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Workplace-based assessment: survey of psychiatric trainees in Wales†

AIMS AND METHOD

To explore attitudes and perceptions regarding workplace-based assessment (WPBA) among psychiatric trainees in Wales, identify current problems and recommend measures to successfully implement WPBA. An anonymous questionnaire-based, cross-sectional online national survey was conducted involving all psychiatric specialty registrars in Wales.

RESULTS

Out of 88 specialty registrars in Wales, 81 participated in the survey, a response rate of 92%. The survey highlighted widespread problems and negative attitudes among trainees towards WPBA. Numerous concerns, involving assessment tools, online system, quality of assessors and practicalities of assessments were identified.

CLINICAL IMPLICATIONS

The negative attitudes harboured by many trainees would certainly contribute towards undermining the efficacy of WPBA to improve training. In this context, specific measures with the potential to address the shortcomings identified during the survey are discussed, with a view to improving WPBA and rendering it more acceptable to trainees, and in doing so, facilitate the improvement of training.

Medical training in the UK has recently been subjected to radical changes, among which workplace-based assessment (WPBA), introduced in August 2007, is perhaps one of the most controversial. The concept of performance assessment stems largely from concerns about patient safety and a perceived requirement to reassure the public that doctors provide safe, effective and high-quality clinical care. Workplace-based assessment is intended to function as a robust mechanism facilitating regular assessment of trainees along with the provision of specific structured feedback and targeted training, while formally demonstrating such regular review and appraisal.[1]

It is of prime importance that any new system of assessment should appear fair, balanced and beneficial to the medical profession. Furthermore, the successful implementation of change is dependent on acceptance of the need for change by and cooperation from those affected by such change. Structured feedback from key stakeholders is in turn vital to the continual refinement of any quality assurance framework.[2] Accordingly, exploration of the attitudes of trainees (and trainers, for whom a separate survey is in progress), acknowledgment of the difficulties and practicalities they face, and measures to augment their understanding of the new process will be crucial to the smooth and effective implementation of WPBA. In the absence of these crucial ingredients, imposition of WPBA upon uninformed and untrained participants could promote inconsistency and non-adherennce, both of which would defeat the very ethos of this new framework.

In this study we therefore set out to explore the attitudes of psychiatric trainees, and the difficulties and practicalities they face with a view to providing the structured feedback so essential to improving the validity, reliability, relevance and practical benefits of WPBA.

Our aims were to explore attitudes and perceptions regarding WPBA among psychiatric specialty registrars appointed under the Modernising Medical Careers (MMC) system in Wales, to identify problems currently experienced and to recommend measures to improve WPBA.

Method

After clearance from the National Research Ethics Service, an anonymous, questionnaire-based, cross-sectional survey was designed with the help of a statistician and a clinical research fellow at the University of Cardiff.

The survey was initially piloted for a week to identify and remedy any potential flaws and was subsequently hosted online, over a 2-month period (6 July–6 September 2008), on the Bristol Online Surveys website (www.survey.bris.ac.uk/). It was conducted under the auspices of the Welsh Division of the Royal College of Psychiatrists and the Welsh Deanery; a comprehensive list of trainees was provided by the latter. All psychiatric

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specialty registrars in Wales were invited by email to participate.

Many questions were designed as consistently positive statements with regard to WPBA and respondents were required to affirm their agreement or otherwise on a 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = no opinion, 4 = agree and 5 = strongly agree). Other questions involved the respondent rating any given subject on a 5-point scale (1 = very poor, 2 = poor, 3 = acceptable, 4 = good and 5 = very good) and the remainder required them to select a preferred answer from multiple choices.

Results

Of a total of 89 psychiatric trainees in Wales, 88 were invited to participate in the study (S.M., one of the researchers, was excluded); 81 participated, a response rate of 92%. There were 22 ST1 trainees (27.2%), 24 ST2 (29.6%), 21 ST3 (25.9%), 12 ST4–6 (14.8%) and 2 doctors at other levels of training (2.5%). Sixty-seven trainees (83%) had trained under the previous senior house officer/specialist registrar training system; 64 of these (79% of the overall total) had done so for over 6 months. The remaining 14 trainees (17%) had not undergone any training under the old system. All but one of the trainees had undergone at least one assessment.

Trainees' opinions on why WPBA was introduced

Trainees' perceptions of the main reasons and the most important driving forces behind the introduction of WPBA are presented in Table 1.

