

Introduction

This Report relates to the formal MRCGP assessments conducted in the academical year 2016-17. It presents the statistics that summarise the outcomes of all the diets of the MRCGP examinations during that period – the Applied Knowledge Test (AKT) and the Clinical Skills Assessment (CSA) – three diets of the AKT and seven of the CSA.

The Report first presents an updated summary of both of these assessment modalities and their standard-setting procedures, to orient new readers. Full background information on the MRCGP, the AKT and the CSA (also the largely formative Workplace-Based Assessment component) may be found on the College's website.

There then follows a set of tables, first for the AKT and then for the CSA. These provide information on the candidature and the attempts at the test, for each of them:

- Candidate Demographics: Place of Primary Medical Qualification, Training Deanery, UK Medical School
- Main Results: Overall and by Exam Diet, Year of Training and Attempt; Candidates with Disabilities (candidates on all attempts)
- Results by Individual Demographics incl. UK Medical School and Country of Primary Medical Qualification (candidates on first attempt)
- Overview of Results by LETB/Training Deanery

And in addition:

- AKT mean sub-component scores, by candidate year of training; correlations between these
- CSA feedback statements for all candidates: aggregate summaries by place of PMQ

Further data are then provided on AKT/CSA correlations and test quality.

The report is descriptive and non-discursive. Data are presented without psychometric comment other than that which follows and at the end of the report, reviewing test accuracy and reliability. Candidates self-report their demographic variables. The 'attempt' is from the College's records.

The content of the Report has been developed following comments from members of the College's Assessment and Curriculum Development Committee, including the Deanery/LETB representatives.

Please Note:

a) Probably associated with changes in the mechanisms for soliciting the data from candidates, **there are large numbers of candidates for whom there are no data available on sex and ethnicity, especially regarding the AKT.** Where potential inferences from the tables might be more than usually misleading, this is highlighted.

b) **Confounding of variables:** as in previous years, there are many significant performance differences between sub-groups. But variables may well be confounded with others, to potential confusion of the unwary.

c) As increasing use is made by both overseas and UK candidates of **medical schools in countries other than those of domicile**, 'country of primary medical qualification' should not be equated with 'country of origin/secondary education'. This applies particularly to medical qualifications from certain Caribbean and central- and eastern-European countries. Data from the GMC's PLAB office show that British nationals can be the third commonest group (by nationality) to sit the PLAB assessments.

Acknowledgements:

I thank the two Clinical Assessment Leads (Carol Blow, AKT & Nicki Williams CSA) for their support in preparing this report. I am also grateful to the Chief Examiner, MeiLing Denney, for her instructions and advice.

Richard Wakeford
November 2017

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1: Summary of the Assessments and their Standard-Setting Procedures

The MRCGP and its Function

The MRCGP comprises three sets of assessment procedures whose combined summative function is to assure the Deaneries/LETBs, the College and the GMC of the competence of exiting trainee General Practitioners (GPs) across a broad and carefully-defined three-year (occasionally, four) full-time training curriculum. Satisfactory completion of the three assessment components of the MRCGP renders a trainee (GP Specialist Registrar) eligible to apply both for a Certificate of Completion of Training (CCT) from the GMC (and thus to proceed with her or his career) and for Membership of the Royal College (which will *inter alia* support the doctor's continuing professional development and probable re-validation).

The MRCGP's three assessment components are the following, each of which must be completed to an agreed standard:

- a. **Applied Knowledge Test** (*multi-choice computer-presented 'paper', available in test centres throughout the UK*)
- b. **Clinical Skills Assessment** (*an integrated test of clinical and consulting skills, the RCGP assessment centre, Euston*)
- c. **Workplace-based Assessments** (*delivered throughout the three-year training programme by Clinical Supervisors, Educational Supervisors and others*)

The curriculum, the training and the assessments are based on medical practice in the UK National Health Service. Entry to the assessments is only available to doctors undergoing GP training within the UK state health care system or within six months thereafter (though GP 'returners' may take the AKT). Accordingly, no candidates based in other countries take these assessments, as happens in certain other Royal Colleges' examinations. This has implications for the level of the assessments' quality statistics (reliability and accuracy). The College has other arrangements to support GPs practising in other countries and who seek affiliation or Membership through the quite separate 'MRCGP [International]' assessment route, see the College website.

Note that the workplace-based assessments, being essentially formative, with candidate performance and development on them being reviewed towards a determination of progression annually by the Deaneries and not the College, are not covered by this report. Please also note that the report, for convenience of comprehension, reports on the 'Stages' of training as 'Years': for most trainees, the two are operationally synonymous, but for part-time trainees or those provided with additional training, of course, the 'Stages' will be longer.

The Applied Knowledge Test

The multi-choice **Applied Knowledge Test** is a 3-hr 10-minute 200-item computer-delivered and marked assessment which is available to trainees in the ST2, ST3 and additional 4th years. Offered three times a year, the AKT is delivered by computer in professional testing centres around the UK run by Pearson VUE.

The test's 200 items are in four formats: single best answer (including images and graphics), extended matching questions, completion of tables/algorithms, and a small number of free text answers. A test specification is used to ensure adequate sampling across the curriculum. 80% of the items are on clinical medicine, and research/evidence-based practice and legal/ethical/administration issues are each represented by 10% of the questions. Irrespective of the question format, candidates are awarded one mark for each item answered correctly. Marks are deducted neither for incorrect answers nor for failure to answer.

The standard for the AKT is set using a modification of the Angoff procedure, where a group of 'judges' periodically estimates the performance of a notional 'just good enough to pass' candidate on each test item. The standard takes account of the 'guessing factor' always present in multi-choice tests. In order to ensure that standards are set at appropriate and realistic levels, a patient representative, newly-qualified GPs, and representatives of bodies with a stake in the outcome of the examination (including the training community) are invited to act either as judges or observers, as appropriate, in the standard-setting process. This standard is maintained between 'Angoffs' by the use of test equating, using sets of items with known performance characteristics.

A 'just passing score' is accordingly determined for the test as a whole, and a statistical review may – rarely – cause the removal of one or two poorly-performing test items on any diet. The measurement error of the resultant test is then calculated, and a passing standard ('pass-mark') set, taking account of this measurement error, as is usual in high stakes testing. The accuracy of the AKT is regularly estimated by calculating Cronbach's *alpha* (reliability), together with the measurement error. Candidates are then provided with their results, and their scores on the test as a whole and on its three sub-sections.

It should be noted that, as the pass-mark varies slightly between diets because of small changes in the overall difficulty of the paper, raw or percentage scores need to be adjusted to a common pass-mark (here, zero) to permit comparability. This adjusted mark is called the Scaled Mark.

The Clinical Skills Assessment

The **Clinical Skills Assessment** is an OSCE-style assessment using simulated patients or role players that may not be taken before the normal final year of training (Year 3 = ST3). The CSA comprises 13 cases or 'stations' and is delivered in a purpose-built assessment centre in the College's headquarters building in Euston. Up to (and normally) three circuits run simultaneously.

A case is depicted by a role player, and candidate performance assessed by an examiner who accompanies the role player for the day. Each case lasts 10 minutes (plus two minutes marking/changeover time). Candidates have their own 'consulting room', and the role players move around the circuits' consulting rooms like patients, accompanied by their examiner.

Cases, written by dedicated writers who are practising GPs, present typical clinical scenarios that a UK GP will encounter. Cases are written to represent the diversity of the whole UK population. Each case is mapped on to the curriculum with intended learning outcomes, and a blueprint is used to guide case selection—a complex procedure as the cases necessarily change each day for reasons of security and fairness, yet each day's 'palette' must meet the blueprint's specifications and be equivalently challenging.

The standard-setting method used is the borderline group method, as recommended to the College by the Regulator (the General Medical Council). Each case is graded on three domains: Data Gathering, Technical and Assessment Skills; Clinical Management Skills; and Interpersonal Skills. Each domain is graded as: Clear Fail – Fail – Pass – Clear Pass. For standard-setting purposes only, the examiners also provide a grade to indicate their judgement on that case – in particular if they felt that overall the candidate's performance was borderline.

The domain grades awarded on a case are given a numerical equivalent (zero to three, respectively) and combined to provide a case score: these are summated over the 13 cases to give a final score (which will be between zero and 117). The "cut score" – the half-way point between pass and fail – is established by the normal borderline group method. The final pass score is an adjustment of that score to take account of measurement error, as in the AKT, with the level being confirmed by an adjudicating group which includes recently-qualified GPs, lay representatives, and key stakeholders from the training community.

The overall standard of the assessment is set by ensuring both that the cases are at an appropriate level of difficulty and challenge and that the examiners are adjudging passing performance on any case at the same, agreed level – appropriate for independent and safe practice as a GP in the NHS. A variety of critical support mechanisms are in place: calibration exercises at the beginning of each day of the CSA; initial and on-going quality assurance and training of examiners; and an annual two-day examiners training conference to calibrate the whole panel regularly and maintain process validity.


The reliability of the CSA is estimated by calculating Cronbach's alpha using the numerical scores and accuracy calculated by the Standard Error of Measurement (SEm). Because of daily case and examiner differences, these statistics require to be estimated separately each day, thus on a maximum of 78 candidates. And because of varying candidate numbers and daily variations in the range of candidate ability, the statistics vary, too.

Throughout this report, CSA outcomes used include the result (pass/fail) and scores adjusted to a common pass mark (zero), again referred to as the scaled mark.

2: General Notes on the Tables and Statistics

General Notes: Conventions in the Charts and Tables

Tables are accompanied where possible by charts, to assist those who prefer visual summaries of data.

With data protection issues in mind, tables containing personal data have generally been adjusted so as to report results only on 5+ individuals. Where such considerations apply, the symbol  is entered in the table and charts are greyed-out. This also explains the occasional missing entry in error bar charts: the bar would relate to $N < 5$.

The colour convention adopted for the charts is as follows:

BARS etc representing **passing** candidates: **BLUE**

BARS etc representing **failing** candidates: **RED**

Charts which do not distinguish between passing and failing candidates: **GREY**

Charts unrelated to candidate performance: **GREEN**

A **DOTTED RED LINE** on a histogram denotes the passing standard

A **DOTTED GREEN LINE** on a histogram denotes the mean score for the group whose performance is represented

Certain histograms show contrasting distributions of candidates where numbers in a single group are small. To permit visibility of these small groups, the Y-axes of the histograms have been presented in a log, as opposed to a linear, scale. The relevant charts have a small label to alert the reader, as shown here.

NB Log Scale !

Certain tables contain data customarily also supplied to the GMC, and these are separated out into UK, EEA (plus Switzerland: i.e. those countries whose nationals presently have the right to work in the UK), and 'rest of the world' graduates (RoW). Elsewhere, the two last groups (EEA and RoW) are conflated into a single group – International Medical Graduates or 'IMGs'; this is due to a similarity in performance between the EEA and RoW groups, small numbers in the former, and increasing practical overlap of the two groups with British and non-EEA students taking EEA qualifications.

Note regarding the Interpretation of the AKT statistics

Some candidates appear twice (383) or three times (31) within this annual database on the AKT, because of retakes. Except in the Summary of Demographic Information, the statistics "for all candidates" aggregate all 3428 candidates' 3842 attempts in this period. However, where the tables present comparisons between candidates on the basis of demographic variables (gender, ethnicity, the origin of candidates' primary medical qualifications, training deanery), they mostly do so on the basis of 'first attempts' only: otherwise re-sitters will bias the results. The groups upon which each table is based are made clear in its heading.

Note regarding the Interpretation of the CSA statistics

Two databases were constructed for the annual examination period: one is candidate-based, including all information about a candidate-attempt at the examination, and is designed to provide generic reporting functionality towards requirements such as this report; the other is candidate-consultation based, and intended to provide QA and developmental information regarding the cases and the examiners: it has been used here to provide the information on 'feedback statements' in the final table of the report and summaries of overall case performance. Some candidates appear twice (444) or three times (49) within this database on the CSA, because of retakes. Except in the demographic Information, the statistics "for all candidates" aggregate all 3068 candidates' 3561 attempts in this period.

Data Inconsistencies: Caution

Minor data inconsistencies result from a variety of causes, inevitably in an undertaking of this complexity that combines 'examination' data with background information from a number of databases. For example:

- Most of the candidates' personal background data is self-reported on registration for assessments. It is thus subject to entry error and omissions
- For the same reason, also due to changes in College practice in soliciting the information, certain data can be missing: most notably, 668 AKT candidate-attempts have no ethnicity data and 529 AKT candidate-attempts have no data on candidate sex; and 124 CSA candidate-attempts have no record for candidate ethnicity
- Candidates' circumstances change – for example, they may move from one training region to another, within the year, or between part-time and full-time training

3: AKT Statistics

A: Summary of Candidate Demographics

3428 candidates made a total of 3842 attempts at the AKT during 2016-17. The tables below show the origin of the 3428 candidates, by UK medical school or non-UK country of primary medical qualification—and the percentage from each out of the total of that part of the candidature.

Overleaf, the background demographic characteristics of the 3428 are shown, by training LETB/Deanery. Subsequent tables report on attempts.

1. Source of Candidates' Primary Medical Qualification

All Graduates		
Group	N	%
EEA Graduates	142	4.1
Graduates from Rest of World	590	17.2
UK Graduates	2696	78.7
Total	3428	100.0

EEA Graduates		
Country of PMQ	N	%
Czech Republic	38	26.8
Hungary	5	3.5
Ireland	24	16.9
Malta	5	3.5
Poland	22	15.5
Romania	19	13.4
Slovakia	5	3.5
<i>Other EEA Countries (< 5 each)</i>	24	16.8
Total	142	100.0

Graduates from the Rest of the World		
Country of PMQ	N	%
Pakistan	153	25.9
Nigeria	119	20.2
India	96	16.3
Bangladesh	27	4.6
Iraq	26	4.4
Sudan	19	3.2
Nepal	17	2.9
Ukraine	15	2.5
Egypt	13	2.2
Russia	10	1.7
South Africa	10	1.7
China	9	1.5
Iran	8	1.4
Grenada	6	1.0
Philippines	6	1.0
Ghana	5	0.8
Sri Lanka	5	0.8
<i>Other Countries (< 5 each)</i>	46	8.1
Total	590	100.0

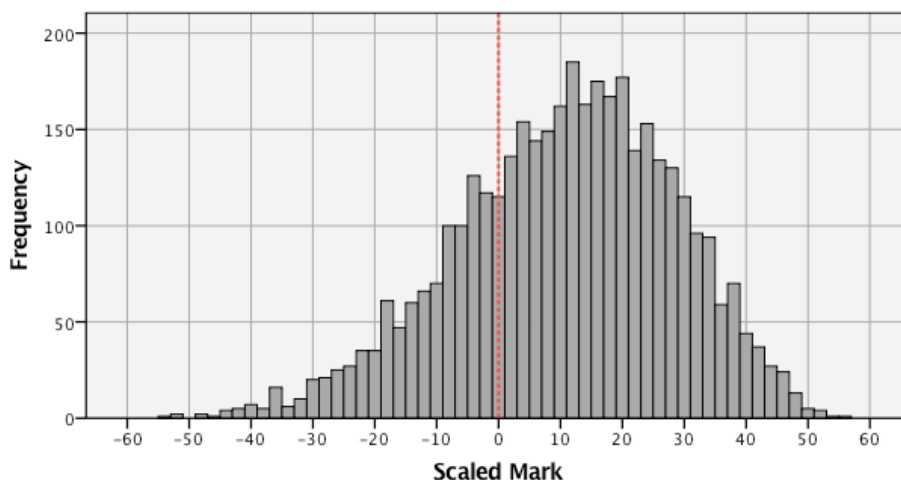
Graduates of UK Medical Schools		
Medical School	N	%
Aberdeen	81	3.0
Belfast	57	2.1
Birmingham	148	5.5
Brighton and Sussex	46	1.7
Bristol	64	2.4
Cambridge	36	1.3
Dundee	59	2.2
Edinburgh	68	2.5
Glasgow	88	3.3
Hull York	68	2.5
Keele	45	1.7
Leeds	98	3.6
Leicester	101	3.7
Liverpool	135	5.0
London - Barts & the London	170	6.3
London - Imperial College	101	3.7
London - King's College	175	6.5
London - St George's	105	3.9
London - UCL	99	3.7
Manchester	157	5.8
Newcastle	122	4.5
Norwich / UEA	64	2.4
Nottingham	101	3.7
Oxford	30	1.1
Peninsula	78	2.9
Sheffield	83	3.1
Southampton	96	3.6
Wales (inc Cardiff & Swansea)	157	5.8
Warwick	64	2.4
Total	2696	100.0

