

## Workplace Based Assessment Annual report August 2017 –July 2018

Workplace based Assessment makes up one part of the licensing exam for General Practitioners in the United Kingdom. In February 2018 the purpose statement was reviewed.

### WPBA purpose statement

WPBA evaluates the trainees progress in areas of professional practice best tested in the workplace and:

- looks at the trainee's performance in their day to day practice to provide evidence for learning and reflection based on real experiences
- supports and drives learning in important areas of competence with an underlying theme of patient safety
- provides constructive feedback on areas of strength and developmental needs, identifying trainees who may be in difficulty and need more help
- evaluates aspects of professional behaviour that are difficult to assess in the Applied Knowledge Test and Clinical Skills Assessment
- determines fitness to progress towards completion of training

Evidence of WPBA, as approved by the GMC, includes the completion of specific assessments and reports and the documentation of naturally occurring evidence, as well as certain mandatory requirements such as Child safeguarding and Basic Life Support. More information on the requirements for WPBA can be found within the WPBA section on this website

### WPBA plan

As part of the continuing overview of WPBA within GP training the WPBA group has, for the past 3 years, been looking at the existing assessments and piloting new assessments to reflect the GP curriculum, the General Medical Council's (GMCs) Generic Professional Capabilities framework and the future needs of GPs. These have now been completed and the plan for these has been submitted to the GMC in October 2018 for their approval. To support this, significant work has been on going to improve WPBA and to develop educational resources to support the assessment programme.

### **Areas of completed work during 2017-2018**

#### Audio Consultation Observation Tool (AudioCOT)

General Practice has evolved, and more consultations are being carried out by telephone. Different skills are needed to carry out a consultation safely and appropriately on the telephone from those needed for face-to-face consultation. The Audio-COT is currently an assessment of the trainee consulting on the telephone, although this can be later adapted when other forms of consultations become common practice, for example video-consulting.

The Audio-COT assessment form and associated educational materials have been developed and are now live in the e-Portfolio. Currently the assessment is optional but, if completed, can count towards 3 of the total 12 COTS required in the ST3 time of training.

## **New Resources available during 2017- 2018**

Case-Based Discussions resources - It is recognised that many non-primary care supervisors especially when first starting to assess GP trainees are not entirely clear about the GP competencies. Case-based discussions occur in both primary care and non-primary care posts. Questions within each of the 13 competency areas have been written to support the supervisor complete their assessments. These are not a finite list of questions but suggest possible areas the supervisor may wish to follow in order to allow the trainee to demonstrate their understanding and performance within that competency area. These questions are currently available on the WPBA website. Going forward a manual will be written for non-GP supervisors explaining all of the GP training requirements needed during non-primary care placements.

Guidance on who can complete assessments - Working collaboratively with COGPED, and following discrepancies around who was completing GP trainee assessments, guidance has now been developed on who should assess GP trainees.

New Developments – Information on all the latest developments are summarised below but have also been added to the website for reference. In the case of the Quality Improvement Project and Leadership Activities, which in some areas of the UK GP trainees are already doing, resources have been added and are available to support these assessments.

## **On-going developments during 2017 -2018**

2 key areas have now been completed.

1. 3 new assessments have been developed and these include the Quality Improvement Project, Leadership Activity and Prescribing Assessment. Due to the addition of new assessments it will be proposed for the current number of mandatory assessments to be reduced
2. The existing assessments for example, Case based discussions, Consultation Observation Tools, Mini-Consultation exercises, The Patient Satisfaction Questionnaire, Clinical Supervisors reports, Educational Supervisors reviews and learning log templates have all been reviewed.

Quality Improvement Project (QIP) – Following completion of pilots and an RCGP led workshop the QIP assessment has been finalised. The trainee will need to identify a project looking at the quality of care provided by themselves or the practice and aim to improve it. It is expected the trainee with the support of their practice will make small incremental changes and subsequently test the impact of these changes. It is proposed the QIP occurs within the first two years of GP training. Guidance materials have been written for the trainee, educational supervisor and vocational training schemes on teaching QIPS, as well as examples of QIPS and how these have been assessed by the Educational Supervisors.

Leadership Activities including a leadership Multisource Feedback (MSF) - Throughout training GP trainees need to link evidence to the competency of Organisation, Management and Leadership. In addition, a specific leadership activity will be required to be completed in ST3 and for this to be documented in the trainee's learning log. Following this activity, a 'Leadership Multisource Feedback' will need to be completed with questions specifically focused on obtaining feedback around the trainee's leadership skills. Doctors will enter GP training with a range of experience in leadership and it is important for them to consider, in

conjunction with their clinical and educational supervisors, how to develop these skills over the course of their GP training.

