be defined more clearly
- Assessors for WPBA could also be surveyed?
- Using less than 25% and more than 75% for the analysis felt not to be very scientific.

Summary

The following issues were summarised by the Chair:

1. The need for focus on definitions of comparable criteria
2. The need for clear differentiations of roles of educational supervisor/ clinical supervisor
3. What is an appropriate outlier for the statistics
4. Survey fatigue for trainees
5. Accessibility of all results, particularly the trainer component
6. Too many questions
7. Hospital vs GP status of being an educational supervisor

2. TRAINEE PERCEPTIONS OF WPBAS: LESSONS FROM THE LEARNERS

Presentation by Dr Vicky Tallentire

Discussion points and feedback received:

How, and by whom, should training in the purpose and process of WPBA be delivered to trainees?

- Trainees should be educated on the understanding of the purpose of WPBA at FY1, FY2 and ST training post inductions. This should then be confirmed at their Educational supervision meetings soon after
- Some felt WPBA training should be started in Medical School (not exclusively, particularly as overseas students may miss out)
- Training should be verbal in small groups, by educational supervisors AND by trainees in joint sessions for trainers and trainees
- Emphasis should also be placed on responsibility of trainees to take initiative and learn about WPBAs.

How can the implementation of WPBAs be altered to complement, rather than compete with, service delivery?

- Balance between WPBA and service needs should be met by mapping competences
- Rationalise the number of assessments – is there any evidence for the numbers currently done?
- Trainees need to be encouraged to spread out WPBAs, rather than group all at end of training placement when they are confident of doing well (education in the formative nature of WPBAs). Specific WPBAs to be scheduled early
- Invest time to train the trainers and trainees in WPBAs
- Recognise there is more time in GP for assessments, and initiate dialogue with GMC and CQC to facilitate the availability of similar timeslots in hospital specialties eg outpatient clinic slots.

What changes could be made to the WPBA forms themselves and the subsequent use of assessment outcomes, to encourage trainees to view the process as a valuable opportunity for self-reflection?

- Use text based descriptors rather than numerical scoring to move away from summative nature
- Include reflection area – this is as important as the assessment and should be written up and used in feedback
- Set standards to be met (rather than tick boxes)
- Feedback with reflection should be used as primary source, followed by scoring (if scoring to be used at all).

Additional feedback received:

- Available time (particularly for assessors) is the biggest barrier in implementation of WPBAs. This is more evident and a bigger issue in secondary care than primary care
- WPBA must be planned, one model might be completing a mini-CEX on the first patient seen on the Monday morning ward round each week
- Educational handover between placements is very important. It not only allows the progress made by a trainee to be tracked, but also means that failing trainees are followed more closely
- WPBAs should be re-named and options were considered such as “learning opportunity” or “supervised learning event” to emphasise the formative nature and more away from the concept of ‘assessment’ which trainees equate to summative assessment.

Summary

The following issues were summarised by the Chair:

1. Exposure to WPBAs should begin in Medical School and be repeated at training inductions for all grades, as well as during meetings with Educational Supervisors.
2. Time available for trainers and trainees was a barrier to effective implementation (particularly in the hospital setting).
3. Scheduling of WPBAs left too late/grouped at end of attachment by trainee.
4. Emphasis needed on reflection and feedback.
5. Further education on formative nature of WPBA (to include the removal of numerical scoring).
6. Renaming of WPBAs with options of “supervised learning event” or “learning opportunity” discussed.

3. FOUNDATION E-PORTFOLIO RESULTS

Presentation by Ms Karen Beggs

Discussion points and feedback received:

What research questions should be posed in relation to this data set?

- Need to know evidence of the value of WPBAs – this research would need funding. Can use of WPBAs be correlated with outcomes?
- Record the outcomes of doctors improving/progressing. Could the e-portfolio generate a hypothesis for some qualitative research on this?
- Look at a dataset to identify a failing trainee – difficult as this is a rare event
- Can progression be demonstrated e.g. graph with time along bottom axis plotting WPBAs to show progression
- Could WPBA be correlated with exam results and the GMC survey?

