An interim report on the MRCGP Simulated Consultation Assessment (SCA): November 2023 to June 2024 (1)

Background

The Simulated Consultation Assessment (SCA) was introduced as a replacement for the interim Recorded Consultation Assessment (RCA) in November 2023. It has now been in use as the consultation assessment component of the MRCGP for a full academic year. During that time, there have been eight sittings of the examination.[2]

RCGP publishes consolidated MRCGP data in Annual Reports,[3] but examination performance, including differential performance and differential attainment, is monitored for every Applied Knowledge Test (AKT) and SCA sitting. These data are shared with stakeholders, including COGPED, in every Examination Board. The findings described below relate to the first eight sittings of the SCA.

Summary examination statistics

A total of 5582 examination sittings were undertaken across the eight diets with an overall pass rate of 70.01%. Reliability is one of a number of core measures of the quality of any assessment. It tells us how consistently the examination performs. The mean internal reliability across the palettes comprising each diet of the examination is calculated using the Cronbach's alpha coefficient, and any figure above 0.7 indicates a strong level of reliability.

The SCA was designed around three domains of performance: Data gathering and diagnosis, Clinical Management and Medical Complexity, and Relating to others. Therefore, reliability in the SCA is calculated at the domain level, reflecting how consistently candidates perform across multiple simulated consultations within each domain.

The overall completion rate indicates the percentage of candidates who started the examination and were able to complete.

Total SCA examinations sat

Examination Sittings	Pass	Fail	Pass Rate	Mean Reliability (alpha)	Mean Standard Error (SEM)	Overall completion rate
5582	3908	1674	70.01 %	0.868	3.84	99.38%

[1] Updated in June 2025 to include additional detail around summary examination statistics
[2] Nov (1) 2023, Nov (2) 2023, Jan 2024, Feb 2024, Mar 2024, Apr 2024, May 2024 and Jun 2024.
[3] https://www.rcgp.org.uk/mrcgp-exams/annual-reports-and-research

Monthly SCA diets

Diet	Examination Sittings	Pass	Fail	Pass Rate	Mean Reliability (alpha)	Mean Standard Error (SEM)
November (1)	508	337	171	66.34 %	0.878	3.94
November (2)	607	405	202	66.72 %	0.884	3.91
January	613	419	194	68.35 %	0.877	3.83
February	795	552	243	69.43 %	0.879	3.85
March	775	558	217	72.00 %	0.876	3.80
April	700	482	218	68.86 %	0.857	3.90
May	788	614	174	77.92 %	0.851	3.72
June	796	541	255	67.96 %	0.844	3.73

Introduction to Differential attainment and 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).

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).

Interpreting data in this paper around differential attainment/performance

Readers are invited to note to confounding influences within the data outside RCGP's control, such as the interface between candidates' self-identified ethnicity, gender, and other characteristics. For example:

1. International Medical Graduates 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.

2. Place of primary medical qualification (PMQ) is not synonymous with nationality; UK nationals choosing to study medicine overseas are included in the International Medical Graduate group.

3. A large proportion of candidates exercise their right not to declare their self-identified gender and/or ethnicity. For example, in 2022-2023, 22.4% of candidates chose not to declare their gender or ethnicity, and 17.4% chose not to declare their gender and ethnicity. Year-on-year, more candidates are choosing not to make these declarations, so the amount of missing data is increasing. Accordingly, caution should be exercised if trying to generalise from the presented data or compare the Clinical Skills Assessment (CSA), RCA or SCA.

Non-disclosure of data

Gender	CSA (%)	SCA (%)	DIfference
Male	36.20	33.86	-2.34
Female	60.87	45.08	-15.79
Not declared	2.93	22.06	19.13

4. Whilst it is tempting to draw direct comparisons between RCA and SCA data, readers should be mindful that the RCA was an unstandardised assessment in which candidates selected the materials over a six-month period, including real patients, to present to examiners. The SCA is a standardised assessment in which the RCGP determines the role-player portrayed cases against which candidates will be assessed.

The role of the RCGP

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 summative examinations within the MRCGP tripos which doctors in training must pass to practice unsupervised provide a window by which we can shine a light on the known disparities which exist in medical education. These remain a longstanding concern and have been outlined comprehensively in a report by the GMC which highlights these differences. These results are not only found in medical education but are of similar prevalence in many other high stakes specialty examinations.

