

# Using trust in assessment

## A trial of Entrustable Professional Activities (EPA's) in GP Training



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### What's the issue?

The new RACGP Standards for Vocational Training require that *"The registrar's competence is ... monitored throughout the term and throughout training."*

We are looking for ways to help our GP Supervisors assess their registrar's competence without relying solely on tick-box checklists.

We believe supervisors will understand and engage in assessment if we can provide *useful* and *useable* tools to do it.

### What is an Entrustable Professional Activity (EPA)?

*A unit of professional work that can be entrusted to be performed by the registrar without direct supervision.*

Features:

- Important day-to-day or high risk or error prone.
- Performance of these activities can be observed and measured
- Involve multiple competencies

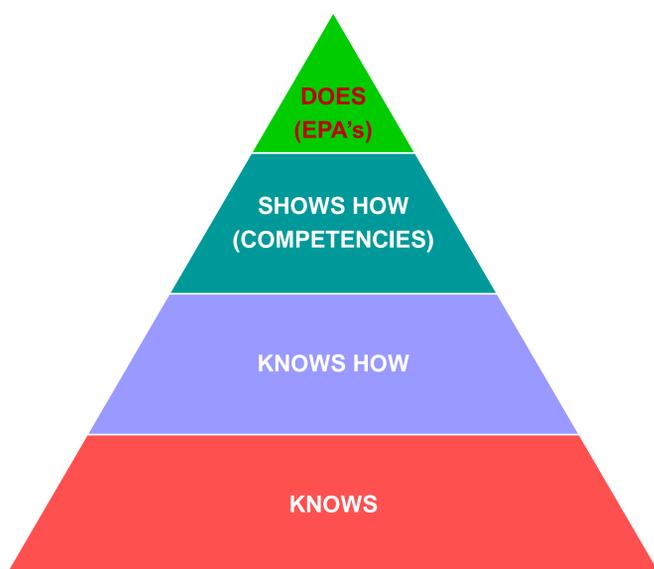
### Why use EPA's?

EPA's align with what supervisors do every day – asking themselves whether the registrar can be trusted.

They allow translation of competencies into clinical practice.

They give a more complete picture, not just the "pixels"

EPA's operate at Miller's highest level of assessment.



### Our questions:

- Which EPA's would meaningfully work as assessments of competency in GP Training?
- How can they be administered?
- How acceptable would they be to both Supervisors and Registrars?
- What educational utility do EPA's have?

### How we are trying to answer these questions?

- Literature review
- Survey of GP Supervisors and ME's from around the country to generate a list of the most meaningful EPA's.
- Resulting list of 11 EPA's refined by a group of ME's at Valley to Coast.
- A trial of 2 EPA's in Term 1 first half 2014. This is being evaluated and the process refined for the second half of 2014

### Our 11 EPA's

1. manage the acute presentation of an unwell young child who presents with a fever.
2. diagnose and manage a respiratory tract infection presenting with sore throat, ear ache or cough
3. initiate new medication for a chronic disease
4. correctly diagnose depression, assess the patient and initiate appropriate treatment
5. manage chronic asthma
6. manage a new presentation of back pain
7. manage a consultation with a patient requesting contraception
8. assess and manage a patient presenting with headache
9. perform a simple excision of a skin lesion
10. prescribe narcotics
11. manage the ongoing care of an older patient with multiple morbidities and multiple medications

### Our trial

May 2014: Supervisors and registrars briefed on rationale and process  
July 2014: EPA No's 1 and 2 assessed.

### Results

39 out of 54 registrars returned completed EPA's

	EPA 1	EPA 2
Level 3	11	5
Level 4	28	34

(See below for Levels of Supervision)

### Focus Group Supervisor feedback

Process easy to understand  
Form needs to be simplified  
Best timing mid to late term

"EPA's are useful"

"good thing to do as it focusses your attention on the issues"

"I think it's an excellent idea"

### The process refined.

Second half 2014: repeat for new Term1's and introduce 2 more EPA's for Term 2.

Supervisor and registrar meet early in term to *discuss* self assessed competence and plan learning.

During the term Supervisor *gathers evidence* from observation, case discussion, random case analysis

In the last month of term Supervisor makes *entrustment decision* on required Level of supervision, completes form and returns to Valley to Coast

Level	The registrar can perform this EPA:
1	only with direct supervision
2	with case review after every encounter
3	with assistance only as required
4	independently

### Where are we at now?

- Supervisors are enthusiastic about EPA's and the process seems acceptable.
- We don't know yet what registrars think.
- We need to explore how to validate EPA's and what the optimum total number of EPA's might be.