What kind of automated reports should be generated by ePortfolio?

- These should focus on the trainer, trainee progress, issues in the department and issue with the programme
- Target audience for these should be clearly defined
- They must be a useful tool for feedback
- An analysis of time needed for WPBAs could be used as a tool to feedback to trusts for job planning
- Develop a 2-pronged approach; a) standard agreed reports and b) optional tools/reports for own individual requirements, requested by Deanery.

Does the electronic medium get in the way of good assessment, or does it highlight problems that were hidden before?

- Electronic medium does get in the way of a learning event/assessment as NHS internet access can be very slow.
- Electronic database gives a better overview for the Educational Supervisor
- Electronic medium can detract from quality of WPBA and the feedback given
- The need to standardise data across all e-portfolios and decrease variation found currently
- Time delay occurred between carrying out WPBA and e-portfolio being completed
- Electronic systems are different in e.g. theatre and outpatient departments which causes problems.
- Possibility of using a handheld device (e.g. iPhone) to upload e-portfolio, to ease access problems
- Suggestion of paper to be used for recording at time of WPBA, then entered electronically afterwards.

QA of ePortfolio results:

- ***time taken***
- ***case note scrutiny***
- ***numbers performed by consultants/educational supervisor***
- ***time taken for feedback.***

- Data on time taken is currently inconsistent.
- Need to know who is doing assessment and what is being assessed?
Further data needed on grade of assessor

Summary

The following issues were summarised by the Chair:

1. Suggestion of use of electronic handheld devices to upload e-portfolio
2. Time taken to be looked at - currently inconsistent.
3. Need for data cleansing.
4. Possible triangulation with other areas
5. Definition of assessor and grading needed.

4. MOVING AWAY FROM THE SCORING SYSTEM

Presentation by Professor Jonathan Beard

Discussion points and feedback received:

How do you intend to evaluate and modify your WPBA tools?

- Name should be changed and alternative options were considered such as “supervised learning events” or “learning opportunities”
- Numbers should be removed and replaced with word descriptors
- Remove tick-box element, text feedback is vital
- Directed use of tools to assess against specialty competences (not whole range)
- Use performance anchors to pin a score to a level of achievement
- Shorter tools
- Define what the trainee needs to learn, thus what tools should be used
- Develop a grading system which is linked to exit level at that stage
- Evaluation must be continuous.

How do intend to modify your guidance on purpose, timing and frequency? Details are needed for developing this guidance.

- A template was needed for timing of assessments.

How do you intend to ensure that all your assessors are trained?

- First step is to identify who trainers are
- Should there be a financial incentive?
- Define minimum training required including the responsibility involved in providing assessments
- Refresher training should also be considered
- Have a register for minimum training. This could have different levels of assessors according to the level of training they had undertaken
- There should be a link between doing training to be an assessor and gaining appropriate PAs for it
- Closure of feedback loop to assessor (from survey results).

The tools need to fit for their intended purpose;

- How many of each type do we need?***
- Some topics chosen by consultant and not by trainee***
- Should they be earlier in attachment to allow time for reflection and repeat***

- The number required should be person specific, as some need more than others
- Topics should be chosen by both the trainee and the consultant
- Assessments should be carried out early in the placement to see a pattern of progress and to ensure formative aspect
- There are a few key procedures that a trainee must be safe and competent in for their specialty. These should be mandatory and assessed very carefully.

Summary

The following issues were summarised by the Chair:

1. Change the name of assessments.
2. No scoring to be used (text descriptors).
3. Training of assessors and register to be developed.
4. Assessments should be timetabled earlier to ensure formative aspect.

5. FEEDBACK FROM ASSESSMENTS – ISSUES AND SOME SOLUTIONS

Presentation by Professor Jonathan Beard

Discussion points and feedback received:

How can the WBPAs be enhanced to encourage good quality feedback?