Prescribing Assessment - Safe prescribing is a core activity and one which is central to competent GP provision. The GMC PRACTICE study identified prescribing errors in one in 20 prescriptions. One of the educational interventions considered by the PRACTICE study was an individualised review of GP trainee prescribing. Through collaboration with the WPBA group a tool has now been developed and piloted to look at prescribing within the ST3 time of GP training. This includes 60 retrospective and successive scripts, which will need to be analysed by the GP trainee, and then a sample reviewed by the Supervisor. In particular, the right drug, right dose, right dosage instructions, right follow-up, right documentation to support prescribing and the right review will be covered within the assessment. The assessment will take place in the first part of ST3 to allow for an action plan to be put in place if any errors are identified and for improvements to be demonstrated before the end of training. To reduce the risk of any unintended consequences and the identification of these consequences the prescribing assessment will be submitted to the GMC with the plan of it being a mandatory pilot assessment for one year from August 2019 and to be completed by trainees in the first half of their ST3 time. This will allow for further evaluation to take place.

Learning 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.

The learning logs are changing to reflect the new balance of required tools assessing WPBA. The GMC requires trainees to demonstrate reflective practice. The tools and resources have been adjusted to make the demonstration of reflective practice simple and streamlined for trainees.

The existing Learning Log Entry formats have led to too many entries relating to knowledge or curriculum acquisition with minimal reflection and little connection with any demonstration of competence. They have not suited all trainees and their approach to reflection may have been particularly hard for some trainees. The revised tools have a required or mandatory space for appropriate reflection, which encourages reflective practice.

In addition, the trainee rather than the supervisor will now make suggested competency linkages. This should encourage the trainee to understand the competencies. Equally, rather than the trainee linking their log entry to the individual curriculum headings these will be linked to Clinical experience groups which map to the curriculum.

Guidance on reflection written by COPMED and the Academy of Royal Medical Colleges has been added already to the WPBA website.

Changing Case-Based discussions (CBD) to Supervised Learning Events (SLE)- CBDs are being replaced by SLEs- Supervised Learning Events, which allows a greater range of information and performance to be assessed and recorded against the competencies. Below are suggested learning events that may be assessed. Details of the preparation required in advance, the content of the assessment; the type of competencies that may be assessed using it and the recording required will all be made available. It will also

be possible for any event that shows a trainee's abilities regarding the specific competencies to be assessed and recorded and used as evidence towards periodic reviews and training progression.

#### Suggested types of SLEs

- Referrals review
- Case-based review
- Random case review
- Leadership activity
- Prescribing assessment follow up
- Consultation assessments- which are not COTs
- Other- e.g. debriefs, review of investigation or imaging use, follow up of QIP etc.

Consultation Observation Tools (COT)– The COT assessment form will largely remain unaltered but its appearance will mirror the Audio-COT form to reduce confusion in the grading of consultation assessments. The performance criteria against each marking domain have been updated.

Reviewing the current Patient Satisfaction Questionnaire (PSQ) format - The intention is to remove the PSQ assessment in ST1/2. 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, has been reviewed with the support of the Picker Institute.

Clinical Supervisors Report (CSR) - A new CSR has been developed which unlike the current CSR addresses all 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 and this will hopefully support identifying trainees who may need extra support. The recommendation is for the person completing the CSR to have done at least one of the other assessments with the trainee before the CSR takes place.

Reducing the number of Educational Supervisor Reviews (ESR). Currently the trainee completes 2 lengthy educational supervisor's reviews every 6 months. Providing the trainee's supervisor has no concerns about a trainee's progress, and their last ESR and /or Annual Review of Competency Progression (ARCP) outcome was satisfactory, proposals have been put forward for a shorter interim review. This will need to occur at the halfway point of each calendar year (the timing set half way between the trainees planned ARCP dates) and cannot be used if an ARCP is also planned. The idea of the review is for the Educational Supervisor to touch base with their trainee to review their progress and to ensure they are on track for completing their e-portfolio requirements, and for it to be quicker than the current ESR, which will still need to take place before the trainee's ARCP.

All of the WPBA suggested proposals continue to be reviewed with the aim of these being submitted to the GMC for approval in October 2018 and depending on their response for these to be live from August 2020.

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