WORKPLACE BASED ASSESSMENTS: CURRENT PERCEPTIONS IN THE WEST MIDLANDS

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ABSTRACT

OBJECTIVE

To explore perceptions towards Work Place Based Assessments among psychiatric trainees and trainers in West-Midlands deanery, and highlight areas for improvement.

STUDY DESIGN
Surveys method.

PLACE OF STUDY

The study was conducted in West Midlands UK from February to July 2013.

RESULTS

Response rates were respectable, and findings demonstrated improvement in opinions. Both groups agreed that WPBA aided achievement of core competencies, changed practice and supported development. Opinions were more positive compared with earlier surveys and both groups expressed strong preferences for more qualitative feedback. Concerns were expressed about inconsistencies in application of assessment criteria by different supervisors

CONCLUSION

Growing confidence in WPBAs support their continuation although results support need for developing their content. Perceptions indicate that qualitative feedback should dominate quantitative scores, and clarity of assessment and training provisions for trainers should be improved.

INTRODUCTION

Work Place Based Assessments (WPBA) were launched in August 2007[1], concurrent with the rolling out of competency-based curricula in the United Kingdom. Intricacies of work and learning were coupled based on the premise that the workplace offered a dynamic and legitimate environment for reflective learning. Workplace based assessments were aimed at supplementing the MRC Psych Examination in appraising all levels of pyramidal competence[2]. Within the Modernising Medical Careers framework, trainees were expected to maintain a portfolio and demonstrate progress through attainment of specific competencies[3].

However, seven years since the launch, perceptions remain divided. Surveys based in Wales[4,5], Wessex[6] and London[7] have highlighted negative perceptions towards the new approach. Various difficulties have been identified. Trainees perceive WPBAs as summative tools[8] and 'tick box exercises'[9]. The psychometric model of WPBA divides medical competence into various traits and this presents difficulties of alignment within mini-Clinical evaluation exercise (mini-CEX), 360-degree feedback and portfolios[10], raising questions about internal validity. Recent evidence suggests that although they facilitate learning, there is little contribution (except multi system feedback) towards improved performance[11]. In addition, the culture of emphasising 'competency' over 'excellence', has been questioned[12] and concerns have been raised about their worth in delivering in-depth clinical and educational training[13]. More fundamentally, there is lack of agreement about what constitutes 'workplace competence'[14-17.]

Within these divided perspectives, we needed to determine whether WPBAs were really fit for purpose[12]. There was a lack of broad-based studies answering this question. This study aims to explore perceptions among trainees and trainers in the West Midlands. The objective of the study is to explore current perceptions toward WPBA among psychiatric trainers and core trainees in the West Midlands, and highlight areas for improvement.

SUBJECTS & METHODS

Participants
The questionnaires were distributed to 119 trainees and 170 trainers in West Midlands through convenient sampling. A total of 77 of 119 trainees (65%) and 105 of 170 trainers (62%) responded to the survey. There was no significant difference in response rates between trainers and trainees (X^2=0.04 p=0.84). Two trainees (0.02%) and four trainers (0.02%) did not fully complete the survey.

Instruments

Two questionnaires were developed by members of the Royal College of Psychiatrists West Midlands trainee sub-committee, one for trainers and one for core trainees. After piloting among four randomly selected core trainees and trainers, these questionnaires were

circulated to all core trainees (CT1-3) and trainers across the West Midlands. Trainees were asked to comment on their training experience over the previous five months and trainers commented more widely about their WPBA experiences. We extracted responses based upon 'yes or no' questions, and five-point Likert scales. Free text boxes were included in both questionnaires for recommendations and comments. After analysis by sub-committee members, the results were forwarded to the Head of School and Director of PGMET for additional comments

RESULTS

There was a non-significant trend (Table 1) that trainers found WPBAs more difficult to schedule than trainees (trainees 26% vs. trainers 36%, $\chi 2 = 7.65$, p=0.11). The majority agreed that the minimum number of assessments required for Annual Review of Competence Progression (ARCP) was being achieved (trainees 90%, trainers 81.5%, Fisher's exact p=0.34). The majority of trainers (59%) and trainees (70%) found the assessment criteria to be clear. Only 46% (n=35) of trainees found quantitative scores useful and 78% (n=60) preferred qualitative feedback. Despite this, only 60% (n=46) of trainees were receiving qualitative feedback from their trainers.