- Both trainees and trainers should be appropriately trained in feedback
- Develop prompts to be used in feedback to give ideas of what to say. These could be questions
- Important to include feedback on what trainee has done well
- Specific action plan box to be included on form. Possibly develop a drop-down box for categories of action to be taken
- Change term “action plan” to “educational plan”
- Feedback is often harder when the trainee is doing well. Two suggestions were that they could choose a harder case next time, or teach others about it
- Trainee role in reflective process is vital and could include the trainee self-rating their own WPBA assessment. This would encourage trainee ownership
- If assessments are undertaken earlier in placement then good quality feedback can identify strengths and weaknesses
- When assessors are trained they should be educated to look at the trainees previous educational/action plan, in order to see what has been implemented
- Feedback should not be given in front of a patient or colleague
- Ensure feedback form shows verbal and documented feedback
- Role of educational supervisor can be conflicting as it should be to support and provide feedback, but also to identify those who are struggling. The purpose of each meeting between the Educational Supervisor and trainee should be clarified in advance.

Overall review of WPBA results with sampling by Educational Supervisor and triangulation with other indices of performance in the clinical setting – when should this be available and take place?

- Trainee should meet with their Educational Supervisor regularly, but also have ongoing contact via email to complete the triangulation process
- Triangulate with a monthly report from the Clinical Supervisor on progression. This could be surveyed by the Local Educational Co-ordinator.

Summary

The following issues were summarised by the Chair:

1. Trainee involvement and ownership of feedback.
2. Developing prompts to be used on form for feedback.
3. Emphasis on a good action/educational plan (and change of term to educational plan).
4. Regular feedback independent of WPBAs.
5. Confidentiality of feedback

6. THE ARCP – STRUCTURING THE SUPERVISOR’S REPORT AND HOW WPBA INFORMS THE ARCP

Presentation by Dr Andrew Long

Discussion points and feedback received:

What weight of evidence can currently be placed on supervisors reports?

- WPBAs only form part of a range of evidence for the ARCP. The Educational Supervisor’s report is vital in this process
- The report should be better structured and there should be some uniformity across specialties
- Suggested that the report shouldn’t carry too much weight where people work in small teams.

How does WPBA contribute to the evidence for safe progression in specialty training – is it being used formatively or summatively?

- Evidence should be looked at regularly by the Educational Supervisor to make a judgement and recommendations made to the ARCP panel.

How do other specialties ensure that trainees are competent to practice at a higher level of training (eg middle grade rotas) – is there a case for "mandatory" WPBA's?

- There should be some mandatory WPBAs to cover key procedures which trainee must be safe and competent in for their specialty.

Can the ARCP process be entirely ‘paper-based’ as recommended within the Gold Guide – at what stage does the trainee have the right, need or opportunity to ‘present the evidence’ in person?

- Some felt face to face panels should still be performed and trainees should be asked to attend these
- Some felt it could be entirely paper-based, unless an issue arose when the trainee should then be invited to give evidence
- Suggestion that ACRP could be virtual rather than on paper, with a random sample remaining for QA.

How defensible is the ARCP process to support a legal challenge against a negative decision?

- It should be defensible if it is based on a true summation of evidence.

Summary

The following issues were summarised by the Chair:

1. Regular evidence was required with triangulation
2. WPBA only formed part of the evidence for the ARCP.
Supervisor's report was vital component of the process.
3. Trainee should have opportunity to be present for giving evidence at ARCP.
4. The process is defensible by using triangulation process.

7. OVERALL ACTION SUMMARY FROM FORUM

Dr Mike Watson summarised a list of key issues:

- Structure of WPBA – is it fit for purpose, does it need modification, and what are we trying to achieve?
- The time taken over this process – currently using over half a million hours in postgraduate medicine, are we sure it is being used effectively for the outcome of highly competent doctors?
- How effectively are we using the current systems for WPBAs, and is there consistency across the country?

