MRCGP Annual Report covering 2023-24

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Statistical information provided by **AlphaPlus**.

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Introduction

This report presents key data summarising the candidature, quality indicators and outcomes of all MRCGP examinations conducted in the academic year 2023-24 (1 September 2023 to 31 August 2024): four diets of the Applied Knowledge Test (AKT) and seven diets of the Simulated Consultation Assessment (SCA).

Details of the final September 2023 Recorded Consultation Assessment (RCA) diet are also provided as an appendix. As a reminder, delivery of the Clinical Skills Assessment (CSA) was interrupted in March 2020 by the COVID-19 pandemic and, with the General Medical Council (GMC)'s endorsement, the RCA was introduced as a temporary, emergency response. Following GMC approval in March 2023, the RCA was replaced by the Simulated Consultation Assessment (SCA) in November 2023.

With the aim of supporting educators and prospective candidates, in addition to examination results, this Annual Report also presents a summary of the development work taking place across the AKT, SCA and the Workplace-Based Assessment (WPBA) and provides information that might assist MRCGP preparation.

Although this Annual Report explains some changes planned for WPBA as part of the MRCGP tripos of assessment, statistical information on WPBA is not included. This is because WPBA candidate performance, development and capability are reviewed regularly by the Deaneries within processes quality assured by the College.

For presentational purposes, 'stage of training' is reported as 'year' of training, since for most GP registrars, the two are synonymous. For less-than-full-time trainees (LTFT), those taking time out of training, and those provided with additional training, the stage of training' will be longer than one year. Data on 'sex' of candidates (i.e., female or male, a legally protected characteristic) is collected rather than 'gender.'

To remain consistent with agreements with the Committee of General Practice Education Directors (COGPED) to inform the 2019-2020 Annual Report, pass rates by medical school and deanery are not included to reduce any risk of unconscious bias and we report on UK Graduate

(UKG)/International Medical Graduate (IMG), Black, Asian and Ethnic Minorities (BAEM)[1]/White and Sex as candidate subgroups. Our external psychometric experts advise that comparisons of BAEM/White pass rates are potentially misleading, due to the influence of other factors on differences in pass rate, primarily UKG/IMG status. Since a greater proportion of BAEM candidates received their undergraduate medical training outside the UK (i.e., making them IMG candidates) compared to White candidates, comparisons based solely on ethnicity would be inappropriate.

As in previous years, readers should exercise caution when interpreting some data in this Annual Report as there is an overlap between ethnicity, candidate sex and other characteristics. For example, IMGs are more likely to be from BAEM groups and less likely to be female. The place of primary medical qualification is also not synonymous with nationality as UK nationals choosing to study medicine abroad are included in the IMG group.

The College also wishes to signpost the significant amount of missing data which constrain our ability to draw generalizable conclusions. **23.75%** of unique candidates who sat an examination in this reporting year chose not to declare at least one of either their sex or ethnicity. **17.41%** chose to omit both their sex and ethnicity. The former has increased since last year; the latter is stable. Whilst we have done our best to represent the candidates who did not declare these characteristics, readers should apply suitable caution when interpreting the graphs.

The College is very mindful about the impact of missing data. We remain committed to reviewing where and how we collect examination and membership data, and our messaging around these requests. We acknowledge that candidate data will change during their training journeys. We are adding *candidate data* as a standing agenda item on the RCGP Equality, Diversity and Inclusivity (EDI) Board. For future reports, we shall monitor missing data more frequently.

More examinations data is available on the GMC website, including data on differential attainment and differential performance.

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[1] Throughout this Annual Report we have used the updated acronym "BAEM" to refer to ethnic minority candidates. We are aware that this acronym does not suit all ethnic minority people, and that some prefer other terms. We are using "BAEM" as this terminology is consistent with that agreed for use within our SCA Interim Report. We fully accept that ethnic minorities also include White minorities.

1   The MRCGP examination

Between 1 September 2023 and 31 August 2024, Membership of the Royal College of General Practitioners (MRCGP) comprised four sets of assessment procedures whose combined summative function is to assure the Deaneries, the College and the GMC of the competence of exiting GP Registrars across a broad and carefully defined training curriculum. After a minimum of three years' vocational training and satisfactory completion of the three MRCGP assessment components, GP Registrars are eligible to apply for a Certificate of Completion of Training (CCT) from the GMC (the statutory licensing authority) and MRCGP. The MRCGP's three assessment components are the following, each of which must be completed to an agreed standard:

a.   **Applied Knowledge Test (AKT)**: multiple choice computer-based assessment, available in test centres throughout the UK.

b.   **Simulated Consultation Assessment (SCA)**: practical OSCE examination assessing candidates' abilities to integrate and apply clinical, professional and communication skills through simulated patient consultations delivered across an online platform.

c.   **Workplace based Assessments (WPBA):** delivered throughout the training programme by Clinical Supervisors and Educational Supervisors.

The curriculum, the training and the assessments are based on medical practice in the UK National Health Service across England, Scotland, Wales, and Northern Ireland. Entry to the assessments is only available to doctors undergoing GP training within the UK state health care system or within twelve months thereafter. Other than UK Ministry of Defence candidates serving in UK military establishments abroad, no candidates based in other countries take these assessments.

Applied Knowledge Test (AKT)

The AKT during this academic year was a three-hour and ten-minute, 200-item multiple choice examination, which assessed:

- knowledge of clinical medicine (80% of items)
- research/data-interpretation/evidence-based practice (10% of items)
- primary care legal/ethical/administration issues (10% of items).

All items are contextually relevant to UK general practice. Single best answer, extended matching, multiple best answer, and free text item formats are used. The AKT is typically scored out of 200 marks with each correct response awarded one mark without differential weighting.

Simulated Consultation Assessment (SCA)

The SCA was introduced for the 2023-24 examination year as a replacement for the RCA. Prior to the temporary introduction of the RCA, the CSA was used to assess candidate ability to integrate and apply clinical and professional knowledge and skills in standardised simulated consultations and was delivered in person at the RCGP Examination Centre in central London. The design of the SCA builds on that methodology by utilising remote delivery through an online platform to enable candidates to sit a similarly standardised assessment in their own GP surgeries. The rationale for this change is described here: https://www.rcgp.org.uk/mrcgp-exams/simulated-consultation-assessment/introduction#Second-section

The SCA consists of twelve standardised consultations conducted with simulated patients, each lasting 12 minutes. Prior to the examination sitting, the professional actors simulating each case meet with a senior RCGP Lead Examiner to discuss how the case should be delivered consistently and in line with guidance from the case writers. The SCA is designed to assess candidate performance against the passing standard of the "newly qualified GP, fit to consult without supervision in UK general practice," with the palette of cases selected against a blueprint that covers a range of general practice capability areas. Each case is marked against three domains:

- Data gathering and diagnosis (DG&D)
- Clinical management and medical complexity (CM&C)
- Relating to others (RTO)

To reflect the capability coverage within the CM&C domain, and in response to COGPED's request that assessment drives learning, this is weighted in comparison to DG&D and RTO. Further details of these domains and how candidate performance is assessed against them can be found here: https://www.rcgp.org.uk/mrcgp-exams/simulated-consultation-assessment/marking-and-results

Marking takes place after examination delivery by RCGP examiners on the online platform. To ensure consistency and reliability, each examiner marks multiple candidates on a single case. Hence, each candidate is marked by 12 different examiners. Prior to commencing marking, all examiners assessing a given case for that diet attend a standardization meeting. These

meetings are facilitated by senior RCGP Lead Examiners and use case writer guidance to agree how each case should be marked against the passing standard.

Workplace Based Assessment (WPBA)

WPBA evaluates GP Registrars' progress in areas of professional practice best tested in the workplace. It includes the completion of specific assessments and reports, the documentation of naturally occurring evidence, and mandatory requirements such as Child Safeguarding and Basic Life Support with the use of Automated External Defibrillators (BLS/AED) in order to:

- examine a GP Registrar's performance in their day-to-day practice to provide evidence for learning and reflection based on real experiences.
- support and drive learning in important areas of competence with an underlying theme of patient safety.
- provide constructive feedback on areas of strength and developmental needs, identifying GP Registrar's who may be in difficulty and need more help.
- evaluate aspects of professional behaviour which are difficult to assess in the AKT and RCA.
- determine fitness to progress towards completion of training.

2   Who are our candidates?

Demographic characteristics

AKT and SCA

Those sitting the AKT and/or SCA were all UK-based or UK military GP Registrars who obtained their primary medical qualification from 113 different countries. The number of candidates from each continent is presented in Table 2.1.

During the 2023-24 academic year 5976 candidates made a total of 6846 attempts at the AKT, and 4772 candidates made a total of 5582 attempts at the SCA.

Of the 9434 unique candidates who sat the AKT and/or SCA in 2023-24, there were 4400 (46.64%) UK graduates (UKGs) and 5034 (53.36%) international graduates (IMGs). The number of unique candidates increased by 491 compared to the 2022-23 academic year when there were 4558 UKGs and 4385 IMGs. Notably the number of UKGs has fallen this year, whilst the number of IMGs has risen substantially to cause an overall increase of 491.

Table 2.1: Number of unique candidates attempting the AKT and/or SCA in the 2023-24 academic year from each region of the world.

Continent	Unique candidates
Africa	1993
Asia	2159
Australasia	5
Europe	5145
North America	105
South America	27

Within all unique candidates sitting the AKT and/or SCA, 4319 (45.78%) self-identified as being female; 3263 (34.59%) were male; and 1852 (19.63%) chose not to declare their sex.

