

## Workplace-Based Assessment: Annual Report 2012-13

### ANNUAL REPORT AND OUTCOME DATA

Workplace based assessment is a formative process and it is difficult to report on outcome metrics in the same way as summative elements of the MRCGP. However the process of implementation of WPBA and how that evidence is reviewed in Deaneries by ARCP panels (annual review of competency progression) is subject to the RCGP quality management process, which reports twice a year.

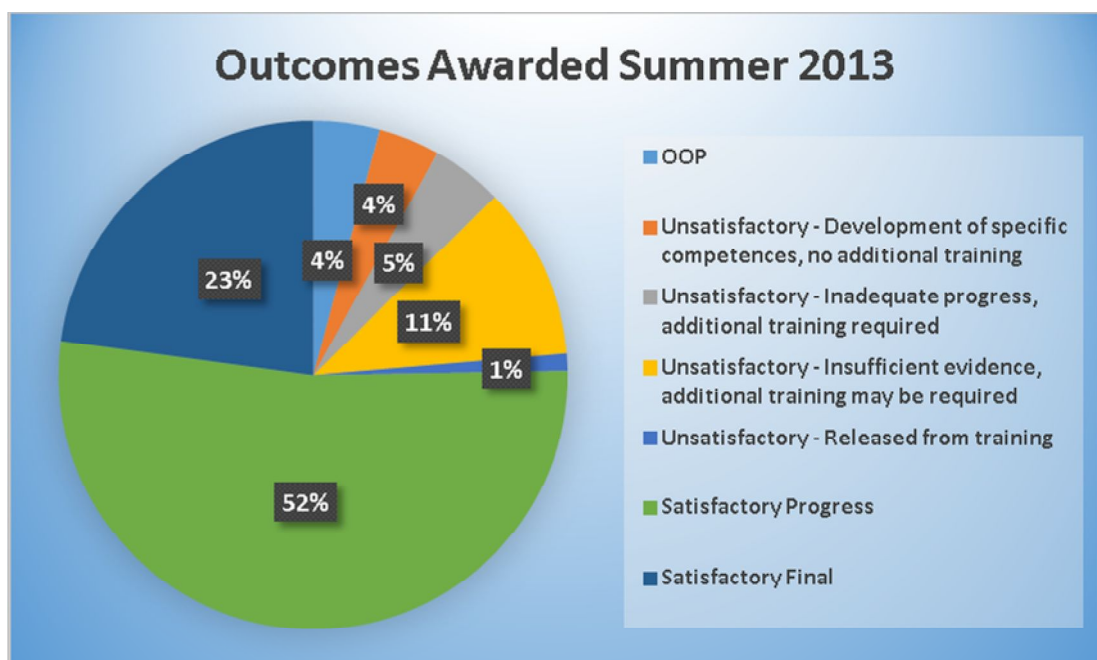
### RCGP ARCP Quality Management Summer 2012 Feedback