He then ran through the priorities for the coming months, and how they could be divided into four workstreams:

1. Name – The name should be changed to move away from assessment. Options such as “supervised learning event” and “learning opportunity” to be discussed further. Difference between mandatory assessments and these “supervised learning events” to be acknowledged.

To be taken forward by the GMC working with the Colleges

2. Timing of Assessment – Currently they are usually taken late in a trainee’s placement. In order to fulfil the formative nature of WPBAS, a more structured timetable should be developed. Two types of assessments:

Mandatory assessments – as defined by each specialty

Supervised learning events – these would be optional and prescribed by the Educational Supervisor. They should be targeted specifically to ensure optimum use of time.

To be taken forward by the AoMRC, setting the curricula and assessment requirements

3. Training of Assessors – to ensure they are fit for purpose, moving towards a registration process. Forms to record which assessment the assessor has undertaken, which can feed into appraisal and job planning.

To be taken forward by COPMeD and the GMC

4. What WPBA is used for – to define the most effective outcome of WPBA, and how feedback and reflection are used within the process. Aim for the Medical Schools to introduce WPBAs towards the end of their course once clinical experience begins.

To be taken forward by COPMeD, the AoMRC and GMC

APPENDIX DELEGATES

Mr Russell Ampofo	FPH
Dr Lucia Batty	FOM
Prof Jonathan Beard	RCSEng
Ms Karen Beggs	E-Portfolio Project Manager
Dr Andrew Brittlebank	RCPsych
Dr David Bruce	COGPeD
Ms Maria Bussey	RCSEng
Professor Philip Cachia	COPMeD
Dr Apryll Chase	RCOG Trainee
Dr Mike Clancy	CEM
Dr Nicky Colledge	RCPE
Ms Sandra Dewar	RCPATH
Dr Neil Dewhurst	AAC Chair/RCPE
Dr Mark Doherty	RCOphth
Professor Sir Neil Douglas	AoMRC
Mr Ian Eardley	RCSEng
Dr Andy Elder	RCPL
Dr Sacha Evans	RCPsych Foundation Trainee
Ms Stacey Forde	Foundation Programme
Professor Derek Gallen	Foundation Programme
Mr Ben Griffith	GMC
Dr Jacky Hayden	COPMeD
Mr Kevin Hayes	RCOG
Mr Alastair Henderson	AoMRC
Dr Gareth Holsgrove	Educationalist
Dr Muj Husain	RCPsych Trainee
Mr Robert Jackson	RCPsych
Dr Andrew Jeffreys	NACT
Dr John Jenkins	GMC
Dr Edmund Jessop	FPH
Dr Mike Jones	RCPE
Dr Naresh Kumar	FOM Trainee
Ms Patricia Le Rolland	GMC
Dr Huw Lewis-Jones	RCR
Dr Andrew Long	RCPCH
Dr David Long	RCPCH
Dr Seamus McAleer	RCR
Dr Sharon McCullough	FPH
Prof Alastair McGowan	CEM
Mr Chris Munsch	ASTC
Dr Simon Newell	RCPCH
Dr Ann O'Shaughnessy	RCPI
Dr Andrea Pilkington	RCOG Trainee
Dr Soodesh Reetoo	FOM Trainee
Ms Sarah Robinson	RCGP

APPENDIX DELEGATES

Dr Damian Roland	RCPCH Trainee/ATDG Chair
Dr Kumaran Shanmugarajah	ASiT Foundation Trainee
Mr John Smith	GMC
Ms Lara Smith	RCPCH
Dr Sam Smith	RCGP Trainee
Prof Peter Stonier	FPM
Dr Vicky Tallentire	RCPE Trainee
Dr Alistair Thomson	NACT
Ms Winnie Wade	RCPL
Prof Angus Wallis	FDS
Dr Mike Watson	COPMeD
Dr Kevin West	RCPPath
Ms Kirsty White	GMC
Dr David Williams	COPMeD
Dr Nicki Williams	RCGP
Dr Hamish Wilson	GMC
Dr David Yates	GMC

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