

The Independent Review of the Membership of the Royal College of General Practitioners (MRCGP) examination, by Professor Aneez Esmail: progress against recommendations

Recommendation	Progress made
<p>1 There should be continued monitoring of outcomes in the AKT and CSA examinations with all candidates being aware of the outcomes by different ethnic groups. There should be clear guidance on a framework for monitoring the outcome of high stakes examination so candidates are aware of the stakes and regulators are aware of significant deviations in patterns of success and failure.</p>	<ul style="list-style-type: none"> ■ All medical royal colleges (colleges) and faculties must send us their annual exam outcomes data. This project began last year, with the submission of data from a single academic year (2013–14). ■ We used these data to publish a set of interactive progression reports on our website. In March 2015, for the first time, we reported on outcomes by ethnicity, primary medical qualification, age and gender for all exams we approve – 113 different exams for 65 approved curricula. We will update these reports with the second-year’s-worth of college exam data in spring 2016. ■ This year, we will begin to explore the value of different training programmes – i.e measuring the progress of doctors against their selection scores at entry to training. This will help us look beyond deaneries and local education and training boards (LETBs) that are at the top of exam results because their training programmes have the most competitive entry. It will help us identify the deaneries and LETBs that are most able to support doctors in training with low entry scores to pass their exams. Success stories about effective support systems could be shared to improve support to other doctors in training.

	<ul style="list-style-type: none"> ■ We're also beginning a review of our standards for curricula and assessment systems, which will set out our expectations of how colleges should design, deliver and evaluate their curricula and assessment systems. The revised standards, which we aim to consult on in 2016, will clarify equality and diversity principles we expect colleges to meet. ■ The Royal College of General Practitioners (RCGP) continues to independently monitor the comparative outcomes of groups of candidates by age, gender, disability, ethnicity and primary medical qualification in both the Applied Knowledge Test (AKT) and the Clinical Skills Assessment (CSA). The RCGP publishes the results in its Membership of the Royal College of General Practitioners (MRCGP) Annual Report.
<p>2 IMGs should be made explicitly aware of the differential outcomes with clear advice on how to better prepare for the examination. The current GMC website has specific advice for IMG sitting for the PLAB examination and the RCGP should consider providing similar advice for IMG with clear advice on training for those who may not have had sufficient exposure to general practice during their undergraduate and postgraduate training. Candidates need to be made</p>	<ul style="list-style-type: none"> ■ In November 2015, we published research that we had commissioned into the link between selection test scores and exam outcomes. The research also took into account the relationship between these scores and Professional and Linguistic Assessment Board (PLAB)/ International English Language Testing System (IELTS) results. It shows that the scores of candidates who apply to enter General Practice (GP) training can be good indicators of the progress they will make in their training. ■ Building on evidence from this research, in our annual publication, The state of medical education and practice in the UK (2015), we call for open and honest discussion between doctors in training and their supervisors about development needs at the beginning of training. ■ The RCGP recognises the pivotal role educational supervisors and training programme directors play in preparing candidates for the CSA and AKT. It has developed resources to support the training community as well as individual doctors in training. ■ The RCGP and Committee of General Practice Education Directors (COGPED) have developed joint guidance on preparing candidates for the CSA. The guidance focuses on the early

aware of relationship between IELTS, PLAB scores and the outcome of the CSA examination so that they can focus on improving the areas that they are weak on.

identification and remediation of doctors in training who might struggle with the MRCGP, based on the identification of risk factors, including a low score at GP selection. This guidance is published on the RCGP website and the COGPED website and has been promoted by the British International Doctors' Association (BIDA Journal, January 2015).

- The RCGP has also invited GP trainers to observe the CSA to help them support doctors in training more effectively in their exam preparation.
- Comprehensive and specific advice on exam preparation is available for all candidates on the [RCGP website](#). Resources include:
 - podcasts on CSA and AKT preparation
 - a CSA eLearning course based on sociolinguistic research focusing on performance in the interpersonal skills domain
 - a CSA walkthrough video.
- The RCGP has spoken to a wide range of stakeholders about the suggestion that there should be explicit reference to the relationship between IELTS results, PLAB scores and the outcomes of the CSA examination, so international medical graduates (IMGs) can focus on improving the areas where they are weak. While the RCGP is keen to help doctors in training improve and have provided a wide range of resources for doctors in training and the training community to enable them to do so, they have decided that the risk of stereotype threat is sufficient to make such an explicit document unhelpful.