#### 1. ARCP outcomes

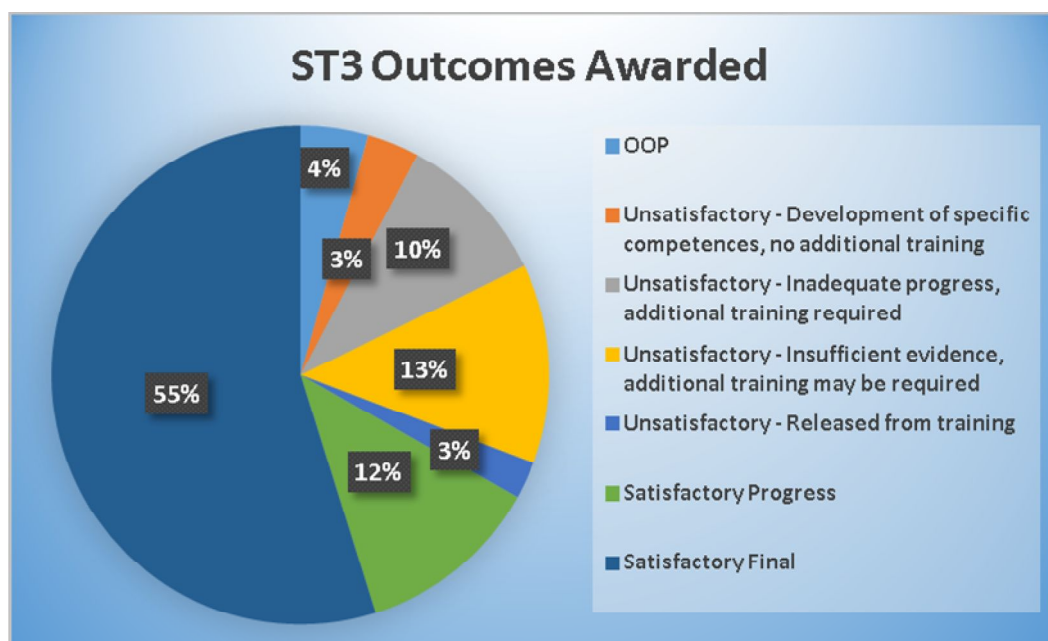
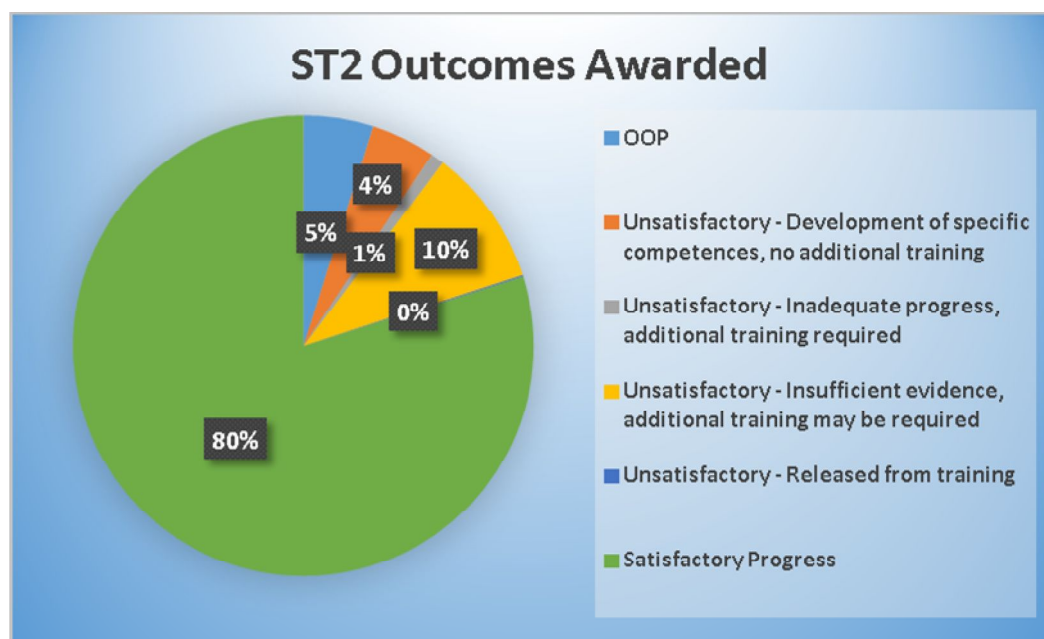
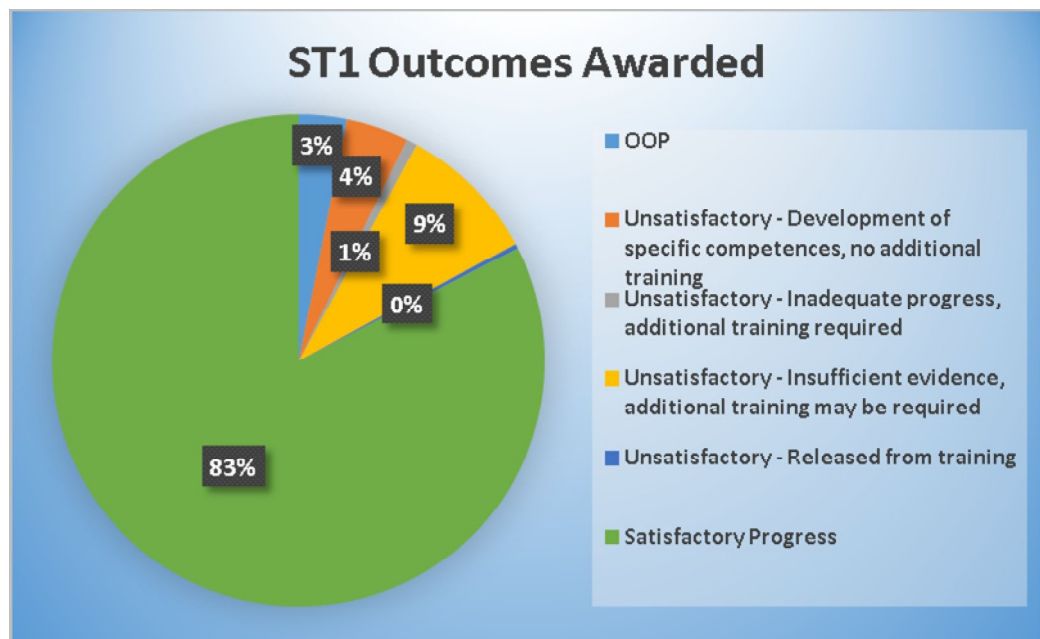
9282 ARCPs were completed across the country. (This was an increase of 2736 from the previous year). 75% had satisfactory outcomes (23% outcome 6 and 52% outcome 1).