The RCGP has always been very transparent through the publication of our examination data to ensure we continue to shine the light on the results and work with all stakeholders to improve and eradicate differentials. We fully support the work being undertaken by the GMC and the Academy of Medical Royal Colleges to tackle differential attainment and have contributed comprehensively to the *Bridging the Gap 2021* initiative. We fully acknowledge the critical role International Medical Graduates play in the healthcare system, and how important they will be to ongoing patient care in the future. We want to share the data of the examinations so that we are able to jointly tackle the complex interplay of factors which contribute to these disparities.

An article by Dr U.A Tanvir Alam in the Health Leaders Journal expertly focuses on a number of key initiatives which educators should focus on moving forwards, and these include enhanced induction programs, proactive examination training and preparatory courses and masterclasses, and increasing earlier access to neurodiversity screening.

The RCGP continue to recognise our role in ensuring the examinations are fair and remain accessible to all doctors in training; in particular with reference to the SCA which was introduced in 2023. In tackling these issues, the RCGP wish to draw particular attention to:

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

Development of the SCA examination

In developing the SCA, we consulted widely and engaged with feedback from a wide-ranging group of stakeholders, in particular the British Association of Physicians of Indian Origin (BAPIO), the British International Doctors Association (BIDA), the Muslim Doctors' Association, the Christian Medical Fellowship and the Disabled Doctors' Network. Overall, an impressive 3159 responses to the SCA Survey were received, including 1533 from pre-RCA trainees, 920 post-RCA trainees or GPs and 721 other stakeholders.

As a direct response to this feedback, within the SCA design, the RCGP:

- returned to a standardised form of assessment
- returned to using professional role-players, rather than involving real patients
- developed and delivered an assessment that could be undertaken in candidates' own communities, rather than requiring them to travel to London. Indeed, the RCGP is leading the way with the move to delivery of the clinical OSCE remotely in the candidates own GP practice. This is congruent with the RCGP's commitment to sustainability in reducing our carbon footprint 4.5 times from 214,910kg CO2e (CSA) to 46,174kg CO2e (SCA).[4]
- reduced candidates' financial burden by negating the need for travel and accommodation. Feedback remains positive on the impact this has had throughout the first year of the SCA.
- maintained 12-minute consultations (rather than returning to 10-minutes as used in the CSA).
- ensured assessment cases are valid in accurately mapping to UK patient demographics (which we continue to monitor each year).
- a full review was undertaken on the prevalence of conditions presenting in GP surgeries and the case assessment palettes updated to ensure parity
- reduced the word count in SCA "Material for candidates" and had all candidate materials reviewed by both language and ED&I experts to further support candidates who do not have English as their first language and/or are neurodiverse (in addition to providing Reasonable Adjustments as appropriate).
- changed the marking domains to emphasise the importance of "*relating to others"*. Fluency as a grade descriptor was removed from this domain in response to feedback.
- altered the domain weightings in response to feedback that "*clinical management"* should be the key focus within SCA consultations.
- enhanced the links to work-place based assessment (WPBA) to better facilitate the understanding of capabilities across all parts of the MRCGP tripos

[4] CO2e calculations conducted by Dr Matt Sawyer, Director of SEE Sustainability.

- undertook Equality Impact Assessments (EIAs) and piloted SCA processes to ensure these alterations did not cause any unintended consequences. The GMC was satisfied with the pilot data provided.

Communications

Ahead of the SCA's launch, we published a comprehensive set of training and support materials on the RCGP website, and emphasised key messages in direct communications to trainees and GP trainers stressing the RCGP website remains the single point of truth: https://www.rcgp.org.uk/mrcgp-exams/simulated-consultation-assessment

We held a series of live webinars (including Q&A sessions) for trainees and GP trainers which were attended by nearly 3000 colleagues.[5] These webinars were recorded and uploaded to the RCGP website and YouTube so colleagues could review them as often as they wish. An example is here: https://www.youtube.com/watch?v=swaE4ddEDBo

Senior clinicians involved in SCA development visited GP vocational training schemes, GP trainer groups and Deaneries across the UK to deliver presentations and answer questions on the SCA.

