

MRCGP Annual Report

As in previous years we are pleased to publish the results and statistics for the Applied Knowledge Test (AKT) and Clinical Skills Assessment (CSA) and in conjunction with them are reporting on other aspects of exam development and quality assurance together with developments in the Workplace Based Assessment (WPBA) and the results of the Quality Management Processes for 2012/13.

New Faces

Having been in post since January 2010 my term of office ends on 31 March 2014, and I am delighted to announce that Dr Pauline Foreman has been appointed to be Chief Examiner from April 2014. There has also been a change of personnel leading the WPBA as after seven successful years in post Dr Jane Mamelok resigned and her place as the Clinical Lead has been taken by Dr Susan Bodgener.

GMC Independent Review

During 2012/13 the MRCGP exam has come under considerable scrutiny. We were happy to work collaboratively with the GMC in providing data for an Independent Review of the CSA and AKT conducted by Professors Esmail and Roberts. (GMC September 2013)

http://www.gmc-uk.org/MRCGP_Final_Report_18th_September_2013.pdf_53516840.pdf

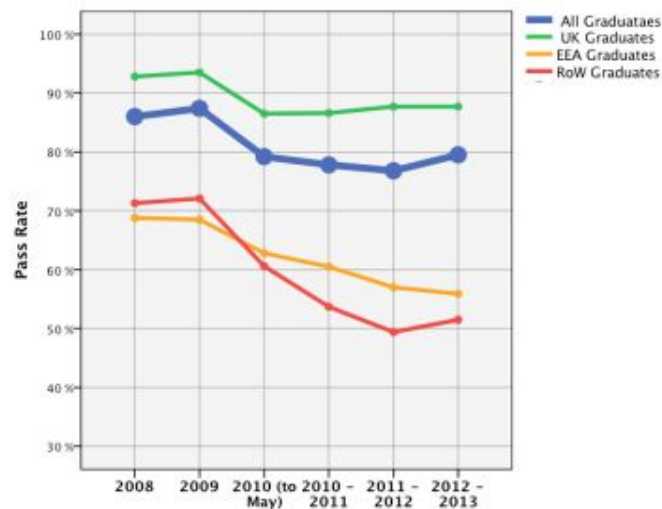
The review confirmed the differences in performance between various sub-groups that have been a matter of concern and the subject of much investigation by us for some years. It was reassuring that despite these differences Esmail and Roberts concluded, amongst other things, that "In our view the method of the assessment is not the reason for the differential outcomes that we have described"

In all, there are ten recommendations in the review and we are working closely with the GMC, and GP Schools to address these. We were delighted that none of those that directly related to matters within our control were concerned with issues that we had not already started addressing.

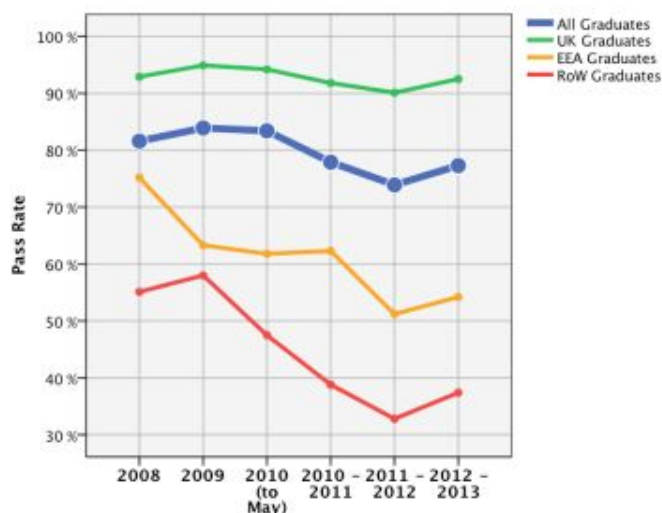
We noted that the data in the review indicated a reassuring feature. Whilst the authors chose not to highlight this we feel it should be made clear. Looking at International Medical Graduates they pointed out the higher failure rates for BME versus White candidates. However they had access to data from PLAB scores and AKT scores. When the CSA scores were corrected to account for these performances in other assessments there was no longer a significant difference between BME and White IMG candidates.

