

RETRACTION: Composite reliability of workplace-based assessment for international medical graduates

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TO THE EDITOR: We are retracting our article "Composite reliability of workplace-based assessment for international medical graduates", which appeared in the 5 September 2016 issue of the Journal. While working on a subsequent study using the same dataset described in the article, an error came to our attention that significantly affected the results and conclusions we reported.

In the submitted manuscript, the international medical graduate (IMG) variances and covariances were correctly calculated using analysis of variance with type I sums of squares (ANOVA SS1), but these were incorrectly cited as $S(i:p)$ and used in subsequent calculations. Because of this error, the reported results appear better than they actually are; for example, instead of needing 12 case-based discussions (CBDs) for 0.8 reliability, 50 assessments are needed. Similar changes apply to the other assessment types. Further, when using the harmonic means (6.66 CBDs, 12.152 mini-Clinical Examination Exercises [mini-CEX] and 6.713 assessors per multisource feedback [MSF] session), the composite reliability is 0.67.

When applying the assessment types separately, to achieve a reliable judgement on the performance of an IMG (reliability coefficient of 0.8) you would need 50 CBDs, 53 mini-CEX or 22 MSFs. However, if we combine the results of these assessments to determine the performance level of an IMG, a reliable judgement can be made with 10 CBDs, 12 mini-CEX and 18 MSFs. To achieve this result, we see that the MSF assessments should receive a much larger weight than the CBDs and mini-CEX, which is consistent with the remarks of assessors who felt that the results from the MSF provided a better overview of the performance of the IMG than the CBD or mini-CEX.

We sincerely apologise for this honest error.

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