The two most prominent perceived reasons are 'to improve training' (43%) and 'politically driven' (41%). Though disparate, they account for almost 84% of the reasons given. Only 9% of trainees considered that WPBA was introduced 'to improve patient care'.

Table 1. Trainees' perceptions about the reasons and driving forces behind the introduction of workplace-based assessment

	%	*n*
Main reasons		
To improve training	43	35
Politically driven	41	33
To improve patient care	9	7
Failure of the previous training system	5	4
Do not know	2	2
Most important driving forces		
PMETB	44	36
Government/political	44	36
Royal College of Psychiatrists	6	5
Do not know	4	3
Public demand	1	1
Trainers	0	0

PMETB, Postgraduate Medical Education and Training Board.

The two most commonly perceived driving forces are the Postgraduate Medical Education and Training Board (PMETB) and the government, identified by almost 89% of trainees.

Attitudes to and perceptions of WPBA

The majority of trainees are unimpressed with WPBA as an educational/assessment tool in terms of its reliability, validity and the evidence that underpins it (Table 2). More than three in four trainees expressed concerns about the perceived impact of assessors' personal preferences, the provision of training and the manner of introduction of WPBA.

The majority of trainees feel that WPBA has had no real beneficial effects on supervision, training, clinical practice and confidence.

Over 70% of trainees feel that there are difficulties organising assessments and that assessments have a negative impact upon time for clinical duties, 44% of trainees harbour concerns about lack of support from supervisors and colleagues, and 79% have concerns about the lack of access to computer facilities in the context of assessments.

Assessment tools

Varying concerns were raised about the College's assessment tools: 58% of trainees feel that they do not facilitate training, 46% that they are not easy to use, and 32% that they are not relevant to psychiatry.

Overall perceptions about WPBA in its current form

Between half and two-thirds of trainees feel that WPBA in its current form is unacceptable to them as trainees, does not accurately reflect their progress, is no better than the system in use before the MMC, and is not the way forward and therefore should not be retained. Fewer than one in four trainees supported positive statements in these contexts.

Trainees' perceptions of their assessors

For the purpose of this survey, 'acceptable', 'good' and 'very good' were considered as adequate standards.

Consultant assessors

Educational (consultant) supervisors were rated well in terms of ability to assess accurately and impartially (93% of trainees), willingness to complete assessments (91%), ability to provide constructive feedback (89%), computer literacy (88%), and availability (85%) (Table 3). They were rated moderately on knowledge of WPBA (66%) and understanding of the online system (70%).

Non-consultant medical assessors

Non-consultant medical assessors were rated well on computer literacy (90%), and moderately well in terms of willingness to complete assessments (75%), ability to assess accurately and impartially (75%), ability to provide constructive feedback (73%), availability (66%), understanding of the online system (64%) and

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Table 2. Trainees' attitudes and perceptions to WPBA, its effects, practicalities of assessments and the Royal College of Psychiatrists' assessment tools[a]

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
	% (*n*)				
Workplace-based assessment:					
is backed by good evidence[b]	17 (13)	42 (33)	30 (24)	11 (9)	0 (0)
is valid[b]	16 (13)	35 (28)	26 (21)	23 (18)	0 (0)
is reliable	24 (19)	44 (36)	17 (14)	14 (11)	1 (1)
is independent of the assessor's personal preferences	28 (23)	53 (43)	9 (7)	5 (4)	5 (4)
has appropriately been made compulsory	28 (23)	41 (33)	17 (14)	12 (10)	1 (1)
has been introduced in a well thought-out manner	31 (25)	52 (42)	11 (9)	5 (4)	1 (1)
has been accompanied by sufficient and relevant information and guidance	30 (24)	38 (31)	11 (9)	19 (15)	3 (2)
has been accompanied by sufficient training[c]	36 (29)	39 (31)	18 (14)	5 (4)	3 (2)
Workplace-based assessment has improved:					
supervision	14 (11)	40 (32)	16 (13)	27 (22)	4 (3)
training	19 (15)	42 (34)	21 (17)	16 (13)	3 (2)
clinical practice	17 (14)	44 (36)	20 (16)	16 (13)	3 (2)
confidence	21 (17)	41 (33)	17 (14)	19 (15)	3 (2)
Assessments:					
are easy to organise	28 (23)	48 (39)	11 (9)	12 (10)	0 (0)
have no impact on time available for clinical duties	21 (17)	49 (40)	15 (12)	14 (11)	1 (1)
are facilitated by easy access to computers	38 (29)	41 (33)	12 (10)	11 (9)	0 (0)
receive the necessary support from supervisors and colleagues	14 (11)	30 (24)	21 (17)	33 (27)	3 (2)
Assessment tools adopted by the College:[b]					
are easy to use	14 (11)	32 (25)	20 (16)	32 (25)	3 (2)
are relevant to psychiatry	5 (4)	27 (21)	24 (19)	43 (34)	1 (1)
facilitate training well	14 (11)	44 (35)	28 (22)	13 (10)	1 (1)
Overall, workplace-based assessment in its current form:[c]					
is being used appropriately	14 (11)	40 (32)	28 (22)	18 (14)	1 (1)
is acceptable to you as a trainee	19 (15)	35 (28)	24 (19)	21 (17)	1 (1)
accurately reflects trainees' progress	25 (20)	43 (34)	18 (14)	13 (10)	3 (2)
is a better system than the previous one	24 (19)	35 (28)	24 (19)	15 (12)	3 (2)
is the way forward and should be retained	30 (24)	28 (22)	29 (23)	11 (9)	3 (2)

