Differential Attainment case study

How Health Education North West (HEE NW) has improved exam re-sit outcomes for GP trainees who have had their GP programme training time extended.

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HEE NW have developed a unique, personalised support programme which has enabled more IMG doctors to successfully pass their GP exams. Over two years, the third and fourth attempt pass rates for Clinical Skills Assessment (CSA) have almost doubled across the North West of England.

We trained a group of CSA Support on Extension educators (CSA SOX educators) these educators met with the trainee and their trainer, and analysed the trainees’ consulting behaviours. They used a purpose-built CSA toolkit, and performed a learning needs assessment; they then developed a written educational plan. The trainee and the trainer used the plan together to improve their consultation skills, expand their clinical knowledge, and hone examination technique before the trainee re-attempted the CSA.

What is the problem?

Over the last few years, in North West England, around 35 GP trainees each year failed the CSA and had to re-sit the examination. Many of these trainees also failed the Applied Knowledge Test (AKT) component of the exam. Two thirds of doctors who failed the CSA had graduated overseas.

These trainees experienced low self-confidence. They also experienced considerable time pressure because of the commitment necessary to study for multiple exams and maintain their clinical activities. The trainees often had to move training practices, and this caused disruption to home and work life.

The team used their experience as educators and examiners to establish that candidates failed the CSA exam for three main reasons; some trainees had gaps in their clinical knowledge, some had poor exam technique, and some needed to improve their consultation skills.
What is the solution?

- **Self-directed learning:** No single training package could provide support for all trainees. Instead, trainees are supported to identify their individual learning needs and develop bespoke plans for themselves.

- **Recruitment of a team of educators:** Existing HEE NW educators and examiners were recruited and trained to become the CSA SOX team. They provide support to trainees and their trainers.

- **CSA Tool and Toolkit.** A learning needs assessment CSA tool was developed to assess problem areas and a CSA toolkit to plan educational strategies which would facilitate improvement. The tool and toolkit touch on all areas tested by the CSA exam including clinical knowledge and interpersonal skills. The toolkit links to the corresponding areas. ([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))

- **Mock CSA examination:** CSA re-sit trainees were trained on how to use the tool and toolkit. They then underwent and videoed a mock CSA exam of three simulated patient stations. They completed a self-assessment questionnaire to identify weak areas of curriculum knowledge. In addition, they shared the methods of preparation they had previously used with their trainer and SOX educator.

- **Multi-faceted assessment:** SOX Educators independently assessed each trainee’s mock CSA videos using the tool and toolkit. They planned educational activities which addressed the individual’s problem areas. The educators also assessed the trainee’s curriculum gaps and progress to certification on the RCGP learning portfolio. This multifaceted assessment enabled them to produce a personalised support package.

- **Face-to-face meeting and educational plan:** The CSA SOX educator led a half-day session with trainees and trainers in their training practice. The focus of the tutorial was on the holistic learning needs assessment outlined above. The educators worked closely with both trainer and trainee, and facilitated the production of an agreed educational plan to address areas requiring improvement.

- **Ongoing support:** The trainer re-assessed the trainee’s progress regularly, and aimed to identify the point where a trainee is ready to re-sit the examination. This avoided premature attempts and repeated failure.

- **Support materials:** HEE NW provided the trainer and trainees with free access to an online library of support materials which included: clinical revision video modules, the CSA tool and toolkit, and practice CSA simulated patient scenarios. The latter was part of the HEE NW CSA Case Bank available to all training programmes.
What were the challenges?

HEE NW realised that success depended on the engagement of trainees and their trainer, which was challenging in a pressured environment. Protected time was offered to undertake the learning needs assessment and training in the use of the CSA tool and toolkit.

There were challenges providing formative feedback to doctors about individual learning needs. The experience of the CSA SOX Educators, who are trained by MRCGP examiners, helped establish the credibility needed to gain buy-in from candidates who were often hearing critical feedback for the very first time.

Trainers supervising re-sit trainees often found it challenging to attend educational sessions outside the practice. Taking the teaching to the practice environment was successful and the three-way analysis allowed greater consistency in educational planning and feedback.

What were the results?

In the last two years, the pilot programme has been delivered to around 80 trainees. A full evaluation will be available at the end of 2018.

In the first year, over 75% of IMG candidates passed at their third or fourth attempt, compared to a national pass rate below 45%\(^1\). In the second year, over 72% of IMG candidates passed at the third or fourth attempts, compared to a national pass rate of 44%\(^2\).

It is hoped that the SOX programme and educational resources will reduce the need for expensive additional training time, and will help trainees avoid or overcome the stress associated with exam fails. A 2018 pilot of an earlier SOX programme of support showed promising outcomes, and twelve doctors have already avoided additional training time. The initial cost of commissioning the writing of the tool and toolkit, training the educators and resourcing the triadic tutorials, has already been offset by the avoidance of additional training time costs.

Want to know more?

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