Perceptions among trainees

70% of trainees acknowledged using WPBA in formulating learning objectives, 76% reflected on work place based learning during supervision, and 64% were encouraged to engage in WPBA at their workplace. Among trainees, 60% (n=46) felt they had changed their practice as a result of feedback during WPBA, and 50% (n=38) agreed that WPBA aided development of core competencies. Table 2 shows the opinions of trainees.

Case-based Discussions (CBDs) (72%), Assessment of Clinical Expertise (ACE) (59%), and Mini Assessed Clinical Encounter (Mini-Ace) (72%) were rated by trainees as the most beneficial WPBAs. 76% (n=56) preferred the online portfolio to a paper-based system.

Perceptions among trainers

Table 3 shows the opinions of trainers on WPBA. Compared to trainees (50%, n=38), a greater percentage of trainers (60%, n=63) agreed that WPBA aided in the development of skills and competencies. However, this difference was not statistically significant (Fisher exact p =0.54). A majority of trainers (66%, n=69) agreed that work place based learning contributed toward developing Clinical Assessment of Skills and Competencies examination (CASC) competencies.
87% of trainers confirmed offering qualitative feedback during WPBA, but only 60% of trainees acknowledged receiving it, underlining significant difference of opinion (p <0.001). Most trainers (60%, n=61, see Table 4 in Appendix A) were offering a mixture of verbal and written feedback. The main factor affecting their ability to complete WPBA (see Table 5 in Appendix B) with trainees was time constraints (56%, n=57).

A clear majority had received formal training in completing WPBAs within the last three years, (87%, n=88).

A variety of recommendations and comments were elicited through

the free text boxes and these have been included in appendix C.

DISCUSSION

The survey response rates (65% trainees and 62% trainers) were comparable to previous surveys[18, 6]. In an earlier survey (Menon et al. 20094), 75% of trainees had cited difficulties with organising WPBA. However, 57% (n=44) of trainees in the current survey appeared confident in scheduling them, indicating growing familiarity of use. Again, compared with previous trainees[4], the current cohort felt more supported in their workplace in completing WPBAs. Majority of trainees were engaged in the process of formulating workplace based learning objectives with trainers and reflective learning, and this is an encouraging trend. Trainees also found WPBAs relevant to their training needs. In 2009, only 11% of trainees found WPBA facilitative toward training objectives[4] and 39% found them useful[5]. In contrast, the majority of current trainees found WPBA helpful toward achieving core competencies (50%), or improving professional practice based on WPBA feedback (60%).
There is also evidence of growing positivity among trainers. In a 2012 survey[5] only 16% of trainers found WPBA performance reflective of the trainees' progress and 22% found them acceptable. In the present survey, 60% found them aiding trainee development.

Considerable difference of opinion was observed in two areas. Surprisingly, more trainees than trainers found the assessment criteria clear, despite most trainers (87%) having received WPBA training within the past three years. This may reflect an inherent lack of clear guidance about standards of assessment. Secondly, 87% of trainers agreed that they offered qualitative feedback but only 60% of trainees agreed they received it. However, expectations of effective feedback are complex, and perceptions vary widely among trainees and trainers, making interpretation difficult[19-22].

Consistent with results from a previous survey6, CBD and ACE were rated as the most beneficial WPBAs by trainees.

Finally, there was better reception of online assessments. In a 2009 survey[4], 67% of trainees disagreed with online assessments. The trends have clearly reversed with 67% within the present survey preferring online assessments and portfolios[23]. This offers more scope for switching to an 'online only' platform for WPBA. This perception was shared by trainers. Compared to results from 2012[5], a majority of present trainers do not view online[23] systems as a barrier. Among trainers, time constraints remain the biggest impeding factor affecting completion of WPBAs.