2. AKT Candidates' Place of PMQ, by Training LETB / Deanery

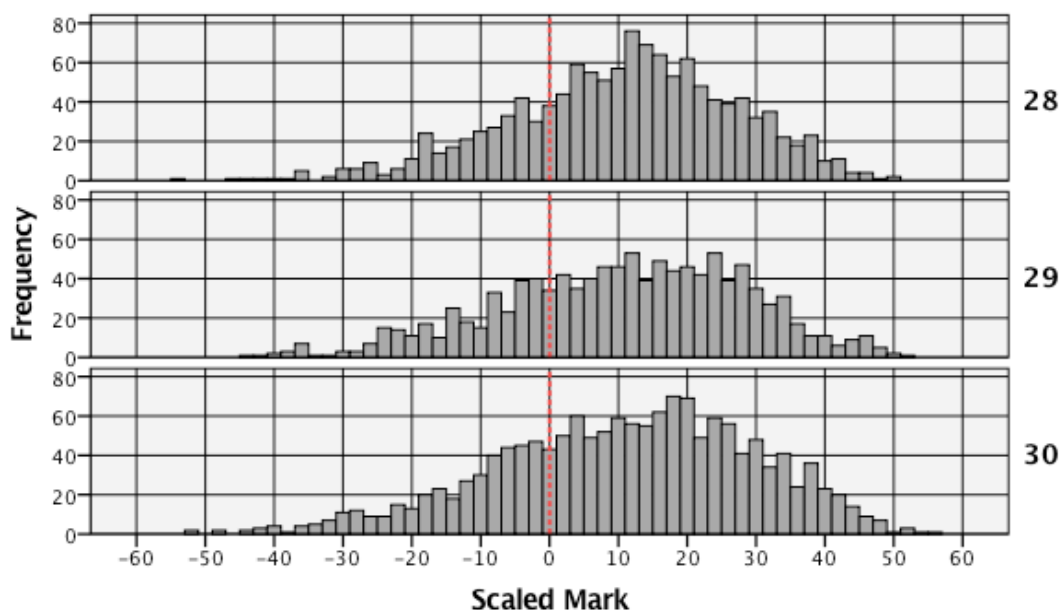
Deanery / LETB	Source of PMQ			Total
	EEA	RoW	UK	
Armed Forces (Defence)	0	0	28	28
	0.0%	0.0%	100.0%	100.0%
East Midlands	9	54	142	205
	4.4%	26.3%	69.3%	100.0%
East of England	29	90	212	331
	8.8%	27.2%	64.0%	100.0%
East Scotland	✱	✱	23	28
	✱	✱	82.1%	100.0%
Kent, Surrey, Sussex	19	56	177	252
	7.5%	22.2%	70.2%	100.0%
London	✱	7	427	438
	✱	1.6%	97.5%	100.0%
North Scotland	✱	✱	52	56
	✱	✱	92.9%	100.0%
North Western	17	96	314	427
	4.0%	22.5%	73.5%	100.0%
Northern	12	35	92	139
	8.6%	25.2%	66.2%	100.0%
Northern Ireland	✱	✱	55	56
	✱	✱	98.2%	100.0%
Oxford	✱	5	117	126
	✱	4.0%	92.9%	100.0%
Severn	✱	✱	142	150
	✱	✱	94.7%	100.0%
South East Scotland	✱	✱	63	65
	✱	✱	96.9%	100.0%
South West Peninsula	✱	5	99	108
	✱	4.6%	91.7%	100.0%
Wales	✱	10	106	120
	✱	8.3%	88.3%	100.0%
Wessex	✱	20	118	141
	✱	14.2%	83.7%	100.0%
West Midlands	18	128	208	354
	5.1%	36.2%	58.8%	100.0%
West Scotland	✱	24	128	155
	✱	15.5%	82.6%	100.0%
Yorkshire & Humber	7	49	193	249
	2.8%	19.7%	77.5%	100.0%
Total	142	590	2696	3428
	4.1%	17.2%	78.6%	100.0%

B: Main Results: Overall, & by Exam Diet, Stage & Attempt (All Candidates)

1. AKT Result & Scores (scaled; pass mark = 0), overall and by exam diet (all candidates)



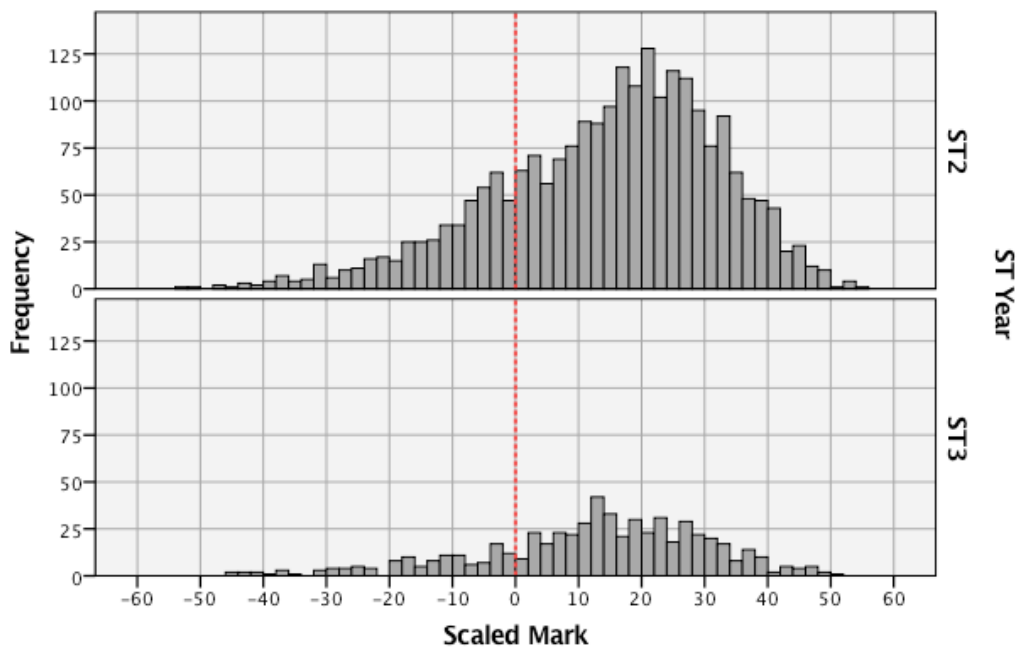
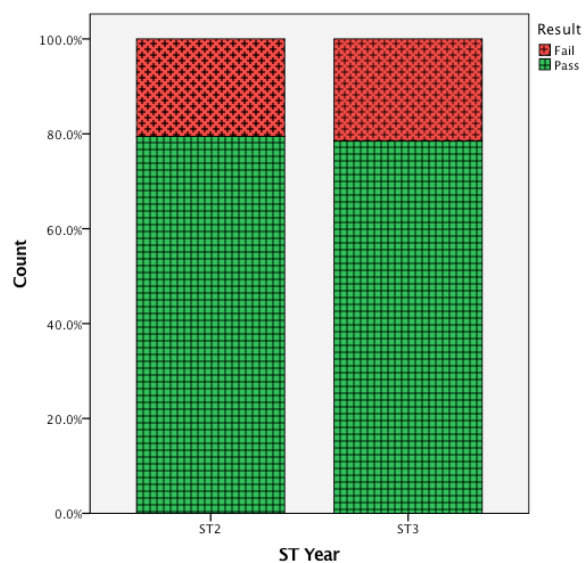
AKT	Result		Total N	Scaled Mark			
	Fail	Pass		Min.	Max.	Mean	SD
28 - 30 (Whole year)	1028 26.8%	2814 73.2%	3842	-54	55	10.2	17.8



AKT Diet	Result		Total N	Scaled Mark			
	Fail	Pass		Min.	Max.	Mean	SD
AKT 28 October 2016	308 24.7%	939 75.3%	1247	-54	50	10.0	16.4
AKT 29 January 2017	305 27.5%	805 72.5%	1110	-44	52	10.1	17.8
AKT 30 April 2017	415 27.9%	1070 72.1%	1485	-53	55	10.4	18.8

2. AKT Result and scores, by Stage (Year) of Training (candidates on first attempt)

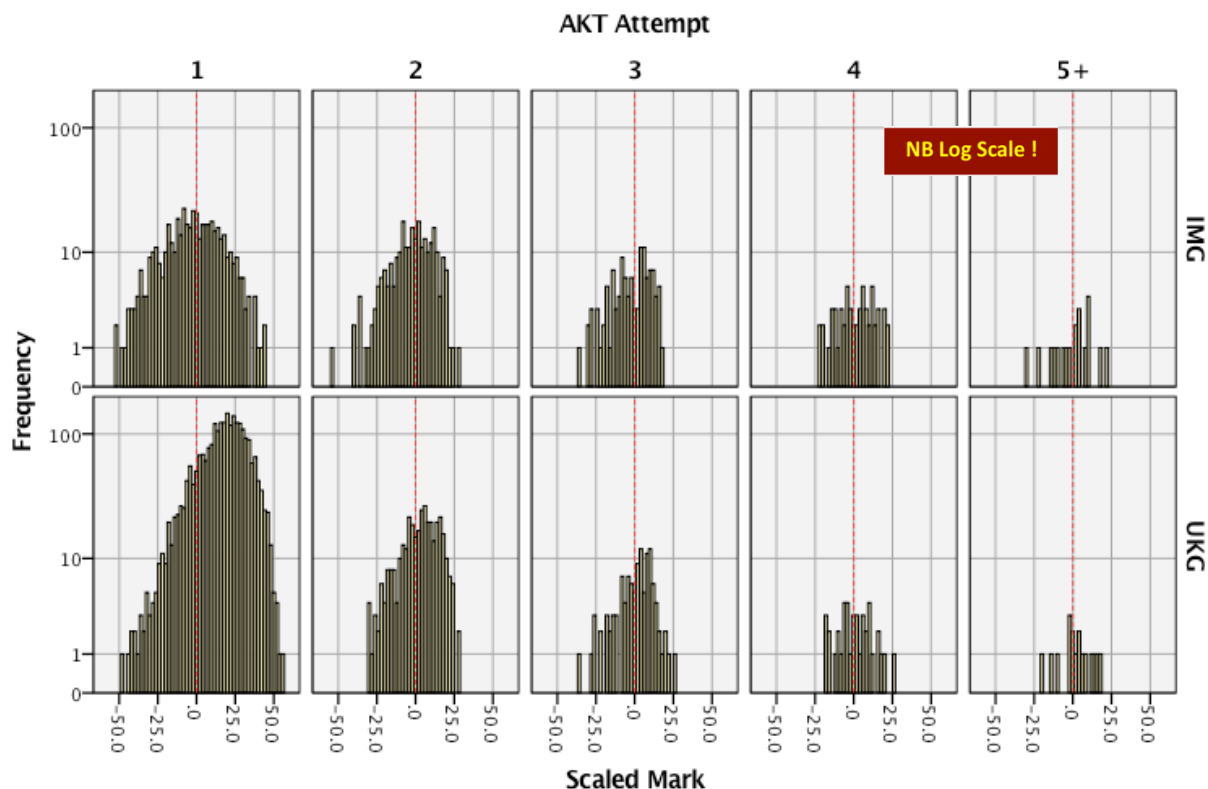
Training Year	Result		Total N	Scaled Mark			
	Fail	Pass		Min.	Max.	Mean	SD
ST 2	472	1827	2299	-53	55	14.0	17.9
	20.5%	79.5%					
ST 3	126	459	585	-46	50	11.9	18.0
	21.5%	78.5%					



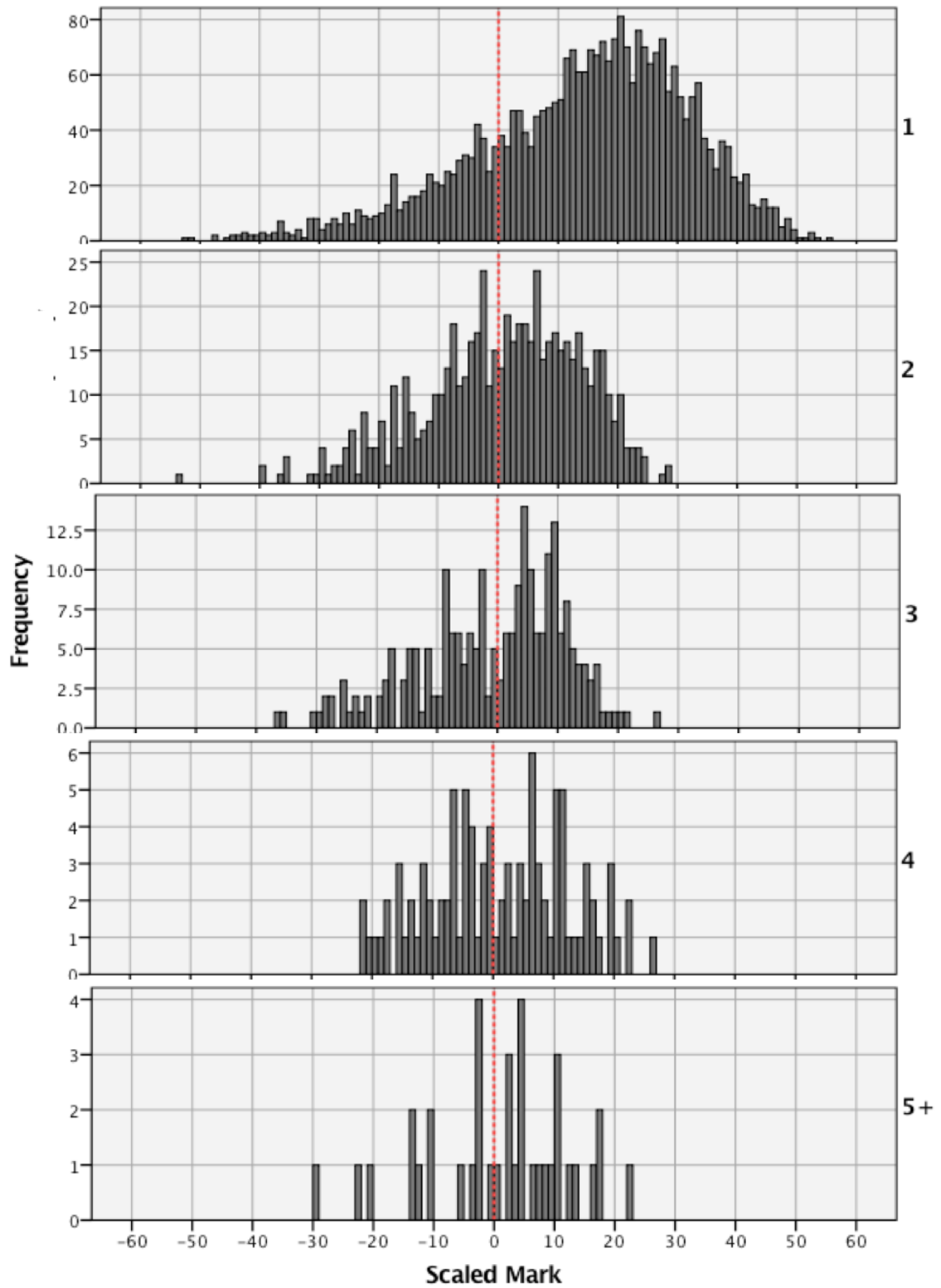
3. Result and scores, by attempt at the AKT: all graduates, and separated by source of primary medical qualification, UK/non-UK (all candidates)

