Workplace-Based Assessment: Annual Report 2011-12
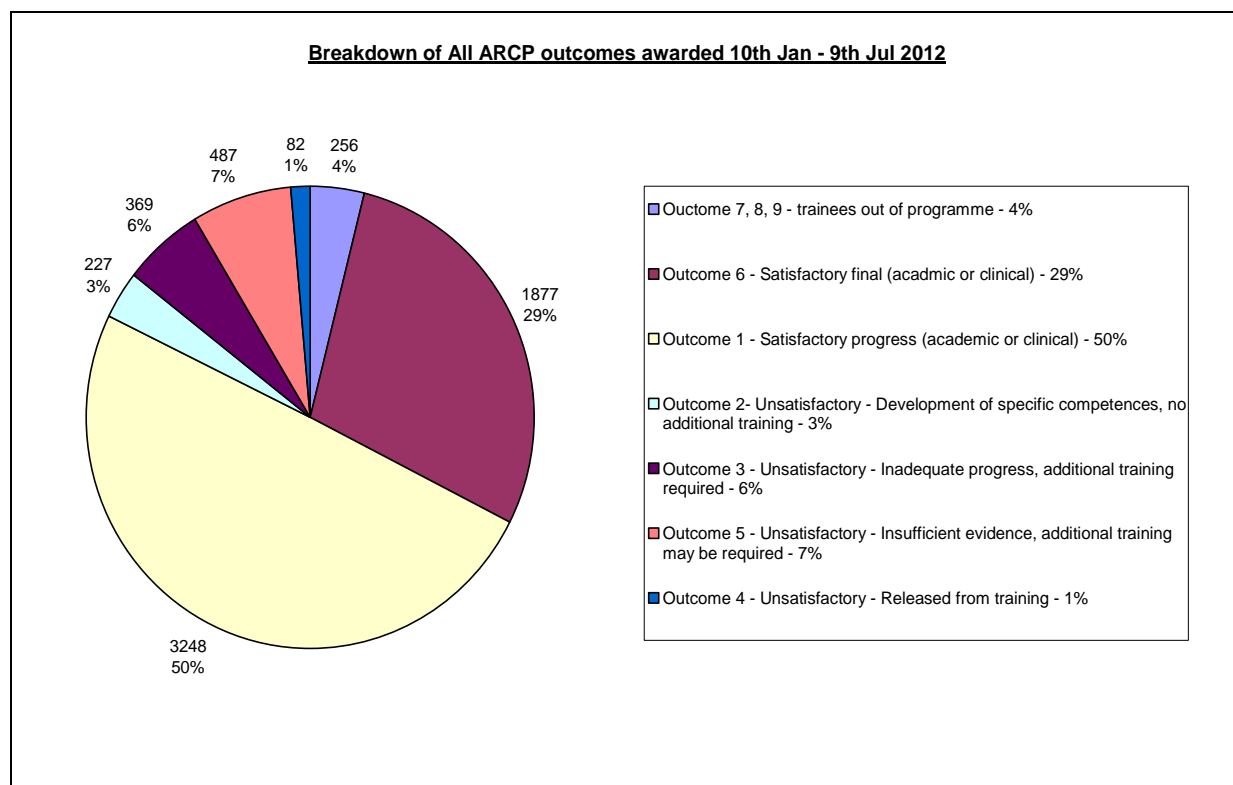
ANNUAL REPORT AND OUTCOME DATA

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

The summer feedback and QM reported on 6546 ARCPs undertaken between 10 January 2012 and 9 July 2012. 70% had satisfactory outcomes (29% outcome 6 and 50% outcome 1).

Breakdown of All ARCP outcomes awarded 10th Jan - 9th Jul 2012

- Ouctome 7, 8, 9 - trainees out of programme - 4%
- Outcome 6 - Satisfactory final (acadmic or clinical) - 29%
- Outcome 1 - Satisfactory progress (academic or clinical) - 50%
- Outcome 2- Unsatisfactory - Development of specific competences, no additional training - 3%
- Outcome 3 - Unsatisfactory - Inadequate progress, additional training required - 6%
- Outcome 5 - Unsatisfactory - Insufficient evidence, additional training may be required - 7%
- Outcome 4 - Unsatisfactory - Released from training - 1%

2. National statistics and improvement of educational and clinical supervisors reports.

This section presents data and information about how the portfolio evidence has been assessed and the quality of reporting by clinical and educational supervisors (ES), which might be regarded as a surrogate marker for the quality of clinical and educational supervision.

Period	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
Summer 2012	**1700**	**65.65%**	**74.83%**	**4.65%**	**95.12%**
Winter 2011-12	690	60.10%	65.10%	16.50%	91.70%
Summer 2011	2054	65.90%	71.30%	6.80%	88.10%
Winter 2010-11	733	68.60%	64.10%	16.80%	90.00%
Summer 2010	1279	51.10%	61.10%	4.80%	92.70%
Winter 2009-10	573	57.80%	65.10%	17.10%	85.00%
Summer 2009	1264	46.20%	64.40%	9.60%	89.50%

The improvement since 2009 in the educational supervisors (ESR) reports is encouraging and reflects the change in format of the ESR. As the report highlights, the report was not popular when first introduced but has led to ESRs that are referenced to the evidence with justification of the global judgments.