The RCGP quality management team reviewed 2201 ARCPs, which had been completed between 10 January 2013 and 21 July 2013.

Figure 1: ARCP Outcomes awarded across the UK 10/1/2013 – 21/07/13



Figures 2, 3 and 4: ARCP Outcomes awarded by training year 10/1/2013 – 21/07/13



## 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.

	Total # ARCP outcomes quality managed	% of sample composed of Unsat. ARCP outcomes	% ESRs found to be Acceptable (No Recent ESRs excluded)	% No Recent ESR (i.e. more than 2 months old at time of panel)	% ARCP outcomes found to have sufficient ePortfolio evidence	% CSRs found to be acceptable
<b>Summer 2013</b>	<b>2201 (of 2306 identified)</b>	<b>69.01%</b>	<b>70.24%</b>	<b>5.82%</b>	<b>94.00%</b>	<b>74.85%</b>
Winter 2012-13	1213	67.60%	71.65%	6.35%	96.04%	73.52%
Summer 2012	1700	65.65%	74.83%	4.65%	95.12%	77.80%
Winter 2011-12	690	60.10%	65.10%	16.50%	91.70%	74.50%
Summer 2011	2,054	65.90%	71.30%	6.80%	88.10%	52.70%
Winter 2010-11	733	68.60%	64.10%	16.80%	90.00%	52.53%
Summer 2010	1,279	51.10%	61.10%	4.80%	92.70%	-
Winter 2009-10	573	57.80%	65.10%	17.10%	85.00%	-
Summer 2009	1,264	46.20%	64.40%	9.60%	89.50%	-

The standard of ESRs has slightly dropped in quality from the 2 previous checking sessions. The ESR continues to be heavily criticised by supervisors as a lengthy time consuming task, despite earlier advice on how evidence can be collated. The release of the updated eportfolio in August 2013 should hopefully reduce some of the burden of doing the ESR and this should improve the quality of the review.

Similarly the quality of the CSR has dropped slightly, but the quality of these reviews has remained consistently high for the last 4 periods. This reflects the work done by Deaneries in informing clinical supervisors how

best to complete these reviews and the information, which needs to be included for the ARCP. Clinical supervisors can be Hospital based or General Practitioners and there continues to be a difference in the quality of the review between the 2 groups, (GP CSRs at 90.5% compared to Hospital CSRs at 64.3%)

### 3. Improving the Educational impact of the WBPA tools

This continues to be one of the key objectives for WBPA, with the aim to be moving towards a programmatic approach by reconnecting learning and assessment.

The competency framework and rating scales have been reviewed and continuing work which is in its final pilot stages on indicators for underperformance are soon to be added to the eportfolio. These will be a useful aid for supervisors in giving meaningful feedback to their trainees as well as identifying trainees early on in training who may potentially struggle.

Move to supervised learning events. The focussed case based discussion model is being incorporated into WBPA and this has been well received from pilot groups. The steer from the regulator and the need for developments to be aligned to the GMC standards will increase the development of assessments following this theme. Feedback will follow anchored behavioural rating scales rather than being perceived as a numerical rating scale. Learning resource material has been developed and this is available to Deaneries

Moving DOPS from an isolated mandatory tick list to being integrated within assessments and naturally occurring evidence. The proposal is due for GMC consideration in Jan 2014.

### 4. Raise the profile of WBPA

There have been significant developments in WBPA since it was implemented in 2007. When used in isolation as a summative tool it is inherently unreliable.

Developing the tools, improving their educational impact and training of the assessors maximises the elements of the utility equation.

If combined with constructive alignment where the updated curriculum, the intended learning outcomes, teaching methods and assessments are aligned and integrated to each other the quality of Work Place learning will improve. This will have more relevance, create more interest and help generate a future GP who can face the new challenges of licensed practice.

## References

Van der Vleuten CP, Schuwirth LW, Driessen EW, Dijkstra J, Tigelaar D, Baartman LK, van Tartwijk J. (2012) A model for programmatic assessment fit for purpose, *Medical Teacher*, 34, 205-214