Considering candidates' self-declaration of ethnicity, 2417 (25.62%) were White; 4986 (52.85%) were BAEM; and 2031 (21.53%) candidates chose not to declare their ethnicity.

Looking only at First Time Takers (FTTs) for the AKT and SCA, which is those candidates sitting either or both examinations for the first time in the 2023-24 examination year, the representation of each sex and ethnicity was as follows:

- **Female:** 3929 (46.62%)

- **Male:** 2971 (35.25%)

- **Sex not declared:** 1528 (18.13%)

- **Ethnicity declared as White:** 2307 (27.37%)

- **Ethnicity declared as BAEM:** 4348 (51.59%)

- **Ethnicity not declared:** 1773 (21.04%)

Readers are reminded to exercise caution when interpreting information which has missing data.

Place of training: Deanery

A table detailing the deaneries in which all UK trained candidates completed their training is available in Appendix A.

3   How did candidates perform?

Performance across the AKT and the SCA examinations

Figure 3.1 presents the status of all unique candidates who sat the AKT or SCA between 1 September 2023 to 31 August 2024. The in-year cumulative pass rate for candidates taking the examination once, or more than once, within this examination year is 78.05% for the AKT and 81.18% for the SCA.

The cumulative pass rate for all candidates over time remains at 95% for the AKT.

AKT
(5976 candidates)

Pass, 78.05%
Yet to Pass (started <6 diets ago), 21.94%
Yet to Pass (started 6+ diets ago), 0.02%

SCA
(4772 candidates)

Pass, 81.18%
Yet to Pass (started <6 diets ago), 18.80%
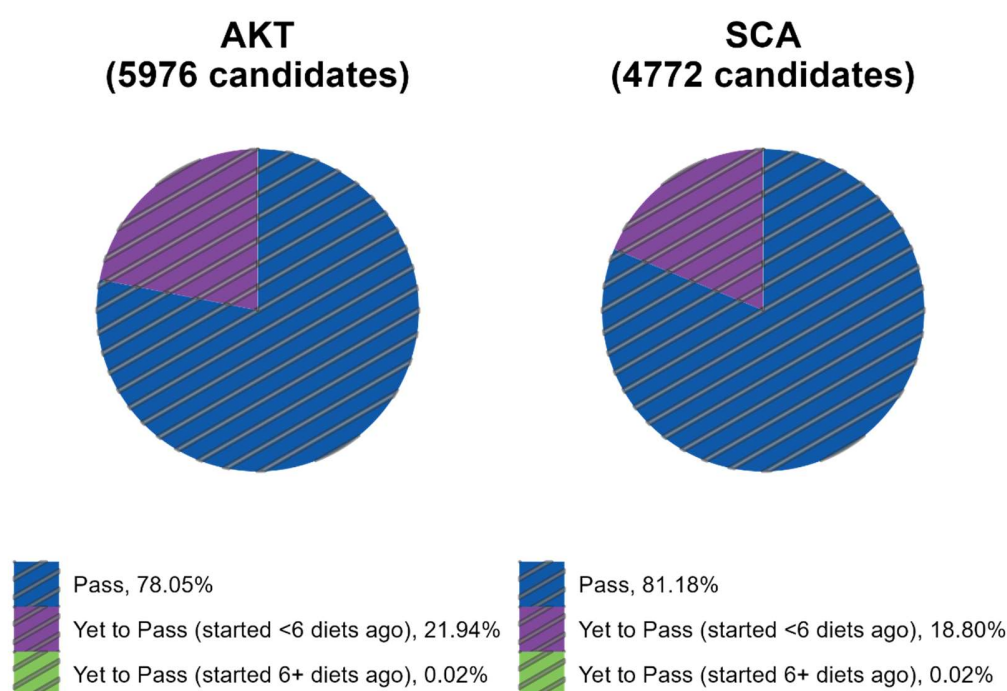Yet to Pass (started 6+ diets ago), 0.02%

Figure 3.1: Candidates who sat the AKT/SCA between 1 September 2023 to 31 August 2024

The correlation between the scores of candidates who were FTTs of the SCA in 2023-24 with the same candidates' scores on their first attempt of the AKT (regardless of which year they first sat the AKT) was $r = 0.46$ (N = 4347, $t = 34.15$, $p < 0.001$).

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This correlation, shown in Figure 3.2, means that candidates who tend to achieve a low score on their first attempt in the AKT also tend to achieve a low score on their first attempt in the SCA, and those who score high in one also tend to score high in the other.

Please note that Figure 3.2 shows scaled scores. To aid readers' interpretation:

    i.   Zero represents the pass mark.
    ii.   Candidates at zero have achieved the pass mark and passed.
    iii.   Those with a score greater than zero have exceeded the pass mark and passed.
    iv.   Those with a negative score have not reached the pass mark and have failed.

$R^2 = 0.2116$

Note: Shading of each point reflects how much data is present (darker points = more data).
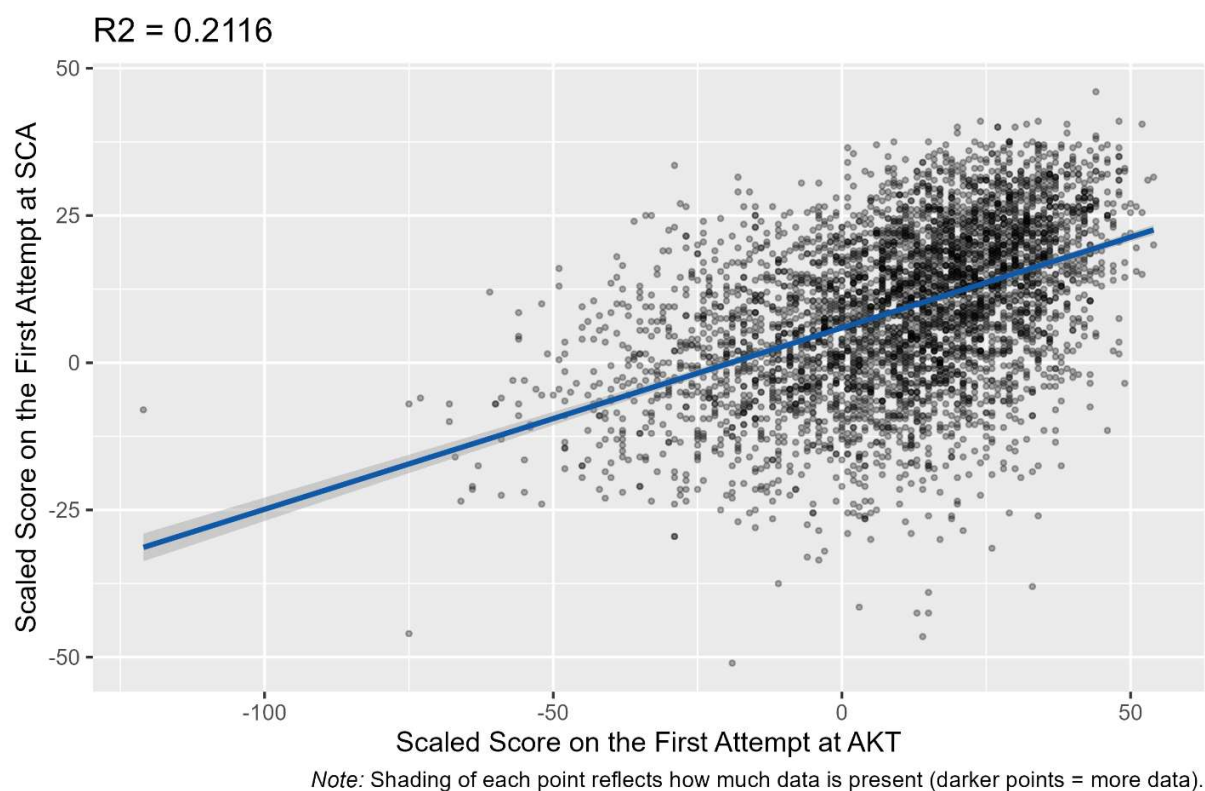
Figure 3.2: Correlation between FTTs' scaled scores on SCA and AKT

The figures in the rest of this report show the scores of FTT candidates split by demographic characteristics.

It is important to note both the substantial proportion of candidates who chose neither to declare their sex nor their ethnicity, as well as the uneven representation of sexes and ethnic groups within the data.

Notes for interpretation

The following sections make use of box and whisker plots. To aid readers' interpretation:

i. These plots show the median score (the middle score when all scores are ranked smallest to largest) as the vertical line in the middle of the box

ii. The left edge of the box to the median line is the 25th-50th percentile.

iii. The median line to the right edge of the box is the 50th-75th percentile.

iv. The whole box (25th-75th percentile) shows the interquartile range (IQR).

v. The end of the line to the left of the box is called the 'minimum' (the 25th percentile minus 1.5 IQR).

vi. The end of the line extending to the right is called the 'maximum' (75th percentile plus 1.5 IQR).

vii. Dots beyond the line are outliers (extreme scores).

viii. Candidates with a scaled score of zero have achieved the pass mark and passed.

ix. Those candidates with a scaled score greater than zero have exceeded the pass mark and passed.

x. Those candidates with a scaled score below zero have scored lower than the pass mark and have failed.

Country of primary medical qualification (UK or International)

Figure 3.3 shows the scaled scores of graduates from UK medical schools (UKG) and graduates from non-UK, international medical schools (IMG) FTTS in the AKT and SCA.

Previously, undergraduate training status has been shown to be a strong predictor of scores and pass/fail outcomes in both the AKT and CSA/RCA/SCA. In later sections examining differential attainment according to sex and ethnicity, we have considered undergraduate training status in addition to the demographic variable of interest.