The ESR has been criticized as time consuming to complete and adds an unacceptable "burden" for the trainers completing them, in response the RCGP has provided a framework for completing the report and collating the evidence and reduces the assessment burden[i]. This has been achieved without dropping the high standards for the ESR.

The improvement in the quality of the clinical supervisor's report is significant. 90% of GP CSRs were found to be acceptable this is predictable as the majority of GP CSs are familiar with the e-portfolio and competency framework. However, the standard of the hospital specialist's CSR has increased significantly from 39.8% (summer 2011) to 69.5% this year.

This may reflect the uptake of the learning resource and training for clinical supervisors, which was made available on the web and cascaded to Deaneries in 2011. The detailed breakdown for Deaneries is instructive with a higher standard of CSR for secondary care in those Deaneries that give portfolio login and access for secondary care clinical supervisors.

3. Improving the educational impact of the WPBA assessment tools

This has been a key driver in the WPBA development strategy.

3.1 Reducing trivialization

The focus on numerical rating scales encourages gaming and allocation of a numerical score without the opportunity for meaningful feedback that enhances learning and supports the trainee development. The competency framework and the rating scales have been reviewed and there is continuing work on an interpretive tool (indicators of potential underperformance IPUs). The presence of an IPU is a cue to the supervisor to screen and look for other evidence (and the tool signposts where that additional evidence might be found). The document is due for review by COGPED and ADC in late November 2012 and could be cascaded to Deaneries in early 2013.

3.2 Reducing the burden of assessment

- This has already been covered in the report for clinical and educational supervisors. The change in assessment schedule for less than full time trainees allowing pro rata evidence for calendar reviews but the same schedule as full time trainees for gateway reviews has been helpful[ii].

- Improving the functionality of the electronic platform for the e-portfolio and assessments will support the automated collation of evidence reducing that requirement for supervisors and further reduce the assessment burden. This has been agreed in principle with the e-portfolio development group (EPDG) and the work will be scheduled for 2013 once the curriculum revisions have been accommodated.

3.3 Explicit curriculum coverage

Collaborative work with the Curriculum Development Committee (CDC) continues and the development of tools such as the focused or enhanced case based discussion (CBD) signposts the trainee and improves curriculum spread and depth. The learning resource material for CBD, due for launch early in 2013 supports this initiative.

3.4 Developing the programmatic approach

The strategy has been to apply the principles of the programmatic approach and maximize the elements of the utility equation improving the practicability of WPBA[iii]. This is predicated upon using varied assessments; with multiple sampling at different levels of Miller's Pyramid of Competence[iv] and most importantly building a firewall with repeated assessments using a number of different trained assessors. There might be fewer assessments overall (reducing the assessment burden) but used for greater educational impact as supervised learning events [5] (SLEs) with meaningful feedback that highlights areas for development and improved performance.

The work on making DOPs more fit for purpose and developing the tools e.g. enhanced CBD a key part of the implementation strategy.

4. ePortfolio and WBPA Code of Conduct

While the vast majority of both trainees and trainers undertake assessments and use the Trainee ePortfolio entirely appropriately, there has been increasing concern in recent years about substantiated evidence of misuse of the RCGP Trainee ePortfolio which clearly breaches GMC guidance about probity. In response to this, and following requests from Deaneries, we have updated and amplified the RCGP Trainee ePortfolio & WBPA Code of Conduct.

This document seeks to give examples of misconduct and the sanctions that are likely to be taken by Deaneries and the RCGP should such misuse of the Trainee ePortfolio be confirmed after investigation[v].

Making WPBA "world class"

There have been significant developments in WPBA since it was first implemented in 2007 but used in isolation as a summative tool it is inherently unreliable [6 & 9].

Developing the tools, improving their educational impact and training of the assessors maximizes elements of the utility equation. If combined with constructive alignment where the curriculum[vi], the intended learning outcomes, teaching methods and assessments are aligned to each other the

quality of WPBA for licensing in GP specialty training might be improved and approach the aspired to "world class" standard.

[i] http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba/esr-for-workplace-based-assessment.aspx

[ii] http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba/~/media/Files/GP-training-and-exams/Implementing-the-Further-Guidance-from-GMC-on-ARCP-requirements.ashx

[iii] Wilkinson JR, Crossley JGM, Wragg A, Mills P, Cowan G and Wade W (Sheffield 2008) Implementing workplace-based assessment across the medical specialties in the United Kingdom *Medical Education* 2008; **42:** 364 – 373.

[iv] Miller G (1990). The assessment of clinical skills/competence/performance. *Academic Medicine* **65**: 563 – 567.

[v] http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba/wpba-code-of-conduct.aspx

[vi] Biggs J. (1999): Teaching for Quality Learning at University, (SRHE and Open University Press, Buckingham; and http://www.heacademy.ac.uk/assets/documents/resources/resourcedatabase/id477_aligning_teaching_for_constructing_learning.pdf accessed April 2012.