

WPBA annual report for 2013/14

This report is divided into two sections:

1. The RCGP ARCP Quality Management Feedback and
2. The WPBA annual report

RCGP ARCP Quality Management Feedback

1. ARCP outcomes

12081 ARCP evaluations of GP Trainees were completed across the UK between 22 July 2013 and 21 July 2014 (a decrease of 14.26% from the previous academic year), with the majority being satisfactory outcomes (74.95% Outcome 1 and Outcome 6), and 20.53% comprising unsatisfactory outcomes. It should be noted that the total number of evaluations is not the same as the total number of GPSTs in training at anyone time. The reduction does not indicate that there were fewer GP trainees in post in 2013/14. We know that this is not the case from the overall GP training figures. It indicates that the GP trainees in post did not require as many ARCP Panel reviews. A trainee in difficulty is more likely to need several ARCP Panel reviews in a year whereas trainees developing their competences at an acceptable rate will need only one. The data suggests therefore that on the whole, ARCP Panels have rated a larger proportion of GP trainees as developing satisfactorily in 2013/14 than in 2012/13; a pleasing statistic.

Around 42% of ARCPs across the period were undertaken in ST3 (n=5036), with around 28% of ARCPs undertaken in ST1 (n=3416), and 29% in ST2 (n=3524).

