

13 February 2013

**Dear Dr Osgood,**

**RE: Requirement for 80 workplace based assessments (WBAs) per year by the London School of Surgery.**

I am writing to you regarding an issue that is causing many of our members considerable concern. This relates to the unilateral requirement by the London School of Surgery for trainees to complete 80 WBAs per year. The recommended number set by the Joint Committee for Surgical Training (JCST) is 40. This disparity is causing concern as to where this leaves trainees with >40 and <80 at the time of their ARCP, and also over the emergence of a geographical discrepancy in the national training requirements.

As I am sure you are aware, there remains great controversy regarding WBAs in surgery, with many trainees sceptical toward their validity and educational value in training. The following examples from the literature give some impression of the depth of feeling:

1. Pereira EAC, Dean BJF. British surgeons' experiences of mandatory online workplace-based assessment. *Journal of the Royal Society of Medicine*. 2009 Jul;102(7):287–93.
2. Bindal T, Wall D, Goodyear HM. Trainee doctors' views on workplace-based assessments: Are they just a tick box exercise? *Medical teacher*. 2011 Jan;33(11):919–27.
3. Pentlow A. Workplace-based assessments in surgery: Are we heading in the wrong direction? *Medical teacher*. 2013 Jan;35(1):102.
4. Pereira EAC, Dean BJF. British Surgeons' Experiences of a Mandatory Online Workplace Based Assessment Portfolio Resurveyed Three Years On. *Journal of Surgical Education* (online early).

Despite numerous reservations, surgical trainees have engaged with the process.

Since the announcement by the London Deanery of its requirement for 80 WBAs per year, ASiT has made its concerns in this area clear. We raised the matter with JCST, who indicated they did not have the authority to dictate to individual Deaneries what their requirements should be, but that they had issued guidance on this matter.

Moreover, we raised the issue with Professor Standfield, Head of School of Surgery for the London Deanery, expressing our concerns and highlighting the discrepancy with the JCST recommendation. Please find a copy of a joint letter from ASiT and BOTTA attached, which was sent in February last year. We have yet to receive a reply.

These requirements have continued nonetheless, and ASiT is now hearing from London trainees who are worried that they may fail their ARCP due to a lack of WBAs, despite having completed the minimum number recommended by the JCST and despite having completed more than the minimum number required within all other UK training regions.

This geographical discrepancy in national surgical training requirements, introduced by the London School of Surgery, is unnecessarily confusing and unduly onerous. The ASiT Council would like to know what the GMC's view would be if a trainee were to fail an ARCP as a result of completing <80 WBAs yet >40 WBAs and whether such an ARCP outcome could be challenged by a trainee in this position.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'S. Hornby', written over a horizontal line.

**Mr Steve Hornby**

President of the Association of Surgeons in Training  
On behalf of the ASiT Council

cc Dr Andy Heeps, Chair, Academy of Medical Royal Colleges Trainee Doctors Group  
Dr Ben Molyneux, Chair of the BMA JDC  
Mr Ian Eardley, Chair of the JCST