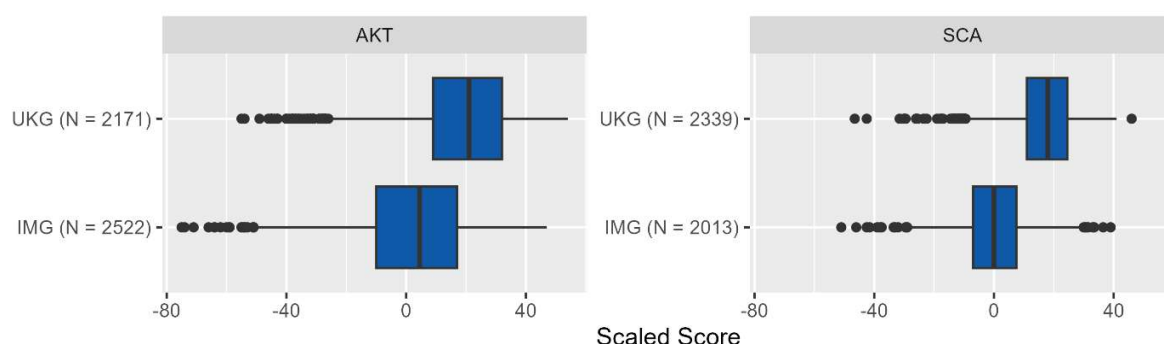**Figure 3.3: Performance of FTTs in the AKT and SCA, split by country of primary medical qualification and MRCGP module**

It is important to note that the place of primary medical qualification is not synonymous with nationality: UK nationals choosing to study abroad are included in the IMG group. Hence the comparison focuses more on the undergraduate training programmes themselves, rather than the candidates within them.

Sex

In the AKT: there were 1278 female UKGs, 806 male UKGs, and 443 UKGs who chose not to disclose their sex. The UKG group was therefore 50.57% female, 31.90% male, and 17.53% unknown (did not disclose).

In the SCA: there were 1185 female UKGs, 650 male UKGs, and 564 UKGs who chose not to disclose their sex. The UKG group was therefore 49.40% female, 27.09% male, and 23.51% unknown (did not disclose).

The remainder of this section focuses on FTT candidates only.

Table 3.1 shows the representation of UKG and IMG FTTs among female candidates, male candidates, and those who chose not to declare their sex. Amongst female FTT candidates in the AKT, **51.68%** were UKGs, while **48.32%** were IMGs. This pattern is reversed among male FTT candidates, as **39.82%** were UKGs and **60.18%** were IMGs. In the SCA, **59.28%** female FTT candidates were UKGs, while **40.72%** were IMGs. **44.28%** of male FTT candidates were UKGs and **55.72%** were IMGs.

Table 3.1: Count and Percentage of FTTs according to sex in the AKT and SCA

Exam	Sex	IMG FTTs	UKG FTTs	Total FTTs
AKT	Female	1065 (48.32%)	1139 (51.68%)	**2204** (100.00%)
	Male	1079 (60.18%)	714 (39.82%)	**1793** (100.00%)
	Unknown	378 (54.31%)	318 (45.69%)	**696** (100.00%)
SCA	Female	794 (40.72%)	1156 (59.28%)	**1950** (100.00%)
	Male	784 (55.72%)	623 (44.28%)	**1407** (100.00%)
	Unknown	414 (43.12%)	546 (56.88%)	**960** (100.00%)

Table 3.2 shows the pass rate for FTTs according to sex and location of primary medical qualification (UKG or IMG).

Figure 3.4 shows the scaled scores of FTT candidates in the AKT and SCA according to sex (as above with scaled scores, a score of zero or greater is a pass, and a negative score is a fail).

UK Graduates (UKGs)

The pass rate for females sitting the AKT for the first time was **89.03%,** higher than the equivalent pass rate for males (**85.99%**).

Amongst SCA first-time takers, the female pass rate was **95.93%**, higher than the equivalent male pass rate of **92.94%.**

International Medical Graduates (IMGs)

The pass rate for females sitting the AKT for the first time was **61.78%,** higher than the equivalent pass rate for males (**59.50%**).

Amongst SCA first-time takers, the female pass rate was **57.30%**, higher than the equivalent male pass rate of **44.52%.**

It is important to note the discrepancies in the relative size of the female and male groups, and the high percentage of candidates who chose not to disclose their sex. These result in the statistics not offering a full picture of differential attainment according to sex.

Table 3.2: Pass rate for FTTs according to sex in the AKT and SCA

Exam	Sex	IMG FTT pass rate	UKG FTT pass rate	Overall FTT pass rate
AKT	All FTT	59.28%	87.29%	**72.24%**
	Female	61.78%	89.03%	**75.86%**
	Male	59.50%	85.99%	**70.05%**
	Unknown	51.59%	83.96%	**66.38%**
SCA	All FTT	51.56%	94.28%	**74.57%**
	Female	57.30%	95.93%	**80.21%**
	Male	44.52%	92.94%	**65.96%**
	Unknown	53.86%	92.31%	**75.73%**

Figure 3.4: Performance of FTTs in the AKT and SCA, split by Sex and MRCGP module

Ethnicity

In this section, we have split the candidates into three groups (BAEM, White and Unknown).

In the AKT

There were 773 BAEM UKGs, 1194 white UKGs, and 560 UKGs who chose not to disclose their ethnicity. The UKG group was therefore **30.59%** BAEM, **47.25%** white, and **22.16%** missing data (did not disclose).

In the SCA

There were 668 BAEM UKGs, 1170 white UKGs, and 561 UKGs who chose not to disclose their ethnicity. The UKG group was therefore **27.84%** BAEM, **48.77%** white, and **23.38%** missing data (did not disclose).

The remainder of this section focuses on First Time Taker (FTT) candidates only.

Table 3.3 shows the representation of UKG and IMG FTTs among BAEM candidates, white candidates, and those who chose not to declare their ethnicity:

In the AKT

25.33% of all BAEM FTT candidates were UKGs, while **74.67%** were IMGs. In the White group, **90.40%** were UKGs whereas **9.60%** were IMGs.

In the SCA

29.39% of all BAEM candidates were UKGs, while **70.61%** were IMGs. In the White group, **91.70%** were UKGs whereas **8.30%** were IMGs.

Table 3.3: Count and Percentage of FTTs according to ethnicity in the AKT and RCA

Exam	Ethnicity	IMG FTTs	UKG FTTs	Total FTTs
AKT	BAEM	1910 (74.67%)	648 (25.33%)	2558 (100.00%)
	Unknown	496 (53.51%)	431 (46.49%)	927 (100.00%)
	White	116 (9.60%)	1092 (90.40%)	1208 (100.00%)
SCA	BAEM	1480 (70.61%)	616 (29.39%)	2096 (100.00%)
	Unknown	407 (42.57%)	549 (57.43%)	956 (100.00%)
	White	105 (8.30%)	1160 (91.70%)	1265 (100.00%)

Considering UKG candidates

The pass rate for BAEM candidates sitting the AKT for the first time was **80.86%,** which was lower than the pass rate for the White group (**92.86%**).

In the SCA, the BAEM candidate pass rate was **91.07%**, lower than the White group's pass rate of **96.72%.**

Considering IMG candidates

The pass rate for BAEM candidates sitting the AKT for the first time was **61.10%**, slightly higher than the pass rate for the White group (**57.76%**).

In the SCA, the BAEM candidate pass rate was **50.81%,** lower than White group's pass rate of **65.71%**.

It is important to note the discrepancies in the relative size of the White and BAEM groups, particularly in the IMG group, and the rate at which candidates chose not to disclose their ethnicity. These missing data prevent these statistics offering a full picture of differential attainment according to ethnicity.

Table 3.4: Pass rate for FTTs according to ethnicity in the AKT and SCA (note FTT in SCA are those on their first SCA attempt who had not previously attempted the CSA or RCA)

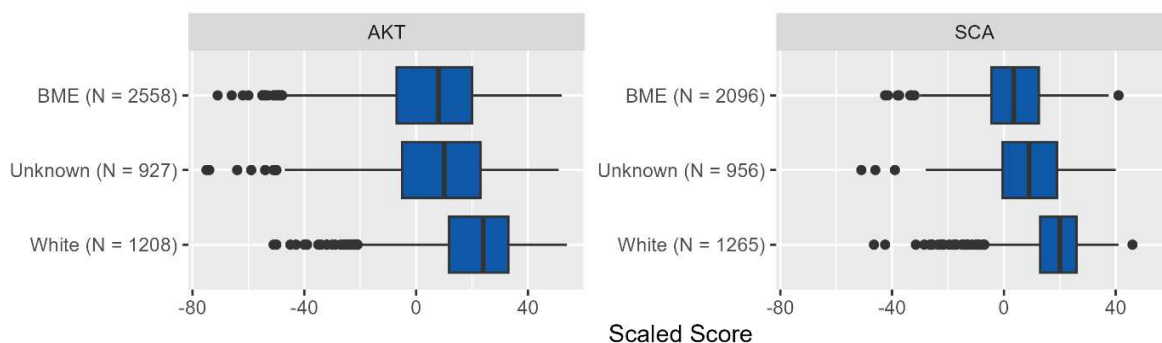| Exam	Ethnicity	IMG FTT pass rate	UKG FTT pass rate	Overall FTT pass rate
AKT	All FTT	59.28%	87.29%	72.24%
	BAEM	61.10%	80.86%	66.11%
	Unknown	52.62%	82.83%	66.67%
	White	57.76%	92.86%	89.49%
SCA	All FTT	51.56%	94.28%	74.57%
	BAEM	50.81%	91.07%	62.64%
	Unknown	50.61%	92.71%	74.79%
	White	65.71%	96.72%	94.15%

Figure 3.5: Performance of FTTs in the AKT and SCA, split by Ethnicity and MRCGP module

4 Candidate performance: Subject area and domain performance

Performance in the AKT

Subject area scores

In the 200-item AKT paper, 160 of the items relate to clinical knowledge, 20 to research/data interpretation/evidence-based practice and 20 to organisation and management/primary care legal/ethical/administration issues. No items were redacted after sitting and prior to results for any of the three AKT examinations taken in this period. Figure 4.1 shows the spread of candidates' scores on questions across the three areas.