Figure 1: All ARCP outcomes awarded between 22 July 2013 and 21 July 2014

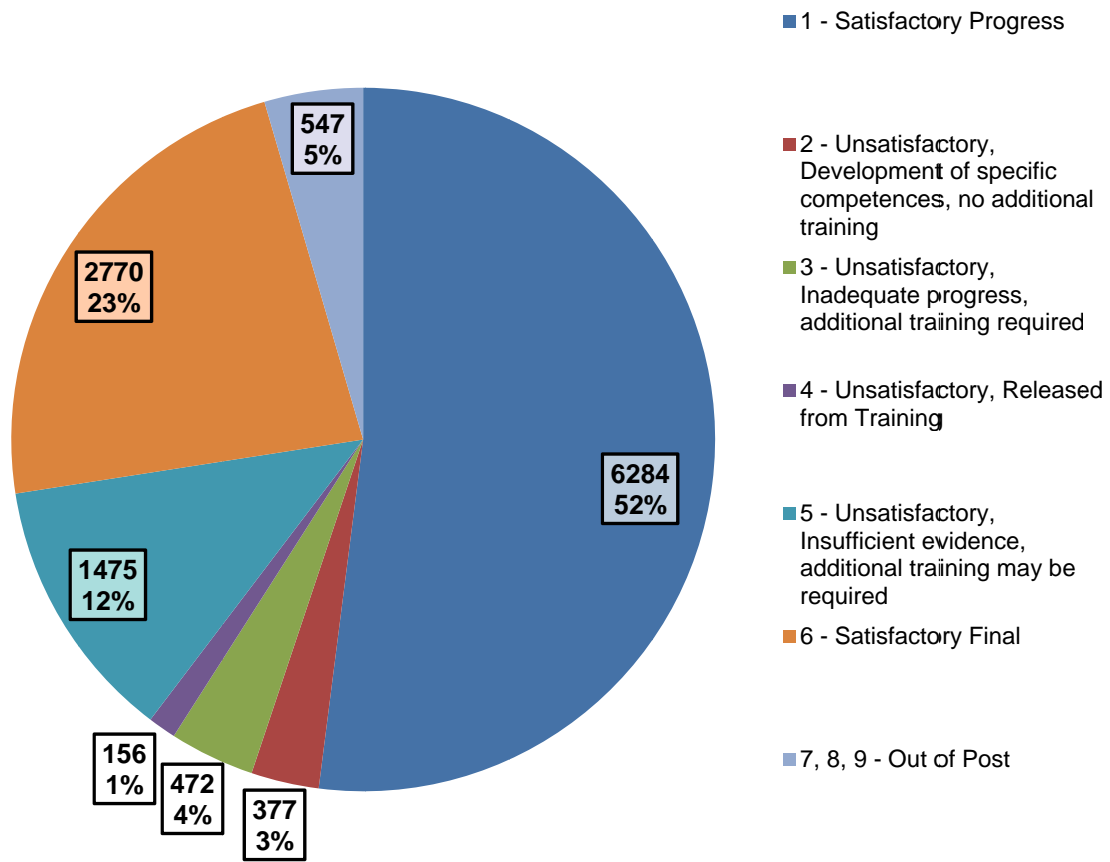


Figure 2. Unsatisfactory ARCP outcomes % per trainee year

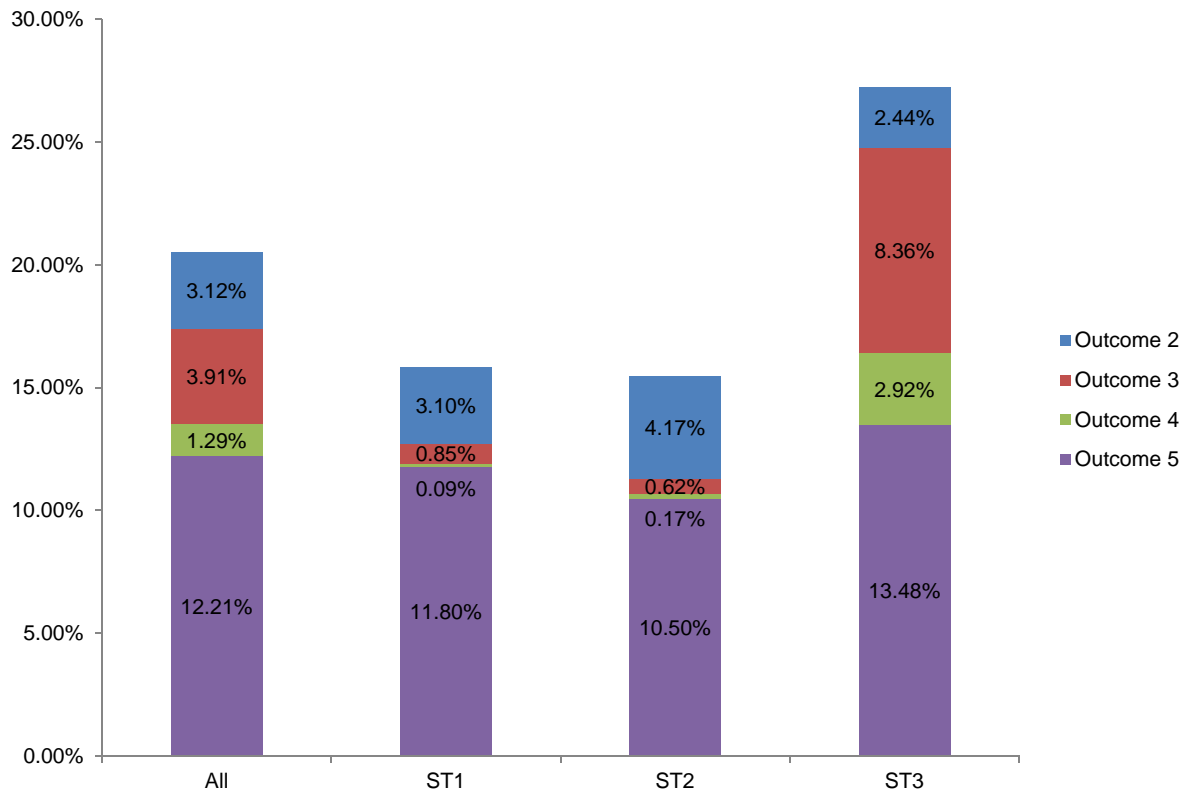


Figure 3. Satisfactory ARCP outcomes % per trainee year

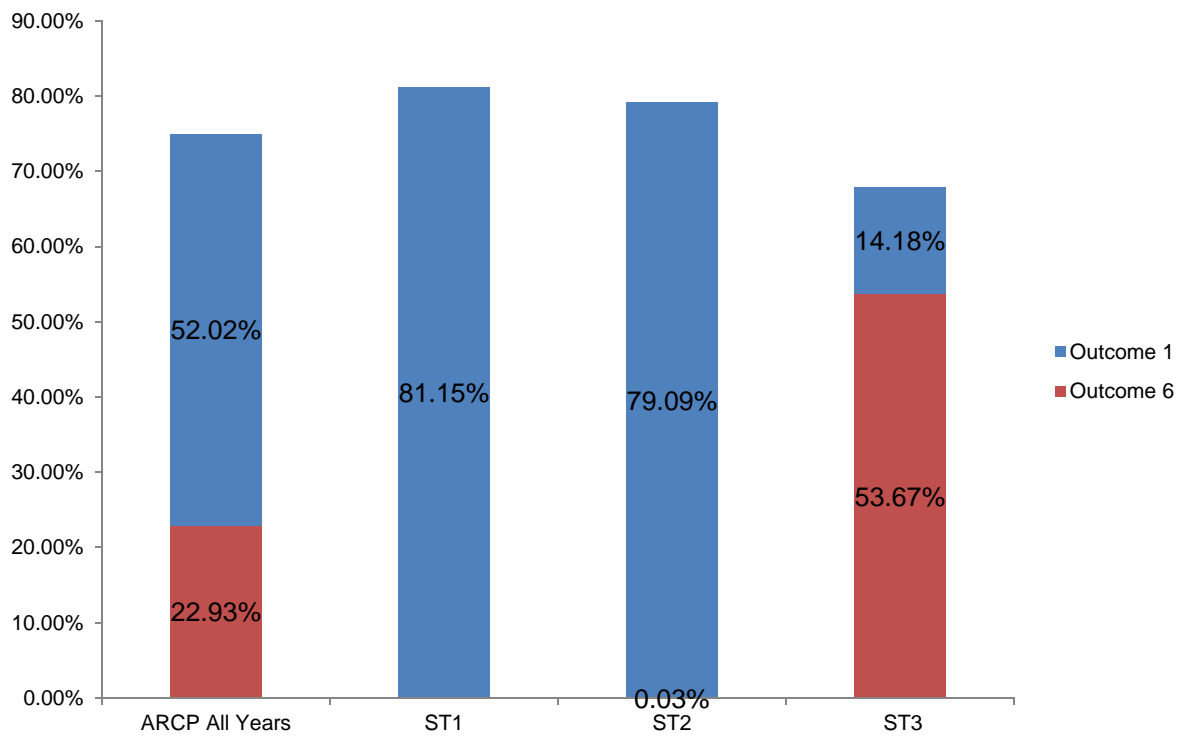
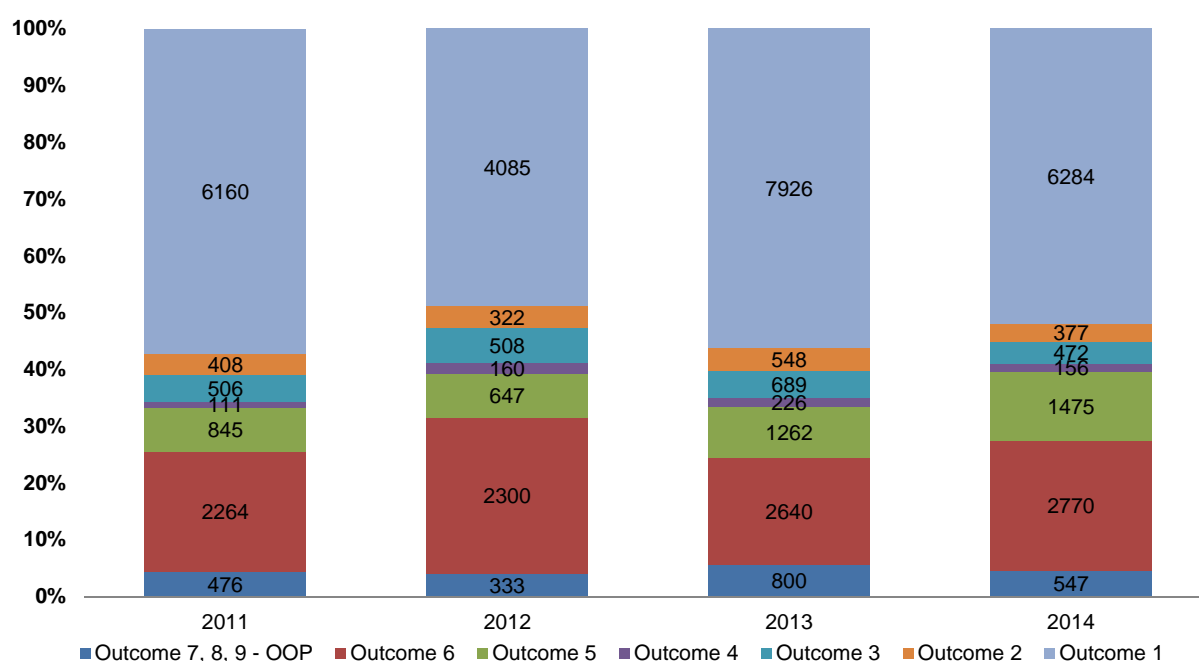


Figure 4. Proportion of outcomes awarded across the last four academic years



2. National Statistics and quality management data for educational and clinical supervisor

The RCGP quality management process reviews a trainee's ePortfolio and gives feedback to Deaneries on the quality of the evidence presented. In particular it rates against predetermined criteria the quality of the Clinical and Educational Supervisor reviews.