a. Total number of trainees $n = 81$, unless otherwise specified.

b. $n = 79$.

c. $n = 80$.

Table 3. Trainees' perceptions of their assessors

	Consultant assessors ($N = 80$)	Non-consultant assessors, ($N = 77$)	Non-doctor assessors, ($N = 81$)
	% (*n*)		
Availability	69 (85)[a]	51 (66)	50 (62)
Willingness to complete assessments	73 (91)	58 (75)	58 (72)
Knowledge of workplace-based assessments	53 (66)	44 (57)	5 (6)
Computer literacy	70 (88)	69 (90)	44 (54)
Understanding of the online system	56 (70)	49 (64)	15 (19)
Ability to assess accurately and impartially	74 (93)	57 (75)[b]	50 (62)
Ability to provide constructive feedback	71 (89)	56 (73)	45 (56)

a. $N = 81$.

b. $N = 76$.

knowledge of WPBA (57%). They scored consistently lower than consultants on every parameter except computer literacy.

Non-medical assessors

Non-medical assessors scored lower than medical assessors on every parameter. They were rated moderately in terms of willingness to complete assessments (72%), availability (62%), ability to assess accurately and impartially (62%), ability to provide constructive feedback (56%) and computer literacy (54%). Scores were less impressive in terms of understanding of the online system (19%) and knowledge of WPBA (6%).

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Trainees' perceptions about recording assessments

Once again, 'acceptable', 'good' and 'very good' were considered adequate standards. Overall, trainees did not rate the online system very highly (Table 4). The percentages of trainees who found it unacceptable were: 78% in terms of ease of use, 75% in terms of reliability, 70% in terms of time consumption, and 96 % in terms of the appropriateness of the fee that trainees will have to pay. Overall, from the trainees' perspective, recording assessments online would not render the process of WPBA any easier compared with a paper-based system.

The majority of trainees (51%) would prefer assessments to be recorded on paper (Table 5), although 38% would be happy for a combination system (i.e. largely online, provided assessments could be done on paper if an assessor could not be brought to a computer). Only 6% of individuals would prefer an online system (Table 6).

Trainees' concerns about the WPBA

The survey also incorporated the option for respondents to express in free text their views on WPBA. The most common comments and concerns were, in summary:

- WPBA proving to be a 'tick-box' exercise to fulfil annual review of competence progress requirements with few real training benefits, particularly for post-membership trainees
- lack of established standards for various training grades (ST1–6)
- significant difficulties organising and completing assessments (particularly online)
- lack of enthusiasm from assessors
- poor quality of trainers
- time spent performing WPBAs detracts from clinical work
- inconsistencies in assessments – high degrees of subjectivity, assessor bias
- patchy and inadequate training to assessors
- unreliable and unpopular online system.

Recommendations by trainees

Respondents were also invited to offer their recommendations with regard to remedial measures that might improve the WPBA system. The most common recommendations included:

- targeted training for assessors, particularly non-medical, will be essential (this was a consistent theme);
- due to current unreliability the online system needs major overhauling or should be abolished – if retained, there should be easy access to computers and no fee for the online system;

Table 4. Trainees' perception of the online system of recording assessments ($n = 78$)

	Very poor	Poor	Acceptable	Good	Very good
			% (*n*)		
Ease of use	51 (40)	27 (21)	15 (12)	5 (4)	1 (1)
Reliability	44 (34)	31 (24)	19 (15)	5 (4)	1 (1)
Time consumption	35 (27)	35 (27)	21 (16)	9 (7)	1 (1)
Appropriateness of the fee	68 (53)	28 (22)	3 (2)	0 (0)	1 (1)