Strengths and limitations of the study

Respectable response rates (65% trainees, n=77, 62% trainers, n=105) were achieved in this survey. The scope of responses was broadened through use of multiple open-ended text boxes. Observer bias was contained by online hosting and storing data with neutral managers, limiting the period of survey, and utilising neutral facilitation during qualitative analysis. The study period of the last week of July, and the duration of two and a half weeks, allowed adequate reflection on recent posts. The twin surveys were run concurrently for the same duration of time.
As this study was conducted six years after the launch of WPBA, pre-launch perceptions could not be compared against existing ones.

Implications and Recommendations

The majority of trainers and trainees continue to perceive WPBAs as useful for assessing and monitoring competency and progress in a naturalistic clinical setting. This suggests adequate grounds to support their continued application. However, there is a strong perception among trainees that their clarity of purpose and application needs improvement. This can be addressed through improved training for trainers and attracting greater participation from trainees in WPBA design. Trainees should also be encouraged to participate in assessments with various trainers to improve perspectives of assessment and improve confidence. There is a strong appetite for increasing the qualitative component of feedback, and this can be addressed by incorporating mandatory free text feedback in online assessments.

Although trainers and trainees favoured changes in the content of some WPBAs, there is insufficient scope within the current study to suggest them. In general, ACE, Mini-ACE and CBD were held in high regard and perhaps this knowledge can be utilised to design robust future WPBA tools. Opinions are divided on whether WPBAs aid in developing skills towards passing the MRCPsych CASC examination. This can be explained on the basis that workplace competency development depends more on understanding work and being embedded in work24-27 than developing understanding of specific attributes which are tested at CASC. However, more research needs to be conducted in this area.

Since 2012, within UK Foundation program, focus has shifted towards utilising WPBA tools as Supervised Learning Events (SLEs) 28 with an aim of reviewing personal development, stimulating formative learning and emphasizing patient safety. Early results indicate SLE narratives were more likely to be evaluated positively than WPBA narratives overall and by trainees specifically. This tentatively recommends a phase shift from utilising the exercises for feedback than assessment alone.

Overall, positivity towards WPBAs has increased over recent years, possibly resultant of greater familiarity with their use and them having become more embedded within training. Perhaps the focus now needs to fall on the method of the assessment, or 'how' they are done, and away from the content, or 'what' is being done.

Table 1
Comparison of trainers and trainees (results in ratings)

	Trainee responses, n (%)n=77					Trainer responses n (%)n=105					Comparison (bold results are significant)	
Answer options	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Test	p
Easy to schedule WPBA Consistently	4 (5)	16 (21)	13 (17)	33 (43)	11 (14)	5 (5)	33 (31)	12 (11)	50 (48)	5 (5)	$X^2 =$ 7.654	0.11
achieved minimum WPBA requirements	1 (1)	2 (3)	3 (4)	46 (60)	23 (30)	1 (1)	8 (8)	10 (10)	57 (54)	29 (28)	Fisher s exact	0.34
The assessment criteria is clear	1(1)	11 (14)	2 (3)	46 (60)	8 (10)	5 (5)	18 (17)	20 (19)	49 (47)	13 (12)	Fisher s exact	<0.001

Table 2
Trainees' opinions on WPBA

Trainee response, n (%)n=77				
Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
At the beginning of the post, we (with trainer) formulated a plan of objectives to be achieved through WPBAs				
10 (13)	44 (57)	8 (10)	12 (16)	3 (4)
I reflect on learning through WPBAs during supervision with my trainer				
12 (16)	46 (60)	10 (13)	7 (9)	2 (3)
I am encouraged to engage in WPBA's at my				
12 (16)	37 (48)	14 (18)	9 (12)	5 (7)
The most useful feedback is: Quantitative scores / ratings from assessors				
2 (3)	33 (43)	14 (18)	24 (31)	2 (3)
The most useful feedback is: Qualitative feedback / comments from assessors				
16 (21)	44 (57)	12 (16)	3 (4)	0 (0)
I have consistently received qualitative feedback / comments from assessors				
6 (8)	40 (52)	11 (14)	17 (22)	1 (1)
I feel that WPBAs have helped me develop my				
3 (4)	35 (46)	18 (23)	15 (20)	4 (5)
I have changed my practice as a result of the				
4 (5)	42 (55)	15 (20)	11 (14)	3 (4)

