REPORT ON CSA QUESTIONNAIRE – March 2017

Introduction

As part of the routine quality assurance for the Clinical Skills Assessment, an exit questionnaire was held during the March 2017 diet of the exam. It was provided as a hand-written document to be completed after the CSA, and lasted 10 minutes. Participation was voluntary.

The questionnaire covered topics such as difficulty and content relevance of the exam, preparation strategies, previous training, and language and disability information. We were reassured by candidates’ perceptions. This report is a summary of anonymous unlinked responses and a smaller group of linked ones, and is intended to share areas of potential interest to the educational community. More detailed statistics about the performance in the CSA component of MRCGP are available at http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-annual-reports.aspx.

Results

603 candidates were given the questionnaire and 520 completed it, an 86% response rate. Data from these provide the bulk of the data summarised below.

Of those 520, 87% released their GMC numbers, similar levels to those seen in the last exit questionnaire in 2014. This provided a subset of data from 439 ‘first time takers’ comprising 390 UK Graduates (UKG) and 49 International Medical Graduates (IMG). This second data set was used to look at areas possibly related to differential attainment. Any item indicating response differences are taken from this subset but should be interpreted with caution. They rely on only 74% of the total candidature sitting, hence may not be truly representative. If not mentioned, there were no significant differences on the attribute in question.

Content:

1. **Relevance**: Candidates were asked on the relevance of the CSA in assessing clinical consulting skills in general practice.
   - Over 90% agreed or strongly agreed that overall the cases were relevant to general practice.
   - Over 85% agreed or strongly agreed that overall the cases in the exam were appropriate for GP trainees at the end of speciality training.

2. **Timing of the cases**: Candidates were asked in those cases where time management was an issue to consider from five possible reasons. The three most frequently reported perceived reasons by the candidates were:
   - *I spent too long in data gathering (60%)*
   - *I was too nervous (67%)*
   - *I did not feel well prepared for some of the consultations (34%)*

   Interestingly, far **fewer** candidates identified the other options
   - *The consultations were too difficult (17%)*
   - *The written material was too complicated (9%)*

3. **Type of cases**: Candidates were asked to identify subjects that they had found difficult on the exam day.
   - Cases of genetic disorders were mentioned repeatedly as being challenging with several candidates saying that they knew little or nothing about the (relatively common) conditions presented.
   - Learning disability also posed a challenge.
4. **Identification of difficulty**: Candidates were asked to indicate (from a list) the most important reasons why they’d found cases difficult.

Most often mentioned were:

- *I found it difficult to structure the consultations (44%)*
- *I ran out of time (26%)*
- *I did not recognise the issues (22%)*

‘Running out of time’ was a problem perceived more by IMGs (37%) than by UKGs (25%). That differential was the reverse of the findings in the 2014 study. Interpretation is not clear; this could be simply related to the sample on the day or may be due to educational interventions in the intervening three years.

Meanwhile the perception of ‘not recognising the issues’ was more commonly identified by UKG (24%) than IMG (10%). There had been no such difference identified by the 2014 questionnaire.

5. **Preparation for the CSA**: This section asked about how candidates prepared for the CSA and listed some sources of possible educational support. The three most highly ranked together accounted for over 95% of the total identified in the response option list. In order, these were:

- Educational Supervisor/Trainer (53%) – IMGs (71%) significantly more than UKGs (50%)
- Other GP Specialty Trainees (27%) – UK graduates (29%) significantly more than IMGs (8%)
- Group teaching organised as part of the specialty training scheme (17%) - UK graduates (18% significantly more than IMGs (8%)


Interestingly, only 1.2% of candidates identified the MRCGP section of the RCGP website or commercial revision material as being useful sources of support, down from 27% and 10% respectively in 2014.

A recent survey in one deanery found that only a small proportion of trainers and trainees were aware of the resources available on the RCGP website. Hence it is difficult to interpret whether these resources were not used because candidates did know of them or because they were deemed unhelpful. Information for trainees including an InnovAiT podcast and e-learning module can be found at [http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx](http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx) under the tab ‘Preparing for the CSA’.

**Background information:**

6. **Foundation Programme**: Candidates were asked how much experience in general practice they had gained in the Foundation Programme.

- No GP post in FP (37%)
- Three months (7%)
- Four months (54%)
- Six months (2%)

IMGs were significantly less likely to have had experience of GP in the Foundation Programme than UKG.

7. **Recruitment and Selection**

- 87% of this group had got into the deanery and programme that they had asked for.
- 10% had not but were happy where they ended up.
- Only 2% were dissatisfied, of which 0.2% transferred between deaneries.
8. **GP Experience**: Candidates were asked about their total experience (fte) in GP at the time they sat the CSA. They answered as follows:
- 6 to 12 months (33%)
- 12 to 18 months (58%)
- Between 18 months and 2 years (8%)
- More than 2 years (1%)
These differences were associated with differential performance on the CSA.

9. **Experience in different practices**: Candidates were asked how many different practices they had worked in for at least one month, including time spent in foundation practices.
- One (12%)
- Two (43%)
- Three or more (45%)
Experience in multiple practices is complicated. In the data from those who had given their GMC number, better performance in the CSA on first attempt was more likely for those experiencing only one, or three or more, rather than those experiencing two practices. IMGs are significantly less likely to have been in multiple practices than UKGs (29% in three plus practices compared with 47% of UKGs).

10. **Previous medical training**: Candidates were asked if they had trained for any time in another specialty before general practice specialty training.
- In the full data set, 24% of candidates had trained in a previous specialty.
- In the subset of data with associated GMC numbers, IMGs were much more likely to have trained in a previous specialty, in the UK or elsewhere – 46.4% of IMGs had, compared with 20.6% of UKGs.

11. **Equality and diversity**
97% described English as their preferred language for reading and writing.
10% of candidates had been granted an adjustment for disability with around half of those saying that the adjustment was helpful, and the remainder saying they were not sure or it was not helpful.

10. **Consent**
Candidates were reassured that their consent would not identify individual candidates’ results and the study would not be undertaken until after the results were published.

11. **General comments**
This free text element allowed candidates to make any comments about the CSA. Many included praises for the fairness of the exam, compliments on how well organised it was and thanks for the friendly helpful attitude of the staff. Multiple candidates seemed to have been worried about a ‘hidden agenda’ in some cases – i.e. They were concerned that if a case appeared simple, it was because they were missing the point. All of these comments were checked in detail and due consideration given to them to see if any changes are relevant and feasible.
Summary
The majority of the candidates are taking the CSA with 12-18 months experience in general practice. Their preparation strategies are mainly dependant on their trainers, peers and training programmes. Overall, the candidates consider that the CSA is a fair and relevant test which is well organised and delivered.

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