Data are presented using percentage scores for each domain (% of available marks achieved). Candidates performed better on Evidence-based practice questions (in terms of proportion of marks achieved) as compared to the other two domains. The median score sits on or above **75%** for each domain.

It is important to interpret the graph with caution given the discrepancy in the number of marks available between the Clinical (80%) and other domains (20%).
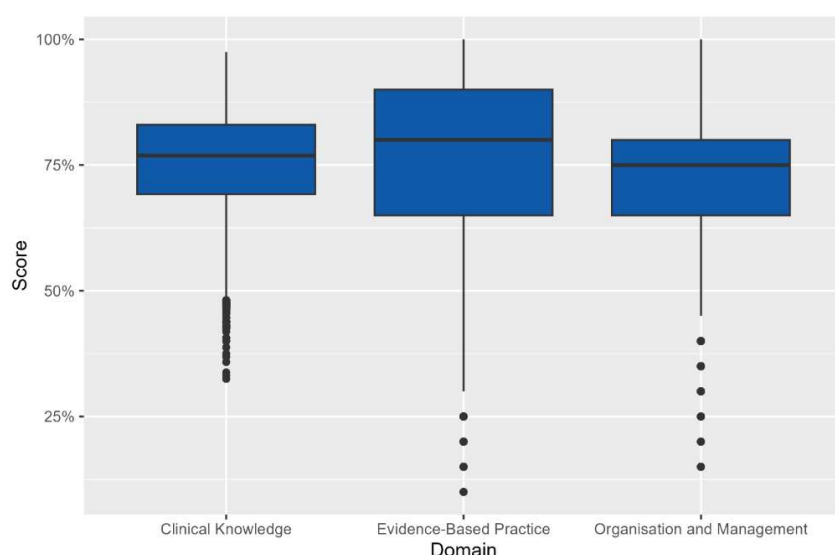

Figure 4.1: Performance of FTTs across the domains of the AKT

Insights from the item performance statistics

Candidates with less exposure at undergraduate and postgraduate training to data-interpretation and primary care administration issues can find both these AKT sections more challenging. This also applies to candidates lacking specific primary care clinical experience, for example with children and young people, or maternity and reproductive health.

Topics causing most difficulty for candidates in recent AKT examinations and/or which have been highlighted several times over recent years:

<u>**Professional topics:**</u>

Improving Quality, Safety and Prescribing: Side-effects of commonly prescribed medications, side-effects of long-term medications for chronic disease, knowledge of controlled drug prescriptions and understanding borderline pathology results.

Leadership and management: Ethics and capacity to consent**,** practice management, death administration and notifications to Coroner/ Procurator fiscal.

Population and Planetary Health: Environmentally sustainable medication choices.

<u>**Life stages topics**</u>:

Children and Young People: Safeguarding, normal findings and identifying minor illness in childhood, serious illness in neonates, faltering growth in children.

Maternity and reproductive health: Investigation of gynaecological issues/pre-referral tests.

People at the End-of-Life: Symptom control in palliative care.

People with long term conditions including cancer: Familiarity with guidance on hypertension including when not to treat.

<u>**Clinical topics:**</u>

Issues for generalists in substance misuse, management of long-term musculoskeletal conditions, management of migraine, diabetes - type1/type 2 differences, diagnosis, investigation, treatment and emergencies in diabetes, common dermatological problems, acute neurological presentation and causes of neurological symptoms, ECG changes and normal ECGs.

Performance in the SCA

Domain-based scores

Candidates in the SCA are marked on three separate domains within each station.

- Data-gathering and diagnosis:

- Clinical Management and Medical Complexity
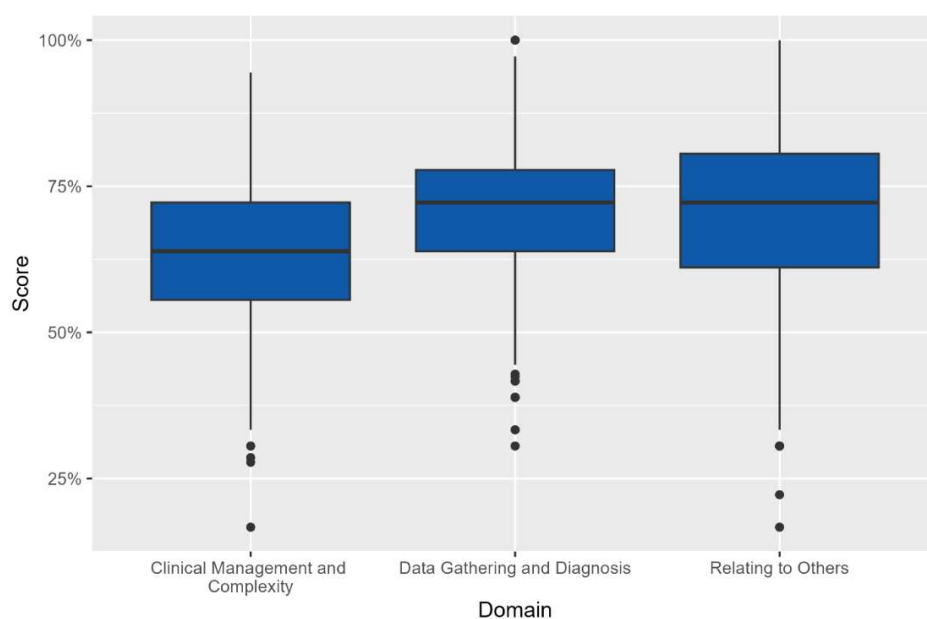
- Relating to Others:

Figure 4.2: Performance of FTTs across the domains of the SCA

Figure 4.2 shows that candidates overall tend to score fewer marks for Clinical Management and Medical Complexity (weighted domain) than they achieve for Data Gathering and Diagnosis and Relating to Others.

Feedback provided by the examiners in the SCA

Table 4.1 shows the percentage of candidates receiving each of the 26 feedback statements used by RCA examiners (ordered by frequency), and the mean number of times each was applied to a candidate.

Table 4.1: Percentage of candidates who received each feedback statement at least once.

Feedback Statement – Data Gathering and Diagnosis	Percent	Mean
Data gathering was insufficient to enable safe assessment of the condition/situation	55.58	1.78
Existing information about the case was insufficiently utilised	29.74	1.24
Relevant psychological or social information insufficiently recognised or responded to	47.38	1.57
Data gathering was unsystematic and/or disorganised	27.60	1.39
Ineffective approach or prioritisation in data gathering, when presented with multiple or complex problems	9.03	1.08
The implications of relevant findings identified during the data gathering were insufficiently recognised or understood	30.02	1.27
Differential diagnoses or hypotheses were inadequately generated or tested	34.26	1.33
Decision-making or diagnosis was illogical, incorrect or incomplete	24.75	1.23
Feedback Statement – Clinical Management and Medical Complexity	**Percent**	**Mean**
The management plan relating to referral was inappropriate or not reflective of current practice	52.04	1.57
The management plan relating to prescribing of medication was inappropriate or not reflective of current practice	66.18	1.88
The management plan relating to investigations was inappropriate or not reflective of current practice	45.93	1.44
The management plan relating to prevention, health promotion or rehabilitation was inadequate or inappropriate	48.38	1.55
The plan relating to the medical management of risk was inadequate or inappropriate	60.64	1.70
The implications of co-morbidity were insufficiently considered	18.39	1.14
Uncertainty, including that experienced by the patient, was managed ineffectively	50.76	1.61
Inappropriate or inadequate arrangements for follow-up, continuity, and/or safety netting	42.84	1.43
Time management in the consultation was ineffective	31.82	1.40
Feedback Statement – Relating to Others	**Percent**	**Mean**
Communication skills, including non-verbal, responding to cues and active listening were insufficiently demonstrated	47.06	2.00
The person's agenda, health beliefs and/or preferences were insufficiently explored	53.80	1.80
The circumstances, relevant cultural differences and/or preferences of those involved were insufficiently responded to	27.85	1.29
Explanations were inadequately shared or adapted for the person's needs	50.92	2.07
A judgemental approach was shown to the person	7.72	1.10
Respect and/or sensitivity shown to the person was inadequate or inappropriate	23.70	1.31
Ownership or responsibility for decision-making was inadequate or inappropriate	36.19	1.36
Teamwork and/or understanding of others' roles was insufficiently recognised or responded to	9.87	1.10
Safeguarding concerns were inadequately recognised or responded to	4.70	1.01

5 Candidates with disabilities: prevalence by attempt and source of PMQ; outcomes

The UK Equality Legislation supports examination candidates with disabilities in requesting *reasonable adjustments* in regard to their disabilities, provided these do not affect the standard of the examination. Specific Learning Difficulty (SpLD) is the legally defined disability most frequently reported. We acknowledge that the term SpLD should be considered as a Specific Learning Difference. Disabilities other than SpLD have been merged for reasons of small numbers and personal confidentiality, the most common ones being 'other disability,' physical disability, hearing impairment, and multiple disabilities.