3 As part of the standard setting process for the CSA, the GMC should pay particular

- We've developed guidance for colleges and faculties, [Approving changes to curricula, examinations and assessments: equality and diversity requirements](#), to make sure the impact of planned curriculum and assessment changes on groups of doctors in training with protected

attention to the diversity of examiners for the MRCGP, the case mix of exam stations ensuring that they reflect the norms of general practice in a multi-cultural society, the training of standardised patients (including equality and diversity training) and the diversity of the standardised patients. The GMC should also develop clear guidelines on an acceptable format for formative feedback which will give all candidates clear advice on their areas of weakness and how these can be addressed.

characteristics has been considered.

- A college-wide review of equality and diversity led by RCGP chair Dr Maureen Baker delivered the following.
 - Monitoring all protected characteristics for all members including Associates in Training and examiners.
 - A review of the current committee membership in the college.
 - Public Sector Equality Duty training (either face to face or via a specifically designed e-module) for all those involved in decision making, including clinical leads and committee members.
 - A process for the equality analysis of decision making.
- The RCGP conducted an MRCGP equality impact assessment and review of all quality assurance processes following the judicial review. This included a review of the selection, appointment and training of examiners. The diversity of the examiner panel has increased. But to allow the RCGP to take further positive action, they have disbanded their current waiting list system. And in future, they will work with relevant stakeholders, such as British Association of Physicians of Indian Origin (BAPIO) and BIDA, to encourage applications from under-represented groups when vacancies arise.
- MRCGP examiners have specific equality and diversity training when they are appointed and further annual training at the examiners' conference. Training topics during the last two conferences have included: cultural sensitivity in training and assessment (with BAPIO), Public Sector Equality Duty training and assessing candidates with a disability.

	<ul style="list-style-type: none"> ■ The Academy of Medical Royal Colleges (AoMRC) has published requirements for all Colleges and Faculties in relation to examiners and assessors. ■ The CSA blueprint ensures that at least one case on each day of the exam (out of 13) focuses on a diversity issue. The vast majority of CSA cases are ethnically neutral and the pool of role players (standardised patients) used in the CSA is more ethnically diverse than the UK population. All new role players receive equality and diversity training. ■ Denney and Wakeford (1) analysed over 50,000 CSA consultations and did not identify any evidence of systematic bias on the part of role players towards any candidate subgroup on the basis of gender, ethnicity and place of primary medical qualification. CSA role players all have specific equality and diversity training on appointment. ■ Along with the RCGP, we worked with the AoMRC to develop <i>Guidance in Standards for Candidate Feedback: summative postgraduate medical examinations in the UK</i>. This guidance is now available on its website and colleges and faculties are expected to adopt it. ■ The AoMRC has also published cross-specialty guidance on standard setting in high stakes assessment.
<p>4 Consideration should be given to developing standards for deaneries/LETB (Local Education and Training Board) where there are a large proportion of IMG trainees. There needs to be a clear recognition that training programmes need to take</p>	<ul style="list-style-type: none"> ■ Our new standards for education and training Promoting excellence, focus much more clearly on giving doctors in training appropriate support to help them achieve their learning outcomes, according to their needs. ■ We don't think additional standards are needed at this point – the international medical graduate population is diverse; there are some common challenges for those who are new to the UK and for whom English is not their first language, but across individuals even these needs vary. The standards envisage that support should be tailored – they require trainers to be selected and trained according to the needs of their roles and for doctors in training to receive support to

account of the fact that doctors are entering training from different starting points and that some trainees may need to have more tailored support. This should include training for educational supervisors and trainers who need to be aware of the differential outcomes for certain groups of trainees and develop appropriate interventions.

meet the requirements of their training programme, according to their needs.

- But we recognise there is very little research on what interventions are effective in supporting IMGs and UK black and minority ethnic (BME) doctors. And we've focused on developing metrics (the training outcomes reports) to help us monitor outcomes and identify areas of good practice we can learn from and share with deaneries and LETBs.
- The joint RCGP and COGPED guidance on CSA preparation described above includes a focus on personalised learning plans and tailored support for struggling doctors in training, and on training for educational supervisors. The RCGP has surveyed heads of GP schools about the level of support given to struggling doctors in training in deaneries and LETBs and produced a report of the findings. This demonstrates that a wide range of support is in place, but that relatively little evaluation of this support has been carried out.