Attempt	UKG			IMG			All Candidates		
	Fail	Pass	Total N	Fail	Pass	Total N	Fail	Pass	Total N
	N/%	N/%		N/%	N/%		N/%		
1	343	2065	2408	255	221	476	598	2286	2884
	14.2%	85.8%	100.0%	53.6%	46.4%	100.0%	20.7%	79.3%	100.0%
2	132	210	342	132	122	254	264	332	596
	38.6%	61.4%	100.0%	52.0%	48.0%	100.0%	44.3%	55.7%	100.0%
3	45	68	113	59	56	115	104	124	228
	39.8%	60.2%	100.0%	51.3%	48.7%	100.0%	45.6%	54.4%	100.0%
4	20	20	40	27	30	57	47	50	97
	50.0%	50.0%	100.0%	47.4%	52.6%	100.0%	48.5%	51.5%	100.0%
5+	7	10	17	8	12	20	15	22	37
	41.2%	58.8%	100.0%	40.0%	60.0%	100.0%	40.5%	59.5%	100.0%
All	547	2373	2920	481	441	922	1028	2814	3842
	18.7%	81.3%	100.0%	52.2%	47.8%	100.0%	26.8%	73.2%	100.0%

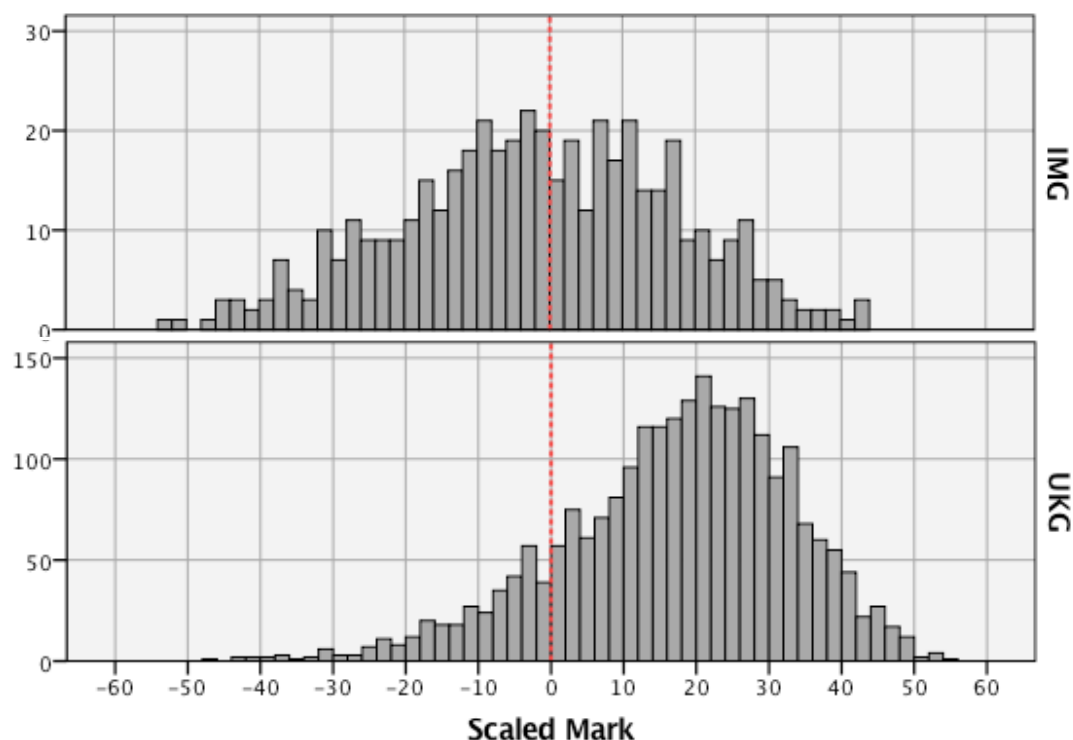
Attempt	UK or Non-UK Graduate	N	Min.	Max.	Mean	SD
1	IMG	476	-53	43	-2.32	18.91
	UKG	2408	-48	55	16.71	15.93
2	IMG	254	-54	27	-2.54	13.83
	UKG	342	-31	28	2.38	12.38
3	IMG	115	-37	18	-2.76	12.53
	UKG	113	-36	26	0.38	11.47
4	IMG	57	-22	22	0.93	11.91
	UKG	40	-19	26	0.15	11.15
5+	IMG	20	-30	22	-0.15	13.06
	UKG	17	-21	17	1.47	10.39



Score on AKT by attempt – vertically scaled to show contrast



4. Score on AKT on first attempt (linear Y scale) by source of PMQ, UK and non-UK Graduates compared – vertically scaled to show contrast



5. Candidates with Disabilities: prevalence by attempt and source of PMQ; outcomes

UK Equality Legislation supports examination candidates with disabilities in requesting 'reasonable accommodations' in regard to their disabilities, without affecting the standard of the examination. The tables below record the prevalence of such candidates in attempts at the AKT in 2016-17, together with the results of the assessments. Specific Learning Difficulty (SLD) is the disability most frequently reported. Disabilities other than SLD have been merged for reasons of small numbers and personal confidentiality, the commonest ones being 'other disability', physical disability, hearing impairment, and multiple disabilities. Note, importantly, that SLD may not be diagnosed until a second or later attempt at the assessment.

There were 290 disabled candidate-attempts at the AKT (see first, blue, table below), representing 7.5% of attempts. (Last year it was 5.6%.) The second, green table shows the outcomes for these candidates. The overall number of successful attempts by candidates with disabilities was 167, or 58%.

Candidates with Disabilities: Numbers Sitting						
Disability	AKT Attempt					Total
	1	2	3	4	5+	
Specific learning difficulty	110	39	39	27	18	233
Other (or multiple) Disabilities	35	8	8	⊕	⊕	57
All Disabilities	145	47	47	27	18	290
No Disabilities	2739	549	181	67	16	3552
All Candidates	2884	596	228	97	37	3842

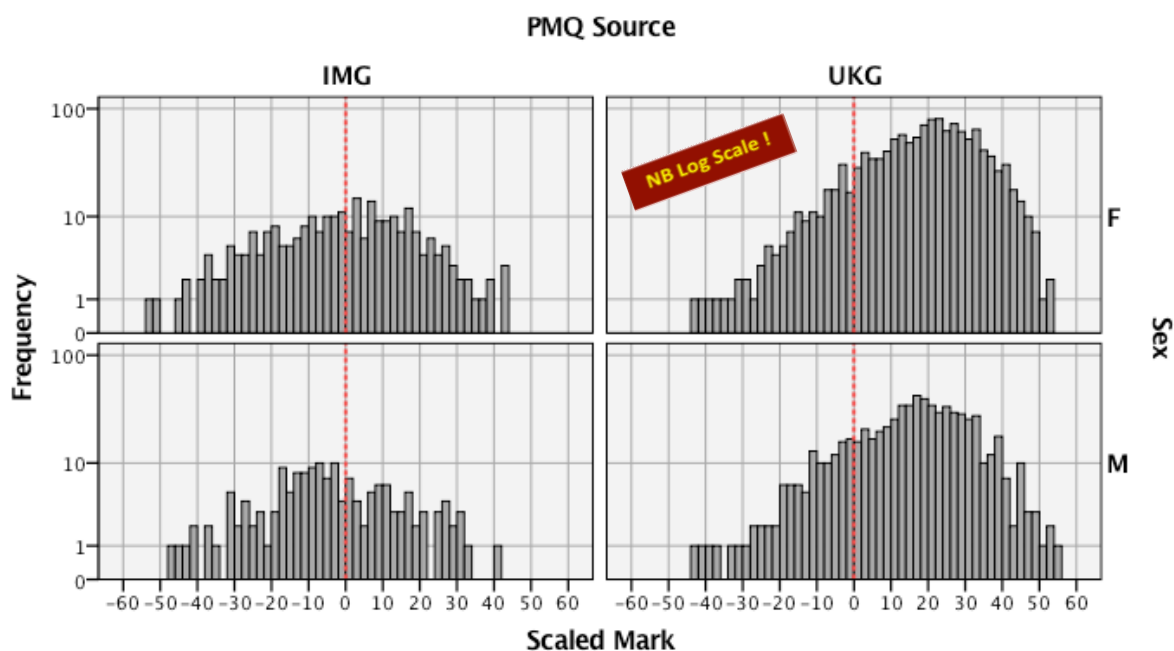
Candidates with Disabilities: Pass Rates (%)						
Disability	AKT Attempt					Total
	1	2	3	4	5+	
Specific learning difficulty	77.3%	35.9%	41.0%	40.7%	55.6%	58.4%
Other (or multiple) Disabilities	54.3%	37.5%	50.0%	⊕	⊕	54.4%
All Disabilities	71.7%	36.2%	42.6%	46.7%	57.1%	57.6%
No Disabilities	79.7%	57.4%	57.5%	53.7%	62.5%	74.5%
All Candidates	79.3%	55.7%	54.4%	51.5%	59.5%	73.2%

C: Results by Individual Demographics (Candidates on first attempt, only)

1. AKT Result and scores by candidate sex, and within source of PMQ (1st attempt)

Note that information on candidate sex was not available for 17.6% of this group: extreme caution should be observed when interpreting the data on this page

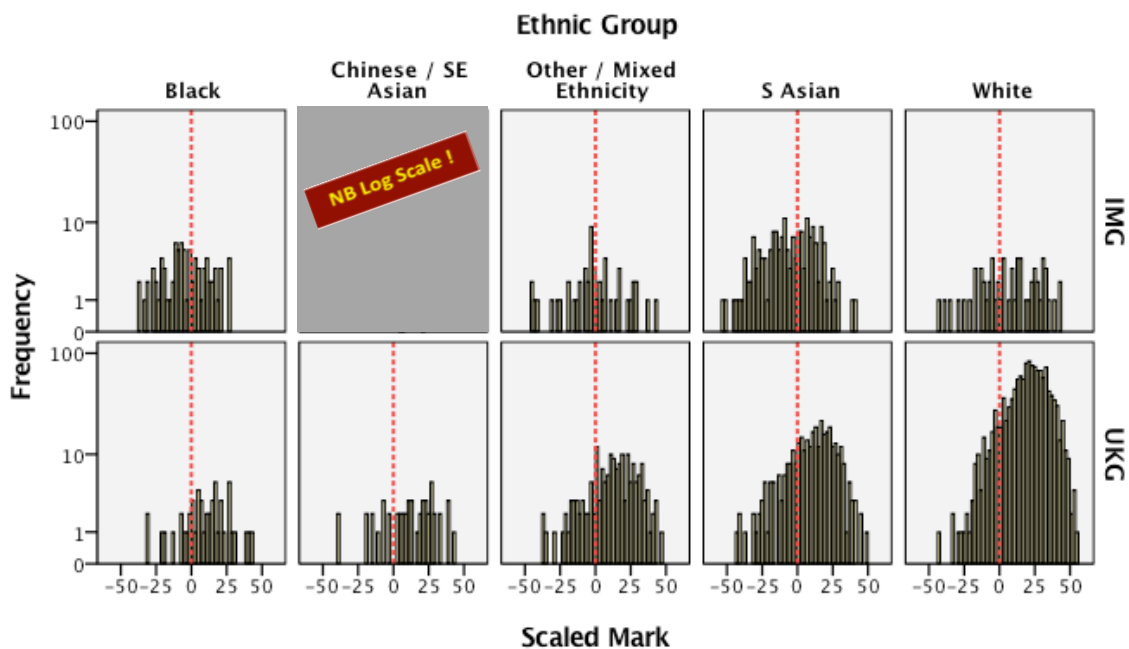
Result by Candidate Sex and Source of PMQ (Information re. sex unavailable on 507 candidates on first attempt)							
Source of PMQ	Sex	Pass Rate	N Cands.	Scaled Mark			
				Min.	Max.	Mean	SD
IMG	Female	50.6%	255	-53	43	-1.36	19.29
	Male	38.0%	158	-48	40	-4.47	18.03
	Total	43.8%	413	-53	43	-2.55	18.85
UKG	Female	87.6%	1292	-44	53	17.94	15.63
	Male	82.7%	672	-43	55	15.12	16.29
	Total	85.9%	1964	-44	55	16.98	15.91
Total	Female	81.5%	1547	-53	53	14.76	17.79
	Male	74.2%	830	-48	55	11.39	18.32
	Total	79.0%	2377	-53	55	13.58	18.04



2. AKT Result by classified candidate ethnicity, and separated by source of primary medical qualification; scaled mark by ethnicity (1st attempt)

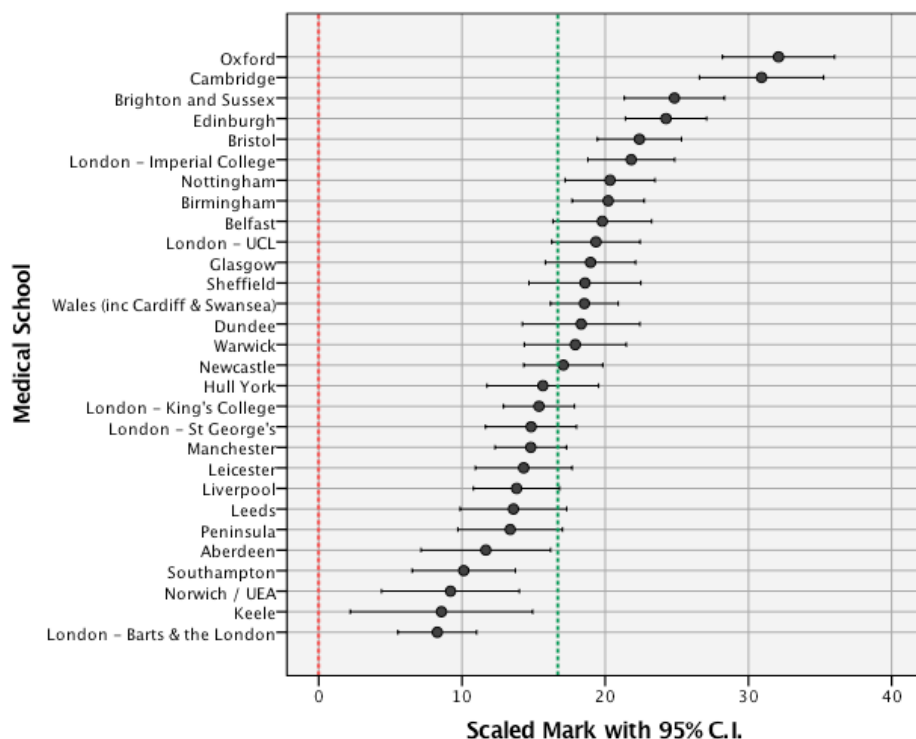
Note that information on candidate ethnicity was not available for 21.3% of this group: extreme caution should be observed when interpreting the data on this page

Result by Candidate Ethnicity and Source of PMQ (Information re. ethnicity unavailable on 614 candidates on first attempt)							
Source of PMQ	Ethnic Group	Pass Rate	N Cands.	Scaled Mark			
				Min.	Max.	Mean	SD
IMG	Black	41.2%	85	-37	27	-3.73	16.06
	Chinese / SE Asian	★	★	★	★	★	★
	Other / Mixed Ethnicity	39.3%	56	-46	42	-2.43	19.61
	S Asian	44.3%	183	-53	40	-5.38	18.65
	All BME	43.1%	327	-53	42	-4.30	18.15
	White	61.9%	63	-44	43	6.54	20.89
UKG	Black	76.6%	47	-32	42	9.96	16.97
	Chinese / SE Asian	76.0%	50	-40	43	11.28	19.04
	Other / Mixed Ethnicity	82.3%	164	-37	47	12.97	16.92
	S Asian	76.9%	333	-43	48	10.21	16.68
	All BME	78.3%	594	-43	48	11.04	16.98
	White	89.7%	1286	-44	55	19.77	14.77
All	Black	53.8%	132	-37	42	1.14	17.60
	Chinese / SE Asian	77.4%	53	-40	43	11.23	18.57
	Other / Mixed Ethnicity	71.4%	220	-46	47	9.05	18.83
	S Asian	65.3%	516	-53	48	4.68	18.92
	All BME	65.8%	921	-53	48	5.59	18.88
	White	88.4%	1349	-44	55	19.15	15.36