It is important to note that SpLD may not be diagnosed until a second or later attempt at the assessment.

Statistics and figures in this chapter focus only on first-time test-takers (FTTTs)

AKT

In the category 'all disabilities,' there were 436 candidate-attempts at the AKT in the academic year 2023-2024, representing **9.29%** of all attempts. Of these 436 attempts, 296 (**67.89%**) were successful. In the category 'SpLD,' there were 328 candidate-attempts at the AKT, representing **6.99%** of all attempts this academic year. Of these 328 attempts, 225 (**68.60%**) were successful.

It should be noted that candidates with SpLD and another disability who selected 'more than one disability' are not included in the SpLD group. Furthermore, the raw data above does not include confounding factors such as age, gender, ethnicity or place of primary medical qualifications.

Figure 5.1 shows the scores of FTTTs in the subject areas of the AKT split by disability status. It is encouraging to see that those candidates with a declared disability appear to be performing at a similar level to those who have not disclosed a disability.

With such a large discrepancy in the number of candidates in each subgroup it is important that this comparison be considered with caution.
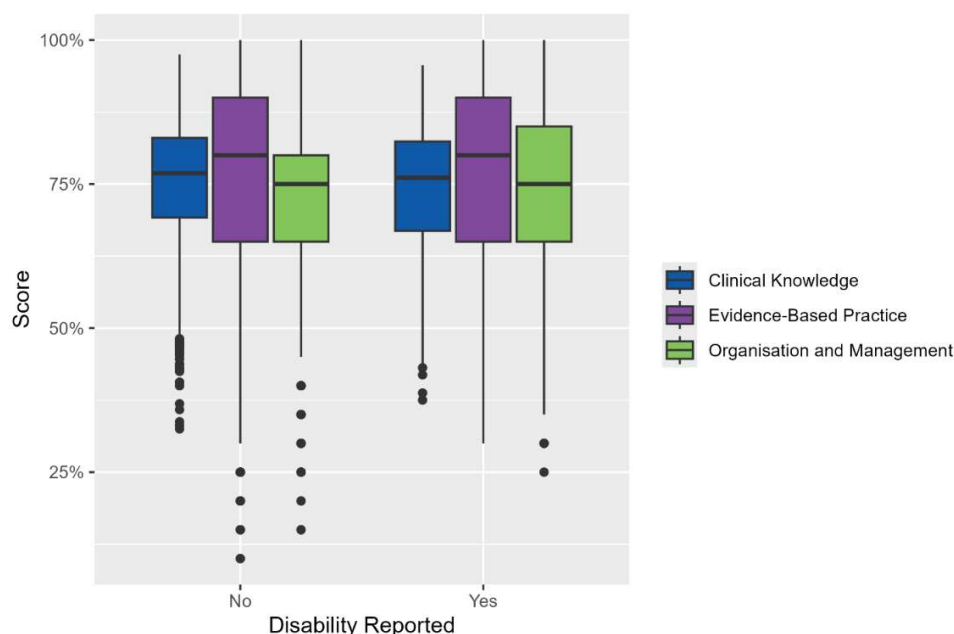

Figure 5.1: Performance (% score) of FTTs in the three AKT domains split by Disability status of FTTs in the three AKT domains split by Disability status

SCA

For the SCA, in the category 'all disabilities' there were 565 candidate-attempts in the academic year 2023-24, representing **11.75%** of all attempts. Of these 565 attempts, 331 (**58.58%**) were successful. In the category 'SpLD,' there were 416 candidate-attempts at the SCA, representing **8.65%** of all attempts this academic year. Of these 416 attempts, 243 (**58.41%**) were successful.

Figure 5.2 shows the scores of FTTTs in the SCA with and without declared disabilities. It is encouraging to see that the range of scores in each domain is overlapping for these two groups, albeit the comparison must be considered in the context of uneven sample sizes. There were many more candidates without a declared disability than with a disclosed disability.
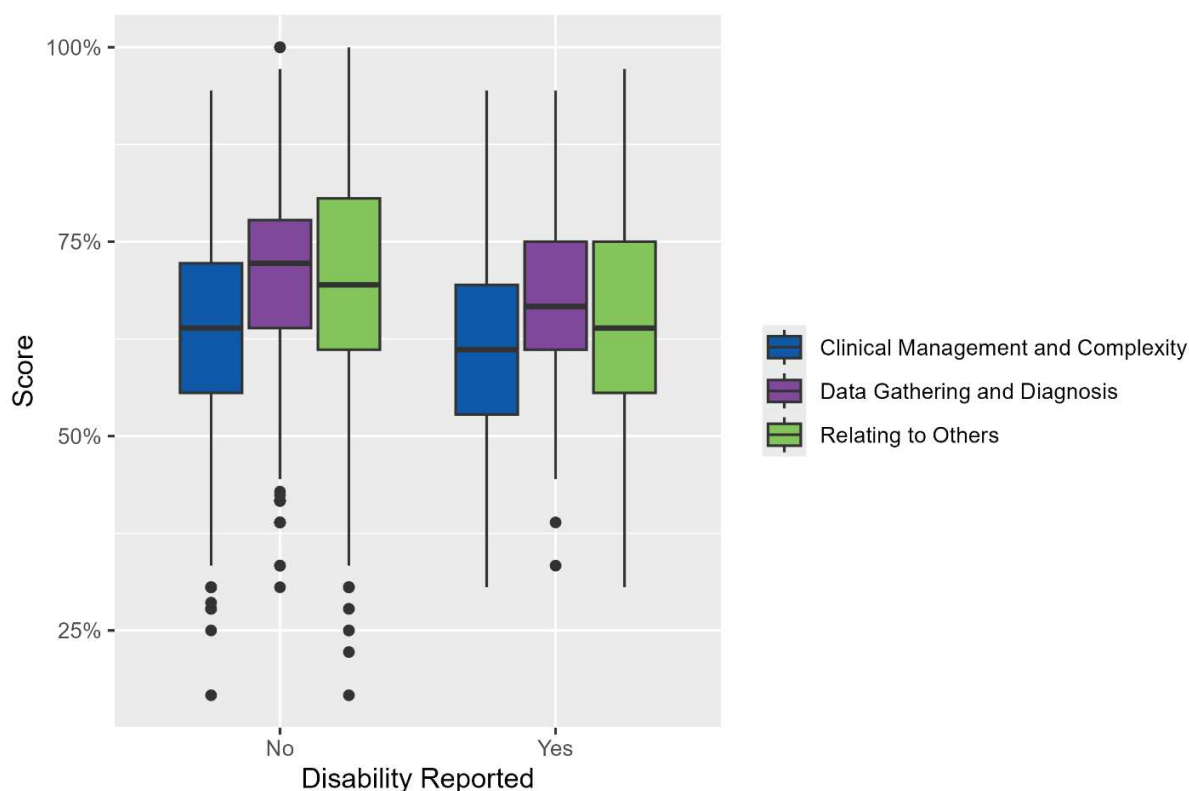

Figure 5.2: Performance of FTTs in the three RCA domains (raw score) split by Disability status

6   Update from the Workplace Based Assessments

Summary

Workplace Based Assessment (WPBA) is one of the three assessment modules that comprise the MRCGP examination. WPBA evaluates progress in those areas of professional practice and behaviours best tested in the workplace and that are less appropriate to assess in the Applied Knowledge Test (AKT) and Simulated Consultation Assessment (SCA).

WPBA assesses performance in day-to-day practice to provide evidence for learning and reflection based on real experiences. It supports and drives learning in important areas of capability with the underlying theme of patient safety and provides constructive feedback on areas of strength and developmental needs.

Evidence of WPBA, as approved by the GMC, includes:

- the completion of specific assessments and reports
- the documentation of naturally occurring evidence
- certain mandatory requirements such as Safeguarding and CPR/AED.

Following the introduction of a new programme of WPBA in August 2020, work has continued to update and improve the assessment programme resources and in training on the new portfolio in a variety of modalities, as well as evaluating the new programme post-introduction.

Specific updates

Research/Evaluation
The key focus for the year was on evaluating WPBA and four pieces of research have progressed in conjunction with the University of Lincoln, covering:

- Validity and reliability of the new workplace-based assessment (WPBA) – to investigate the reliability of individual WPBAs, the effect of reducing the assessment burden and the relationship between individual WPBAs and ARCP outcomes
    - How reliable are individual WPBA and how do they compare with each other in reliability?
    - Have changes in WPBA since August 2020 made any difference to the reliability of assessments?
    - How are WPBAs correlated with each other?

- o What is the association between WPBAs and ARCP outcomes?
  - o Cronbach's alpha ranging from 0.607 to 0.921 for various individual assessments
  - o Results pre and post Aug 2020 were comparable supporting that reducing the number of assessments has not reduced their reliability
  - o Completed and awaiting publication

- Qualitative evaluation and impact assessment WPBA evaluation of trainers and GP registrars

  - o Publication in Education for primary care
  - o Perceptions and experiences of trainers and GP registrars of UK workplace-based assessment for general practice licensing: a mixed methods survey
  - o Authors: A. Niroshan Siriwardena, Viet-Hai Phung, Kim Emerson, Tom Anstey - https://www.tandfonline.com/doi/full/10.1080/14739879.2024.2379525

- Exploring perceptions of doctors in training with specific learning difficulties and undertaking clinical and workplace-based assessments for general practice licensing: interview study

  - o Completed and awaiting publication

- Exploring experiences of Workplace Based Assessment (WPBA) in GP registrar's who have *received a developmental outcome **[2 or 3] at their ***Annual Review of Competency Progression (ARCP): interview study

  - o Completed and awaiting publication

Clinical Examination and Procedural Skills (CEPS)

With the introduction of the Simulated Consultation Assessment (SCA), clinical examination in GP training will now only be assessed in WPBA. A range of 'non-intimate' CEPS should be completed, in addition to the GMC mandated 'intimate' CEPS that all GP Registrars need to be competent in by the end of ST3.

