

Chief Examiner's Introduction: MRCGP 2015-2016

The RCGP is committed to transparency regarding examination outcomes and publishes an annual MRCGP report (available at <http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-annual-reports.aspx>), which includes a breakdown of outcomes in the AKT and CSA on the basis of candidates' protected characteristics including sex, race (primary medical qualification [PMQ] and ethnicity) and disability.

The General Medical Council (GMC) separately publishes the outcome of all UK postgraduate assessments (including ARCP outcomes) annually on the basis of sex, age, PMQ, ethnicity and socioeconomic status (available at <http://www.gmc-uk.org/education/25495.asp>). All of this data broadly confirms the following patterns of differential attainment across UK postgraduate assessments including unsatisfactory ARCP outcomes where exam failures are excluded:

- UK medical school graduates (UKGs) have a higher proportion of successful outcomes than international medical graduates (IMGs)
- White UKGs have a higher proportion of successful outcomes than black and minority ethnic (BME) UKGs
- Women have a higher proportion of successful outcomes than men
- A higher proportion of doctors in younger age bands have successful outcomes than those in older age bands
- A higher proportion of doctors from an affluent background achieve successful outcomes compare to those from deprived socioeconomic backgrounds

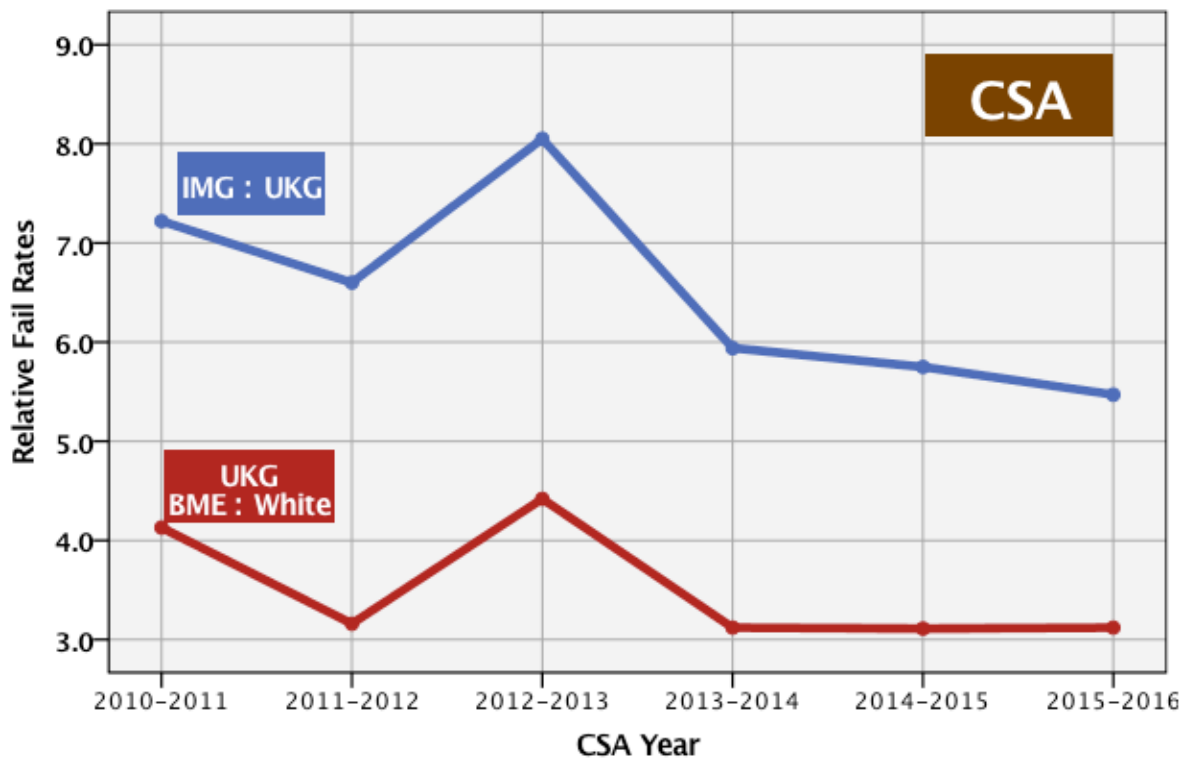
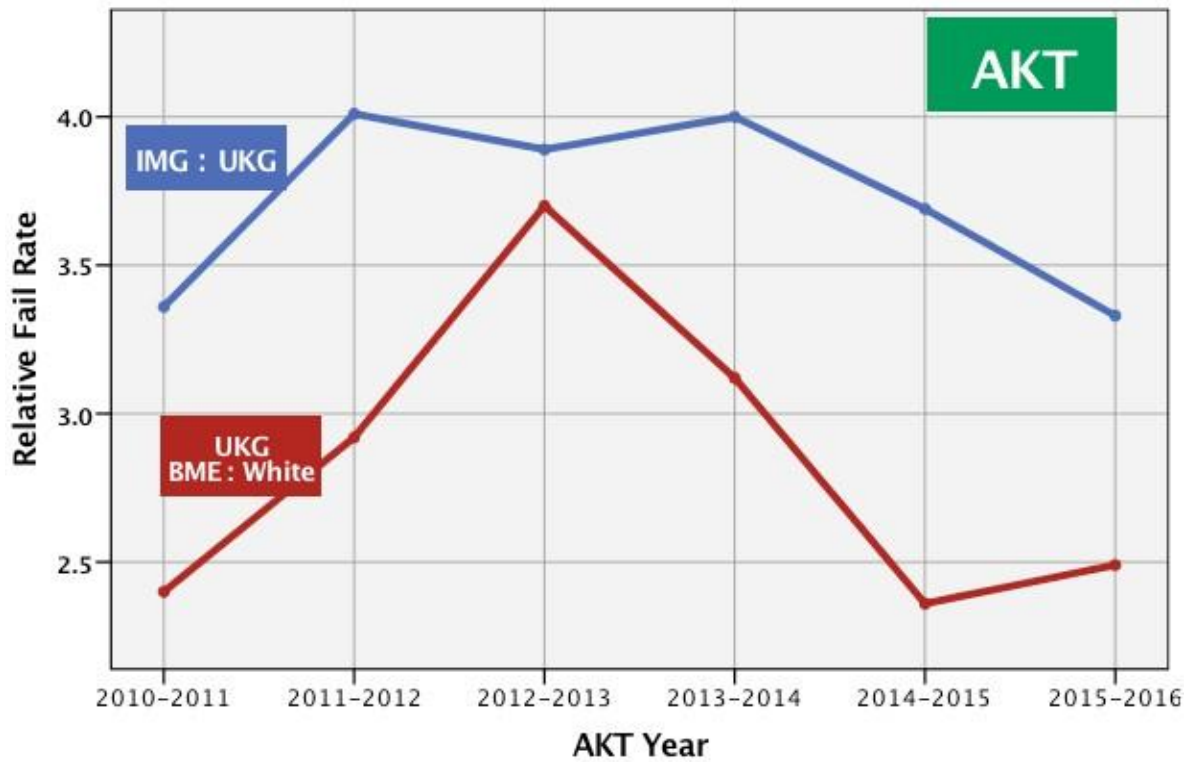
The GMC does not yet publish outcomes in relation to disability but analysis of 2015-16 MRCGP data shows that when confounding factors are taken into account disability had no significant predictive impact on AKT results and as a predictor of CSA results it accounted for only 0.1% of the variance.