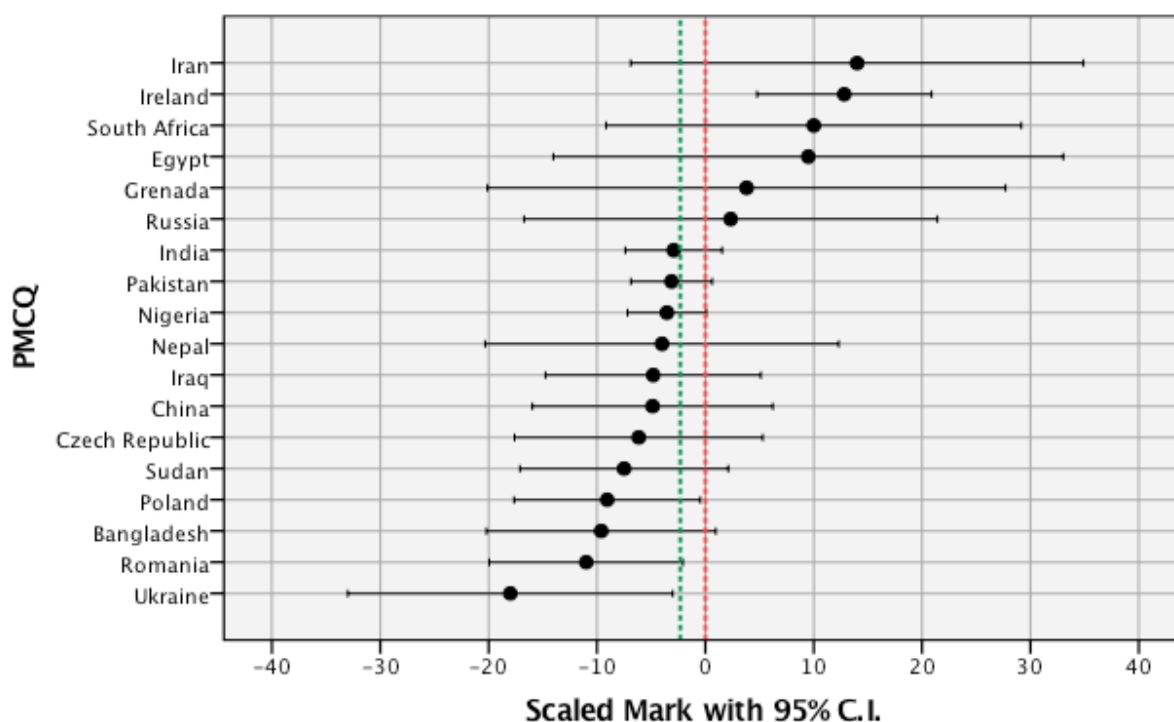
3. AKT Result and Scores by PMQ (medical school; country) on 1st attempt

UK Graduates



Performance by UK Medical School							
Medical School	N Cands	Scaled Mark				Result	
		Min	Max	Mean	SD	Fail	Pass
Aberdeen	75	-48	44	11.67	19.65	24.0%	76.0%
Belfast	54	-10	51	19.80	12.62	3.7%	96.3%
Birmingham	128	-23	48	20.21	14.43	10.2%	89.8%
Brighton and Sussex	42	-7	46	24.83	11.22	4.8%	95.2%
Bristol	62	-5	52	22.39	11.59	4.8%	95.2%
Cambridge	35	-5	50	30.91	12.62	2.9%	97.1%
Dundee	53	-19	49	18.32	14.90	13.2%	86.8%
Edinburgh	65	-13	45	24.25	11.45	1.5%	98.5%
Glasgow	74	-33	47	18.97	13.59	9.5%	90.5%
Hull York	63	-37	45	15.65	15.46	12.7%	87.3%
Keele	37	-32	40	8.57	19.11	27.0%	73.0%
Leeds	81	-24	45	13.59	16.83	23.5%	76.5%
Leicester	90	-37	48	14.31	16.14	15.6%	84.4%
Liverpool	114	-42	49	13.82	16.24	20.2%	79.8%
London - Barts & the London	147	-41	48	8.28	16.89	28.6%	71.4%
London - Imperial College	93	-21	46	21.82	14.72	7.5%	92.5%
London - King's College	156	-40	46	15.38	15.67	14.7%	85.3%
London - St George's	87	-27	47	14.83	14.91	14.9%	85.1%
London - UCL	93	-29	52	19.35	14.97	6.5%	93.5%
Manchester	134	-25	46	14.81	14.60	14.2%	85.8%
Newcastle	113	-24	43	17.07	14.84	15.0%	85.0%
Norwich / UEA	55	-43	45	9.20	17.80	25.5%	74.5%
Nottingham	94	-18	46	20.34	15.36	10.6%	89.4%
Oxford	30	9	49	32.10	10.48	-	100.0%
Peninsula	68	-29	45	13.37	15.10	20.6%	79.4%
Sheffield	75	-31	55	18.59	16.96	16.0%	84.0%
Southampton	82	-24	53	10.12	16.41	23.2%	76.8%
Wales (inc Cardiff & Swansea)	151	-25	48	18.54	14.71	9.9%	90.1%
Warwick	57	-14	52	17.91	13.45	7.0%	93.0%

Non-UK Graduates – Countries with 5+ Candidates, on First Attempt

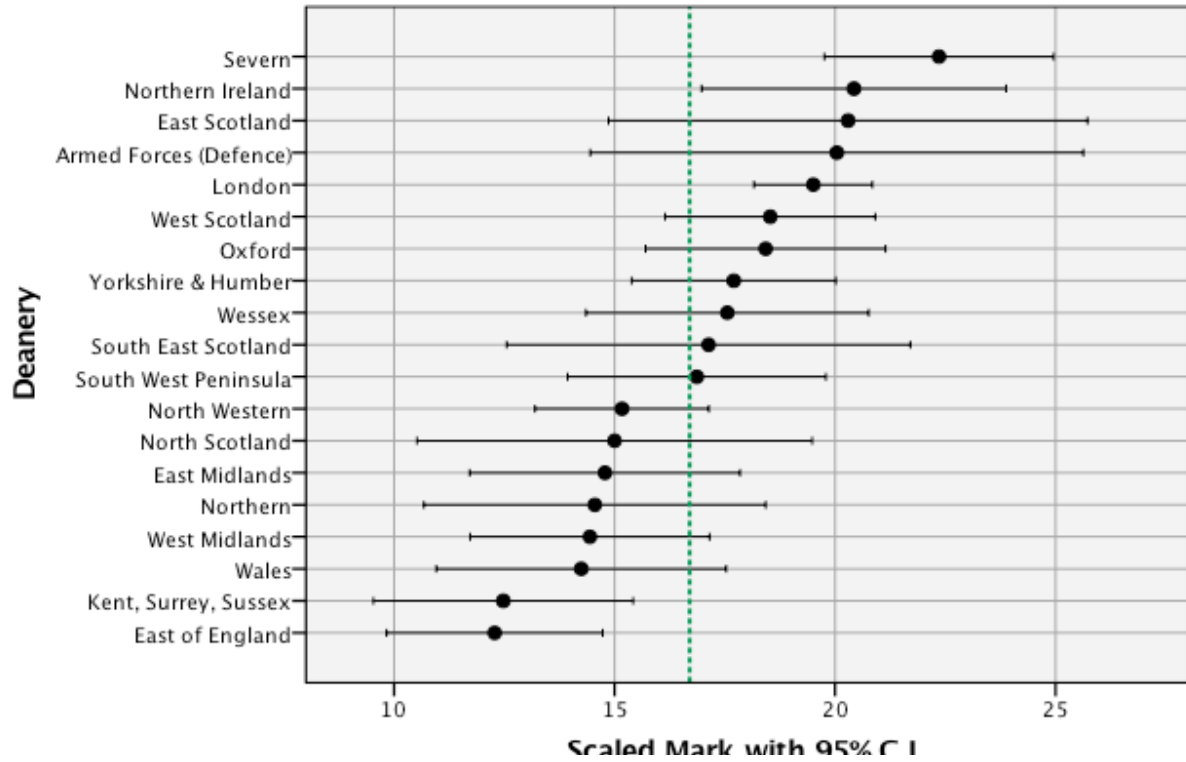


Performance by non-UK Country of PMQ							
PMQ Country	N Cands	Scaled Mark				Result	
		Min	Max	Mean	SD	Fail	Pass
Bangladesh	13	-52	11	-9.62	17.53	61.5%	38.5%
China	8	-29	7	-4.88	13.27	37.5%	62.5%
Czech Republic	20	-48	33	-6.15	24.50	55.0%	45.0%
Egypt	6	-19	29	9.50	22.43	33.3%	66.7%
Grenada	5	-27	24	3.80	19.25	20.0%	80.0%
India	65	-53	38	-2.92	18.05	50.8%	49.2%
Iran	5	-3	37	14.00	16.82	40.0%	60.0%
Iraq	16	-43	31	-4.81	18.65	62.5%	37.5%
Ireland	22	-27	38	12.82	18.15	31.8%	68.2%
Nepal	10	-45	26	-4.00	22.82	60.0%	40.0%
Nigeria	75	-37	27	-3.55	15.78	58.7%	41.3%
Pakistan	101	-41	40	-3.13	19.01	52.5%	47.5%
Poland	15	-38	27	-9.07	15.52	80.0%	20.0%
Romania	12	-31	22	-11.00	14.07	83.3%	16.7%
Russia	6	-18	30	2.33	18.17	33.3%	66.7%
South Africa	8	-37	31	10.00	22.92	25.0%	75.0%
Sudan	12	-24	15	-7.50	15.15	66.7%	33.3%
Ukraine	9	-44	14	-18.00	19.51	77.8%	22.2%

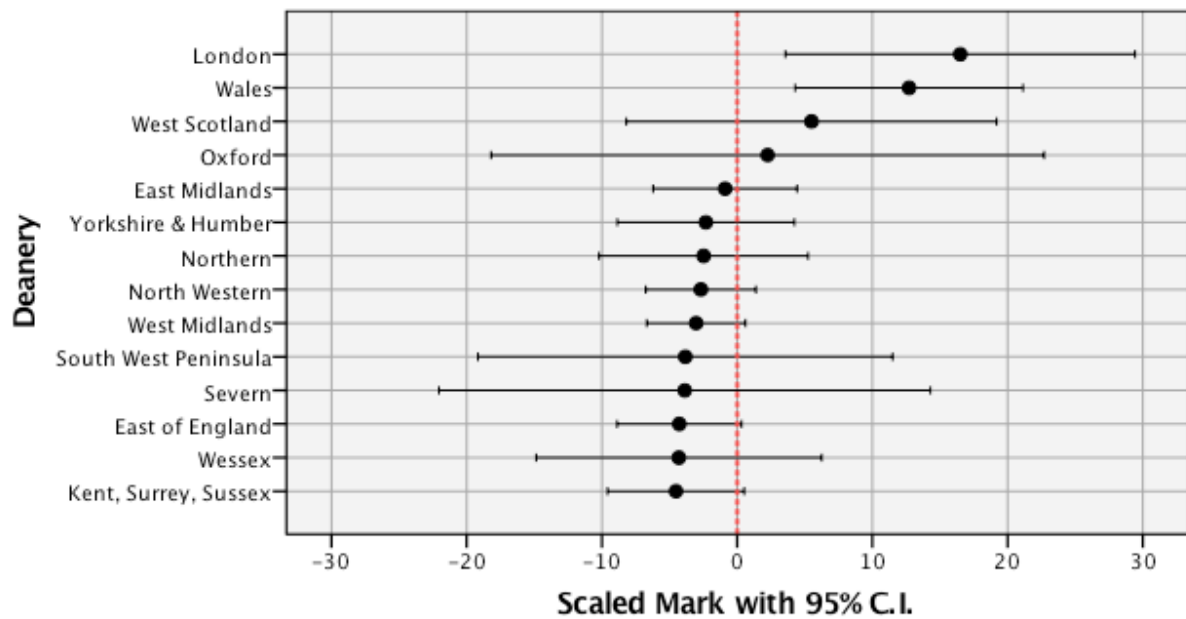
D: Results by Training Deanery

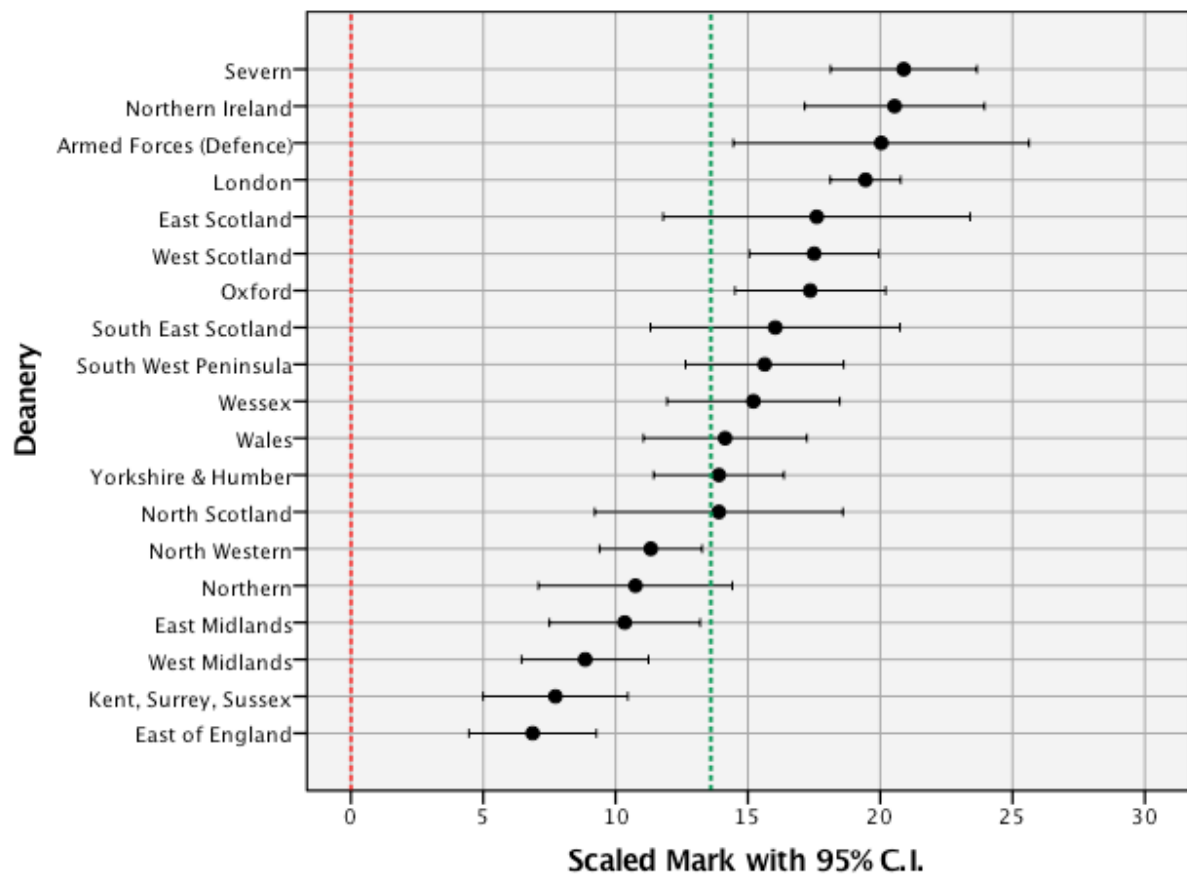
1. Error bar graphs of mean Candidate Scores by Deanery, by source of PMQ

UK Graduates, First Attempt



Non-UK Graduates, First Attempt

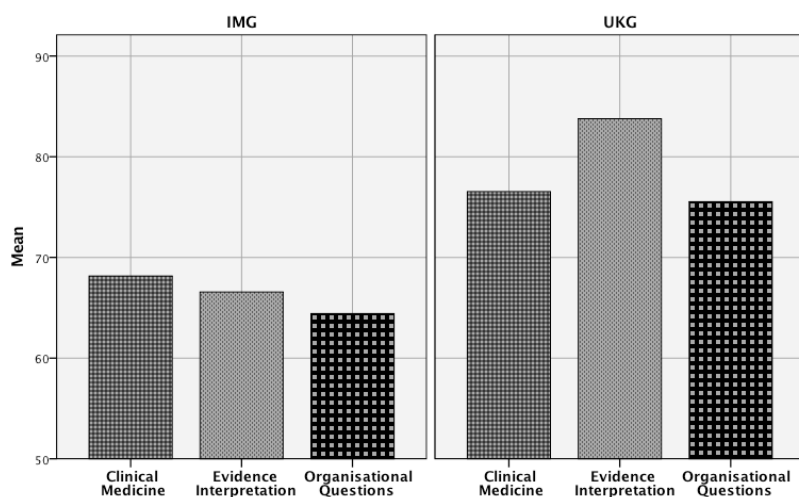




E: Analyses of AKT sub-Scores

1. Overall pattern of scores, UK graduates and IMGs compared on first attempt; descriptive statistics of the three scores, place of PMQ and training year compared