Table 3
Trainers' opinions on WPBA

Trainers response, n (%)n=105				
Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I believe that the current format of WPBAs aid the trainee in development of skills and competencies relevant to psychiatric practice				
3 (3)	60 (57)	24 (23)	16 (15)	2 (2)
WPBAs aid trainees in developing skills relevant to the RCPsych CASC examination (e.g. Communication and counselling skills)				
3 (3)	66 (63)	13 (12)	20 (19)	3 (3)
Alongside scores/ ratings, I have also offered structured qualitative feedback/ comments to my trainee on formatted WPBA forms				
29 (28)	62 (59)	10 (10)	3 (3)	1 (1)

REFERENCES

1. Bhugra, Malik. Workplace-Based Assessments in Psychiatric Training 2011:43.
2. Miller GE. The assessment of clinical skills/ competence/ performance. Acad Med (1990); 65:s63-s67.
3. Department of Health. A Guide to Postgraduate Specialty Training in the UK (The Gold Guide). Department of Health, 2007. (http://www.jrcptb.org.uk/SiteCollectionDocuments/Gold%20Guide.pdf).
4. Menon S, Winston M, Sullivan G.Workplace-based assessment:

survey of psychiatric trainees in Wales. Psychiatr Bull 2009; 33: 468-74.

5. 6Babu KS, Htike MM, Cleak VE. Workplace-based assessments in Wessex: the first 6 months. Psychiatr Bull 2009; 33: 474-8.
6. 7Pathan T, Salter M. Attitudes to workplace-based assessment. Psychiatr Bull 2008; 32: 359.
7. 5Menon S, Winston M, Sullivan G. Workplace-based assessment: attitudes and perceptions among consultant trainers and comparison with those of trainees. The Psychiatrist 2012; 36: 16-24.
8. Collett A, Douglas N, McGowan A. Academy of Medical Royal Colleges-Improving Assessment Report; JULY 2009.
9. Bindal T, Wall D, Goodyear HM. Trainee doctors' views on workplace-based assessments: Are they just a tick box exercise? Med Teach. 2011; 33(11):919-27.
10. Schurwirth, L. W. T. & van der Vleuten, C. P. M. A plea for new psychometric models in educational assessment. Medical Education 2006
11. Miller A, Archer J. Impact of workplace based assessment on doctors' education and performance: a systematic review. BMJ 2010; 341: c5064.
12. Oyebode F. Competence or excellence? Invited commentary on... Workplace-based assessments in Wessex and Wales. The Psychiatrist 2009; 33:478-479.
13. Howard R, Brittlebank A. The future of workplace-based assessments for core trainees. Psychiatrist 2010; 34: 114-5.
14. Raven J. Competence in modern society. Dinwiddie Grieve, Edinburgh 1984.
15. Jacobs R. Evaluating managerial performance: the need for more innovative approaches. An international perspective. Barcelona, Spain. Meeting of European foundation for management development on knowledge as a corporate asset. 1989.
16. Attewell P. What is skill? Work Occup 1990; 4: 422-448
17. Yukl G. Leadership in organizations. Prentice Hall, Englewood Cliffs 1994.
18. Braithwaite D, Emery J, De Lusignan S, Sutton S. Using the Internet to conduct surveys of health professionals: a valid alternative? Fam Pract. 2003 Oct; 20(5):545-51.
19. Brown N, Cooke L. Giving effective feedback to psychiatric trainees. Advances in Psychiatric Treatment 2009; 15: 123-128.
20. Day E., Brown N. The role of the educational supervisor. A questionnaire survey. Psychiatric Bulletin 2000; 24: 216–8.
21. Prystowsky JB, DaRossa DA (2003) A learning prescription permits feedback on feedback. American Journal of Surgery; 185: 264–7.
22. Moorehead R, Maguire P, Thoo SL (2004) Giving feedback to learners in the practice. Australian Family Physician; 33: 691–5.
23. https://training.rcpsych.ac.uk/assessments-online-now-live
24. Svensson L. Study skill and learning. Goteborg studies in educational sciences; Acta Universitatis Gothoburgensis, Goteborg 1976; 19
25. Svensson L. On qualitative differences in learning: III. Outcome and processes. British Journal of Educational Psychology 1977; 46: 233-243.
26. Marton F., Booth S. Learning and awareness. Earlbaum Associates, New Jersey 1997.
27. Dall' Alba G, Sandberg J. Unveiling professional development: a critical review of stage models. Rev Edu Res 2006; 76: 383-412.
28. Academy of Medical Royal Colleges. The UK Foundation Programme Curriculum, July 2012.

