Case study 6: Categorising existing workplace-based assessment encounters as being either explicitly formative (for learning), or explicitly summative (of learning)

Royal College of Obstetricians and Gynaecologists.

**Background to the change**

- What are the aims or purpose of the change?

The aim is to implement changes to how WPBA is delivered within the obstetrics and gynaecology training programme.

*Before the change*

Some WPBA tools are used only for summative assessments (assessments of performance), without a formative approach.

*Why introduce the change?*

The main impetus of the changes is to categorise existing WPBA encounters as being either explicitly formative (for learning), or explicitly summative (of learning), as follows:

- Supervised learning events will be formative assessments. The purpose of the encounter will be for the doctor in training to receive feedback on their performance.

- Assessments of performance will be summative assessments. A decision regarding the competence of the doctor in training will be made in light of the performance observed in the encounter.

*What is the effect of the change?*

This change will ensure that all WPBA tools can be used for both formative and summative purposes, in separate encounters.

Identifying encounters in this way, as being either explicitly formative or explicitly summative, will ensure that assessments are better equipped to achieve their stated purposes. Specifically, it will address the present confusion caused by certain tools being applied as both summative and formative assessments concurrently, which limits their impact with regard to each of these aims.

**Assessing the impact**

- Will the change affect stakeholders or interest groups that share protected
characteristics?

- Will some groups be affected more than others?

Yes, the changes will affect doctors in training and trainers who share protected characteristics. However, the changes are unlikely to disproportionately affect these groups.

### Evidence

- What evidence do you have to support this (data, research or other information)?

- In developing the change, have you consulted or involved anyone that shares protected characteristics?

- In a 3-month pilot exercise conducted by the London Deanery, the outcomes of summative WPBAs (those potentially impacting ARCP decisions) were analysed in relation to those groups sharing protected characteristics. It was found that the change to WPBAs did not produce significantly different outcomes in comparison to the existing system.

- During the pilot, focus groups were conducted for various groups of doctors in training and trainers. The group was asked to consider and discuss potential unfairness in relation to protected characteristics. No concerns were raised.

- The focus groups that took place during the pilot involved trainers and doctors in training who shared protected characteristics. The focus groups were constructed to ensure that groups sharing protected characteristics were fairly represented. The views of all doctors in training were formally recorded and reviewed by the WPBA Implementation Group.

### Identifying potential discrimination

- Will the change lead to differential access, experiences or outcomes for people that share protected characteristics?

  Consider:

  - Does the change have a legitimate aim?
    
      - Is the change a proportionate way of achieving that legitimate aim?
      
      - Can differential access, experiences and outcomes be objectively justified?
Are there any other equality, diversity and/or fairness issues that arise from the proposed change?

Yes, the change does have a legitimate aim. WPBA encounters that are explicitly formative will be identified, and these will be carried out, in addition, to the existing summative WPBA encounters. This will ensure that doctors in training will benefit from increased learning experience from formal, documented trainer or supervisor input.

Yes, the change is proportionate. It is in line with the GMC guidance on important themes in delivering WPBA, presented in *Learning and Assessment in the Clinical Environment* (2011).* It is also in line with subsequent work carried out by the Academy of Medical Royal Colleges regarding the implementation of these themes in practice.

Based on the results of the pilot exercise, outcomes for people sharing protected characteristics are unlikely to be affected. The experience for all doctors in training is likely to improve, as they will be able to undertake formative WPBAs before undertaking summative assessments of performance. Analysis based on the pilot exercise suggests that there will be no differences in access, experience or outcomes.

**Action planning and monitoring**

- What steps will you take to minimise any differential access, experiences and outcomes?
- What steps will you take to remove any unlawful discrimination?
- How will you monitor and review the impact of the change on people who share protected characteristics post implementation?

- Before assessing doctors in training, trainers have to complete an online course, which outlines the assessment criteria and uses a series of example videos to calibrate assessor judgments. This is to help remove any unconscious assessor bias.
- All trainers have to undertake equality and diversity training through their employer.

- Trainers or doctors in training who feel that they are not able to undertake all or some of the WPBA programme, because of a disability, will be able to contact the college. Reasonable adjustments will be made to ensure they are not at a disadvantage.

- Outcome data (both quantitative and qualitative) will be monitored regularly, to identify any patterns of concern in relation to groups sharing protected characteristics.

- The college will also outline the complaints policy clearly on its website, to ensure that any concerns regarding unlawful discrimination can be easily reported. Any such claims will be thoroughly investigated.

- Regular monitoring of outcome data will take place, as outlined above.

- After one year of implementation, a formal review will be conducted looking at outcomes for doctors in training who share protected characteristics. A survey will be used to collect data from trainers and doctors in training. This will include a question about the impact on particular groups.