

Chief Examiner's Introduction to the 2011-12 Annual Reports

Introduction

I am pleased to introduce the Annual Reports on the MRCGP assessment components for the year 2011-2012. As in previous years, these include a comprehensive statistical report on the AKT and CSA, but in addition and for the first time, a briefer review of the workplace-based assessment component is included.

Development and Quality Assurance

The introduction of a new administrative system for the CSA in 2013 provides opportunities for the improvements to the way the examination is planned and delivered. The principal driver for this development has been the initiative for paper-free delivery of live examinations at the College's new building at 30 Euston Square: both candidates and examiners will use iPads – the former for accessing patient lists and notes, the latter to present marking schedules and permit 'e-marking'. In the new system, the iPads will be connected to the College's computer system *via* wifi, speeding up the data entry and analysis process.

Changes already implemented include improved online booking and scheduling processes for candidates and examiners, and largely automated case palette selection and generation. Together, these developments should result in a more streamlined and integrated approach for planning, organising and delivering the CSA.

Fairness

In order to ensure that our exams are fair to all candidates as well as being valid and reliable, we undertake a considerable amount of data analysis and research. The GMC as the regulator for the MRCGP requires us to report annually on the quality of our assessment system as well as the pass rates for the different modules. However this year, as in past years, to provide additional transparency to candidates and their deaneries, we report in much more detail than the minimum that the GMC demands.

Like most postgraduate medical exams, there are variations in their performance of various candidate sub-groups in both the AKT and the CSA. (There may well be parallel differences within workplace-based assessments, but these are the responsibility of the training deaneries.) Exploring and trying to understand the reasons for this has been a priority for the RCGP for the last few years. Having taken the lead on a Cross-Specialty Review of postgraduate examination data, we are pleased that the GMC have decided to require all colleges to report the results in a similar way to our previous years' reports and anticipate that this will provide a rich and useful data set for investigating this issue across all specialties in the future.

Over the last year we have moved forward in exploring these issues further. A longstanding research project undertaken in partnership with Kings College, London into sociolinguistic aspects of performance in the CSA is due to report in Spring 2013: early results indicate that there will be considerable amount of material that can be used to develop a tool kit for helping trainees prepare for this module.

Dissemination

The AKT team has published a paper on gender differences in performance on items in the AKT, and the CSA team has published a paper on using simulated patients experiences to improve candidate performance.

Siriwardena AN, Irish, B, Asghar ZB, Dixon H, Milne P, Neden C, Richardson J, Blow C (2012). Comparing performance among men and women candidates in sex-specific clinical knowledge in the MRCGP. *British Journal of General Practice* 62 (599): e446-e450(5)

Russell D, Etherington C, Hawthorne K (*in press*). How can simulated patients' experiences suggest ways to improve candidate performance in the MRCGP clinical assessments? *Education for Primary Care*.

The RCGP has also had significance presence at assessment conferences such as the Ottawa Conference on Assessment (at Kuala Lumpur, Malaysia) and that of the Association for Medical Education in Europe (AMEE) during 2012: papers and posters have been presented which demonstrate the breadth of work done on development and quality assurance by our psychometric advisors and the teams responsible for running the AKT, CSA and WBPA. A particular highlight was the seminar run at the AMEE conference, where the RCGP President, Iona Heath, chaired a "Moral Maze" type debate entitled: "Can licensing professional assessments of clinical competence be made fair and fit for all qualified takers, regardless of their backgrounds?"

I hope that the reports will be found both interesting and useful.

Sue Rendel
Chief Examiner
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