Candidate Group	Question Group	N Cands.	Descriptive Statistics			
			Min.	Max.	Mean	SD
IMG	Clinical Medicine	476	41.88	91.88	68.16	10.12
	Evidence Interpretation	476	20.00	100.00	66.58	16.52
	Organisational Questions	476	31.58	100.00	64.42	11.99
UKG	Clinical_Medicine	2408	43.13	96.88	76.54	8.52
	Evidence_ Interpretation	2408	30.00	100.00	83.78	11.86
	Organisational_ Questions	2408	30.00	100.00	75.53	11.17
ST 2	Clinical_Medicine	2299	41.88	96.88	75.28	9.35
	Evidence_ Interpretation	2299	20.00	100.00	82.02	13.84
	Organisational_ Questions	2299	31.58	100.00	74.03	11.97
ST 3	Clinical_Medicine	585	44.38	94.38	74.63	9.30
	Evidence_ Interpretation	585	25.00	100.00	76.69	15.07
	Organisational_ Questions	585	30.00	100.00	72.41	12.19



2. Correlations between AKT section scores and total score: all candidates

Inter-Section Correlations -- All Candidates				
	Clinical Medicine	Evidence Interpretation	Organisational Questions	Total Score
Clinical Medicine (80% of items)	1.000	0.457	0.489	0.977
Evidence Interpretation (10% of items)		1.000	0.461	0.608
Organisational Questions (10% of items)			1.000	0.617
Total Score				1.000

N = 3842 All correlations significant at the 0.001 level (1-tailed)

4: CSA Statistics

A: Summary of Candidate Demographics

3068 candidates made a total of 3561 attempts at the CSA during 2016-17. The tables below show the origin of the 3068 candidates, by UK medical school or non-UK country of primary medical qualification—and the percentage from each out of the total of that part of the candidature. On the following page, the background demographic characteristics of the 3068 are shown, by training Deanery. Other tables report on the 3561 attempts.

1. Source of Primary Medical Qualification

All Graduates: UK, EEA or Rest of the World		
Group	N	%
EEA Graduates	109	3.6
Graduates from Rest of World	484	15.8
UK Graduates	2475	80.7
Total	3068	100.0

EEA Graduates		
Country of PMQ	N	%
Czech Republic	31	28.4
Hungary	5	4.6
Ireland	18	16.5
Poland	21	19.3
Romania	10	9.2
Other Countries (< 5 each)	24	21.9
Total	109	100.0

Graduates from the Rest of the World		
Country of PMQ	N	%
Bangladesh	21	4.3
Egypt	10	2.1
India	89	18.4
Iran	7	1.4
Iraq	19	3.9
Nepal	15	3.1
Nigeria	103	21.3
Pakistan	126	26.0
Philippines	5	1.0
Russia	9	1.9
South Africa	8	1.7
Sri Lanka	8	1.7
Sudan	10	2.1
Ukraine	10	2.1
Other Countries (< 5 each)	44	8.8
Total	484	100.0

Graduates of UK Medical Schools		
Medical School	N	%
Aberdeen	66	2.7
Belfast	49	2.0
Birmingham	171	6.9
Brighton and Sussex	35	1.4
Bristol	91	3.7
Cambridge	33	1.3
Dundee	50	2.0
Edinburgh	68	2.7
Glasgow	73	2.9
Hull York	62	2.5
Keele	21	0.8
Leeds	84	3.4
Leicester	83	3.4
Liverpool	123	5.0
London - Barts & the London	121	4.9
London - Imperial College	99	4.0
London - King's College	138	5.6
London - St George's	100	4.0
London - University College	90	3.6
Manchester	175	7.1
Newcastle	122	4.9
Norwich / UEA	53	2.1
Nottingham	102	4.1
Oxford	27	1.1
Peninsula	61	2.5
Sheffield	92	3.7
Southampton	101	4.1
Wales (inc Cardiff & Swansea)	106	4.3
Warwick	79	3.2
Total	2475	100.0

2. CSA Candidates' Place of PMQ, by Training Deanery/LETB

Deanery / LETB	Source of PMQ: UK, EEA, Rest of World			Total
	EEA	RoW	UK	
Armed Forces (Defence)	0	0	16	16
	0	0	100.0%	100.0%
East Midlands	6	50	113	169
	3.6%	29.6%	66.9%	100.0%
East of England	22	54	193	269
	8.2%	20.1%	71.7%	100.0%
East Scotland	✱	✱	24	27
	✱	✱	88.9%	100.0%
Kent, Surrey, Sussex	10	33	191	234
	4.3%	14.1%	81.6%	100.0%
London	✱	9	381	392
	✱	2.3%	97.2%	100.0%
North Scotland	✱	8	38	49
	✱	16.3%	77.6%	100.0%
North Western	14	85	270	369
	3.8%	23.0%	73.2%	100.0%
Northern	9	45	90	144
	6.3%	31.3%	62.5%	100.0%
Northern Ireland	✱	✱	54	56
	✱	✱	96.4%	100.0%
Oxford	5	8	86	99
	5.1%	8.1%	86.9%	100.0%
Severn	✱	✱	140	144
	✱	✱	97.2%	100.0%
South East Scotland	✱	✱	59	60
	✱	✱	98.3%	100.0%
South West Peninsula	6	8	77	91
	6.6%	8.8%	84.6%	100.0%
Wales	✱	13	97	114
	✱	0.114	85.1%	100.0%
Wessex	✱	9	111	123
	✱	0.073	90.2%	100.0%
West Midlands	11	100	229	340
	3.2%	29.4%	67.4%	100.0%
West Scotland	✱	24	103	129
	✱	0.186	79.8%	100.0%
Yorkshire & Humber	7	33	203	243
	2.9%	13.6%	83.5%	100.0%
Total	109	484	2475	3068
	3.6%	15.8%	80.7%	100.0%

B: Main Results: Overall, and by Exam Diet and Attempt (All Candidates)

1. CSA Result and scores, overall and by Diet (all candidates/attempts)

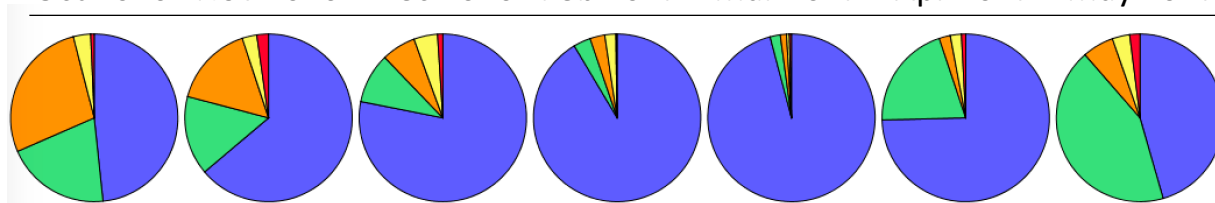
Candidates

Candidate Attempt	Exam Diet: N & % of all candidates on diet							All Diets
	Oct 2016	Nov 2016	Dec 2016	Feb 2017	Mar 2017	Apr 2017	May 2017	
1	72	113	307	768	1028	276	255	2819
	48.3%	63.8%	78.1%	91.4%	95.9%	74.6%	45.5%	79.2%
2	30	27	38	28	21	75	241	460
	20.1%	15.3%	9.7%	3.3%	2.0%	20.3%	43.0%	12.9%
3	41	28	26	24	13	8	34	174
	27.5%	15.8%	6.6%	2.9%	1.2%	2.2%	6.1%	4.9%
4	5	5	18	18	6	8	19	79
	3.4%	2.8%	4.6%	2.1%	0.6%	2.2%	3.4%	2.2%
5+	1	4	4	2	4	3	11	29
	0.7%	2.3%	1.0%	0.2%	0.4%	0.8%	2.0%	0.8%
All Attempts	149	177	393	840	1072	370	560	3561
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Attempt

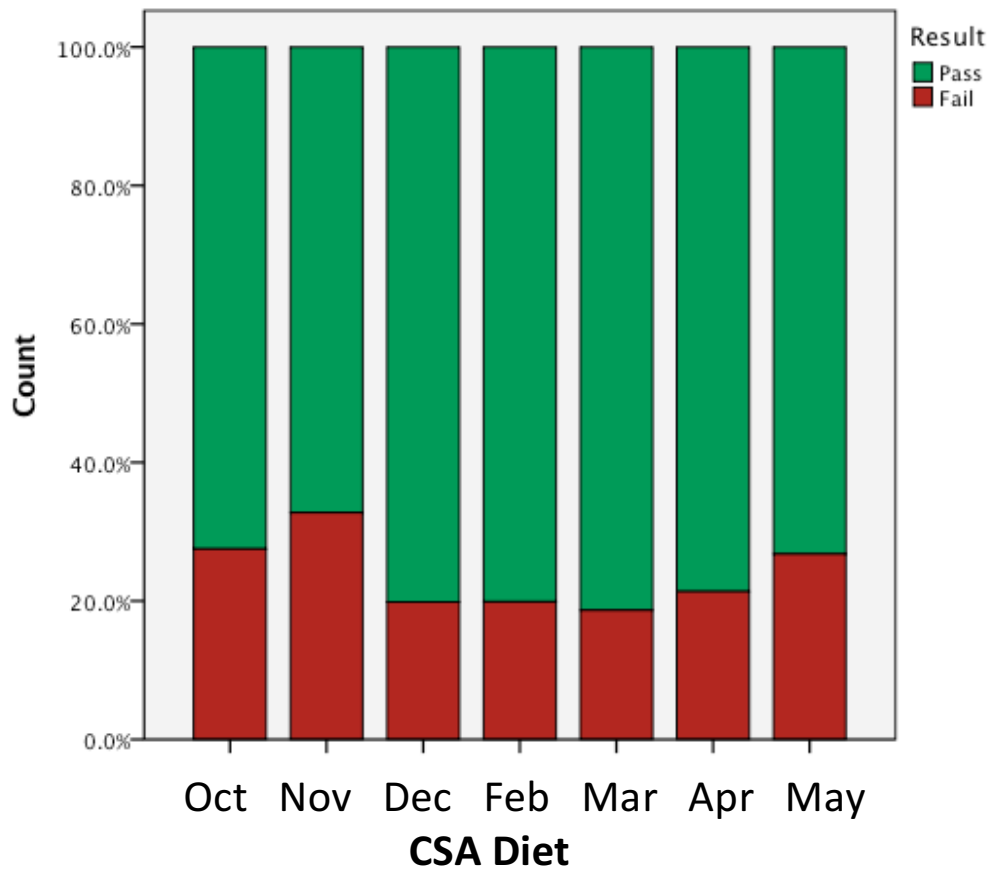


Oct 2016 Nov 2016 Dec 2016 Feb 2017 Mar 2017 Apr 2017 May 2017

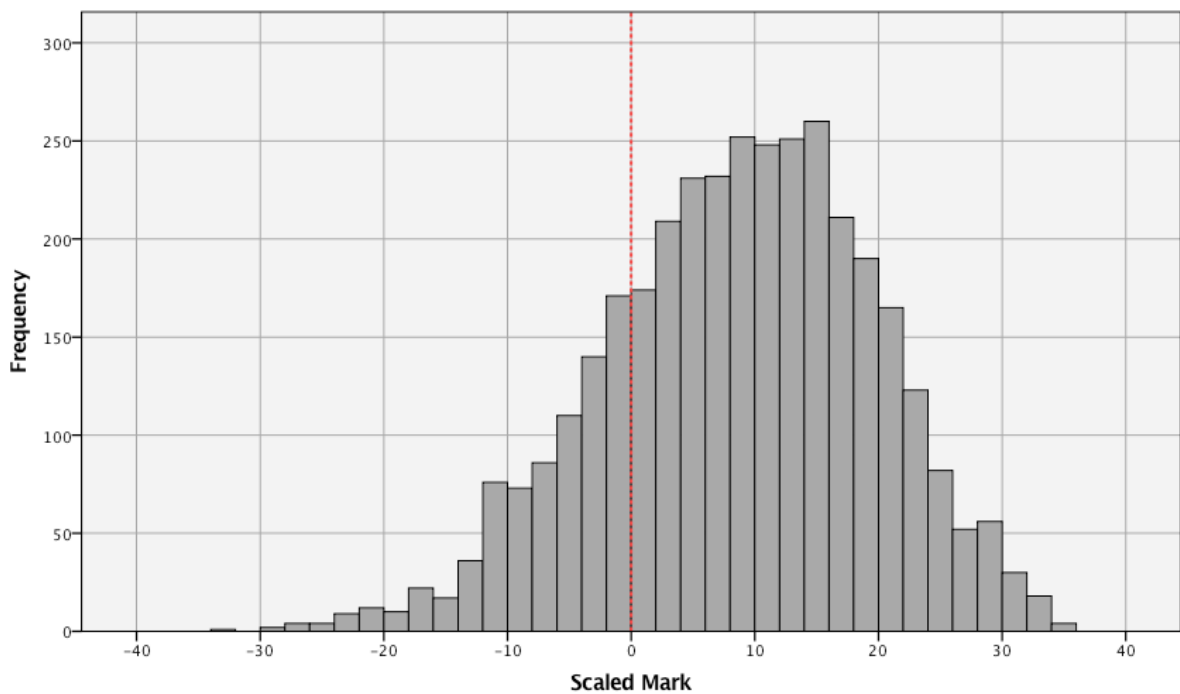


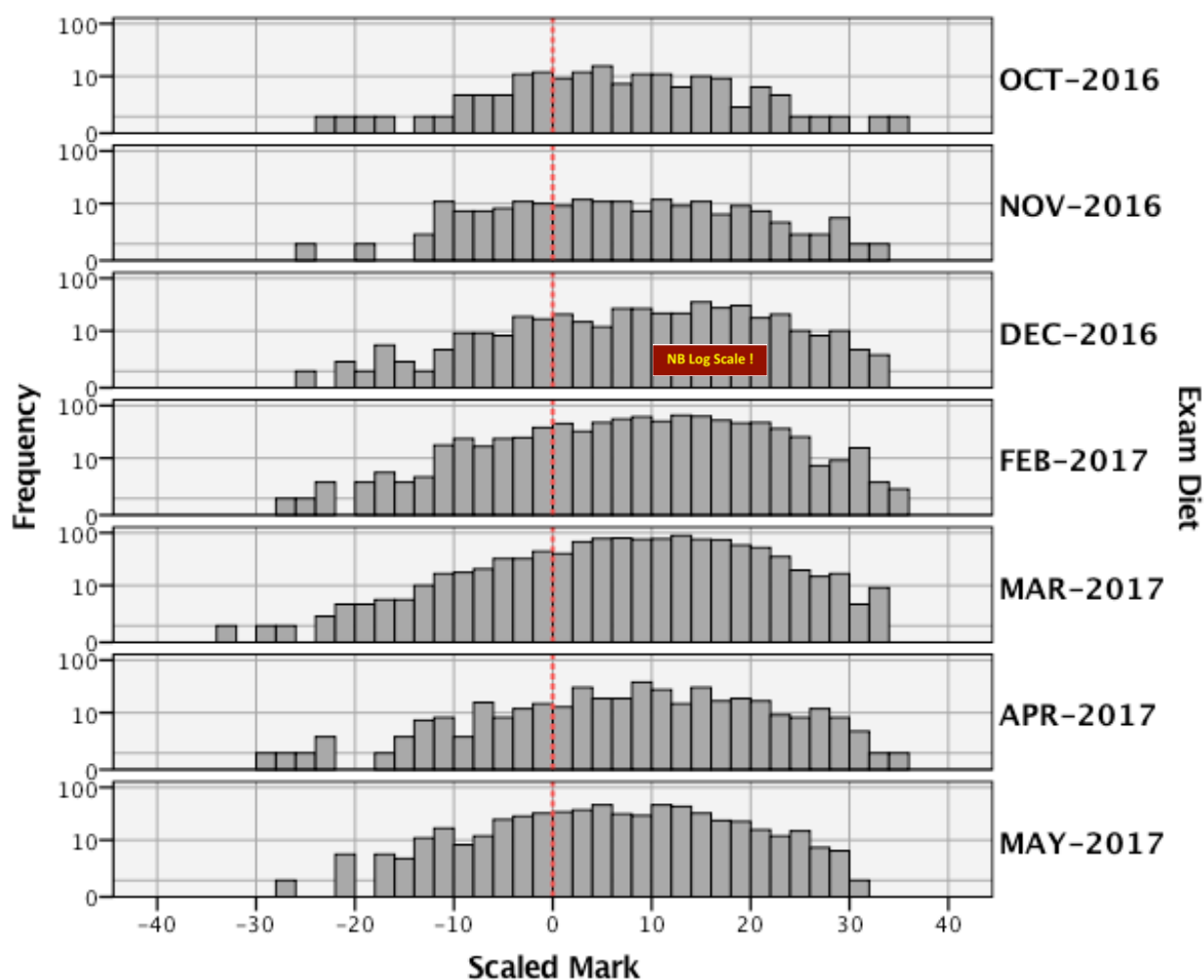
Results

Results Overall and by Diet: All Candidates						
CSA Diet	N Cands	Pass Rate	Scaled Mark			
		%	Min	Max	Mean	SD
October 2016	149	72.5%	-23	35	5.89	10.30
November 2016	177	67.2%	-26	33	5.68	11.41
December 2016	393	80.2%	-26	33	9.68	11.21
February 2017	840	80.1%	-28	35	9.03	10.93
March 2017	1072	81.3%	-33	33	8.59	10.49
April 2017	370	78.6%	-30	35	8.11	11.52
May 2017	560	73.2%	-28	31	6.03	10.56
All Diets	3561	78.3%	-33	35	8.10	10.91