Long-term statistical trends in differential attainment in the AKT and CSA on the basis of PMQ and ethnicity

Differential attainment in the CSA on the basis of PMQ and ethnicity formed the grounds for a judicial review requested by the British Association of Physicians of Indian Origin (BAPIO), and successfully defended by the RCGP in 2014. Exactly the same pattern of differential attainment is seen in the AKT.

We have presented data on long term statistical trends in differential attainment in the AKT and CSA on the basis of PMQ and ethnicity for the first time in the MRCGP Annual report 2015-16. This has been obtained by calculating relative fail rates during the period 2010-2015.

AKT & CSA First Attempt 2010-2016
Relative Fail Rates: UKG/IMG and UKGBME/UKW



Year	AKT IMG: UKG	AKT UKBME: UKW	CSA IMG: UKG	CSA UKBME: UKW
2010-2011	3.36	2.40	7.22	4.13
2011-2012	4.01	2.92	6.60	3.16
2012-2013	3.89	3.70	8.05	4.42
2013-2014	4.00	3.12	5.94	3.12
2014-2015	3.69	2.36	5.75	3.11
2015-2016	3.33	2.49	5.47	3.12

This data clearly demonstrates that there has been a sustained improvement in differential attainment between UKGs and IMGs in the CSA since the judicial review in 2014.