We will continue to publish our results in detail to ensure transparency and this year have looked at trends in pass rates for the different subgroups in the five years since the MRCGP started in its current format. Those trends are shown below for both the AKT and the CSA.

AKT 1st Attempt Pass Rates: 2008 – 2013



CSA 1st Attempt Pass Rates: 2008 – 2013



Clinical Skills Assessment

In the last year there have been significant developments in the CSA. Use of iPads for candidates and examiners has been established. Apart from making the exam almost completely paperless, the primary advantage is more security about administration of candidate marks and automation of the standard setting process. In the future it should allow for further development of images and possible audio visual materials. Feedback from candidates is that they find using iPads easy and intuitive. Examiners likewise have adapted well to the change and having all the resources available at a touch rather than shuffling papers is a significant improvement.

Many of the problems with noise from adjacent building works in Euston Road have settled this year and we should be opening up full circuits again in the near future. After discussion with the training

community we will be altering the timing of the exams so that from October 2014 we will be offering CSA exam opportunities in most months of the year.

CSA case mix

CSA case selection for each day is done against a set of criteria. Overall, the 13 cases for each test must cover a pre-set combination of acute and chronic conditions, psychosocial, emotionally challenging, potentially serious and preventative conditions and aspects of health promotion. The selection may include a telephone consultation or a home visit case. Within these parameters, cases are also selected to display a range of ages, and male and female patients. One or two cases, in each selection of 13, is based on some aspect of diversity. Our examiners try to ensure that the demography of cases matches the overall ethnicity and social class breakdown of the UK and we have put more focus on this activity since early 2012. Palette selection is a complex process and the selection of cases changes each day for reasons of security and fairness. A palette selection review process was undertaken in 2013.

Paediatrics

A paediatric case is routinely included in the daily CSA case mix or palette, usually by means of a third party presentation, often a parent with concerns about a child. This year, cases involving child role players, accompanied by their parents, were piloted and were included in palette selection from November 2013. Although there will be a paediatric case each day, a child role-player will not be used on every occasion. Candidates will not need to prepare for the CSA any differently as learning outcomes have not changed. The British National Formulary for Children has been added to the list of equipment candidates must bring to the CSA. We believe this to be the first example of using child role-players in a UK postgraduate exam.

Prescribing

The Curriculum requires trainees to demonstrate competence in prescribing and medicines management and the CSA has always tested competence in prescribing. In response to the GMC-commissioned report by Professor Tony Avery, into GP prescribing errors, we have reviewed the way in which the MRCGP tests prescribing skills. We have continued to write prescribing issues into CSA cases, but now with greater emphasis on patient safety.

All current CSA cases with prescribing elements are classified and, from Spring 2014, at least two cases with major prescribing safety elements will be included in any one CSA palette.

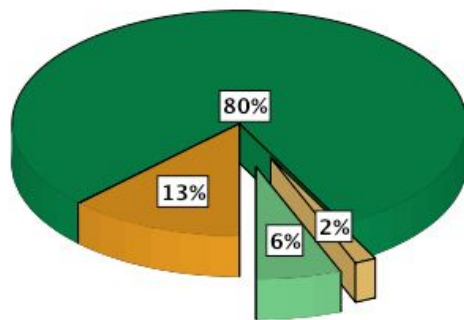
Examiner selection and recruitment

We have been proactively recruiting new examiners from under-represented groups and deaneries since 2010. Twenty new examiners were recruited in 2013 who joined the 243 continuing examiners. Four of the new group were of BME ethnicity, maintaining the BME presence at 14% of the total. 11 of the new examiners were female, keeping the sex balance at approximately 60:40, male to female.

We have many willing volunteers who wish to join the panel of examiners. We have to preferentially offer selection opportunities to volunteers to ensure an even spread of examiners across the four nations and to match protected characteristics. Unfortunately that leaves many disappointed volunteers on the waiting list. The first part of selection remains a process to ensure that examiners

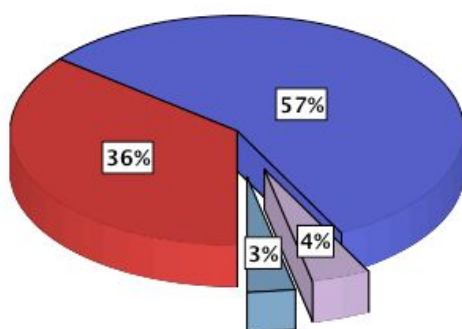
have sufficient knowledge in order to make judgements about candidates.

