

Workplace Based assessment Annual report August 2015 –July 2016

WPBA is the evaluation of a doctor's progress over time in those areas of professional practice best assessed in the workplace. The strengths of WPBA are that it:

- Includes assessments of performance assessing what the trainee actually 'does do' throughout GP training
- Provides an opportunity for gathering evidence and reflecting on performance
- Provides constructive feedback on areas of strength and developmental needs, hopefully identifying trainees who may be in difficulty
- Drives learning in important areas of competency
- Determines fitness to progress to the next stage of training /complete training
- Evaluates aspects of professional behaviour that are difficult to assess in the AKT/CSA

In 2015 the WPBA group at the RCGP started their own internal review to ensure the direction of travel for WPBA remains valid and of value. Our 5 main objectives are to:

- Develop a valid and dependable framework for development of workplace learning and assessment
- Reconnect learning and assessment
- Maintain and develop engagement with key stakeholders
- Raise the profile of WPBA within the education and assessment community
- Develop future assessment strategies as GP training develops

It was recognised during the review that areas within WPBA needed addressing:

1. WPBA requirements are mostly unchanged from the start of the nMRCGP and need to change to reflect the curriculum, the new Generic Professional Capabilities framework and the future needs of GPs
2. Assessments / reviews are not always done well. Significant differences in the inter-reliability in the marking of assessments between assessors of different status and seniority has been demonstrated
3. Assessments, such as CSRs can be seen as long box-ticking forms with little written feedback
4. Evidence that assessments do not identify trainees failing to progress early and potentially are of little value, for example the PSQ in current format, does not differentiate between candidates of differing abilities

The review focussed on reducing the burden of assessment, by focussing on assessments which the WPBA group didn't feel had either the evidence behind them or were of less value in recognising trainees not progressing. Secondly it looked to introduce new

assessments which are relevant to the future General Practitioner and which also met the new requirements within Generic Professional Capabilities. Work is ongoing to look at these areas, but within 2015- 2016 the new developments which have been introduced are as follows:

Changes to the ESR/PDP

The planned changes to the ESR and PDP have been implemented and are in the eportfolio

The ESR has changed in three ways. All the actions generated by the trainee in 'suggested actions' and all the trainer 'agreed actions' have been summarised in a single table against the competency headings, producing a succinct plan for the trainee to use. It is no longer required for a trainee and their supervisor to write action plans against every single competency but just choose up to 3 areas to focus on before the next review.

The ES process and meeting will mirror the process used for post-CCT GPs, and trainees will be expected to propose PDP areas for their next 6 months (or year if they are approaching CCT and will next have an appraisal as a qualified GP) with the ES helping to improve, make SMART and finalise the suggested PDP areas.

For all who have access to the ePortfolio, the ESR will be released to view after the ES has completed it rather than when the trainee accepts it. If they don't accept it, trainees will have the option to comment on it, but this will not delay its release.

Audio COT

General Practice has evolved, and more and more consultations are being carried out by phone. Different skills are needed to carry out a consultation safely and appropriately on the phone from those needed for face-to-face consultation.

The audio COT assessment form and associated materials have been developed and went live in the eportfolio during 2016.

CSR

A new CSR has been developed which unlike the current CSR addresses all of the competences. This will be a requirement for every post, which will also require the new CSR to be an expected assessment for GP posts as well as those in hospital. The 17 questions within the existing CSR have been reduced to 7 key areas. The supervisor will also be asked about the level of supervision required by the trainee in the post. As with the AudioCOT this went live in the eportfolio during 2016.

Future developments still in piloting include

Reviewing the number of COTs/ CBDs in each training year

Replacing the 6 monthly ESR with a shorter interim review

Development of tool for assessment of prescribing (ST3) - Safe prescribing is a core activity and one, which is central to competent GP provision. The WPBA group is developing a tool for use in ST3 in which it is proposed 100 successive scripts will be analysed by the GP trainee and then reviewed by the Supervisor in relation to safety, appropriateness, clarity of instructions etc.

Development of assessment for a required QIA in ST1/2 -The group arranged a national workshop looking at the feasibility of assessment of Quality Improvement Activity in ST1/2 and ideally when the trainee has their GP post. There was a clear consensus that this is achievable and appropriate and progress is underway in proposing a way to assess this as well as the development of supporting materials.

Log entry format- There has been feedback for some time that the format of clinical encounters is variably used, sections are left blank and that the process does not generally enable reflective practice for some practitioners. This is being reviewed with respect to the types of cases needed and potentially linking this to population groups rather than individual curriculum headings.

Leadership Activities including a leadership MSF - A leadership activity pilot is currently underway in Scotland and depending on the results a decision will be made as the best approach to introduce this into GP training. A leadership MSF is in the final stages of piloting, which will form part of this assessment.

Reviewing the current PSQ format -The intention is to remove the PSQ assessment in ST1/2, subject to GMC approval. Educators and trainees find this time consuming to do and it doesn't identify trainees who are in need of extra support. The PSQ, which will need to continue in ST3, is to be reviewed and possibly rewritten in a format, which does differentiate trainee performance.

OOH -The group has worked with others to develop a proposal for an electronic form linked to the ePortfolio and an associated proposal that trainees should reflect on the clinical experience then use log entries rather than recording these separately on the OOH form. Further progress on this is dependent on greater clarity about the OOH expectations in all 4 countries.

More information on the WPBA developments will be available on the RCGP website when these have been finalised.