

A Descriptive Analysis of the Use of Workplace-Based Assessments in UK Surgical Training

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BACKGROUND: Workplace-based assessments (WBAs) were introduced formally in the UK in 2007. The aim of the study was to describe the use of WBAs by UK surgical trainees and examine variations by training region, specialty, and level of training.

METHODS: The database of the Intercollegiate Surgical Curriculum Programme was examined for WBAs between August 2007 and July 2013, with in-depth analysis of 2 periods: August 2011 to July 2012 and August 2012 to July 2013.

RESULTS: The numbers of validated WBAs per trainee per year increased more than 7-fold, from median 6 per trainee in 2007 to 2008, to 39 in 2011 to 2012, and 44 in 2012 to 2013. In the period 2011 to 2012, 58.4% of core trainees completed the recommended 40 WBAs, with only 38.1% of specialty trainees achieving 40 validated WBAs. In the period 2012 to 2013, these proportions increased to 67.7% and 57.0% for core and specialty trainees, respectively. Core trainees completed more WBAs per year than specialty trainees in the same training region. London core trainees completed the highest numbers of WBAs in both the periods 2011 to 2012 (median 67) and 2012 to 2013 (median 74). There was a peak in WBAs completed by London specialty trainees in the period 2012 to 2013 (median 63). The most validated WBAs were completed by ST1/CT1 (specialty surgical training year, core surgical training year), with a gradual decrease in median WBAs to ST4, followed by a plateau; in the period 2012 to 2013, there was an increase in WBAs at ST8. Core surgical trainees complete ~50% “operative” (procedure-based assessment/direct observation of procedural skills) and ~50% “nonoperative” assessments (case-based discussion/

clinical evaluation exercise). During specialty training, procedure-based assessments represented ~46% of WBAs, direct observation of procedural skills 11.2%, case-based discussion ~23%, and clinical evaluation exercise ~15%.

CONCLUSIONS: UK surgical trainees are, on an average, undertaking 1 WBA per week. Variation exists in use of WBAs between training regions. Core trainees tend to use the spectrum of WBAs more frequently than their senior colleagues do. Further work is required to examine the role of WBAs in assessment, and engagement and training of trainers in processes and validation of WBAs. (J Surg Ed 72:786-794. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: workplace-based assessment, surgical training, intercollegiate surgical curriculum programme

COMPETENCIES: Practice-Based Learning and Improvement, Systems-Based Practice

INTRODUCTION

Workplace-based assessments (WBAs) were formally introduced in the UK in 2007 to accompany the competency-based Modernising Medical Careers postgraduate training program.¹ WBAs are delivered as part of the Intercollegiate Surgical Curriculum Programme (ISCP), a joint activity by the 4 surgical Royal Colleges.² The ISCP has provided each surgical specialty with a comprehensive syllabus, a teaching and learning framework, an assessment system, a repository for evidence on individual trainee progress, and an interactive web platform.

The use of WBAs is a mandatory component of each surgical trainee’s portfolio through both core surgical training (CST) and specialty training. The main WBA assessment tools include procedure-based assessments (PBA),

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direct observation of procedural skills (DOPS), clinical evaluation exercise (CEX), and case-based discussion (CBD), as well as multisource feedback (MSF). A glossary of terms used is presented in the [Appendix](#).

PBA involves direct observation of an index procedure or operation with comments given on important steps, tasks, or skills at the preoperative, intraoperative, and postoperative stages of the procedure, considered to be essential for its safe and successful completion. The assessment form for a PBA is specific to the procedure or operation being assessed. Similar to PBA, DOPS is more generic and relates to either less complex procedures or parts of a larger procedure. The domains of assessment in DOPS are generic and fixed and considered to be transferable across this spectrum of tasks. CEX is an assessment of a trainee's clinical skills, for example, history taking, clinical examination, and information giving. CBD refers to a formalized discussion related to the care of a patient with a focus on knowledge and attitude. Each of these WBAs is completed by both trainee and trainer, is validated by the trainer, and is recorded within ISCP. MSF is an opportunity for members spread across the multidisciplinary health care and administrative team to offer anonymous feedback on the trainee. The results are then discussed at a meeting with the assigned educational supervisor and the trainee's annual review of competence progression.³

At present, the Joint Committee on Surgical Training (JCST) recommends that each trainee completes a minimum of 40 WBAs per year of training. This approximately equates to 1 WBA per week, although trainees and trainers are encouraged to complete more with a spread throughout a training post to demonstrate progression of clinical and technical skills.⁴

The purpose of this study is to report on the use by surgical trainees in the UK of the largest platform for competence-based training worldwide. We aim to describe the use of WBAs by surgical trainees and to examine any variations observed by training region, surgical specialty, or level of training.

METHODS

Every assessment in trainees' portfolios is recorded with background information about the individual trainee. These data were collated to facilitate analysis to quantify the use of the WBAs. The ISCP database was examined for WBAs linked to trainees' portfolios between August 2007 and July 2013, with an in-depth analysis of 2 periods: August 2011 to July 2012 and August 2012 to July 2013. These 2 time periods represent the most recent 2 years for which, at the time of data analysis, complete data were available. Trainees in core surgery and all but 1 of the surgical specialties were included from 2007. Vascular surgery only became a separate specialty in 2012 but has been included for the

second time period. Trauma and orthopedics trainees were variably included in the first years of ISCP as they were also able to use the Orthopaedic Competence Assessment Project (OCAP) system; all had transferred to ISCP by 2012/2013.

Medical graduates in the United Kingdom commence postgraduate clinical training with a 2-year generic "Foundation Programme," from which candidates apply through a competitive national selection system for CST programmes—previously termed the senior house officer grade. Following successful completion of CST and the Intercollegiate Membership of the Royal College of Surgeons examinations, trainees apply through competitive national selection for higher surgical training (registrar grade) in 1 of the 10 surgical specialties.⁵

The main WBA assessment tools included in the analysis were DOPS, PBA, CEX, and CBD for all trainees in both core training and higher specialty training, although there were some data available for assessment of audit, teaching, and MSF. All trainees with an ISCP appointment type of core surgery, fixed-term specialty training appointments, locum appointments for training, senior house officer, specialist registrars, specialty registrars, and specialty registrars converted from specialist registrars were included in the analysis. CT1 and CT2, as well as (for "run-through" specialties/programs) ST1 and ST2, were combined for analysis for consistency of reporting on the early years of training.

Only WBAs that had been trainer validated were included. Entries with missing variables were excluded. Data were anonymized and allocated a unique identifier to avoid duplicate counting and analyzed by training region (Local Education and Training Board [LETB] in England and Deanery in Wales, Scotland, and Northern Ireland), surgical specialty, and level of training at the time of assessment. Records without appointment type, training region, specialty, or training level were excluded from further analysis. After data cleaning, data comparison and summary statistics were performed using STATA version 11 (StataCorp LP, TX). For the analysis, medians and percentiles were used to represent the data, as these are not affected by extreme values.

RESULTS

Records without appointment type, training region, specialty, or training level totalled 1433 for the period 2011 to 2012 and 1355 for the period 2012 to 2013; these records were excluded from further analysis. A total of 754,165 ISCP WBAs were validated by UK surgical trainees between August 2007 and July 2013 ([Table 1](#)). Approximately two-thirds of trainees included are male individuals ([Table 1](#)). There has been an increase in both the number of WBAs validated using the ISCP and the number of surgical

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