- Experienced: BME
- Experienced: White
- New: BME
- New: White



Ethnicity

- Experienced: Female
- Experienced: Male
- New: female
- New: male



Sex

Following on from the GMC review and the development of generic standards for examiner selection and training by the Academy Assessment Committee and the GMC, we will be reviewing the

selection and training of CSA examiners, mindful of the need to balance matching demographics to the candidature with ongoing rigorous training and quality assurance.

A recent paper published in the BJGP, (Denney ML, Freeman A, Wakeford R : MRCGP CSA: are the examiners biased, favouring their own by sex, ethnicity, and degree source? British Journal of General Practice, November 2013, e718- 725), examined 52,000 CSA consultations and found no significant impact of examiners favouring their own kind.

Role players

Since becoming aware that there have been some adverse comments about the demographics of role players and the behaviour of some of them we have reviewed this in detail. Since February 2012 the overall mix of role players has included 21% of BME origin (14% in the total UK population).

The effects of role player /candidate interactions on fairness in the CSA. P Foreman and K Hawthorne. (e poster presented at AMEE conference) August 2013

During February 2013, 470 consultations were observed as part of a study to see if there were significant differences in role player performance between candidates. Unfortunately significantly fewer IMG candidates agreed to take part in the study than UK trained graduates. Role players' performance in this study demonstrated a very high degree of consistency between candidates in the CSA, in keeping with previous reports of standardised patient accuracy/consistency in the literature. The commonest type of performance difference seen appeared to be some form of 'saving' behaviour on the part of the role player, ie behaviour that made the consultation easier to assist a struggling candidate rather than more difficult. This study did not demonstrate any evidence of systematic bias on the part of CSA role players towards any subgroup of candidates.

Feedback to Candidates

We have been undertaking a review of the feedback given to candidates after the CSA since December 2012 and, following a period of development and stakeholder consultation, we will be introducing some more detailed feedback from August 2014. These developments have been well received by the trainee community and we are very hopeful that they will be easier to use in a formative way, by both trainees and their trainers. It is important to remember that the purpose of the assessment is to make a summative judgement about readiness for independent practice and not a formative assessment with a view to improving practice and thus detailed feedback for improvement takes second place to making a reliable summative assessment.

Applied Knowledge Test

The AKT continues to be delivered as a computer-based test and this has enabled the introduction of new formats such as the "drag and drop" which requires candidates to place tokens correctly to complete algorithms and tables. There is also a small number of free-text items which require the candidate to generate the answer rather than choosing from a list. These new formats have performed well statistically and will continue to be used in small numbers.

As part of a strategic review into the fairness of the MRCGP, the AKT ran a focus group with doctors who had taken and passed the AKT within the previous 5 years to look at the content and language of AKT questions for possible areas of unintentional bias. Most of the doctors who took part had qualified overseas, and they were able to bring some interesting insights into the questions. They did not identify any specific areas of bias in the questions, which was reassuring, but they

highlighted differences in training before coming to the UK which meant they had different training needs, for example in interpretation of research and statistics. The full report is available on the website.

[AKT Fairness Project June 2013](#)

After each diet of the AKT, general feedback is provided to candidates on areas that have proved difficult to help subsequent candidates to focus their revision. Recurring themes which candidates have struggled with have been therapeutics, the diagnosis of 'normality' as a key GP skill and paediatrics.

Candidates who took the exam in October 2012 were invited to complete a detailed questionnaire about the content of the AKT and also about their training experience and revision for the exam. This included free-text responses and with a response rate of over 80%, analysis of this has been time-consuming. The initial report is available on the website and the qualitative report will follow in due course.

[AKT Feedback Questionnaire October 2012](#)

The Work Place Based Assessment Report for 2012/13 is posted on the website and includes more details of the development of indicators of underperformance which have been successfully piloted in some deaneries and the planned transition to integrated Directly Observed Procedures (DOPs). This project has been underway for sometime and having been successfully piloted in six deaneries is currently being submitted to the GMC for implementation in August 2015.

Sue Rendel
Chief Examiner
February 2014