Workplace Based Assessment Annual report: August 2016 - July 2017

Workplace Based Assessment (WPBA) makes up one part of the licensing exam for General Practitioners in the United Kingdom. It continues to evaluate the trainee's progress in areas of professional practice best tested in the workplace. The purpose statement for WPBA has though now been updated to reflect the need to recognise patient safety as one of the key requirements within assessments in the workplace. Patient safety has always been an essential part of WPBA, if not the core, and the purpose statement needed to reflect this standard.
This now states that the purpose of WPBA:

- includes the documentation of naturally occurring evidence from experiences in the workplace and from assessments both of which occur throughout GP speciality training
- looks at the performance of the trainee in their day-to-day practice to provide evidence for learning and reflection based on real experiences
- provides an opportunity for gathering evidence and reflecting on performance
- 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 support
- 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

As part of the continuing overview of WPBA within GP training the WPBA group has for the past two 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. It is recognised that within the current assessment system several areas need to be looked at and these include:

1. Assessments / reviews not always being done well. There are significant differences in the inter-reliability in the marking of assessments between assessors of different status and seniority.
2. Assessments, such as CSRs, being seen as long box-ticking forms with little written feedback. Feedback is essential both in the feedback given at the time of the report to trainees but also as documented feedback to support decisions made about the trainee's development and progression.
3. 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.
4. The number of log entries expected within different regions of the United Kingdom is not standardised and it is important that the requirements are the same nationally. For example, this can range from two log entries a month in one area to three a week in others and this inequality has to be addressed.

As a result, significant work has been going on improve WPBA. Within 2016- 2017 the new developments which have been piloted include the:

Audio Consultation Observation Tool (AudioCOT)

General Practice has evolved, and more 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 AudioCOT 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 AudioCOT assessment form and associated materials have been developed and will go live in the eportfolio during 2018. The expectation will be for an AudioCOT to count as one of the overall COT requirements within training.

Clinical Supervisors Report (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 seven 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.

Reviewing the number of Consultation Observation Tools (COTs) and Case Based Discussions (CbDs) in each training year With the proposed introduction of new assessments on prescribing and quality improvement and being ever aware that the current assessment requirements are considered to be burdensome, the suggestion was made to reduce the number of assessments per training level. An initial suggestion following a study on poor inter-rater reliability within CbDs was to stop this assessment altogether. Responses to a questionnaire on the future of WPBA from trainees and their supervisors suggested that CbDs were still valued by trainees both as an opportunity to have some protected teaching but also for the feedback they received. The number of COTS and CbDs will be reduced through all GP training levels.

Replacing the 6 monthly Educational Supervisors Review (ESR) with a shorter interim review

Providing the trainee's supervisor has no concerns about a trainee's progress, their last ESR and /or Annual Review of Competency Progression (ARCP) outcome was not unsatisfactory then 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 eportfolio requirements but for it to be quicker than the current ESR, which will still need to take place before the trainee's ARCP.

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 is currently being piloted to look at prescribing within the ST3 period 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.

Development of assessment for a Quality Improvement Project (QIP) in ST1/2

In January 2017 the WPBA 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. This has been piloted within a group of ST1 trainees in Leicestershire for several years. 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. There was a clear consensus from both the workshop, which had representation from the four nations and pilots that this is achievable and appropriate for an assessment in ST1. 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.

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 the curriculum population groups.

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 trainees 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 supervisor, how to develop these skills over the course of their GP training.

Reviewing the current Patient Satisfaction Questionnaire (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 has been reviewed with the support of the Picker Institute.

All of the WPBA suggested proposals continue to be reviewed with the aim of these being submitted to the GMC for approval in 2018. It not expected that with the exception of the AudioCOT that any of these changes will be live in the eportfolio until August 2019 at the very earliest. Communication will be provided for the educator community with training guidance before any change is released and this will include the transition arrangements for any trainees already in training.

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