http://www.foundationprogramme.nhs.uk/pages/foundation-doctors/training-and-assessment/fpcurriculum 2012 (accessed Jun 2014).

Appendix A

Table 4 Trainers' feedback preferences	
Answer Options	**Trainer responses n (%)(n=101)**
Online mostly	17 (17)
Paper based mostly	1 (1)
Outside WPBA, verbal	22 (22)
Mix of verbal/written	61 (60)

Appendix B

Table 5 Factors affecting WPBA completion	
Answer Options	**Trainer responses n (%)(n=101)**
Time constraints	57 (56)
Lacking conviction in the reliability	16 (16)
Being unclear what WPBA represents	3 (3)
Receiving post hoc requests	16 (16)
Others	9 (9)

Appendix C Free text box responses

Trainee Responses

Quality of feedback (quantitative vs. qualitative)

- 'Good constructive criticism and honest qualitative feedback from supervisors on comms skills, assessment skills etc. – unfortunately doesn't happen often'
- 'None, they are a simple tick box exercise that is devoid of meaningful assessment'
- 'Having constructive feedback with suggestions on how to improve rather than someone just ticking the boxes as an exercise'
- 'WPBA's seem to be a tick box exercise to me more than anything else. I only get the minimum required because it is necessary and not because i feel it helps to develop my competencies. I am unsure as to what the WPBA's aim to assess'
- Instead of a scoring system (which could demoralise trainees) could we have a system in which it is documented what the trainee did well and suggestions for improvement?'
- Less focus on tick boxes and number scores and minimum requirements, as this just leads to the WPBAs just becoming paperwork exercises rather than being useful for development'
- Removing the scoring boxes and making it compulsory to give some form of qualitative feedback'
- Outcome scores for ARCP essential but focus of feedback for trainee portfolio should be on shared, structured, trainer-trainee reflection'
- I think it is the quality of the feedback/assessments rather than the system that could be more useful'
- 'WPBAs are useful tools, however they need to evolve to move away from being tasks and tick box exercises'

Trainers' and trainees' use of WPBAs

- Scoring and its objectivity; differs between assessors and does not seem to be clear to them'
- Assessors do not seem to know what grade they should be assessing against'
- A universal understanding of the requirements of the WPBA is not present amongst trainers, educational supervisors, trainees and panel members'
- Often the criteria of scoring was not clear to my trainer' 'I think it is how they are being used (primarily as outcome assessment) that is undermining their effectiveness. I would focus on training the trainers'
- 'WPBAs only work if both the trainer and trainee use them effectively. In my first post they were used as a tick box exercise and done because they had to be done. Not a lot of time was spent giving feedback and I found them of limited value to my training. If used as intended they can be a really useful tool to aid feedback and improve training'

Frequency of trainee-trainer interaction

- All of them, however, at times its difficult to organise with my trainer to do ACE and Mini ACE but only in some placements throughout my 3 years'
- 'The fact that the consultant has to sit with me and do supervision regularly for one hour'
- Sometimes it can be very difficult to get your supervisor to engage in the process and make enough time to allow WPBAs to be valuable in terms of feedback'
- 'The major difficulty I always found during my training is the fact that all my supervisors don't like filling the WPBAs, and they find little time for that, or sometimes they think they are doing us a favour by completing WPBAs despite the fact that this is a mandatory requirement for the clinical supervisor'

Relevance to clinical practice

- 'Discussing learning points with connection to a real patient is helpful'

Relevance to MRCPsych Exams

- CASC style simulated structured teaching sessions with feedback will be more effective to find out weak areas in our overall performance in patient interviews'