All Candidates; and by Diet

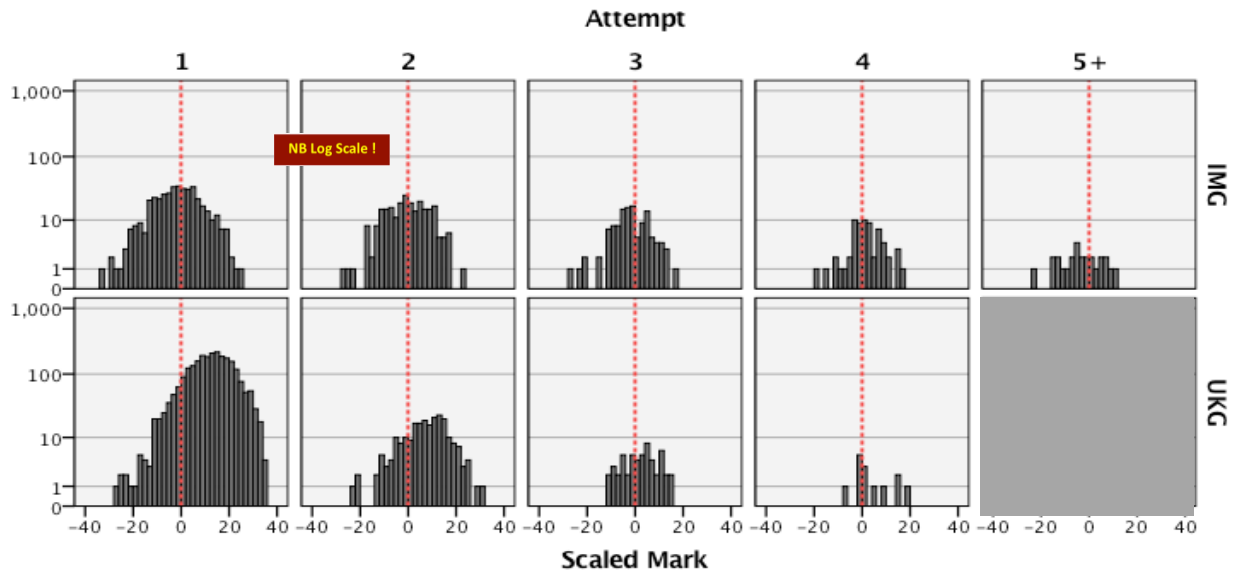




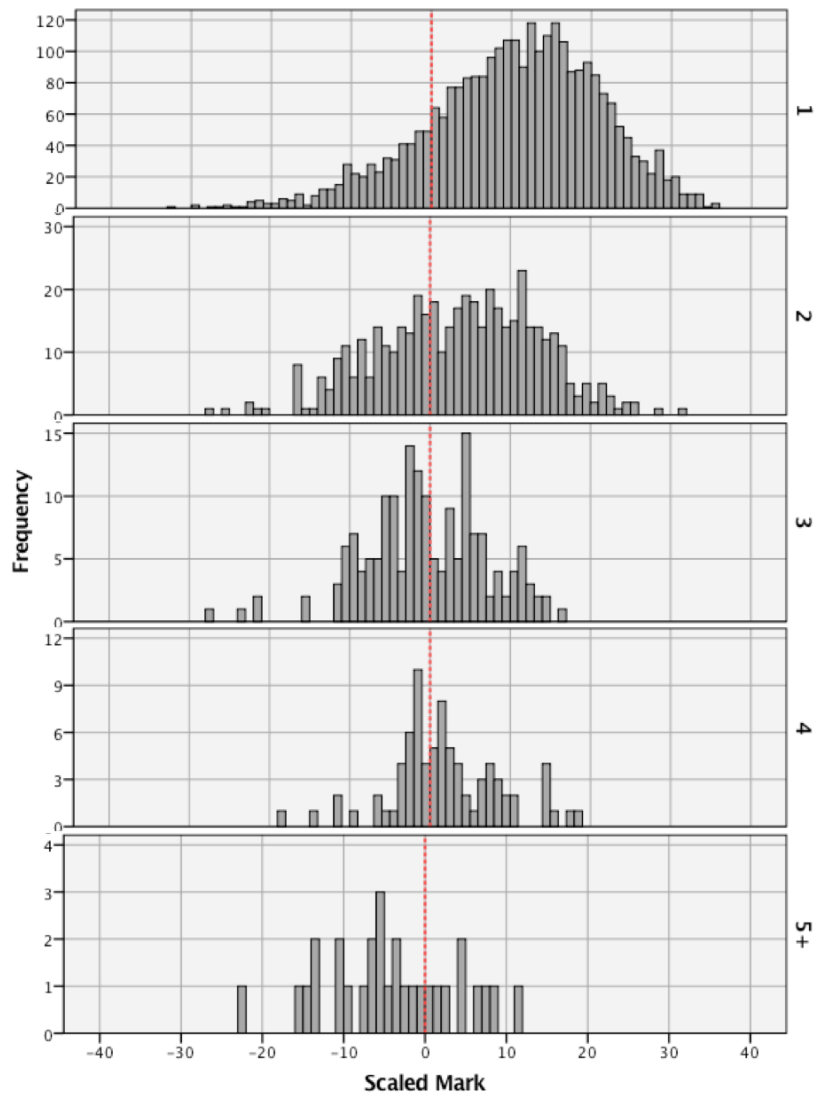
[2. Result and scores, by attempt at the CSA: all graduates, and separated by source of primary medical qualification, UK/non-UK \(all candidates\)](#)

Candidates' results and scores by attempt, by source of PMQ

Attempt	UK or Non-UK Graduate	No. of Candidates	Pass Rate	Scaled Mark			
				Min	Max	Mean	SD
1	IMG	416	45.7%	-33	25	-1.8	10.0
	UKG	2403	90.4%	-27	35	11.8	9.4
2	IMG	239	49.0%	-28	22	-0.7	9.0
	UKG	221	79.6%	-23	31	7.1	9.3
3	IMG	122	36.9%	-28	16	-2.2	7.6
	UKG	52	63.5%	-11	14	1.9	7.0
4	IMG	65	58.5%	-19	17	0.9	6.8
	UKG	14	57.1%	-7	18	3.3	7.5
5+	IMG	26	34.6%	-23	11	-4.2	8.4
	UKG	3	✱	✱	✱	✱	✱



All Candidates: score on CSA by attempt – vertically scaled to show contrast



3. Candidates with Disabilities: prevalence by PMQ and by attempt; outcomes

UK Equality Legislation supports examination candidates with disabilities in requesting 'reasonable accommodations' in regard to their disabilities, without affecting the standard of the examination. The tables below record the prevalence of such candidates in attempts at the CSA in 2016-17, together with the results of the assessments. Specific Learning Disability (SLD) is the disability most frequently reported. Disabilities other than SLD have been merged for reasons of small numbers and personal confidentiality, the commonest ones being 'other disabilities' and hearing impairment. Please bear in mind the earlier warning about possible confounding of background variables.

Note, importantly, that SLD may not be diagnosed until a second or later attempt at the assessment.

There were 237 disabled candidate-attempts at the CSA (see first, blue, table below), representing 6.7% of attempts (last year it was 6.0%). The second, green table shows the outcomes for these candidates

The overall number of successful attempts by candidates with disabilities was 151, a pass rate of 64%.

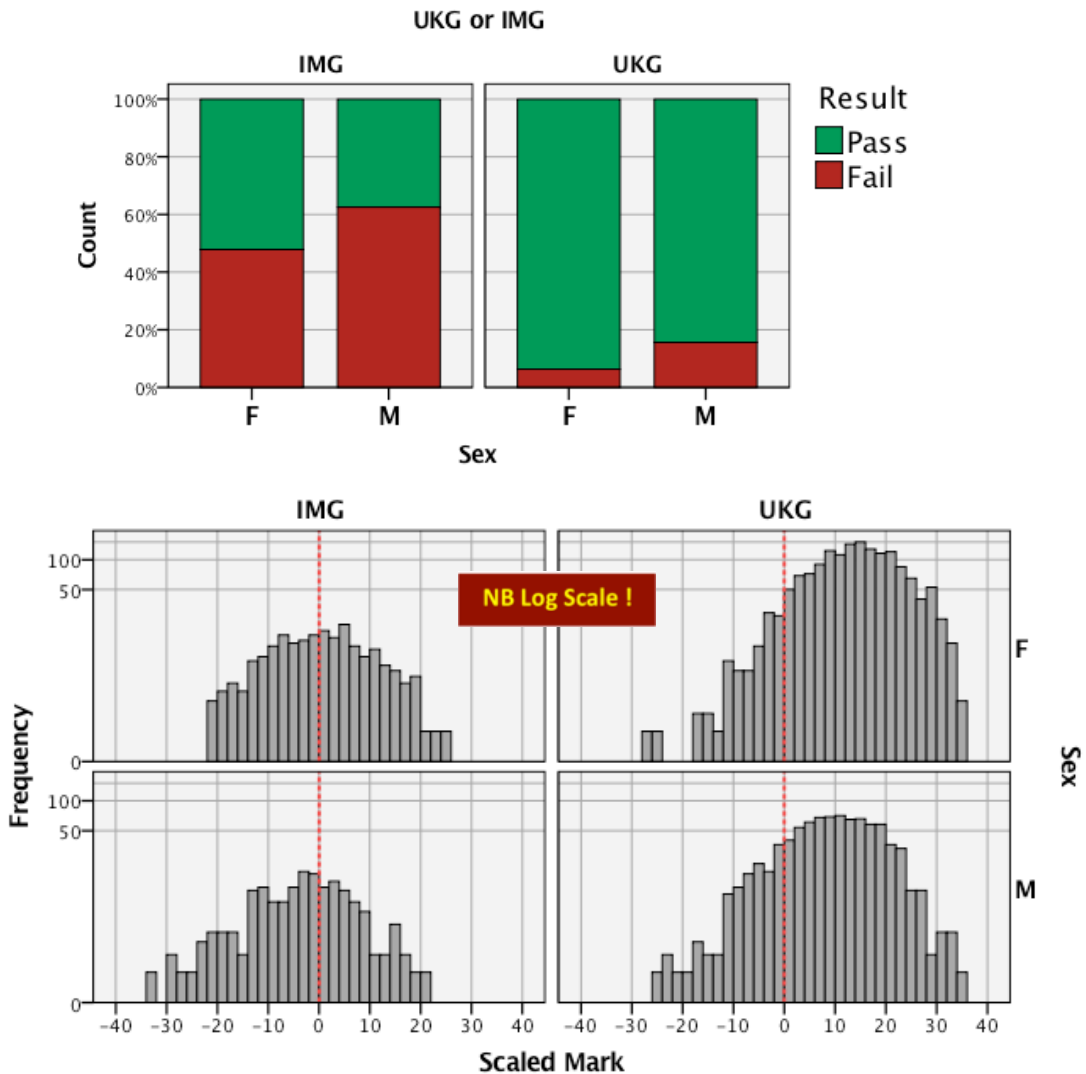
Candidates with Disabilities: Numbers Sitting						
Disability	CSA Attempt					Total
	1	2	3	4	5+	
Specific Learning Disability	113	27	22	12	4	178
Other (or multiple) Disabilities	34	9	10	★	★	59
All Disabilities	147	36	32	12	★	237
No Disabilities	2672	424	142	64	22	3324
All Candidates	2819	460	174	79	29	3561

Candidates with Disabilities: Pass Rates (%)						
Disability	CSA Attempt					Total
	1	2	3	4	5+	
Specific Learning Disability	77.9%	40.7%	36.4%	50.0%	50.0%	64.6%
Other (or multiple) Disabilities	67.6%	55.6%	50.0%	★	★	61.0%
All Disabilities	76.2%	50.0%	50.0%	108.3%	★	63.7%
No Disabilities	84.2%	65.3%	45.8%	57.8%	31.8%	79.3%
All Candidates	83.8%	63.7%	44.8%	58.2%	31.0%	78.3%

C: Results by Individual Demographics (Candidates on first attempt, only)

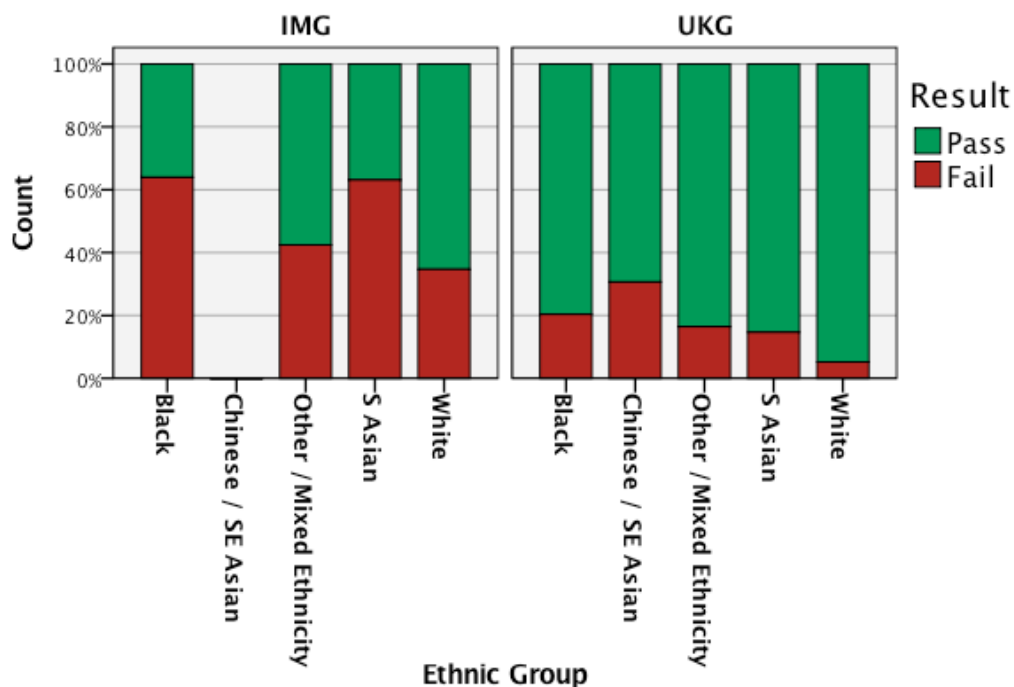
1. Result and scores by candidate sex, within source of PMQ, and within UK Medical School