Table 5. Trainees' perception of recording of assessments online in comparison with on paper ($n = 80$)

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
			% (*n*)		
Will be easier	40 (32)	39 (31)	8 (6)	11 (9)	3 (2)
Will promote better compliance	25 (20)	44 (35)	11 (9)	16 (13)	4 (3)
Will be more reliable	26 (21)	40 (32)	18 (14)	13 (10)	4 (3)
Will consume less time	34 (27)	45 (36)	13 (10)	6 (5)	3 (2)
Will be more cost-effective	30 (24)	35 (28)	16 (13)	15 (12)	4 (3)
Will be easier for assessors to complete forms	41 (33)	45 (36)	10 (8)	0 (0)	4 (3)

Table 6. Trainees' preference with regard to a system for recording assessments

	% (*n*)
On paper	51 (41)
Online	6 (5)
Either (both are equally good)	5 (4)
Combination (largely online, but on paper if an assessor cannot be brought to a computer)	38 (31)

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- methods should be devised to standardise assessments between assessors;
- there should be an option of recording WPBA on paper;
- skills that are appropriate for assessment by non-doctors should be reviewed and defined, since such assessments are relevant to some skills but not others;
- the assessment tools should be rendered relevant to the individual specialty and should be more flexible;
- the responsibility for completing assessments should not rest solely with the trainee;
- trainees should be given protected time to organise WPBA;
- the number of assessments should be reduced and the relevance of each one should be improved: the results of assessments should be interpreted and summarised in a meaningful manner;
- WPBA should be tailored to the level of the trainee (e.g. higher trainees should be assessed by suitable and appropriate members of staff).

Discussion

The educational principle underpinning WPBA appears to be sound, with immense potential if used appropriately, and it is striking that a large proportion (43%) of psychiatric trainees in Wales do believe that WPBA was intended to improve training. The new framework has, however, engendered overwhelmingly negative attitudes, partly due to a common perception (41%) that it is politically motivated with its rationale and purpose unclear, but perhaps largely due to the manner in which it has been introduced (83% feel that it has not been introduced in a well thought-out manner). Moreover, WPBA is widely perceived as being conceptually flawed, based on scant evidence and of dubious validity as an assessment tool.

Other changes introduced with WPBA

It is of relevance that this completely novel assessment system was introduced simultaneously with radical changes to medical training (MMC), medical recruitment (Medical Training Application Service, MTAS) and the core curriculum. The resultant confusion and uncertainty with regard to both the present and the future has had a significant impact on trainees' confidence and morale.[3,4] Although any change tends to provoke resistance, changes imposed under such circumstances further heighten reluctance to participate. Moreover, rather than a phased and gradual introduction, WPBA was made mandatory from the outset, for all specialty trainees appointed under MMC. Changes were rushed through, with little time for comprehension, acceptance and adaptation by both trainees and trainers.

Time constraints and other pressures

It is also relevant that the entire responsibility for maintaining a performance-based portfolio has been placed on the trainee. This combines with time constraints (and perhaps lack of faith in a new unproven process) on the part of assessors in creating significant difficulties for the trainee. To further complicate the picture, it is relevant that non-fulfilment of the new requirements could result in trainees being failed at their annual appraisals, with potential denial of progress up the training ladder. The process is therefore at considerable risk of degenerating into a tick-box/paper-pushing exercise, which nevertheless, by its very nature, is likely to take priority over the acquisition of essential clinical experience.

Apart from this, WPBA is intrinsically time and resource intensive. Increased levels of supervision and assessment of trainees, integral to the organisation and completion of the new performance-based portfolio, will undoubtedly detract from time available for the performance of clinical duties, and in combination with the recent reductions in junior doctors' working hours could paradoxically run counter to the stated intention of improving patient care. Surprisingly, despite the extra work involved for both trainers and trainees, time implications have received little official consideration, there having been no formal allocation of time for WPBA in either consultant contracts or trainee timetables.[5]

Problems with HcAT

A further source of frustration to trainees involved the introduction of an online system (Healthcare Assessment and Training, HcAT), with a view to permanently storing assessments and generating summary reports from completed assessments.[6] It was intended that HcAT would be rendered compulsory and also that it would constitute the only acceptable form of evidence of training. Apart from the fact that the benefits of online documentation are debatable, the resultant difficulties faced by both trainees and assessors, in terms of awareness of the new process, computer literacy, access to computers and indeed time were immense.