Two sessions of Central Checking were covered by the 2014 rolling year: the Winter 2013-14 and the Summer 2014 sessions. A total of 3141 ARCPs were reviewed during the two sessions, 26.00% of the total number of ARCPs awarded during the review period. The Summer 2014 session saw the most ARCPs reviewed of any session undertaken by the RCGP thus far, 2326 in total.

Table 1: Summary of national statistics over time

| Year | ARCP Outcomes quality managed (#) | Unsatisfactory ARCP outcomes (%) | ESRs Deemed Acceptable (No Recent ESRs excl.) (%) | No Recent ESR* (%) | ARCP outcomes with sufficient TeP evidence (%) | CSRs found to be acceptable (%) |
|------|-----------------------------------|----------------------------------|---|--------------------|--|---------------------------------|
| 2010 | 1852 | 53.19% | 62.26% | 8.59% | 90.33% | - |
| 2011 | 2787 | 66.59% | 69.54% | 9.40% | 88.63% | 52.73% |
| 2012 | 2390 | 64.06% | 72.28% | 8.08% | 94.14% | 77.25% |
| 2013 | 3414 | 68.48% | 70.74% | 6.00% | 94.73% | 74.49% |
| 2014 | 3141 | 69.34% | 73.53% | 8.82% | 92.61% | 60.13% |

*ESR more than two months old at time of ARCP Panel

Unfortunately, the overall quality of the CSR has dropped. However, it should be noted that a poor quality CSR does not necessarily indicate that a GP Trainee has received poor quality supervision.

Nevertheless, the data suggests further investigation is required to discover why, in this last academic year, almost 40% of GP Trainee Clinical Supervisors did not provide adequate written feedback and/or advice for future development to their trainee.

Although there has been a small drop in the measured standard of ARCP Panel report standards, the overall trend since 2010 is still positive and very encouraging.

The standard of ESRs increased in the 2014 academic year to its highest level yet, and is almost 3% higher than in the previous year.

Workplace Based Assessment Annual report

The five key objectives for WPBA are:

1. To develop a valid and dependable framework for development of workplace learning and assessment
2. To maintain and develop engagement of the key stakeholders
3. To reconnect learning and assessment
4. Raise the profile of WPBA within the education and assessment community
5. Develop an assessment strategy for the future of GP training.

Much of the developmental work has been focused on objectives 1, 3 and 5 making judgements dependable, reconnecting learning and assessment while moving towards a “programmatic” approach and finally working in collaboration with the curriculum lead on an assessment strategy/model for the future.

Developmental areas

DOPS – update

Plans to integrate DOPS from its current isolated assessment form into an assessment of Clinical Examination and Procedural Skills are now progressing well.

The final changes will now include:

1. A new professional competence also called Clinical Examination and Procedural Skills (a subsection of Data Gathering eventually but below the existing competences initially)
2. A new Learning Log category called ‘Clinical Examination and Procedural Skills’
3. Changes to the COT criterion 6 to include actual examination, rather than choice of examination
4. Competence specifically addressed by three questions for the ES as a summary of progress in the ESR
5. Changes to MSF to include the trainees ability to examine
6. Additional question in CSR on clinical examination ability and a free text box to include which examinations
7. New evidence form for assessor to document observations

Following the GMC's decision to allow the WPBA group to run a parallel system of the current DOPS assessment and the new integrated version which will be renamed Clinical Examination and Procedural Skills (CEPS) a significant amount of preparation has occurred to ensure this new system is as ready as it possibly can be.

A teaching PowerPoint and training manual outlining the proposed changes and the requirements for both the trainee and their supervisor has been written. This includes the transition arrangements for trainees who are already in the system.

This has been sent via the academy to all Heads of School, COGPED, Deanery Assessment Leads and to the AIT and BMA trainee committees. InnovAIT are publishing an article in crammers corner and a podcast is planned. The RCGP website has been updated and this includes the resources.

The new system will be released into the ePortfolio in December 2014 and will then enable the WPBA group to evaluate the new system in July 2015.

The GMC have requested proof that trainees are complying with the requirements of CEPS and it can be demonstrated they are competent before the old DOPS system can be removed from the ePortfolio. It is hoped the mandatory DOPS assessment will be removed after August 2016.

Indicators of Potential Underperformance (IPUs)

The competency framework of the MRCGP currently describes an array of observable positive behaviours through which the trainee's progress in the development of competence can be gauged. The framework has now been augmented by IPUs that are designed to help users identify problematic behaviour at an early (and therefore hopefully redeemable) stage of training. The hope is that these indicators will be useful not only in helping the Supervisor identify underperformance early but also to help guide the feedback required to help their trainee progress.

A national survey was undertaken in 2013/2014 to alert supervisors to the presence of the IPUs.