Specific assessment types

- CBD as more chance to reflect and I have discussion with the assessor'
- CBD has provided a good opportunity to discuss patients in detail and to learn from skills/experience of senior colleagues'
- Case presentation – allows me to think around a case, about the different angles and issues and then to reflect

upon my practice after the presentation'
- Mini Pat – if any person gives a mark of 3 or below I think a feedback should be made mandatory so the trainee would know which areas needs improving and where he or she is lacking, current format is not very useful'
- 'On min PAT, many of the non-medical team have told me they struggle to know how to answer a lot of questions as they don't know at what level I am supposed to be performing'

Content and design of WPBAs

- The system does not differentiate between 'sufficient' and 'great' trainees. Therefore is not motivating trainees to improve above basic level'
- Perhaps provide brief, easy-to-read explanations/ summary of nature & purpose of questions related to competencies to be achieved by junior doctors at each training level e.g. a pop-up window/link on the online forms'
- Clear criteria on what the WPBAs are assessing and therefore standards which are expected of us'
- Compare it more generally to other trainees in that post rather than a particular level in the wording'
- 'Link WPBA assessments with target learning plan objectives, make the on-line and paper based integration more fluid and easy, include service user/patient comments as feedback on assessments'

Miscellaneous

- I have found all aspects of WPBA useful and relevant to my learning objectives and competency development'
- Offers structured framework for development of core competencies which are not tested in exams, offers prospects of learning from interaction with the multidisciplinary team'
- 'Increase the relative importance of the trainer's report which is actually meaningful. Allow this to reflect that the majority of assessment and feedback happens on an informal basis around day to day clinical practice'
- 'It is a good system to keep track of assessments if we can improve on the system'
- 'Informal supervision weekly which can be used based on trainees needs. This would obviously need a system for trainers to express concerns if there were any "Weekly reflective sessions, which should include formal debrief, development of future learning plans (based on clinical performance) and review of past plans'

Trainer Responses

Quality of feedback (quantitative vs. qualitative)

- 'The verbal and written feedback rather than the grades which are not useful'
- 'Feedback to identify where competencies/future assessments can be targeted'
- It provides some structure, but unfortunately it has

become an end in itself. It has created a culture that you are ok if you get all the boxes ticked'

- I don't think they are. It is largely a paper exercise and trainees get aggressive/upset if they don't score the highest marks in every area'
- The scoring should be from 1 to 10 without making subjective comments. Trainees become unhappy if you don't score them better than expected. Trainees need to be aware that there is more to psychiatric training than the obsession of satisfying the basic requirements of WPBAs'
- Giving feedback to a poor trainee is difficult in the current format'
- Trainees are very preoccupied with having no scores under a certain level, therefore I tend to focus on the qualitative feedback'
- 'A narrative assessment would be better than a structured questionnaire'
- The questions lack depth and are not sufficiently challenging. While this can be addressed within the qualitative narrative, I doubt that it is'
- If we can convey to trainees that it is a means to achieve a structured feedback and evidence rather than an end in itself'
- 'Get rid of the scoring and add a further text box to allow recording of details of the assessed event'
- 'I dislike the general emphasis on formal feedback but see it as a necessary evil!'

Trainers' and trainees' use of WPBAs

- No major problems identified however I do wonder if everyone interprets/conduct or apply in the same manner'
- 'Clarity over definition of stages of training, and scores. Also there is inconsistency with how trainers use them and also how ARCP panels look at them'
- WPBA are supposed to be developmental tools yet when it comes to ARCP reviews it is used differently. So trainees and trainers are under pressure to get satisfactory'
- More consistency in assessment and more willingness to accept that trainees can make improvements'
- Lack of awareness by trainees and trainers of the formative purpose of WPBAs'
- Efforts to minimise inter-rater discrepancies'
- 'It does not seem valid or reliable expressing assessors' sympathy or antipathy towards trainee rather than anything else'
- Only allow those with proper training to complete assessments'
- For trainers to receive refreshers on WPBAs regularly'
- Tightening up rules re relationship between assessor and trainee (e.g. friends who happen to be psychiatrists)'
- Trainees rarely agree to do an assessment before they feel ready, so the concept of an underperformance at the beginning of a job and then showing improvement rarely occurs'

- Trainees need to be aware of how to use the WPBA as a means to develop their skills and competencies and a way to progress rather than being perceived as critical comments'
- There seems to be a culture of failing to fail, with trainers finding it difficult to provide trainees with low marks whilst attempting to continue to maintain a good working relationship'
- 'I'm generally in favour but I think I need more training in how to give low marks to trainees. They don't like it!'

