

North East and north Cumbria

Specialty Training

School of Radiology - WPBA Guidance for Trainers and Trainees

Introduction

Workplace Based Assessments (WpBAs) are widely used across Foundation Training and Speciality Training, including Clinical Radiology, and are validated as a summative tool. The RCR explicitly recommends their use as a formative tool during the training year, and to be used at the end of the year to inform the ARCP panel.

HEE NE Foundation School has had its approach to the use of WpBAs successfully challenged legally. It is the author's understanding that the essence of the legally upheld challenge falls into two categories:

1. The standard by which a trainee is judged part way through a training year cannot be the standard expected of that trainee at the end of the year.
2. A trainee cannot be "failed" for failing to complete one or more WpBAs, as for such a high stakes decision a single low stakes WpBA cannot carry such a disproportionate weight to influence the ARCP decision.

As a result of the successful legal challenge, Foundation School has replaced WpBAs with Structured Learning Events, essentially the same tools but explicitly and solely formative. They cannot be used to make summative judgements of the trainee at ARCP. A trainee is not obliged to share them with trainers, Clinical or Educational Supervisors.

For the purposes of clarity the School issues the following guidance to make explicit the role of formative and summative assessment tools and what is expected of trainees and trainers.

Policy

1. WpBAs are regarded as formal formative assessments, and should take place in an appropriate private, quiet, structured meeting at which the trainee is offered feedback and support where applicable.
2. The standard by which the trainee is assessed is that to which they would be expected to have reached at the point in time the assessment is made, taking into account the individual trainee's experience to date. This is a matter of professional judgement of the trainer completing the WpBA, who may wish to take advice from other training colleagues, the Clinical Supervisor, TPD or Head of School if underperformance is under

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consideration in one or more domains.

3. As per current arrangements, trainees will be expected to undertake the minimum RadDops and IPEX during the course of each year, spread evenly across the curriculum with approx two of each per four month rotation. The ARCP panel will not penalise trainees who, for instance, produce five of each. The panel will form a professional judgement of lack of engagement in the educational process if the trainee, for instance, elects to produce no WpBAs.
4. If underperformance is identified, the trainee will produce an Action Plan, recorded in the PDP, and evidence of progress against that action plan will be expected. The trainer and the Clinical Supervisor will be expected to assist the trainee in formulating an appropriate Action Plan, with the plan also signed off by the Educational Supervisor. Help with all of these is available from the TPDs and Head of School as required. The TPD should be notified as a routine of any item of underperformance, preferably in writing and preferably by email.
5. Persistent underperformance in any area should be escalated as a matter of routine at the earliest opportunity to the TPD.
6. Modality Supervisor Reports (MSR) and Clinical Supervisor Reports (CSR) are summative documents. Two of the former and one of the latter are required per attachment; most trainees will have between 4+2 and 6+3 per year. Any areas of identified underperformance should result in an Action Plan and notification of the Educational Supervisor and TPD as per the steps above. It is highly desirable that sessional trainers completing Modality Supervisor Reports and Clinical Supervisors completing Clinical Supervisor reports put as much detail as possible in the free text box that justifies the judgements they have made. This is mandatory where a trainee has been scored less than satisfactory or excellent. (Both these judgements require justification.)

The informative value of WpBAs, MSRs, CSRs to the ARCP panel to enable them to form an appropriate, fair, equitable and defensible decision increases exponentially the more free text is entered. Having spent several months supervising a trainee, the School considers it a modest investment of c.30-45 minutes to complete these forms, which the ARCP panel finds so highly valuable. The adequate completion of these documents cannot be over-emphasised. Poorly completed documentation has very little value. In the future the School will offer feedback for the purposes of appraisal to sessional trainers and Clinical Supervisors on the value of the completed paperwork