The responses show that trainers and to a lesser degree, trainees, believe that the tool is acceptable, that they have a use in targeted assessment and feedback and are useful in identifying underperformance.

Importantly, IPUs allow the unpalatable to be recognised and to be said. The survey showed that educators regularly recognise areas of performance concern and the availability of a framework and language gives both the permission and the mechanism for addressing this difficult area and 'breaking bad news'. Both trainers and trainees welcome this and respondents suggested that with the possibility of recognising underperformance, comes the **responsibility** to do so.

A further survey is planned after the January 2015 Educational Supervisors review to assess the validity and utility of IPUs.

EGPT – Quality Improvement Project (QIP)

Dr MeiLing Denney on behalf of the WPBA Group has completed the first round of pilots for QIP. The QIP is part of a proposed RCGP quality improvement programme, and sits within the RCGP's proposals for the training and assessment programme for the final year of training in an Extended GP Training (EGPT) four-year programme.

Trainees in the pilot (who were in ST3) were encouraged to focus on planning an appropriate QIP for implementation, engaging in feedback at key stages (the four touch points), evaluating the project in terms of the change and potential service improvement and writing up their work

The outcomes of the pilot were positive, despite this project being done in a very short time frame towards the end of trainees ST3 training.

Some excellent projects were undertaken. Educational supervisors felt that participating in the QIP project brought enormous benefits to the trainee, skilling them up in a way that was appropriate for their future work as a GP. Specific skills that were mentioned were leadership skills, change management skills, appreciation of other members of the practice team, gaining maturity and understanding practice management. There appeared to be a feeling that the QIP stretched the ST3 trainee appropriately, and developed skills that were not previously covered by other teaching or experience.

Further work needs to be done on the process including how the templates and touch points are used and to make these more user friendly.

Current Projects /Future Plans

Leadership assessment

One of the current suggestions for assessing Leadership and Management skills as part of WPBA is a "Leadership MSF". This has attractions for a number of reasons, not least because the methodology is established.

The proposal is that the Leadership MSF would be only compulsory only once, probably towards the end of the first three months of the final year of training in an Extended GP Training (EGPT) four-year programme (ST4).

The results of the MSF would be used in a formative, educational planning meeting with the trainee's educational or clinical supervisor to determine the priorities for the development of leadership and management skills during the rest of the year.

Having given consideration to some of the literature on the subject of medical leadership and management, the following are the areas that are currently being considered as attributes to be individually rated and appropriate for a trainee in ST4:

- Willingness to take responsibility
- Ability to work effectively within teams including multidisciplinary teams (MDTs)
- Being comfortable dealing with medical complexity (specifically the ability to move beyond a protocol driven approach to patient care when there are no guidelines)
- Commitment to quality improvement (through audit and/or quality improvement projects)
- Regular demonstration of understanding of medical management at both practice level and beyond (this will require a basic understanding of how the NHS is organised in the place where the registrar is working)
- Consistent demonstration of organisational skills including forward planning in both patient care and clinical systems
- Successful and appropriate Involvement in the training and education of others
- Ability to cope when under pressure

The intention is that there would also be free text boxes for those completing the MSF to comment on strengths and areas for development. The plan is for this to be piloted in 2015.

Move to supervised learning events (SLEs)

The generic framework for SLEs is complete and colleges are now all looking at how these can be incorporated into their current assessment systems.

The WPBA group is planning a one-day workshop in February 2015 to review our current assessment systems for ST1-3 and how these could be more useful in terms of assessment for learning. As with many formative assessments the design of the current assessment form encourages a tick box mentality. The literature reports the real value of WPBAs to trainees to be in the feedback they receive and the assessment form needs to reflect this learning and plans for further learning.

The GMC are supportive in moving towards SLEs as formative assessments in WPBAs. Any move towards SLEs would require training resources and the support from supervisors in ensuring their understanding of the purposes and uses of an SLE in order for it to be maximally effective.

As a large emphasis on an SLE is the feedback a trainee receives from their supervisor the indicators of underperformance should be a useful resource to help this process.

New Assessments

The Medical Protection Society (MPS) state 'it is absolutely imperative to make telephone consultations clinically safe and effective'. At the moment there is no formal process whereby a trainee is assessed doing a telephone consultation and receives feedback. This is particularly important due to the recent increase in the number of telephone consultations that occur in general practice.

An Audio COT, which follows the same format as the current COT assessment but with an emphasis on using the telephone has been developed and is about to be piloted in three sites and evaluated. The hope is that the Audio COT can be included as an option in the ePortfolio if the pilot outcome is satisfactory.

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December 2014