The majority of the trainees found the online system of recording assessments unacceptable in terms of time consumption (70%), reliability (75%) and ease of use (78%) (Table 4). The HcAT system was plagued by numerous difficulties, so much so that it was abandoned by the Royal College of Psychiatrists in favour of 'Assessments Online', an updated system which appears to have addressed some of the technical problems associated with HcAT, although some difficulties remain. Any online system, however, is intrinsically prone to user factors, not the least of which involves adherence from assessors (particularly non-medical).

The fee for the online assessment system also carries potential for further resentment (for 96% of trainees this is unacceptable), since registration with the College is now mandatory for training to be recognised.[7]

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Comparison with the previous appraisal system

A small but significant proportion of trainees (17%) had no experience under the previous training system and their views about WPBA may therefore be overly optimistic or pessimistic. Nevertheless, given the overall current opinion expressed by trainees, it is evident that much work remains for WPBA to effectively address the deficiencies of the previous RITA appraisal system that were identified by PMETB: regional variability, lack of quality assurance and governance mechanisms, a perception by doctors that it was a bureaucratic and form-filling exercise, and paucity of time and resources allocated for training.[8] Advocates of WPBA may argue that the current difficulties are merely 'teething problems' inherent to any new system which will resolve in time. Although this may evoke instant scepticism, if there is indeed substance to this point of view, it is certainly unacceptable for current trainees to become casualties of yet another new initiative introduced, from the trainees' perspective, without adequate thought and consideration from policy makers.

The way forward

It would appear that a great deal of essential work remains with regard to validating the assessment tools adopted, determining the optimal number of assessments required, exploring the effects of employing non-medical assessors to assess senior trainees, establish reliability, validity and repeatability of assessments, and correlating WPBA scores with the achievement of various competencies.[9] It is tempting to speculate whether WPBA would have been met with a more cordial reception had these factors been addressed before its implementation. It would intuitively appear that many of the current problems might have been avoided had WPBA been introduced in a phased and structured manner, with preliminary address of issues around training of assessors and due consideration given to feedback from both trainees and trainers.

A standardised, transparent and reproducible system of appraisal carries obvious advantages in terms of affording robust assessment and certification of trainees' competencies. Well-informed and competent assessors (which may include consultants, other senior doctors, psychologists, nurses and social workers) are essential for such a system to function effectively. Standardisation, however, mandates consistency, which in turn requires structured training and quality assurance. Training has been perceived as patchy at best, as evidenced by the poor scores allocated to assessors, particularly those from non-medical backgrounds, by an overwhelming majority of trainees, and yet there is no process for quality assurance. Perhaps worryingly, non-medical assessors were rated very poorly on the three most important parameters: understanding of WPBA (6%), the ability to assess accurately and impartially (62%), and the ability to provide constructive feedback (56%). This carries serious implications in that, for instance, an assessment by an inadequately trained assessor carries a higher than acceptable risk of inaccurately reflecting a trainee's ability or performance, with obvious potential to inappropriately boost or damage their confidence with attendant implications. It is interesting that even consultants, the group rated most highly by trainees, scored poorly on knowledge of WPBA and understanding of the online system. Structured and specific training of all assessors is therefore a fundamental requirement in order to minimise interpersonal variability (currently inherent to this system) and in doing so, to maximise the objectivity of assessments. Training of assessors is also relevant to equip them (if required) to deliver negative feedback to a trainee in a constructive and supportive manner, to ensure that assessment becomes a productive learning exercise. As a corollary, it is equally important that trainees too are educated about WPBA, so as to preclude the development of resentment and demoralisation in response to a less than flattering assessment. The confidence of all stakeholders would also be enhanced by the development of an effective quality assurance process.

Competency-based assessment is new to psychiatry and represents uncharted territory. Like any system of training, it carries both strengths and limitations. Needless to say, it is imperative that robust measures be employed to continuously build on its strengths, remedy its intrinsic limitations and tailor it to the idiosyncrasies of psychiatric training, while facilitating widespread understanding, cooperation and uptake, in order to facilitate the development of a new generation of comprehensively trained doctors.

Study strengths and limitations

Despite the intrinsic limitations of a cross-sectional survey, the high response rate indicates that the results are representative of the views of psychiatric trainees in Wales; indeed, this high response rate, unusual for this type of study, perhaps indicates the strength of feeling among trainees on this subject. This survey was conducted approximately a year after the introduction of WPBA and therefore involved respondents who had acquired first-hand practical experience with this system of assessment.