PMQ Group	Performance by Candidate Sex						
	Group	N Cands	Pass Rate	Scaled Mark			
				Min	Max	Mean	SD
Non-UK Graduate	Female	232	52.2%	-22	25	-0.12	9.74
	Male	184	37.5%	-33	20	-3.80	10.01
	All	416	45.7%	-33	25	-1.75	10.02
UK Graduate	Female	1557	93.6%	-27	35	13.36	9.02
	Male	846	84.4%	-25	35	8.95	9.50
	All	2403	90.4%	-27	35	11.81	9.43
All Graduates	Female	1789	88.3%	-27	35	11.61	10.18
	Male	1030	76.0%	-33	35	6.67	10.76
	All	2819	83.8%	-33	35	9.81	10.66



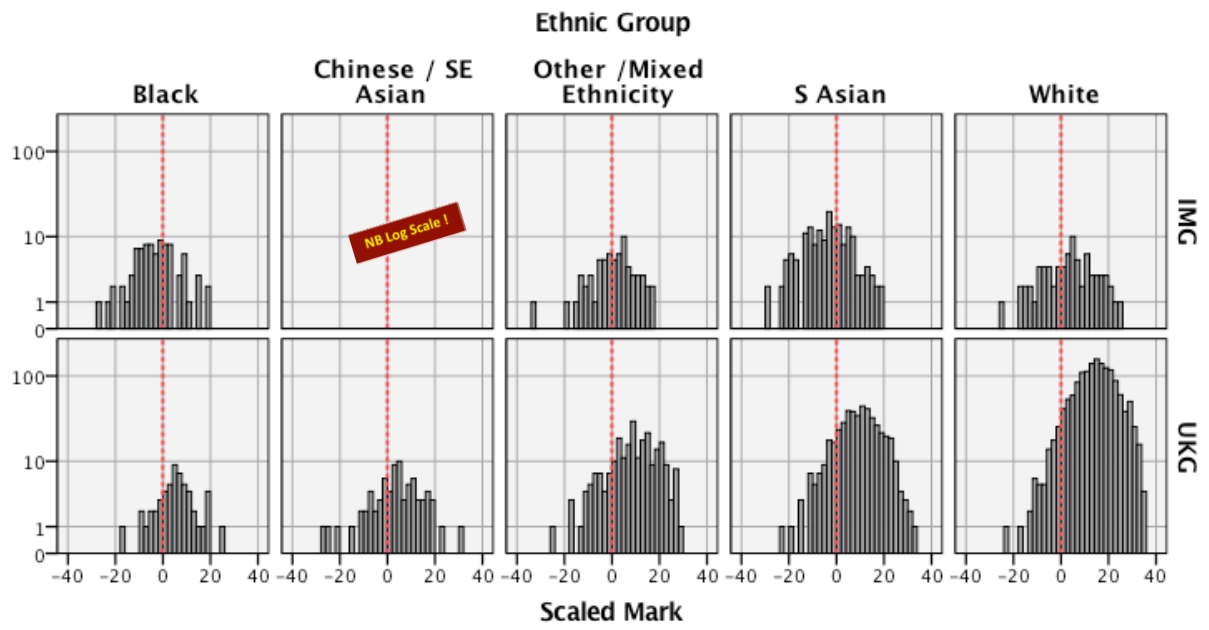
2. Result by classified candidate ethnicity, and separated by source of primary medical qualification, UK/non-UK graduates (1st attempt)

Note that 94 candidates did not provide information about their ethnicity



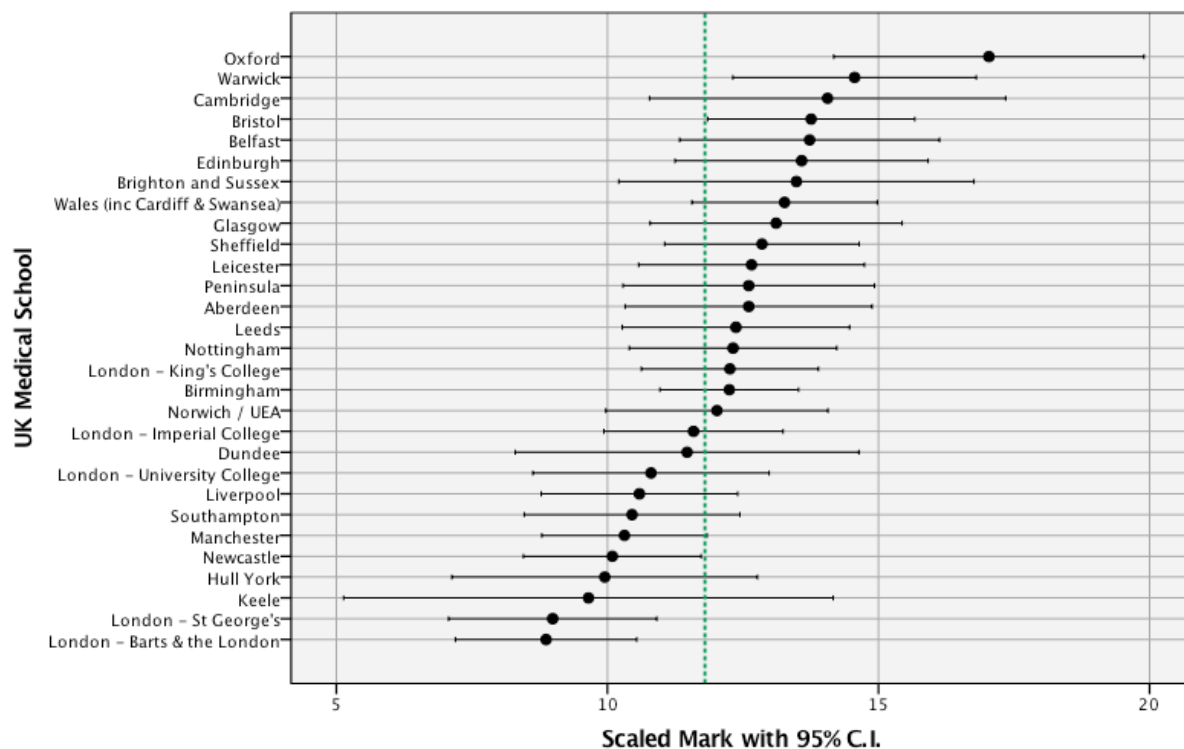
PMQ Group	Performance by Ethnic Group						
	Ethnic Group	N Cands	Pass Rate (%)	Scaled Mark			
				Min	Max	Mean	SD
IMG	Black	86	36.0%	-28	18	-3.4	9.2
	Chinese / SE Asian	0	-	-	-	-	-
	Mixed / Other Ethnicity	66	57.6%	-33	17	0.3	9.1
	S Asian	168	36.9%	-30	19	-3.8	9.8
	All BME	320	40.9%	-33	19	-2.9	9.6
	White	75	65.3%	-26	25	2.9	10.7
UKG	Black	54	79.6%	-17	25	5.0	7.9
	Chinese / SE Asian	75	69.3%	-27	31	3.35	10.482
	Mixed / Other Ethnicity	237	83.5%	-26	28	8.8	10.0
	S Asian	463	85.3%	-23	32	8.9	9.1
	All BME	829	83.0%	-27	32	8.1	9.6
	White	1501	94.8%	-23	35	14.0	8.6
All Graduates	Black	140	52.9%	-28	25	-0.2	9.6
	Chinese / SE Asian	75	69.3%	-27	31	3.4	10.5
	Mixed / Other Ethnicity	303	77.9%	-33	28	7.0	10.4
	S Asian	631	72.4%	-30	32	5.5	10.8
	All BME	1149	71.3%	-33	32	5.1	10.8
	White	1576	93.4%	-26	35	13.5	9.1

94 candidates on first attempt withheld ethnicity information



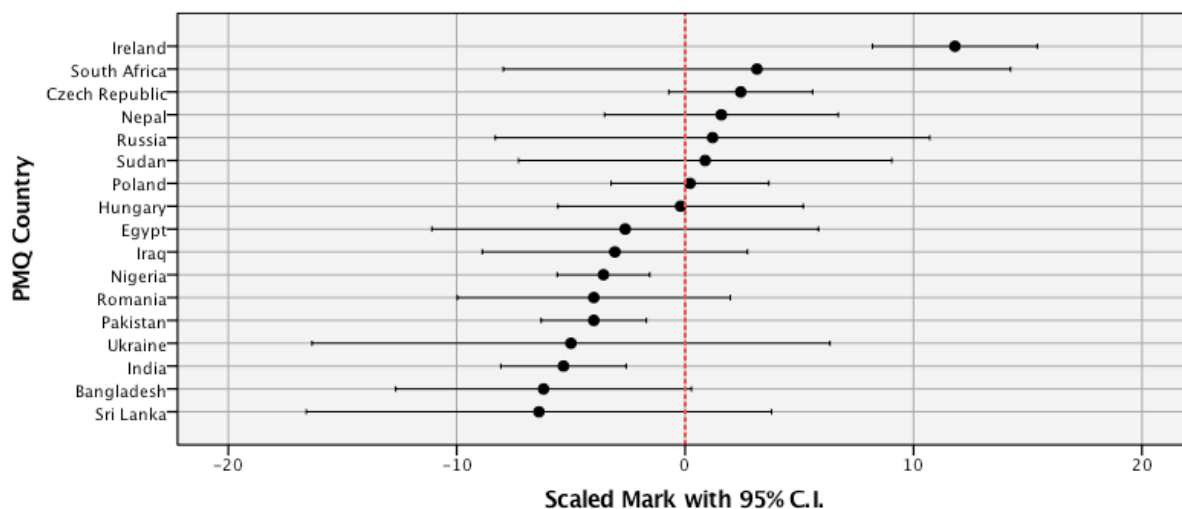
3. CSA Result and Scores by PMQ - UK medical school and IMG Country (1st attempt)

UK Graduates (by medical school)



Performance by UK Medical School						
Medical School	N Cands	Pass Rate (%)	Scaled Mark			
			Min	Max	Mean	SD
Aberdeen	66	90.9%	-11	32	12.61	9.27
Belfast	48	93.8%	-12	28	13.73	8.26
Birmingham	165	92.7%	-11	33	12.25	8.32
Brighton and Sussex	35	91.4%	-6	35	13.49	9.54
Bristol	91	93.4%	-12	31	13.76	9.17
Cambridge	33	90.9%	-9	33	14.06	9.26
Dundee	49	87.8%	-17	28	11.47	11.04
Edinburgh	67	89.6%	-15	30	13.58	9.57
Glasgow	72	88.9%	-25	33	13.11	9.89
Hull York	60	83.3%	-18	35	9.95	10.92
Keele	20	80.0%	-9	25	9.65	9.65
Leeds	81	97.5%	-26	33	12.37	9.48
Leicester	82	91.5%	-10	32	12.66	9.48
Liverpool	117	88.0%	-11	32	10.59	9.89
London - Barts & the London	114	85.1%	-12	29	8.87	9.01
London - Imperial College	97	92.8%	-17	31	11.59	8.21
London - King's College	131	89.3%	-8	33	12.26	9.45
London - St George's	96	88.5%	-17	32	8.99	9.48
London - University College	87	87.4%	-17	32	10.80	10.23
Manchester	169	87.6%	-27	33	10.31	10.04
Newcastle	121	88.4%	-12	32	10.09	9.10
Norwich / UEA	51	94.1%	-4	31	12.02	7.29
Nottingham	101	90.1%	-23	30	12.32	9.70
Oxford	27	100.0%	0	29	17.04	7.24
Peninsula	61	93.4%	-7	32	12.61	9.06
Sheffield	87	94.3%	-6	32	12.85	8.41
Southampton	97	85.6%	-19	35	10.45	9.87
Wales (inc Cardiff & Swansea)	101	93.1%	-11	32	13.27	8.67
Warwick	77	97.4%	-23	34	14.56	9.89

Non-UK Graduates (by country; data only shown for countries with ≥5 candidates: 1st attempt)

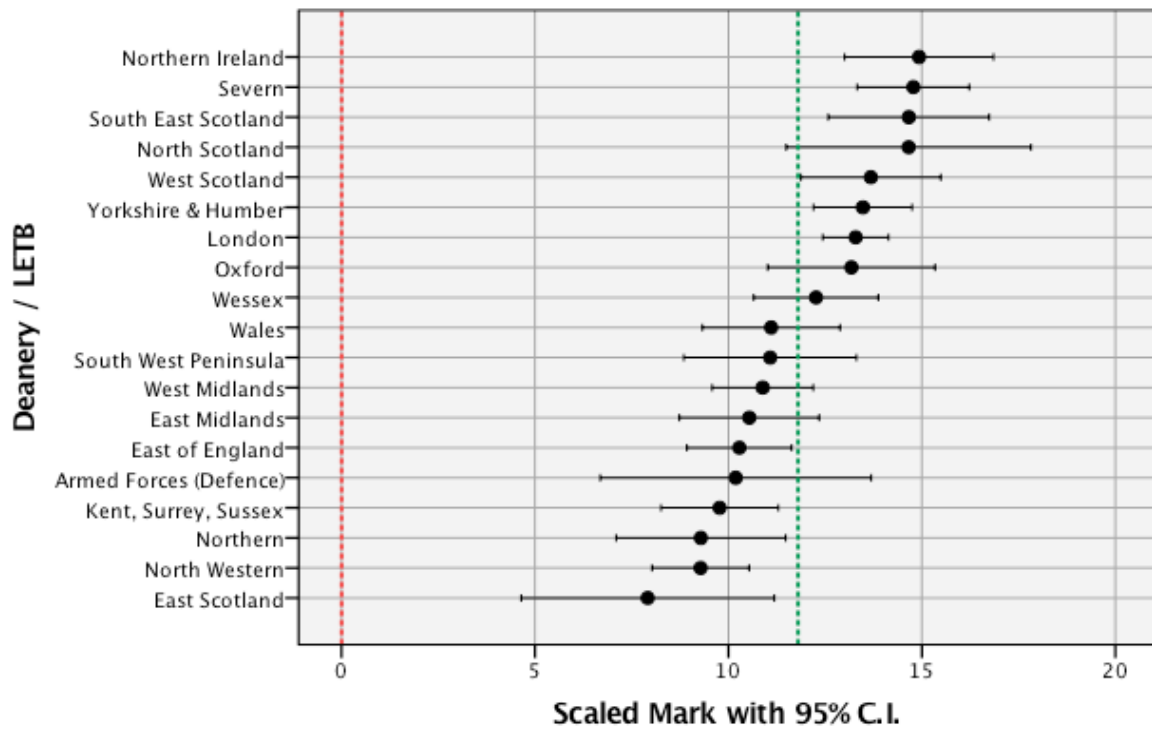


Performance by Non-UK Graduates by Country of PMQ						
Country of PMQ	N Cands	Pass Rate (%)	Scaled Mark			
			Min	Max	Mean	SD
Bangladesh	10	30.0%	-23	8	-6.20	9.05
Czech Republic	30	70.0%	-14	17	2.43	8.43
Egypt	8	50.0%	-19	12	-2.63	10.13
Hungary	5	60.0%	-7	4	-0.20	4.32
India	52	30.8%	-30	16	-5.33	9.85
Iraq	13	46.2%	-26	10	-3.08	9.60
Ireland	16	93.8%	-3	25	11.81	6.78
Nepal	12	66.7%	-14	18	1.58	8.05
Nigeria	73	35.6%	-28	18	-3.58	8.69
Pakistan	78	37.2%	-30	19	-4.00	10.23
Poland	19	52.6%	-12	15	0.21	7.17
Romania	8	50.0%	-14	5	-4.00	7.15
Russia	5	60.0%	-8	12	1.20	7.66
South Africa	7	42.9%	-9	20	3.14	12.01
Sri Lanka	5	20.0%	-16	3	-6.40	8.20
Sudan	8	50.0%	-11	15	0.88	9.78
Ukraine	7	42.9%	-17	10	-5.00	12.26

