

## Guidance on using workplace-based assessment

The notes below outline the good practice guidelines for using WBA:

- 1) WBA should be carried out as part of the normal immediate feedback process during training. Any one individual assessment is not seen as a pass or fail event. It should be seen as part of a process of learning throughout each placement. It is very important that trainees do not defer assessment because this might result in trainees in difficulty not being identified early enough.
- 2) Those carrying out assessments must have relevant qualifications and experience in the relevant professional discipline. They must have undertaken appropriate training in the methodology of WBA including how to give constructive educational feedback. [Note that specific training on the MSF is not necessary in order for raters to use that particular tool.]
- 3) Patient safety and well-being remains paramount throughout. The supervising assessor, should ensure that the patient is informed where relevant, has provided consent for the exercise and suffers no increased risk or discomfort.
- 4) The number of WBA shown in the curriculum is the absolute minimum. The curriculum is competencebased and the number of assessments required will vary from individual to individual.

Even when by mutual agreement the Assigned Educational Supervisor (AES) and trainee believe that a competency has been achieved during the period of training, trainees would be advised to accumulate further WBA that indicate that the required competencies have been sustained and indeed consolidated.

The required number of assessments must be agreed between the AES and trainee and recorded in the Learning Agreement. Failure to achieve the requisite number of assessments should be explored and recorded. In these cases there should be a statement about what action had been taken or any recommendations for the next period of training.

5) Trainees must regard it as a professional issue to maintain an accurate record of all WBAs in the electronic learning portfolio. Because WBAs are assessments *for* learning, trainees should not discount any he or she regards as unsatisfactory. In cases when assessments were less than satisfactory, trainees should repeat assessments as often as required to show progress.

The matter of storing information accurately without falsification or plagiarism is viewed as extremely important. If any record keeping within the portfolio is found to be fraudulent then that individual will be reported to the AES and PD and will be subject to severe disciplinary reprimand which could result in them being removed from a training programme and being reported to the General Medical Council for serious professional misconduct. Assessors are required to validate the assessments they have carried out.

6) The portfolio assessments should be reviewed regularly by the AES and trainee so that trainees who are in need of additional support can be identified at an early stage and measures can be taken for remediation e.g. counselling, targeted training and more frequent assessment.

At the end of a placement the whole portfolio of assessment should be reviewed by the AES. The trainee should achieve the required number of assessments set out in the Learning Agreement. The trainee's progression should be compared with the Learning Agreement and the degree of progression should be reported by the AES.

At the end of a placement the trainee and AES must meet to sign off the Learning Agreement. In the event of a disagreement further assessment may be required.

7) If the degree of progression is by mutual agreement short of that anticipated in the Learning Agreement a programme for remedial action should be put forward by the AES, involving the trainee and forwarded to the PD. If a situation arises where there is disagreement then either party can report to the PD, although any correspondence should be shared between AES and trainee. If issues cannot be resolved ahead of the ARCP the portfolio should record any ongoing difficulties or disputes and the ARCP should be asked to review these independently.