One possible limitation of a questionnaire-based survey involves the narrow scope and possible inadequacy of the spectrum of selectable responses for any given question with regard to accurately expressing the views of participants (a respondent might, for instance, select the 'no opinion' box for lack of one that best expresses their views). This survey sought to address this by affording responders the option to state, in free text, any further views they wished to express over and above the areas addressed specifically by the questionnaire. There again, this study design affords the advantage of a reduced level of 'observer bias' since the anonymity enjoyed by the respondents removes the constraints with regard to expressing their views freely.

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Declaration of interest

None.

References

1 Searle G, Holsgrove G, Brown N, Oakley C. *Trainee's Guide to Workplace Based Assessment*. Royal College of Psychiatrists, 2007.

2 Finucane P, Barron S, Davies H, Hadfield-Jones R, KaigasT. Towards an acceptance of performance assessment. *Med Educ* 2002; **36**: 959–64.

3 Tooke J. *Aspiring To Excellence: Findings and Final Recommendations of the Independent Inquiry into Modernising Medical Careers*. MMC Inquiry, 2008.

4 Lydall GJ, Malik A, Bhugra D. MTAS: mental health of applicants seems to be deteriorating. *BMJ* 2007; **334**: 1335.

5 Grant J. Changing postgraduate medical education: a commentary from the United Kingdom. *Med J Aust* 2007; **186**: 9–13.

6 Royal College of Psychiatrists. WPBAs & HcAT. In *Psychiatric Trainees' Committee Newsletter*, 2008 (http://www.rcpsych.ac.uk/specialtytraining/trainees/newsletters/newslettermarch2008.aspx#5).

7 UK Modernising Medical Careers Co-ordinating Group. *A Reference Guide for Postgraduate Specialty Training in the UK – The Gold Guide (2nd edn)*. MMC, 2008 (http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL.pdf).

8 Postgraduate Medical Education and Training Board. *Workplace Based Assessment. A Paper from the PMETB Workplace Based Assessment Subcommittee*. PMETB, 2005 (http://www.pmetb.org.uk/media/pdf/3/b/PMETB_workplace_based_assessment_paper_(2005).pdf).

9 Searle GF. Is CEX good for psychiatry? An evaluation of workplace-based assessment. *Psychiatr Bull* 2008; **32**: 271–3.

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Workplace-based assessments in Wessex: the first 6 months†

AIMS AND METHOD

We surveyed educational supervisors and trainees in Wessex about their experience of the first 6 months of using workplace-based assessments (WPBAs), to see whether they needed further support in using them and, if so, in which areas. An anonymous questionnaire was sent to all trainees and educational supervisors in Wessex.

RESULTS

Overall, 63% of trainees and 61% of educational supervisors responded; 22% of supervisors had not received training in WPBA and 61% of trainees identified barriers to completing it. Non-medical staff were rarely approached for assessments.

CLINICAL IMPLICATIONS

There is a need for further training of supervisors, a more user-friendly IT system and expansion of the role of non-medical staff as assessors.

Over recent years, there have been significant developments in the education, assessment and appraisal of doctors in training in the UK. The establishment of the Postgraduate Medical Education and Training Board (PMETB), Modernising Medical Careers (MMC), and other drivers for change have seen the growth of a new unified training grade in medical specialties and a new competency-based curriculum in psychiatry.[1] The Chief Medical Officer for England's report, *Unfinished Business*, highlighted the lack of regular appraisal and formal assessment of trainees' 'performance' and pointed out that the trainee's progression through training grades was largely dependent on examinations.[2] He proposed 'competency-based assessment throughout training' to be quality assured by a new PMETB.

The Royal College of Psychiatrists' competency-based curriculum for psychiatry specialty registrars was approved by PMETB at the end of 2006. Following a pilot programme across several sites, this curriculum and workplace-based assessments (WPBAs) were implemented throughout the UK in August 2007.

As of 2007, there were eight WPBAs used in psychiatry: Assessment of Clinical Expertise (ACE), mini-Assessed Clinical Encounter (mini-ACE), Case-Based Discussion (CBD), Direct Observation of Procedural Skills (DOPS), Case Presentation (CP), Journal Club Presentation (JCP), Assessment of Teaching (AoT) and mini-Peer Assessment Tool (mini-PAT). As a minimum, the College recommends two ACEs, four mini-ACEs and two CBDs per year.[3]

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