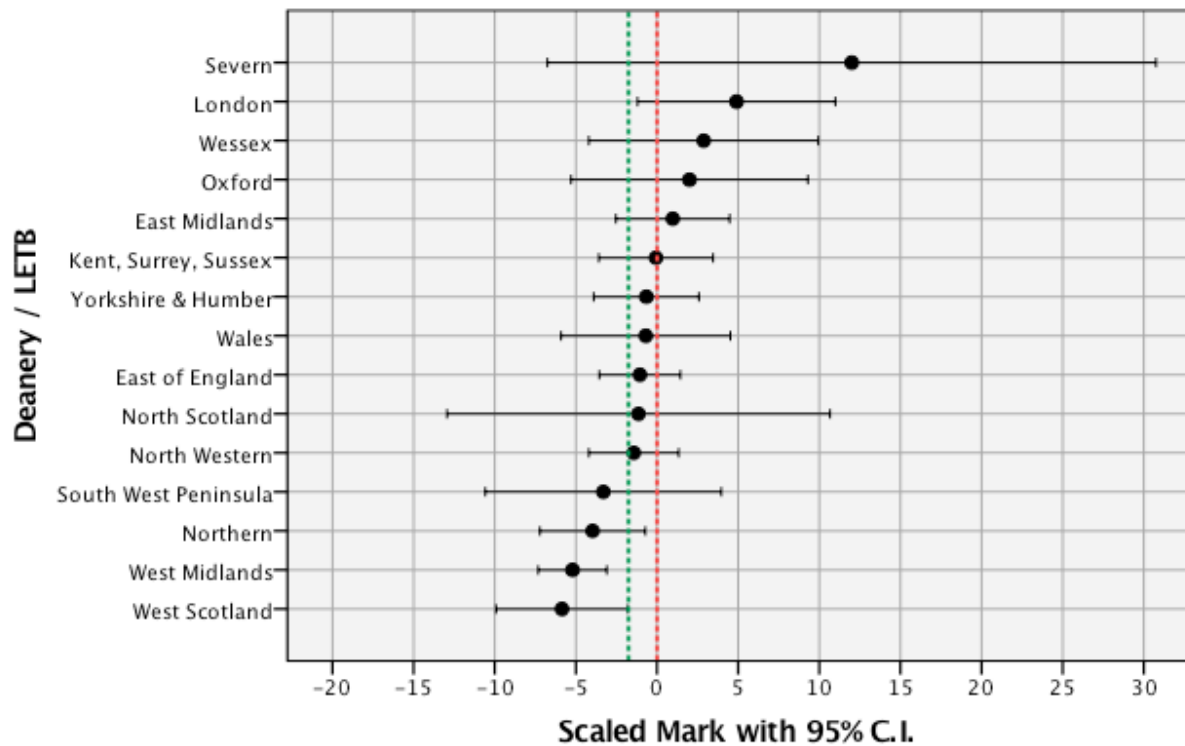
D: Performance by Training Deanery/LETB

1. Error bar graphs of Candidate Scores by Deanery, overall, and for first attempts by source of PMQ

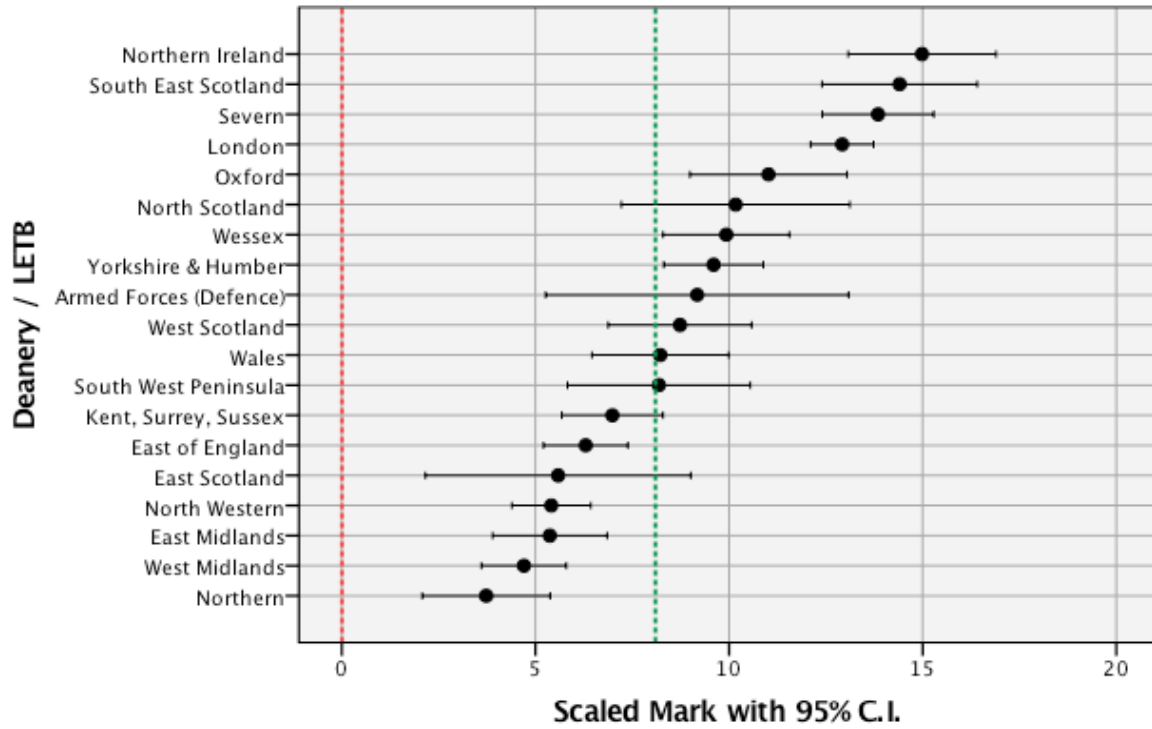
UK Graduates, First Attempt



Non-UK Graduates, First Attempt



All Graduates, All Attempts



E: Summary of CSA Feedback Statements

The table gives the prevalence of the numbered feedback statements given by examiners to individual candidates' case performances, by the main two candidate PMQ groups.

The first column of figures shows the percentage of the total of all cases on any *failed* attempt which attracted that feedback comment: the feedback comments have then been sorted in order of prevalence for this group and those applying to 10% or more of failed candidates are highlighted.

The second column of figures shows the percentage of the total of all cases on *all* attempts which attracted that feedback comment.

UK Graduates	Failing Candidates only: percentage of all cases seen	All Candidates: percentage of all cases seen
07: Does not develop a management plan reflecting knowledge of current best practice	22%	7%
02: Does not recognise the issues or priorities in the consultation	18%	9%
06: Does not make the correct working diagnosis or identify an appropriate range of differential possibilities	12%	12%
04: Does not identify abnormal findings or results or fails to recognise their implications	12%	6%
08: Does not show appropriate use of resources, including aspects of budgetary governance	12%	3%
10: Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options	11%	7%
15: Does not develop a shared management plan, demonstrating an ability to work in partnership with the patient	10%	5%
16: Does not use language and/or explanations that are relevant and understandable to the patient	9%	3%
13: Poor active listening skills and use of cues. Consulting may appear formulaic, and lacks fluency	9%	3%
12: Does not appear to develop rapport or show awareness of patient's agenda, health beliefs and preferences	8%	3%
01: Disorganised / unstructured consultation	8%	3%
03: Shows poor time management	8%	5%
05: Does not undertake physical examination competently, or use instruments proficiently	8%	5%
14: Does not identify or use appropriate psychological or social information to place the problem in context	7%	3%
09: Does not make adequate arrangements for follow-up and safety-netting	5%	1%
11: Does not attempt to promote good health at opportune times in the consultation	2%	1%

Non-UK Graduates	Failing Candidates only: percentage of all cases seen	All Candidates: percentage of all cases seen
07: Does not develop a management plan reflecting knowledge of current best practice	23%	9%
02: Does not recognise the issues or priorities in the consultation	17%	14%
13: Poor active listening skills and use of cues. Consulting may appear formulaic, and lacks fluency	13%	10%
15: Does not develop a shared management plan, demonstrating an ability to work in partnership with the patient	13%	10%
16: Does not use language and/or explanations that are relevant and understandable to the patient	13%	10%
10: Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options	12%	10%
08: Does not show appropriate use of resources, including aspects of budgetary governance	11%	5%
06: Does not make the correct working diagnosis or identify an appropriate range of differential possibilities	11%	19%
01: Disorganised / unstructured consultation	10%	7%
04: Does not identify abnormal findings or results or fails to recognise their implications	10%	8%
03: Shows poor time management	10%	9%
12: Does not appear to develop rapport or show awareness of patient's agenda, health beliefs and preferences	9%	7%
05: Does not undertake physical examination competently, or use instruments proficiently	8%	7%
09: Does not make adequate arrangements for follow-up and safety-netting	6%	1%
14: Does not identify or use appropriate psychological or social information to place the problem in context	6%	4%
11: Does not attempt to promote good health at opportune times in the consultation	2%	1%

5: Overview, Inter-component Statistics, and Test Quality Statistics

Overview of pass-rates in AKT and CSA by Protected Characteristics and source of PMQ

The following table summarises data from elsewhere in this report, bringing together crude pass rates of AKT and CSA candidates on their first attempt by 'protected characteristics' (as defined by the Equality Act (2010) and as then collected by the RCGP), also by source of their primary medical qualification. Please recall an earlier warning that many of these variables are confounded.

Candidate Performance 2016-2017 on First Attempt by 'Protected Characteristics' (also whether UK or International Graduate)					
<i>Cells with high proportions (5%+) of missing data highlighted in red</i>					
Candidate Characteristic		AKT		CSA	
		Number Sitting	Pass Rate %	Number Sitting	Pass Rate %
Sex*	Male	830	74.2%	1030	76.0%
	Female	1547	81.5%	1789	88.3%
Race**	BME	921	65.8%	1149	71.3%
	White	1349	88.4%	1576	93.4%
Race*** (UK Graduates only)	BME	594	78.3%	829	83.0%
	White	1286	89.7%	1501	94.8%
PMQ Source	UK Graduate	2408	85.8%	2403	90.4%
	IMG	476	46.4%	416	45.7%
Disability	Reported****	145	71.7%	147	76.2%
	None reported	2739	79.7%	2672	84.2%
All Candidates		2884	79.3%	2819	83.8%

* AKT: 507 (17.6%) - no information (CSA: information complete)

** AKT: 614 (21.3%) CSA: 94 (3.3%) - no information

*** AKT: 528 (21.9%) - no information CSA: 73 (3.0%) - no information

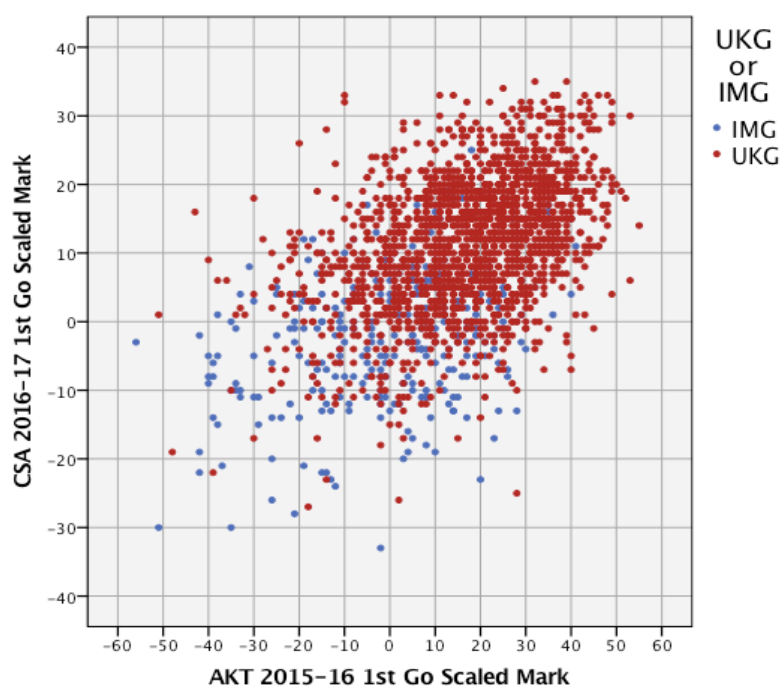
**** SLD has highest prevalence = 74.5% of all in AKT, 76.9% of all in CSA

Inter-component Statistics

Currently it is only possible to make comparisons between the performance of candidates between the AKT and the CSA, as the Workplace-Based Assessment data are not readily accessible for comparative analysis. Most candidates make their first attempt at the AKT in ST2 and at the CSA at some point in ST3.

The accompanying scatterplot shows the most recent analysis from these datasets showing the relationship between the AKT and CSA scores of 2819 candidates taking each component for the first time, the AKT in 2015-16 and the CSA in 2016-2017. Overall, the correlation between the two is 0.51 (cf last three years 0.52, 0.52 and 0.53), this suggesting shared variance of 26%.

The chart contrasts UK and non-UK graduates' performance: the relationship between the two scores is not greatly dissimilar for the two groups: UKG $r = 0.43$, $r^2 = 0.18$; IMG $r = .37$, $r^2 = 0.14$.



Test Quality Information: AKT

For the diets of the AKT, the reliability, as evidenced by the alpha co-efficient, and the accuracy, indicated by the measurement error estimate, or SEm, is straightforwardly calculated. Occasionally, underperforming items need to be removed from the calculated scores. The current year's quality statistics – similar to all those of recent years – are shown in the accompanying table.

AKT Delivery	No of Items scored	Alpha	SEm
October 2016	200	0.88	2.8%
January 2017	200	0.90	2.8%
April 2017	199	0.91	2.9%

These psychometric quality indicators continue to describe a multi-choice assessment which is performing to an excellent standard.

Test Quality Information: CSA

Estimating and representing the reliability of a clinical test of the form of the CSA is more difficult using classical psychometric test theory. In a multi-choice test such as the AKT, all the candidates have to respond to all the test items, which are exactly the same for everyone (1000+ candidates/diet). The 'items' (stations or cases) in the CSA are only the same for a day at a time (max 78 candidates), and indeed there are different sets of examiners on each of the three circuits—so there is only exact comparability for 26 candidates. This is of course not at all unusual in a high stakes clinical test, where a variety of imperatives conflict—eg item consistency vs test security and fairness. The number taking the CSA moreover varies considerably between diets.

Thus the quality of the CSA is monitored qualitatively as well as quantitatively, the latter at a number of levels of detail with different objectives—but with reliability and fairness always foremost in mind. Qualitative monitoring involves 1¼-hour-long examiner, role-player and case standardization sessions at the beginning of each day, and examiner performance monitoring, quality assurance and training.

Reliability (eg an alpha coefficient) is explored with reference to both days and circuits, towards case, palette and

examiner monitoring and development. Daily alpha coefficients—probably something which it is fair to assess, combining circuits across examiners—give a reasonable indication of reliability, but they are also very dependent on the variance in candidate ability. And analyses show that the range and variance in ability of candidate groups can vary greatly day on day, despite administrative measures towards harmonisation: here, ability can be estimated not just from a rather self-fulfilling analysis of CSA performance, but by looking at predictive surrogates (eg degree origin) and correlates (eg AKT performance). Finally, the alpha coefficient is estimated on the basis of scores which have relatively limited variance (0-9 on a case, currently), tending to minimise the values. As a result, the test measurement error, indicated by the standard error of measurement, may be a more appropriate overall indicator of quality. That said, current and recent quality statistics – alpha and the SEm – appear in the accompanying table.

Year	No of Cases (stations) in CSA	Alpha: range across days	Average alpha across days	SEm: range across days	Average SEm across days
2010-2011	13	0.64 – 0.86	0.77	5.1% - 5.4%	5.2%
2011-2012	13	0.64 – 0.86	0.77	4.5% - 5.6%	5.1%
2012-2013	13	0.64 – 0.87	0.78	4.3% - 5.4%	5.0%
2013-2014	13	0.56 – 0.85	0.74	4.4% - 5.6%	4.9%
2014-2015	13	0.55 – 0.85	0.72	4.4% - 5.2%	4.8%
2015-2016	13	0.55 – 0.82	0.72	4.4% - 5.4%	4.7%
2016-2017	13	0.49 – 0.86	0.71	4.51 - 5.16%	4.8%

* * *