Since August 2023, the CEPS section in the Trainee Portfolio has included seven additional observed and assessed CEPS categories (Respiratory system, Ear Nose and Throat, Abdominal system, Cardiovascular system, Musculoskeletal system, Neurological examination, Child 1-5 years). It is not currently mandatory for all 7 system CEPs to be completed, as it is up to the

Educational Supervisor to determine exactly what evidence of competence they require for each individual GP Registrar, however completing an observed CEPS in all 7 system CEPS (in addition to the 5 GMC mandated intimate CEPS) with a grade of "Competent to perform the procedure unsupervised" will ensure that sufficient evidence has been provided for the Educational Supervisor to sign off, within the final ESR, the capability of CEPS as competent/ excellent for licensing, which is required for CCT.

A review was undertaken to determine how many of these "system CEPS" had been completed in the past two years for GP Registrars receiving an Outcome 6 in July and August 2024. The following tables show the results of this exercise.

Number of "System" CEPS completed in past 2 years	% of July and Aug 2024 OC6s with this number of system CEPS
0	7.72%
1	4.63%
2	7.02%
3	16.99%
4	12.78%
5	11.38%
6	11.10%
7	28.37%
Total July and August 2024 OC6s	712

Number of "System" CEPS and "Other" completed in past 2 years	% of July and Aug 2024 OC6s with this number of system CEPS
0	0.00%
1	0.80%
2	1.97%
3	7.70%
4	8.30%
5	9.21%
6	9.49%
7	28.50%
8+	34.02%

As this was introduced part way through some GP Registrars training time "other" CEPS were also included in the totals above as these will have been how the CEPs were recorded at the time. This will continue until the 'System" CEPS have been in place for all three training years.

Moving forward the numbers of 'system' CEPS being completed by GP Registrars in each year will be evaluated as well as the total numbers at completion of training to ensure sufficient assessment of CEPS is completed throughout GP training.

BLS and AED

In 2023 guidance was updated to specifically state that BLS/AED needed to be completed for both adults and children.

It was not expected that ARCP panels would require specific documentation in the panels up to August 24 due to the mid-year clarification, but subsequent evidence should clearly state that both pediatric and adult resuscitation training had been completed. Compliance with this was reviewed via the QMTS and central checking process, where RCGP External Advisors reviewed a sample of ARCP panels between August 2023 and July 2024. The following table shows the results for the question "Did the evidence for CPR and AED demonstrate competence in paediatric resuscitation?"

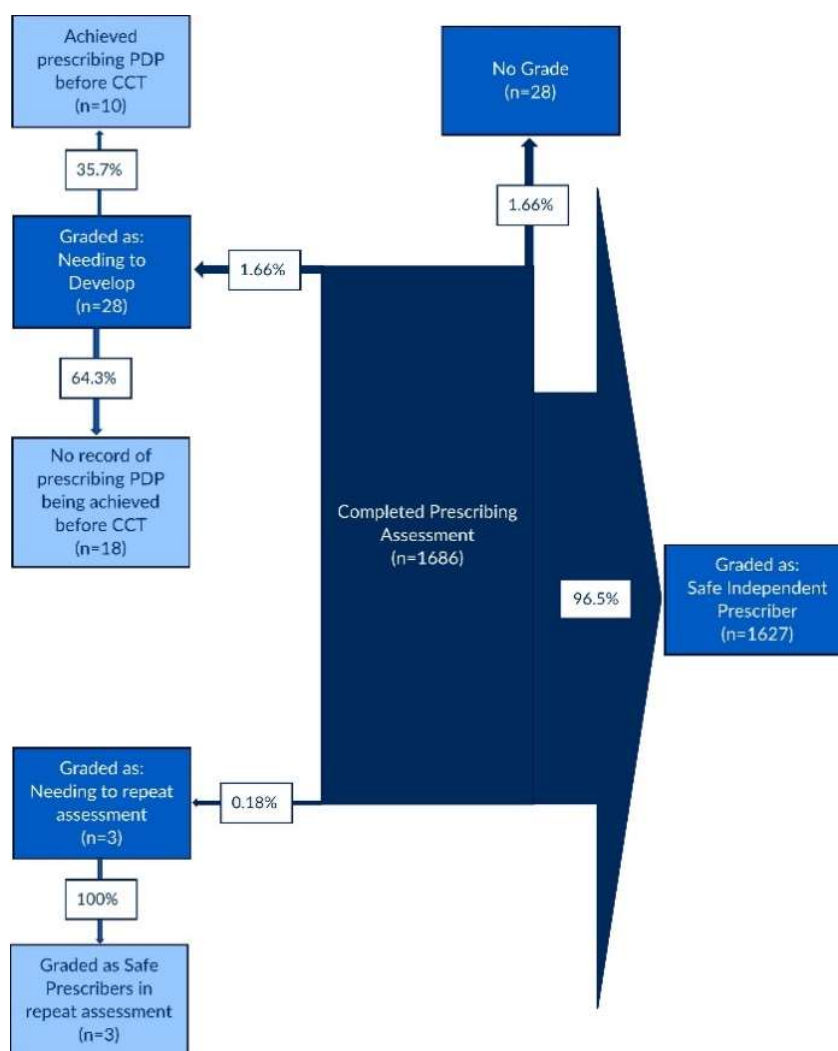| ARCP Outcome	1	2	3	4	5	6
Yes - it is evidenced on the certificate	80.60%	46.67%	78.38%	66.67%	89.11%	81.13%
Yes - there is a compensatory log entry explaining that they have undertaken paediatric training	4.48%	0.00%	0.00%	0.00%	4.95%	4.01%
No	13.43%	53.33%	21.62%	33.33%	5.94%	13.92%
N/A - no paediatric exposure in the post(s)	1.49%	0.00%	0.00%	0.00%	0.00%	0.94%

GP Curriculum

The WPBA Core Group worked collaboratively with the Curriculum Group on the updates to the GP Curriculum. This included a proposal to merge the progression point descriptors for ST1 and ST2 replacing them with single ST1/2 and ST3 descriptors. The varied nature of the GP training schemes, and GP registrar progression had risked making the previous definitions an artificial delineation. In addition, the capability descriptors have been reviewed and updated and will be incorporated in WPBA when the revised curriculum is implemented. The changes take into account changing general practice and feedback from registrars and educators and the revisions ensure consistency across the capabilities for curriculum and WPBA. Additional links to the curriculum have been included throughout WPBA.
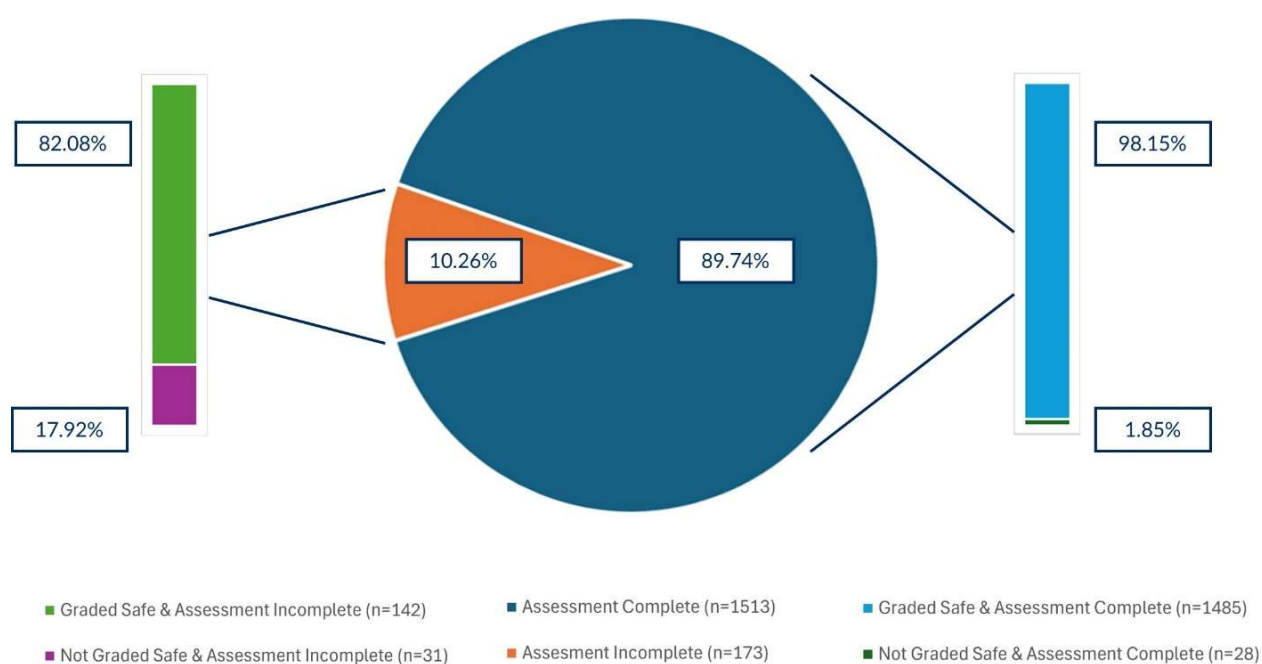
Prescribing Assessment

Some qualitative work was carried out on prescribing assessment completion at CCT. All outcome 6s were reviewed: checking that all aspects of the assessment had been completed, that those who were graded as needing repeating had subsequently repeated the assessment and that those that had specific aspects still to be assessed, or highlighted learning needs were identified, were reviewed ensuring they had been attained. This was part of a check into whether ARCPS were looking to this degree at the prescribing assessment.