Key dates were advertised for all SCA diets until November 2024: https://www.rcgp.org.uk/mrcgp-exams/mrcgp-exam-applications#sca

Academic Research

Stakeholder views on the SCA were sought through a cross-sectional mixed method survey:[6]

- Overall, responders were positive towards the new assessment, particularly in terms of setting for the assessment, validity, preparation time, and fairness, with most pre-RCA and post-RCA GP trainees and most educator/lay stakeholders, agreeing or strongly agreeing in their responses to Likert scaled Questions.

- The most important factor for the design of the new assessment, across the three stakeholder groups (pre-RCA GP trainees [767, 50.0%]; post-RCA GP trainees [642, 69.8%]; educator/lay stakeholder [634, 87.9 %]) was that cases should be reflective of real-life practice.

- A multivariable analysis showed that International Medical Graduates were significantly more positive to the new assessment compared to UK graduates (B 0.19, 95% confidence interval 0.12-0.25, P<0.001) with no differences by stakeholder group, age or ethnicity.

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[5] Attendance data from RCGP Communications Officer, 18 Aug 23.

[6] Stakeholder views of the new simulated consultation assessment for GP licensing in the United Kingdom: a cross-sectional mixed method survey. Siriwardena A.N., Akanuwe J.N.A., Bodgener S., Wilkes B., Copus S., and Withnall R.D.J.

SCA Examiner Recruitment and Training

Recruitment of new SCA examiners has proved highly successful, with over 850 high quality applications. After an extensive shortlisting process (with all personal information redacted), applicants have been invited to Potential New Examiner (PNE) selection days:

- PNE selection days for the first cohort of applicants were held on 16-17 May 24. They will incrementally join the Panel of Examiners and start marking SCA cases from September 2024 onwards.

- PNE days for the next cohort of applicants will be held on 8-9 November 2024.

- The 2024 Mandatory Training Event for all MRCGP examiners (AKT, SCA and WPBA) will be held on 4-6 Dec 24.

Fairness Reviews

RCGP continues to prioritise fairness to all candidates; and in October 2023, we undertook a routinely scheduled quality assurance review of the fairness of content and question style within the MRCGP AKT assessment.[7] Over 80 GP Registrars who had passed the AKT responded to a national advertisement; 20 were randomly selected based on a spread of demographic and geographic factors to ensure a majority were International Medical Graduates with some Neurodiversity representation too.

The Fairness Review confirmed International Medical Graduates would benefit from early, clear, individually tailored advice and guidance to be better prepared for first time success:

- RCGP will: increase the amount of AKT resources it provides; better align existing educational materials to the AKT (and in so doing to reduce the reliance on varied private providers); and better advertise the resources it already has available.

- Educational providers will be asked to: increase early intervention for International Medical Graduates; include data interpretation within vocational training education; review neurodiversity screening processes; refine readiness to sit discussions; and upskill trainers as regards AKT preparation.

We intend to undertake a first Fairness Review of the SCA during the next examining year. It is extremely important, however, to remember that the RCGP has a clear duty of care to set an appropriate standard to ensure that those passing MRCGP have the appropriate competences to become safe, independent general practitioners. The GMC and the RCGP are confident that the SCA and wider MRCGP tripos continue to fulfil this role.

[7] https://www.rcgp.org.uk/mrcgp-exams/applied-knowledge-test/further-help-support#AKT-reviews

Overall SCA results (November 2023 to June 2024)

PMQ	UKG* (%)	IMG* (%)	Outcome
DA (pass rate ratio)	94.27	51.52	1.8
DP (mean diff score; Cohens)	17.13	-0.14	17.26 marks; 1.59

Gender	Female (%)	Male (%)	Outcome
DA (pass rate ratio)	81.91	66.50	1.2
DP (mean diff score; Cohens)	12.22	5.80	6.42 marks; 0.47

Ethnicity (UKG)	White (%)	BAEM* (%)	Outcome
DA (pass rate ratio)	96.67	90.80	1.1
DP (mean diff score; Cohens)	19.90	13.21	6.69 marks; 0.66

** - UKG - shortened to cover UK Graduate, IMG - shortened to cover International Medical Graduate, BAEM - shortened to cover Black, Asian and Ethnic Minorities

Differential attainment in the SCA (pass-fail outcomes)

As previously outlined, differential attainment is the systematic difference in examination outcome between different groups of students depending on their protected characteristics and socioeconomic background (ie. pass-fail outcomes).

