

Workplace Based Assessment Annual report August 2014 –July 2015

The five key objectives for WPBA were reviewed in June 2015 and are as follows

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 future assessment strategies for the future of GP training.

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

Developments in WPBA

Child safeguarding level 3

COPMeD recently mandated the requirement for GP trainees finishing training to have completed child safe guarding to level 3. To ensure LETBs and Deaneries could easily check this had been completed at the Annual Review Competency Progression panels a tick box was included in the eportfolio for both the trainee and their supervisor to complete during the final review

Clinical Examination and Procedural Skills (CEPS)

Plans to integrate DOPS from its current isolated assessment form into an assessment of Clinical Examination and Procedural Skills have been approved by the GMC.

CEPS were released in the eportfolio in January 2015 as a dual system alongside DOPS. These were evaluated in June 2015 as requested by the GMC in order to address concerns they had with the new process which included:

1. An understanding, engagement and correct implementation of the standards for assessment,
2. Review of whether delivery of the new system had been possible within the existing teaching time
3. Performance of mandatory DOPS and the setting in which undertaken (to include whether in primary or secondary care environment).

In order to address the first two questions the WPBA group devised two questionnaires, one for trainees and one for trainers, and the number of mandatory DOPS and CEPS undertaken between January and June 2015 were taken from the eportfolio.

The results were sent back to the GMC in July 2015. The subsequent approval from the GMC requested on-going evaluation in several areas which include ensuring trainees do have the opportunity to complete and be assessed in intimate examinations, that doctors have access to sufficient training guidance including those working in secondary care and for the word pictures to be reviewed on the requirements for CEPS. The evaluation will be included in next year's Annual Speciality Report.

The guidance document for trainees and educators, the wording in the eportfolio particularly for intimate examinations and the word pictures are now being reviewed for these concerns to be addressed.

Once complete this will be sent out to the Heads of School and the Deanery Assessment Reference Group for them to support the cascade of information to their education network with an exact date for when the eportfolio will be changed from DOPS to CEPS. DOPS will stay in the eportfolio as a read only page. We expect this change to have occurred by the end of 2015.

Word Pictures for the Competencies

Following the design of a word picture for the new competency on Organisation, Management and Leadership it was felt that all the word pictures needed to be updated. These had not been reviewed since the launch of the MRCGP Licensing Assessment in 2007, the wording was not consistent with the changes in the new curriculum and it was felt that there needed to be more obvious progression between the 'Needing further development' level and the 'Competent' level in particular.

These have all now been rewritten, reviewed by the RCGP Disability lead as well as the RCGP linguist for their comments and updated following their suggestions. These will be finalised and should be ready to replace the current word pictures in the eportfolio during 2016.

Educational Supervisor review (ESR) and the generation of the trainees Personal Development Plan (PDP)

Current problems with the existing system include PDPs generated from the ESR which are not fit for purpose, not SMART and not editable after the ESR to make it

SMART. The trainee's PDP is cluttered with ESR generated entries, which have only been derived from competencies that the trainee does not choose nor achieve.

The changes include:

- Making the trainee focus on a proposed PDP before review.
- It mirrors the appraisal system in getting the trainee to propose, discuss and agree a PDP for next review period.
- The PDP will be SMARTer and more fit for purpose.
- The trainee will take responsibility for it.
- It encourages meaningful discussion at the ESR with formative feedback from the ES to the trainee to edit and improve the proposed PDP.
- Allows for broader range of PDP entries not necessarily related to the competences but to cover all aspects of training.

Audio Consultation Observation Tool (AudioCOT)

The AudioCOT has been developed to reflect the increasing importance of telephone consultations in general practice. It will support the trainee in readiness for real life and also in the CSA exam when the trainee may be assessed on a telephone case.

We have completed an equality analysis of the impact of introducing this new assessment tool, particularly in respect of candidates with relevant disabilities such as hearing impairment and candidates for whom English is not their first language. We are pleased that the GMC has chosen to use this work as an exemplar in their new guidance on approving changes to curricula, examinations and assessments:

The plan is for the AudioCOT to be an optional COT in the ST3 year, but to prevent trainees doing only AudioCOTs a minimum of 9 face to face consultations will need to be recorded and the remainder can be made up with AudioCOTs. The timeline is for this to be ready in the trainee's eportfolio, which includes training guidance for August 2016.

Leadership Multisource feedback (MSF)

An MSF in leadership has been designed and initial pilots undertaken. The aim was to develop an assessment which the trainee could be use in a formative, educational planning meeting with their educational supervisor to determine the priorities for the development of their leadership and management skills during their first year as a qualified GP.

The respondents were asked to rate the trainee against the following statements:

- Their organisational skills including time management, planning and adaptation to changing circumstances
- Their willingness to take responsibility for their own decisions and continuing medical education
- Their ability to respond in a responsible and considered way when services are under pressure
- Their ability to work effectively within teams
- Their ability to manage group dynamics and encourage participation from all members of the team
- The extent to which they take steps to become involved in the training and teaching of others, including junior doctors, medical students and other disciplines
- Their demonstration of understanding of health service management at practice and locality levels as well as within the wider NHS
- The extent to which they take an active part in maintaining and improving patient care
- Their commitment to quality improvement within the organisation including the evaluation of the effectiveness of any changes implemented

The ratings were exactly the same as those found in the current MSF using a 7 point scale from 'Very poor- Outstanding', with an additional box of being unable to grade and free text boxes for those completing the MSF to comment on strengths and areas for development.

Unfortunately the response rate within the pilot sites was low and currently we need to review how this is to be evaluated.

New developments to start in the next academic year:

- Improvements to the CSR
- Reviewing the current PSQ assessment.
- Moving the case based discussion assessment into a structured learning event.