We believe that this represents earlier identification and support of trainees who might struggle with the CSA as a direct result of work undertaken by the training community with the support of the RCGP which includes:

- the development of joint RCGP and COGPED Guidance on CSA preparation (available at <http://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/CSA-page/Joint-RCGP-COGPED-guidance-on-CSA-preparation-October-2014.ashx?la=en>)
- specific exam resources such as the CSA e learning course based on sociolinguistic research carried out on the CSA, which is freely available to all candidates and trainers on the MRCGP website (available at <http://elearning.rcgp.org.uk/course/info.php?popup=0&id=182>)
- specific outreach projects to upskill trainers such as the 'Visit the CSA' programme and other specific educational events at UK conferences.

There is however no room for complacency and it is essential that the RCGP continues to work with key stakeholders including BAPIO and BIDA to prioritise research and development in all aspects of differential attainment in the MRCGP. Work to date has largely focused on differential attainment on the basis of PMQ and ethnicity. Moving forward It is important to consider the performance of candidates in relation to other protected characteristics such as sex and disability and in other assessments including WPBA and at ARCP.

The causes of differential attainment are complex, multifactorial and poorly understood, but there is increasing evidence that a supportive training environment, peer and family support and an appropriate work life balance are protective (K Woolf 2016). It is also essential to ensure that all those involved in making judgements about trainees' progress in the workplace or in high stakes assessments receive training about cultural issues and unconscious bias.

The following actions have been undertaken by the RCGP to address differential attainment/equality and diversity issues in the last year

1. Joint working between the RCGP and the Academy of Medical Royal Colleges to produce relevant guidance for trainers and assessors including

- Guidance on giving feedback for trainers, including advice on cultural sensitivity, aimed at optimising a supportive training environment (working group in progress)
- Guidance on reasonable adjustments for disabled candidates in high stakes assessments (working group in progress)
- Guidance on unconscious bias for assessors (planned working group)

2. Joint working between the RCGP and other Colleges and Faculties to develop cross speciality training resources to support educational supervisors to have 'difficult' conversations with trainees about cultural issues

- Joint RCPsych and RCGP event for educators on supporting IMG trainees held on 1 December 2016

3. Joint working between the RCGP and BAPIO, BIDA to support IMG trainees

- RCGP and BIDA joint working to develop the BIDA Trainee Support Programme and BME leaders
- The Chief Examiner took part in a session on women leaders at the BAPIO conference in November 2016

4. Continued RCGP development of resources and educational events to support trainers and trainees in their AKT and CSA preparation

- Visit the CSA programme for Trainers

5. Specific MRCGP actions

- A new equality and diversity statement in the GP curriculum (in progress)
- The introduction of an exceptional 5th attempt at either the AKT or CSA on the basis of additional educational attainment from August 2016
- Further improvements to the quality of CSA candidate feedback. Candidates now receive all their domain marks for all cases and targeted feedback statements
- Further training from Kath Woolf on unconscious bias for CSA examiners at the examiners conference
- Further improvements to the quality assurance of the CSA and AKT including a stringent annual performance review for all examiners, quality assurance of case calibration and a new AKT Examination Board with additional stakeholder scrutiny

- A review of WPBA to reduce the burden of assessment for trainers and trainees

6. Research and Development

The RCGP has recently appointed Niro Siriwardena, Professor of Primary and Prehospital Health Care at the University of Lincoln as MRCGP Research and Development Lead.

Professor Siriwardena has an extensive track record in primary care research and has already secured a small grant from the University of Lincoln to investigate variations in performance by ethnicity in the AKT, employing cognitive interviewing methodology. Prof Siriwardena is undertaking a scoping exercise of previous MRCGP research to identify gaps and is interested in collaborating with other researchers to develop a co-ordinated programme of research into fairness in assessment.

The MRCGP team has submitted/published the following research papers on the theme of fairness in assessment in the last year:

- Consistency and reliability of judgments by assessors of case based discussions in general practice specialty training programmes in the United Kingdom
Susan Bodgener, Meiling Denney, and John Howard
Education For Primary Care Vol. 28 , Iss. 1,2017
- Performance of candidates with dyslexia in the Applied Knowledge Test for Membership of the Royal College of General Practitioners Asghar Z et al (submitted)

In order to ensure that the MRCGP remains robust and fair it is essential that the College continues to invest in research, and work collaboratively with other key stakeholders to share good practice around equality and diversity issues.

Pauline Foreman
Chief Examiner
February 2017