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

As already outlined, RCGP have made comparisons from the first year of data collected on the SCA to historic data recorded from the CSA, which is a comparable standardised OSCE assessment. It is not helpful to compare the performance with the RCA which was an unstandardised assessment designed to progress the GP workforce pipeline during the Covid-19 pandemic. We will therefore only be making comparisons on differential data across similar assessments.

<u>Place of primary medical qualification</u>

Pass rates for the SCA have increased by **3.47 %** for UK Graduates compared to those undertaking the CSA. The SCA pass rate has increased by **8.49 %** for International Medical Graduates.

<u>Ethnicity</u>

Pass rates for the SCA have increased by **1.01 %** for White candidates compared to those undertaking the CSA. The SCA pass rate has decreased by **2.16 %** for Black, Asian and Ethnic Minorities

<u>Gender</u>

Pass rates for the SCA have decreased by **4.61 %** for Female candidates compared to those undertaking the CSA. The SCA pass rate has decreased by **4.62 %** for Male candidates. It should be noted that **22.35 %** of candidates elected to state “Other” for gender.

Whilst the female SCA pass rates have remained relatively stable (range **79.7 %** to **83.5 %)**, the male SCA pass rates are more variable (range **56.2 %** to **80.4 %**). Male SCA pass rates are broadly higher in the more recent diets (March through May) than the earlier diets, though June was the second lowest pass rate. The June 2024 SCA candidature included a very high proportion of male International Medical Graduates compared to male UK Graduates.

SCA sitting	Male pass rate (%)	Female pass rate (%)
November (1) 2023	61.36	80.88
November (2) 2023	56.21	79.69
January 2024	65.27	82.02
February 2024	66.67	81.88
March 2024	70.39	83.11
April 2024	70.11	83.20
May 2024	80.42	83.54
June 2024	56.77	80.40

Although there appear to be some improvements in differential attainment in the SCA compared to the CSA, the statistical size of the improvements is currently much smaller for one data set than the other. The extent of the differences may become more pronounced as further SCA diets take place, and we will continue to monitor this.

End point assessments remain appropriate vehicles to judge whether candidates approaching the end of their training are ready for safe, independent practice. GMC differential pass rate data confirm RCGP performance differences compare favourably with those of some other Royal Colleges. The GMC agrees, in all specialties, that the causes of differential attainment and differential performance are multifactorial and are unlikely to be solely due to the format and nature of the exit examination. Accordingly, any improvements in differential attainment and differential performance should not be attributed only to changes in the examination. Rather, the encouraging progress reflects considerable collective work being undertaken by individual GP trainers, deaneries, the RCGP and other stakeholders. Furthermore, the benefits of this work will often not be seen immediately, but "downstream" as trainees progress through the various stages of their training and assessment journeys.

Differential attainment and differential performance in the SCA are unlikely to relate to examiner bias (conscious or unconscious) given the clear and consistent similarity with patterns of pass rates in the AKT, a machine-marked examination

The data below for candidates on their first attempts reflect all examinations since 2014. These total 31,591 AKT sittings and 40,495 CSA/RCA/SCA sittings.

Examination	Source of PMQ		Ethnicity		Gender	
	Pass rate (UKG**) %	Pass rate (IMG**) %	Pass rate (White) %	Pass rate (BAEM**) %	Pass rate (Female) %	Pass rate (Male) %
AKT	85.82	51.58	88.92	65.36	79.44	73.05
CSA	90.80	43.03	93.41	65.31	86.52	71.12
***RCA**	95.22	60.43	95.90	74.18	89.02	77.31
SCA	94.27	51.52	94.42	63.15	81.91	66.50

* - Emergency examination (concluded in September 2023)
** - UKG - shortened to cover UK Graduate, IMG - shortened to cover International Medical Graduate, BAEM - shortened to cover Black, Asian and Ethnic Minorities

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 a fit-for-purpose examination which is fair for all candidates. Reducing differential attainment and differential performance within the MRCGP remains a high priority within the continuing delivery of the SCA, and whilst early data suggests things are moving in the right direction it is clear there is still much work to do right across the profession.