Frequency of trainee-trainer interaction

- 'WPBAs require a degree of commitment and engagement which helps both trainer and trainee to focus on demonstrating their training achievements'
- They make sure that consultants and senior trainees ENGAGE in the process of offering feedback on practice. This is a dramatic improvement to what happened before WPBAs where often poor/no feedback was given. WPBAs can also be targeted to aid specific areas of developmental need'
- 'Every trainer has to have time identified in their job plan for the training. I do not have one. I am doing it over and above my normal work'

Relevance to clinical practice

- 'Clinically relevant'
- Essential to see pts in supervised setting'
- Simulate real life situations'
- 'Managing a ward round as when they get into higher training they lack this ability'
- Go back to taking full histories rather than specific areas of a history'
- 'To have a requirement to see different cases/diagnoses'
- Clinical scenarios to be presented in the portfolios to support the evidence for WPBA'
- Spending more time seeing patients and learning from the experience, than chasing spurious assessments. Re-adjusting the training/service ratio to ensure more hands on experience'
- Less reliance placed on completing these tick-box assessments and more on real life clinical issues which don't fit neatly into 'competencies''
- 'Some degree of clinical skills lost due to absence of long case management as part of the trainees formal exams'

Relevance to MRCPsych Exams

- I don't feel they help develop competencies other than for CASC'
- Use WPBAs specific for different psychiatric conditions/exam stations, which may be encountered in CASC exams'
- Have WPBA in similar format to CASC towards end of each placement, without score'
- Trainees need to understand that satisfactory WPBA

does not equate to CASC station. You do not get preparation time and have only 7 minutes'
- 'We have to acknowledge that very few people do not pass WPBA but many struggle with exam'

Pilot rating scale

- I prefer the pilot scheme for feedback''
- Not to have the pilot tool in parallel'
- Take over use of the pilot marking scheme and abandon the 6 point scale'
- Abolish pilot tool for WPBAs'
- 'We have been completing the WM School of Psychiatry additional bit at the end of WPBA forms for too long now, surely this pilot could end as it is unlikely any more useful feedback will be gained'
- 'The pilot rating scales need abolishing. This pilot has been running for years now. The college should have enough data by now. Why are they still piloting it?'

Specific assessment types

- 'Different formats to assess different skills e.g. CBDs to evaluate decision making and management skills, DONCs for leadership tasks'
- 'Case based discussions are probably the most useful WPBS, allowing trainees to present cases and to discuss and review aetiology, management plans etc.'
- 'CBD needs to be more explicit about the medical notes aspect and the discussion'
- 'The CBD need to incorporate a formulation element'
- 'CbDs can tend to be merely a conversation at times'

Content and design of WPBAs

- 'It provides a guide and evidence that certain aspects of training have been explored'
- Gives some focus to particular areas, makes you think about what makes someone competent'
- It links well with curriculum ILO's'
- It offers some structure and includes important areas such as teaching and other non-clinical skills'
- I think the measurement of competency against both the current stage of training and a defined end point (e.g. CT1, CT3) is very valuable'
- 'There is too much choice in the areas which can be covered which allows trainees too much choice and the possibility that weaker areas will be missed'
- Emergency and on-call type of assessments which are mainly to do with risk assessments and must be part of routine WPBA by the on-call or current trainer'
- 'Seems to be too many types, all overlapping in how they are marked'
- 'Clarity of assessment criteria, relevance to all specialties of psychiatry'
- 'Making (reflective practice) clearer or just including it on the forms'
- 'Adding a requirement to trainees that all WPBAs be followed by evidence of reflection, with evidence of

further learning thereafter; this 'package' should be viewed as a single WPBA'
- 'Have separate forms for separate specialities like child, LD etc.'
- 'Area to highlight the psychosocial factors which invariably impact on all cases'
- 'An area where anonymous comments can be made so that concerns or compliments can be made without constraint'
- 'Good to have a formal structure and examples of what trainee needs to see/achieve/be competent at'