5 There should be better linkage of data from FY1 assessments and recruitment data from the NRO which can be fed into training programmes enabling GP trainers to have a better understanding of the strengths and weaknesses of the trainees that they will be supervising and hence develop individualised and appropriate interventions. A huge amount of data is

- There isn't a systematic transfer of information process between foundation training and core or run-through training. But GP selection scores are already shared with GP directors and heads of school and, at least in England, they are passed onto training programme directors in many areas. This means that GP-specific development needs identified during the selection process can inform personalised development plans.
- We're also aware that many IMGs enter the UK training programmes after foundation training. As such, it is equally important to make sure we can identify their development needs.

already collected by the different bodies responsible for training and recruitment and this should be used for enhancing training support and not just for monitoring. Together with the appropriate level of support from their trainers and educational supervisors in the deaneries/LETB, trainees would be better prepared to sit examinations and potentially have better outcomes.

6 Data from the summative assessment of doctors recruited into general practice and held by the NRO should be integrated with CSA outcome data so that we can better understand the relationship between attainment at this level and CSA outcome. This will reinforce the case for more targeted support for weaker

- As above – in November 2015, we [published research into links between selection test scores and exam outcomes](#), which takes account of relationships between these scores and PLAB/IELTs results.

<p>candidates that we appear to have identified.</p> <p>The advantage of this data set is that it can be used for both UK and non-UK graduates.</p>	
<p>7 There should be better linkage between ARCP data and Examinations data. It is important to understand exactly how many candidates leave training because of failure at the CSA examination, especially for those candidates who have used up all their attempts. Currently the data sets are not robust enough to assess this information.</p>	<ul style="list-style-type: none"> ■ We gather reasons for exit through our ARCP data collection (including single and repeated exam failure) and we've reported on these in our online training progress reports since 2014. ■ Since Professor Esmail's independent review, we've published reports on the outcomes of all specialty exams – the first of these reports was published in March 2015. We have collected a second year's worth of data and we plan to update the online reports in spring this year. We will be able to begin to link these data sets together in time.
<p>8 The deaneries/LETBs need to have clear information available as to the exact reason that trainees leave training programmes. The GMC should insist on this information being available as</p>	<ul style="list-style-type: none"> ■ We gather reasons for exit from training other than satisfactory completion through our ARCP data collection, and we report on ARCP outcomes by deanery or LETB and specialty. We haven't yet reported on ARCP outcomes by protected characteristics – because in 2015 we focused on exams. But in spring 2016, when we update the ARCP results, we will add this demographic analysis to these reports. ■ ARCP outcomes and exam results alone will not give us a rich picture from the perspective of

part of their regulatory functions. Exit interviews with clearly recorded outcomes may be the best way of collecting this information. It is important because failure to complete a training programme represents a significant loss both to the individual, the profession and the country.

doctors in training. But by publishing benchmarked reports, we're empowering doctors in training, supervisors and colleges to identify areas of concern and take steps together to address them.

9 The GMC should commission more research on understanding why women consistently outperform men and on IMG who pass the different MRCGP examinations. What are the traits, learning styles and examination techniques that make these candidates succeed? It is better to focus on reasons for success rather than understanding failure because this may suggest ways in which apparent barriers to success may be

- We agree that focusing on success is important and we commend the British Medical Association's (BMA) [recent publication](#) on the contribution of IMGs.
- In September 2015, we commissioned qualitative research from University College London (UCL), which has been designed to give us greater insight into barriers and enablers for different groups (including gender, age and ethnicity) and strategies different doctors in training use to overcome barriers and succeed.
- UCL's research will cover London, Kent, Surrey, Sussex, Wales, and Yorkshire and the Humber. The researchers will speak to trainers and doctors in training – they've had hundreds of expressions of interest to participate so far.
- A number of GP schools have looked at factors that predict success in the MRCGP examinations and some of this work has been published. For example, Shaw, B et al (2) found that being female and graduating from a European university were predictive of success, but e-portfolio activity was not.

overcome.

- The RCGP has investigated differential performance on the basis of gender in both CSA and AKT components of the MRCGP, and published the results. Pope, L et al(3) found that differential performance in the CSA is most marked in women's health and sexual health. This may reflect differences in the curriculum experienced by male and female doctors in training in practice, which has implications for training programmes.

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1. Denney, M. and Wakeford, R., 2015. Do role-players affect the outcome of a high-stakes postgraduate OSCE, in terms of candidate sex or ethnicity? Results from an analysis of the 52,702 anonymised case scores from one year of the MRCGP clinical skills assessment. *Educ Prim Care*, pp.1-5.
 2. Shaw, B et al (2014). 'An investigation of factors affecting the outcome of the clinical skills assessment (CSA) in general practice specialty training'. *Educ Prim Care.*, 25(2), pp91-5.
 3. Pope, L et al (2014) 'Performance in the MRCGP CSA by candidates' gender: differences according to curriculum area'. *Education for Primary Care*, 25(4), pp186–193.