Grades awarded at prescribing assessment and outcomes of follow-up actions:

Breakdown of the completeness of the prescribing assessment:

Legend:
- Graded Safe & Assessment Incomplete (n=142)
- Assessment Complete (n=1513)
- Graded Safe & Assessment Complete (n=1485)
- Not Graded Safe & Assessment Incomplete (n=31)
- Assesment Incomplete (n=173)
- Not Graded Safe & Assessment Complete (n=28)

89.74% (n=1513) of GP registrars fully completed the prescribing assessment.

Of the 173 GP registrars who did not complete all parts of the prescribing assessment 82.9% (n=142) were graded as Safe Independent Prescriber.

Breakdown of completeness of assessment:

	Graded Safe (n=1627)	Graded Not Safe (n=59)	Total (n=1686)
No competencies listed as demonstrated	142 (8.73%)	4 (6.78%)	148 (8.78%)
No PDP		4 (6.78%)	
No Discussion on whether proficiencies covered across ages		2 (3.39%)	

Conclusions were that the prescribing assessment was not being reviewed in sufficient detail by all ARCPs. The majority were being adequately assessed by Educational Supervisors (ESs) and that GP registrars were meeting the requirements of the prescribing assessment as well as being assessed on prescribing within the Clinical Management competency.

In order to facilitate review of the prescribing assessment more consistently by ESs, a line was added to the Competent/ Excellent ESR sign off descriptor as follows: "Assessed as a safe and reflective GP prescriber as evidenced by the prescribing assessment or subsequent evidence within the portfolio."

As part of "Central Checking", RCGP External Advisors reviewed a sample of Prescribing Assessments completed between August 2023 - July 2024. The results are below - these are correct at the time of writing but are subject to change prior to final publication in the Annual Report on the 2024 Quality Management sessions.

The following table shows the results from a review of a sample of Prescribing Assessments where the GP registrar had received the grading "This assessment demonstrates the GP registrar is currently a safe, reflective GP prescriber at this point in time" (n=150)

Question	Yes
Is the 50 prescriptions log uploaded?	91.28%
Is there a reflective log discussing errors and/or good prescribing?	87.25%
Is there a PDP to further improve prescribing?	51.68%

The following table shows the results from a review of a sample of Prescribing Assessments where the GP registrar had received the grading "This assessment demonstrates the GP registrar needs to develop specific prescribing skills to fulfil the prescribing proficiencies" (n=33)

Question	Yes
Is further evidence provided as detailed in prescribing assessment (such as completion of prescribing PDP or prescribing CAT)?	60.61%

The following table shows the results from a review of a sample of Prescribing Assessments where the GP registrar had received the grading "This assessment demonstrates the GP registrar needs support and educational input prior to repeating all of this assessment" (n=16). It is important to note that at the time this review took place, the registrar may have still had time to complete a repeat assessment prior to completing training, even if one was not complete at the time of the review.

Question	Yes
Repeat assessment completed, with 50 prescriptions log uploaded?	68.75%
Repeat assessment completed, with reflective log discussing errors and/or good prescribing?	56.25%
Repeat assessment completed, with PDP to further improve prescribing?	43.75%

WPBA Guidance on the RCGP website

The WPBA RCGP website has been updated and made more user friendly with links directly from the Trainee Portfolio and a new introductory page added. In addition, a new area has been added with resources on Planetary health and sustainability in WPBA written in conjunction subject matter experts.

A review of the number of visits to the website and WPBA pages shows a significant increase in visitors since last year.

Unique visitors 22-23	Unique visitors 23-24	% increase	Views 22-23	Views 23-24	% increase
13641	214999	36.6%	248659	309099	24.31%

Generative Artificial Intelligence and Clinical case Reviews (CCRs) within WPBA

The College has issued a statement on Artificial Intelligence and GP Training.

Reasonable Adjustments

In conjunction with COGPED , a section on WPBA was added to the Reasonable adjustments guidance on the RCGP website.

Care Assessment Tool (CAT) Options

The new CATS were approved by the GMC and were implemented on 1 August 2024. These are:

- Routine Consulting Day
- Document Workflow Management
- Duty Doctor Session
- Electronic/Digital/Online Consultation review
- Decisions from Laboratory and Radiology Results

We will be reviewing the number completed of these as well as the use of the 'other' category, CAT, to decide on future development of CATs.

Candidate Portfolio

Work has continued to improve the useability of the Candidate Portfolio including additional linking directly to the website rather than popups that may not be the most current guidance, update banners, updated GP registrar mandatory requirements editable PDF…….

Data for 01/08/2023 to 01/08/2024

- Prescribing Assessment (Feb 20):   **4,365**
- ESR (ESR Dec 21):   **24,809**
- COT (New Curriculum):   **41,136**
- Audio COTS: **11,720**
- LEA: **19,044**
- CEPS Reflections: **6,049**
- CEPS Assessment: **48,850**
- QIA: **1,207**
- QIP: **4,703**

The numbers are live as of 22/01/2025.

- ST1: **4,809**
- ST2: **4,702**
- ST3: **5,994**

Learning resources

AKT guidance, including new **Top Tips** sections, and video recordings with GP registrars successfully resitting the AKT can be found at: https://www.rcgp.org.uk/mrcgp-exams/applied-knowledge-test

SCA guidance can be found at: https://www.rcgp.org.uk/mrcgp-exams/simulated-consultation-assessment/preparing

WPBA guidance can be found at: https://www.rcgp.org.uk/training-exams/training/workplace-based-assessment-wpba.aspx

Differential attainment and differential performance

Differential attainment is the systematic difference in examination outcome between different groups of students depending on their protected characteristics and socioeconomic background (i.e., pass-fail outcomes).

Differential performance is the systematic difference in the number of marks achieved in an examination between different groups of students depending on their protected characteristics and socioeconomic background (i.e., marks scored).

Differential attainment and differential performance cannot be attributed to a single identifiable cause but are the result of multifactorial influences that occur across many professions at undergraduate and postgraduate levels.

RCGP analyses both the differential attainment and differential performance of candidates on their first attempts by PMQ, gender, and – for UK graduates only – binary ethnicity (Black, Asian and Ethnic Minorities or White).

Readers are invited to note confounding influences within the data that are outside RCGP's control. These include the interface between candidates' self-identified ethnicity, gender, and other characteristics. For example, IMGs sitting the MRCGP are more likely to self-identify as being from Black, Asian and Ethnic Minority candidate groups and less likely to self-identify as female. Also, the place of primary medical qualification (PMQ) is not synonymous with nationality; UK nationals choosing to study medicine overseas are included in the IMG group.

We have also already outlined in this Annual Report the large proportion of candidates who exercise their right not to declare their self-identified gender and/or ethnicity.

The role of the RCGP

As MRCGP is the UK's licensing assessment for general practice, the RCGP is a critical stakeholder in the UK's healthcare system, overseeing the standards for the training, assessment, and ongoing practice of general practitioners. The MRCGP's summative examinations (which GP Registrars must pass before they can receive a licence to practice from the GMC) provide a window which shines a light on known differential attainment and differential performance which exist across medical education and many other high-stakes

specialty examinations. These remain a longstanding concern to the RCGP and other Medical Royal Colleges and have been outlined comprehensively in a report by the GMC.

The RCGP has always been, and remains, very transparent through the publication of our examination data and our work with other stakeholders to try to improve and reduce differential attainment and differential performance. We fully support the work being undertaken by the GMC and the Academy of Medical Royal Colleges (AoMRC) and contributed comprehensively to the "Bridging the Gap" initiative in 2021.

We fully acknowledge the critical role IMGs play in the NHS, and how important they will be to ongoing patient care in the future. We share the MRCGP data as part of our commitment to jointly tackling with the training community, regulators and others, the complex multiplicity of factors which contribute to these disparities.

Dr U.A Tanvir Alam's article in the Health Leaders Journal highlights several key initiatives which educators could focus on moving forwards to help mitigate the risk of differential achievement and differential performance. These include enhanced induction programs, proactive examination training and preparatory courses and masterclasses, and increasing earlier access to neurodiversity screening.

The RCGP continues to recognise its key role in ensuring the MRCGP examination is fair and remains accessible to all GP Registrars in training. In tackling these issues, the College wishes to draw particular attention to the below, all of which are outlined in more detail in our SCA Interim Report – https://www.rcgp.org.uk/getmedia/50574600-4465-40c8-9f26-66725bc267e9/sca-performance-interim-report.pdf

- Development of the SCA examination
- Communication strategy
- Academic Research
- Examiner recruitment and training
- Fairness Reviews
- Assessment delivery

The RCGP continues to implement its action plan, as well as actively supporting the work led by the GMC and the AoMRC to "Eliminate Inequality in Medical Education."

Actions already taken by the RCGP with respect to differential attainment continue to be broad and deep. They include:

- Aligning curriculum and assessments to the GMC's 'Excellence by design' standards which have fairness as a guiding principle.