Miscellaneous

- 'They are very limited in scope and allow the trainee to do the bare minimum and not go the extra mile'
- 'More ad hoc type of assessments where trainees are not prepared that WPBA will be conducted'
- 'They may be helpful in monitoring the progress of trainees who lack motivation to fully engage in their training programme'
- 'More concrete things to assess against rather than the fit for right now or fit for the end of this year'
- 'Aside from appearing in the MRCPsych, there is no local trainer owned assessment to judge the breadth and depth of training'
- 'The trainee should identify what his/her areas for development are at the beginning of the posting and the wpba should be based around that need'
- 'Seems to be working fine, better than the previous system which didn't really record anything'
- 'Removal of focus on 'competence' – it makes it hard to promote and recognise excellence'
- 'Set realistic expectations for trainees in what they can expect to score. They want high marks for a good portfolio'
- 'Maybe to have formative assessments during the placement with perhaps a video interview towards the end which could be independently assessed'
- 'Remove the description of the scoring. Introducing confidential reports on the progress of trainees'
- 'Clarity for trainers, trainees and also ARCP panels that it is entirely acceptable for trainees to be marked as needing improvement in certain areas trainees feel they need to 'pass' the WPBA or it will be picked up and necessitate attendance at panel'
- 'Adopt SLE's as used in other specialities'
- 'We should assess progress made and not how many satisfactory WPBA'
- 'Either scrap the process as being uninformative or approach it with more rigor. I favour the latter'
- 'I prefer a 'global impression' with areas that need to be developed identified on a case by case basis'
- 'Consider use of video'
- 'To include recommendations in the end of posting report that needs to go to the next trainer'
- '
- Make trainees roles less supernumerary and get them

doing more real (difficult) assessments instead'

- 'I feel they are not perfect but at least an improvement on what was previously in place'
- 'They still have the potential to achieve what they are supposed to achieve'
- 'Trainee to videotape their interview and ask trainers to check/supervise/comment. Then can see the improvement'
- 'Re-introducing long cases in exams, perhaps asking for a prepared case with literature support re an aspect of the case'
- 'They could be done away with. I never had to do these when I was a trainee so they can't be essential'
- 'WPBA is neither necessary nor sufficient to train good doctors'
- 'Going back to a portfolio based record supported by direct clinical observation and 360 degree appraisals'
- 'They have their place as long as they are combined with more in-depth mid and end post reviews'
- 'Actor based scenarios regularly through training (as per med students) in small groups'
- 'If used appropriately, WPBAs are the optimum way of measuring competency, so I'd suggest improving how they are carried out rather than suggest alternatives'
- 'Use of centrally marked video consultations similar to GP training. This would greatly improve the quality and consistency of marking'
- 'Written preparations of necessary themes and milestones to achieve as per Royal College curriculum to correspond to Mid Term and End of Term assessments'
- 'What is needed is a method to quickly capture other feedback that is given'
- 'Possible move to what FY's are doing which is supervised learning events, this removes the word 'assessment' as they are not actually summative assessments but a developmental tool. Unfortunately this message has never penetrated and the culture has developed to make them unpopular'
- 'Clearly training and assessment of competencies is a very important issue however like many aspects within the NHS it becomes in danger of disrepute when time pressures and multiple demands reduce the process to a tick box exercise'
- 'WPBA should not be seen in isolation they should be seen as part of an overall training of the trainee'
- 'I think the term 'trainee' itself is contributing to the problems of trainee doctors, who are mature adults and employed professionals, seeing themselves as having little responsibility in the patient's care. I would suggest going back to previous titles of: HO, SHO, Registrar etc'
- 'WPBAs appear to be a product of the 'modernisation' of training and thus linked to a bureaucratic process: it is important for psychiatry to remain aligned to such developments within the medical profession in order to maintain influence and credibility'
- 'I think they are an important contribution to on the job training, which has the best evidence base i.e. actual performance in real situations'

Undertaking

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