

What has replaced foundation programme work-based assessments?

With its 2012 curriculum, the foundation programme has changed the way that trainee doctors are assessed. The educational role of work-based assessments is now emphasized with their re-branded title as supervised learning events. But how do we know that they are effective educational tools? And what assessment has replaced them in order to help supervisors ensure trainee doctors are sufficiently competent to progress on to full registration?

What are supervised learning events?

During foundation year 1, newly qualified doctors are asked to complete a set number of work-based assessments. These are then reviewed as part of the 'sign-off' process for full registration by each trainee's named clinical and educational supervisors, as well as the local foundation programme lead. Historically, preregistration house officers were assessed under a subjective and unstandardized apprenticeship model by their supervising consultants (Miller and Archer, 2010). However, as the organizational structure of hospitals changed and trainee doctors found themselves working for multiple consultants, this system became antiquated. Work-based assessments were thus originally implemented as part of an attempt to assess trainee doctors in a more honest and objective manner, in accordance with General Medical Council guidance (Wilkinson et al, 2008).

The UK Foundation Programme Office made significant revisions under its 2012 curriculum in response to a Medical Education England commissioned report (Collins, 2010) and General Medical Council (2010, 2011) guidance that emphasized the dual purpose of assessment, both to provide evidence of competency as well as facilitate professional development (Norcini and Burch, 2007). A greater emphasis is now placed on the formative as opposed to summative role of

work-based assessments within the foundation programme with case-based discussions, mini clinical evaluation exercises and direct observation of procedural skills now being described as supervised learning events. Effectively, this means that the six-point graded scoring system previously used within these tools has been removed. So are work-based assessments best used as summative or formative assessments?

Work-based assessments as a summative assessment

An independent inquiry by Tooke (2008) raised specific concerns about the standards being reached at the end of foundation year 1, stressing that valid and reliable summative assessments must be made a priority. A study by Michael et al (2011) examining the records of 1646 trainees found significant associations between known training difficulties and average scores on mini clinical evaluation exercises and case-based discussions. However, it concluded that these relationships were not sufficiently strong to have useful predictive value or reliable enough to certify competence.

There are a number of challenges that work-based assessments face when they are used as summative assessments. Owing to their opportunistic nature, work-based assessments can never be entirely standardized (Davies et al, 2009), and thus the inevitable wide variability of case selection hinders their summative ability (Norcini et al, 2011). For example, Wilkinson et al (2008) demonstrated that both complexity and setting influence mini clinical evaluation exercise scores. Also, it is often difficult to find time in the clinical setting for an effective number of assessments (Gray et al, 2009; Academy of Medical Royal Colleges, 2010; Norcini et al, 2011), and this leads to poorly prepared assessments (Kogan et al, 2009; Collins, 2010). Trainees often find encounters difficult to arrange with 60% citing begrudging assessors unfamiliar with the tool (Jackson and Wall, 2010). Davies et al (2009) found

that only a third of assessors had received face-to-face training in assessment.

When assessments do occur, they are often conducted poorly and not as they were designed to be. An anonymous survey of 37 foundation trainees by Jackson and Wall (2010) found 37.8% were rarely or never observed doing a mini clinical evaluation exercise. Confusion exists with case-based discussions as to whether it is the consultation or the discussion that is to be assessed (Norcini et al, 2011). For multi-source feedback assessments, Wilkinson et al (2008) found that both the gender and profession of the assessor affect the grade given. Evidence suggests that for other work-based assessments, older professionals are more objective judges (General Medical Council, 2010). As Gray et al (2009) point out, there is potential for bias here since trainees are able to select their assessors. It therefore seems that the way work-based assessments are implemented, rather than the tools themselves, poses their greatest challenge as a summative assessment.

Work-based assessments as a formative assessment

As the summative value of work-based assessments has come into question, increasing emphasis is now placed on their role as a tool for education. It is presumably the hope that by removing the scoring element of tools, such as the mini clinical evaluation exercises, greater developmental discourse between junior and senior clinicians will be allowed, as suggested by Malhotra et al (2008). It should be noted that, despite the new emphasis on work-based assessments as a method of formative assessment, there are very few published articles exploring their impact on doctors' education and performance (Miller and Archer, 2010); papers with descriptions of expected educational outcomes are scarce (Kogan et al, 2009).

In a recent qualitative study by Mehta et al (2013), British paediatric trainees found

case-based discussions constructive, facilitative to reflective learning and inspiring to a change in their practice. However, the authors stressed that supervisor engagement in the process with appropriate case selection and sufficient time for assessment influenced their utility. This suggests that if work-based assessments are to be used as a formative assessment, supervisors need to be made aware of how to use these tools effectively.

While the 2012 foundation curriculum appears to have responded to the General Medical Council's (2010) conclusion that work-based assessments are not sufficiently reliable or robust enough to stand alone as a certification of competency, it does not seem to address their second recommendation: they should be used together with endpoint high stakes assessments of learning.

What has replaced work-based assessments?

Medical schools endeavour to ensure students are ready to progress on to work as trainee doctors. The schools remain responsible for them until full registration is granted, for example, dealing with any fitness to practise issues that might arise during foundation year 1. They then pass on the baton of responsibility to the foundation programme where, as part of the sign-off, trainee doctors' e-portfolios are reviewed and scored by an annual review of competence progression panel. However, this process is now undertaken without reference to any form of observed summative assessment. Should there not be a more coherent, aligned method of assessment at each of these levels to facilitate continued professional development during foundation training?

Work-based assessments, such as the mini clinical evaluation exercises, are already used in many medical schools. Perhaps they should be implemented in a more formalized scored manner with desig-

nated supervisors trained both in medical schools and within the foundation programme. This might enable a streamlined transition from medical school to working practice and produce comparable results that identify doctors in need.

Conclusions

Under recent changes to the foundation curriculum, the summative role of work-based assessments has been downplayed or removed altogether, but do we know that they are good formative tools? What assessment has replaced them in order to aid supervisors in ensuring trainee doctors are sufficiently competent to progress on to full registration?

Further research is needed in the educational impact of work-based assessments to help determine how well they are used before further reforms are made to the foundation programme. Research should also consider whether aligning medical school assessment with assessment within the foundation programme might improve monitoring of professional development through foundation training. **BJHM**

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KEY POINTS

- The educational role of work-based assessments is now emphasized with their re-branded title as supervised learning events.
- Are supervised learning events good educational tools? What assessment has replaced them?
- Might aligning medical school assessment with assessment within the foundation programme improve monitoring of professional development through foundation training?