- Developing resources and educational events to support trainers and GP Registrars in their AKT and SCA preparation. MRCGP examiners regularly support RCGP Faculty and Deanery examination preparation courses across the UK.

- Performing regular stakeholder engagement, with particular interest to the development of the SCA.

- Reviewing the way that results and reports are presented, with a view to reducing the risks of unconscious bias where possible. Reviewing reports and guidance against accepted guidelines for readers with disabilities, including specific learning difficulties. This includes work undertaken on the website to provide clear and unambiguous deadlines and information.

- Open and fully anonymised recruitment of MRCGP examiners. Upwards of one hundred new examiners were recruited in 2024, from over 850 high quality applications.

- Positive recruitment of MRCGP lay advisors, to reflect the interests of specific demographic groups. Lay advisors are routinely involved in the development and maintenance of all modules, as well as specific projects such as those consulting with relevant stakeholders.

- Mandated annual training of all MRCGP examiners and panel members in equality and diversity issues and recognition of unconscious bias, including those specific to assessment.

- Regular review of equality, diversity, and inclusion (EDI) monitoring to ensure that candidate data is collected appropriately, and in-line with GDPR regulations.

- Reviewing the feedback provided to candidates in all modules to improve usefulness to them and their supervisors (e.g., changes made in the feedback to AKT, WPBA and RCA candidates).

- Resources to support candidates to have failed examinations (e.g., ongoing work on guidance on reflection after an unsuccessful examination sitting, and tips for enhancing success). The RCGP website contains the latest information on such documentation.

- Conducting equality impact assessments and piloting of any proposed new assessments (e.g., piloting for the prescribing assessment in WPBA, the piloting and development of the SCA) and all policies.

- Reviewing existing assessments to reflect the demographics of UK patient populations to inform new cases for the future clinical skills assessment.

- Reviewing individual item performance in the AKT and case performance in the SCA and ensuring item/case construction is designed to reduce potential differential attainment where feasible.

- Conducting Fairness Reviews. These consider how to enhance and improve items in the AKT by making best use of language, checking item performance within demographic cohorts and reviewing validity of data. Details of the Fairness Reviews held in both 2023 and 2024 can be found here. https://www.rcgp.org.uk/mrcgp-exams/applied-knowledge-test/further-help-support

A collaborative approach across the whole educational community will continue to be required to affect further real, meaningful change in differential attainment and differential performance. RCGP remains committed to delivering fit-for-purpose examinations which are fair for all candidates. Reducing differential attainment and differential performance within the MRCGP remains a high priority within the continuing delivery of both the AKT and SCA.

This Annual Report is a one-off annual document covering the previous year, and therefore readers should direct themselves to the RCGP website for the very latest ongoing updates around our work on Ensuring Equality, Diversity and Inclusion within the organization and the examination. https://www.rcgp.org.uk/about-us/equality-and-diversity.aspx

For further information please email info.EDI@rcgp.org.uk

Summary of recent RCGP related research

Papers and reports published the past year related to the MRCGP have focused on factors related to passing the MRCGP or addressed performance problems more generally.

Research papers

Tzortziou Brown V, Haviland J, Priyadarshini G, Turner M, George RE, Siriwardena AN, Gregory S. *Language of primary medical qualification and differential MRCGP exam attainment: an observational study*. BJGP 2024 (online first). DOI: 10.3399/BJGP.2024.0296

What this study tells us:

- This study aimed to assess whether there is an association between the language of the primary medical qualification (PMQ) and Membership of the Royal College of General Practitioners (MRCGP) results, and whether performance in previous prequalification assessments is correlated.

- This was a retrospective observational study in the UK using the World Directory of Medical Schools and the UK Medical Education databases to obtain data for all candidates who sat MRCGP examinations between October 2013 and July 2021 (n = 28 020).

- IMGs who trained in countries with non-English as a first language had statistically significantly lower odds of passing the examinations and lower examination scores across all examination components, whereas English being the language of the PMQ and undertaking medical training in a country with English as the native language seemed to result in statistically significantly better chances of passing the examinations and better examination scores.

What does this mean:

- Performance in prequalification assessments can help to identify those IMG registrars who may benefit from tailored support.

What this study tells us:

- The study aimed to investigate GP registrar's and trainers' perceptions and experiences of WPBA regarding validity and fairness.

- A national online survey was conducted with a convenience sample of GP registrars and trainers, on their perceptions and experiences of WPBA, with 2,088 responses from 1,176 GP registrars and 912 trainers.

- Both groups were generally positive towards WPBA, with trainers more positive or similar to GP registrars towards individual assessments. GP registrars were significantly less positive than trainers while international medical graduates (IMGs) trained outside the European Economic Area (EEA) were significantly more positive than UK graduates towards WPBA. Qualitative analysis revealed varying concerns about validity and relevance, assessment burden, potential for bias, fairness to protected characteristics groups, gaps in assessment, and perceptions of individual assessments.

What does this mean:

- Trainers' greater positivity towards elements of WPBA accords with their role as assessors. Despite concerns about bias, IMGs from outside the EEA were significantly more positive towards WPBA.

This paper published earlier in 2023 was awarded in 2024 the Royal College of General Practitioners (RCGP) Research Paper of the Year 2023, Category 3: Medical Education. Prof Siriwardena presented the study at the RCGP conference in Liverpool in 2024 at a session chaired by Prof Carolyn Chew Graham of Keele University and received the prize certificate from Dr Victoria Tzortziou-Brown from Queen Mary University of London.

What this study tells us:

- This study examined differential attainment in all components of GP licensing assessments, including the Applied Knowledge Test (AKT), Clinical Skills Assessment (CSA), Recorded Consultation Assessment (RCA) and Workplace-Based Assessment (WPBA) – Annual Review of Competence Assessment (ARCP), considering scores at selection to GP specialty training.

- Multi-Specialty Recruitment Assessment [MSRA] scores were the strongest predictor of success or failure in all assessments. Ethnic minority doctors did significantly *better* compared with White British doctors in the AKT but there were no significant differences on other assessments including CSA, RCA or WPBA—ARCP.

- Doctors' ethnicity did not reduce the chance of passing GP licensing tests once sex, place of primary medical qualification, declared disability and MSRA scores were accounted for.

What does this mean:

- It has been suggested that subjective bias due to racial discrimination may be a cause of examination failure for UK-trained ethnic minority candidates, but this study showed that this was unlikely to be the case.

- Ethnicity did not reduce the chance of passing GP licensing tests once gender, place of primary medical qualification, declared disability and MRSA scores were considered.

- Doctors admitted to GP specialty training, who are in the lowest MSRA score bands, may need additional support during training to maximise their chances of achieving licensing, regardless of their ethnic group or other demographic characteristics.

Reviews and discussion papers

Withnall R, Bodgener S, Copus S, Siriwardena N. *The MRCGP Simulated Consultation Assessment.* InnovAiT. 2023;16 (12), 629-63. DOI:10.1177/17557380231198825

This paper described the background to, design and format of the Simulated Consultation Assessment (SCA) aimed at GP registrars.

Conference presentations

Dr Joseph Akanuwe, Dr Julie Pattinson, Dr Sureyya Sonmez Efe, Dr Kim Emerson, Dr Andrew Wright, Dr Shahid Merali, Dr Bryony Sales, Tom Anstey, Prof A. Niroshan Siriwardena. *Experiences of GP trainees undertaking workplace-based assessments for general practice licensing.* Oral presentation at the Society for Academic Primary Care Annual Scientific Meeting. University of Bristol, 3–5 July 2024.

A. Niroshan Siriwardena, Joseph Akanuwe, Susan Bodgener, Bryn Wilkes, Stuart Copus, Rich Withnall. *Stakeholders' views of the new simulated consultation assessment for GP licensing in the United Kingdom: cross sectional survey.* Oral presentation at the Society for Academic Primary Care Annual Scientific Meeting. University of Bristol, 3–5 July 2024.

Appendix A

Place of training: Deanery

The table below outlines the number of unique candidates from each deanery. Tables showing the performance of each deanery relative to the performance of others is available on request from exams@rcgp.org.uk.

Table 10.1: Number of unique candidates* from each Deanery in the AKT and SCA examinations this academic year

Deanery	AKT	SCA
Armed Forces	30	26
East Midlands	511	345
East of England	620	460
Kent, Surrey, Sussex	373	292
London	634	584
North West	810	570
Northern	281	242
Northern Ireland	152	106
Oxford	167	146
Scotland	380	348
South West: Severn	252	206
South West: Peninsula	152	107
Wales	241	178
Wessex	224	180
West Midlands	589	543
Yorkshire & Humber	560	439

*All candidates from a Scottish deanery have been assigned to the 'Scotland' deanery, as local Scottish deanery regions are now considered as one Scottish deanery by NHS Education for Scotland.

Appendix B

RCA September 2023

Candidature: **307**/472 candidates passed the examination, equating to a pass rate of **65.04%.**

MRCGP RCA§20 September 2023: Candidature					
Cohort		**Full Cohort (n = 472)**		**Single marked Cohort (n = 41)**	
		Count	%	Count	%
Gender	Female	141	29.9	18	43.9
	Male	212	44.9	14	34.1
	Other	119	25.2	9	22
PMQ Status	UK PMQ	61	12.9	12	29.3
	OS PMQ	411	87.1	29	70.7
Ethnicity	White	33	7.0	5	12.2
	BME	309	65.5	25	61
	Unknown	130	27.5	11	26.8
Attempt	2	361	76.5	36	87.8
	3	77	16.3	3	7.3
	4	27	5.7	2	4.9
	5	6	1.3		
	7	1	0.2		