

Annual Report (August 2011 – July 2012) on the results of the AKT and CSA Assessments

Introduction

This Report relates to the formal MRCGP assessments conducted in the academical year 2011-12. It presents the statistics that summarise the outcomes of all the diets of the MRCGP examinations during that period – the Applied Knowledge Test (AKT - 3 diets) and the Clinical Skills Assessment (CSA - 4 diets).

The Report first presents an updated summary of both of these assessments and their standard-setting procedures, to orientate readers who may be unfamiliar with these. Full background information on the MRCGP, the AKT and the CSA (and 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 give information on the candidature and the attempts at the test, for each of them:

- Candidate Demographics: Source of Primary Medical Degree (PMQ), Background, by Deanery
- Main Results: Overall and by Exam Diet and Attempt
- Results by Individual Demographics (candidates on first attempt)
- Detailed Results by Training Deanery
- AKT mean sub-component scores, by candidate year of training
- CSA feedback statements for all candidates: aggregate summaries by source of PMQ
- CSA case performance by curriculum areas

A set of further information then appears as annexures. These provide some additional detail and context.

This report is descriptive, only. 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, but wherever possible these are checked against the GMC's List of Registered Medical Practitioners. The reported 'attempt' is from the College's records.

This Report has been developed following comments from members of the College's Assessment Development Committee, especially the Deanery representatives. As in last year's report, it presents in some detail the variations amongst Deaneries, as quite generally requested. Other changes introduced then have been retained.

Please Note:

a) Interactions between variables: as in previous years, there are many significant differences between subgroups on their performance on both the tests reported, for example by gender and country of primary medical training. But variables may well interact with others, to the confusion of the unwary.

b) As increasing use is made by overseas candidates of **third-country medical schools** ('offshore' schools in US parlance), 'country of primary medical degree' 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.

Acknowledgements: As ever, I am very grateful to the two Clinical Assessment Leads (Carol Blow, AKT; Adrian Freeman CSA) for their advice and support in preparing this report. They wrote the introductory comments on their respective components and scanned the draft report.

Richard Wakeford December 2012



Richard Wakeford Psychometric/Assessment Consultant CAQAA Cambridge

& Quality A

CONTENTS

		Page
1	Summary of the Assessments and their Standard-Setting procedures	3
2	Notes on the Tables and Statistics	5
3	AKT Statistics	6
	Summary of Demographic Information on Candidates Source of Primary Medical Qualification; Gender & Ethnic Group Main Results: Overall; by Exam Diet, Attempt, Stage of Training; Candidates with Disabilities Results by Individual demographics (first attempt): Gender, Ethnic Group, Medical School/Country Results by Training Deanery: UK graduates, non-UK graduates, all graduates AKT mean sub-component scores, by candidate year of training	
4	CSA Statistics	22
	Summary of Demographic Information on Candidates Source of Primary Medical Qualification; Gender & Ethnic Group Main Results: Overall; by Exam Diet and Attempt; Candidates with Disabilities Results by Individual demographics (first attempt): Gender, Ethnic Group, Medical School/Country Results by Training Deanery: UK graduates, non-UK graduates, all graduates CSA feedback statements for all candidates: aggregate summary Case performance by MRCGP Curriculum area	
5	Inter-component Statistics and Analytical Statistics of Test Quality	40
	Inter-component statistics Test Quality Information – AKT Test Quality Information – CSA	

Annexes

Annex 1:	UK Graduate CSA Candidate Demographics by Medical School – Gender (first attempts only)
Annex 2:	UK Graduate CSA Candidate Demographics by Medical School – Ethnic Group (first attempts only)
Annex 3:	Which Medical Schools do Deaneries' UK Graduates come from?
	(First time CSA takers)
Annex 4:	Which other countries (EEA and RoW) do Deaneries' Trainees come from?
	(First time CSA takers)

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, 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 separately passed:

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

The curriculum, the training and the assessments are based on medical practice in the UK National Health Service. Entry to the formal assessments is only permissible to doctors undergoing GP training within the UK state health care system. Accordingly, no external candidates take these, as happens in certain other Royal Colleges' examinations. (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 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, of course, the 'Stages' will be longer. Currently, trainees studying less than full time are not separately identified in the annual report.

The Applied Knowledge Test (AKT)

The multi-choice **Applied Knowledge Test** is a 3-hr 200-item computer-delivered and marked assessment which was previously available in any of the three years of training (Year 1 = ST1 etc); for candidates who commenced training since August 2010, the AKT has only been available in the ST2, 3 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 neither deducted 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' (JPS) is accordingly determined for the test as a whole, and a statistical review may sometimes 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 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.



The Clinical Skills Assessment (CSA)

The **Clinical Skills Assessment** is an OSCE-style assessment using simulated patients that may be taken only in the final year of training (Year 3 = ST3, or the fourth year of an extended training programme). Since 2010, the CSA has comprised 13 cases or 'stations'. The CSA was until 2012 delivered in a purpose-built assessment centre (in Croydon, South London), although for the examination diets of 2012-13, it will take place in an assessment centre in the College's new accommodation in Euston. Up to 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 GMC). Each case is graded on three domains: Data Gathering, Examination and Clinical 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 the certainty of their judgement on that case – in particular if they felt that overall the candidate may be on the borderline between pass and fail.

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 that 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 support mechanisms are in place: calibration exercises at the beginning of each day of the CSA; initial and on-going training of examiners; and an annual two-day examiners workshop 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 statistic varies, too.

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



2: 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 rather than numerical summaries of data. Where space prevents the charts being of adequate size to read, (for example) the axis scales, the relevant table should be inspected for this detail. 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

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. On the charts generally, groups representing single candidates have been removed, where appropriate, to avoid embarrassment.

Note regarding the Interpretation of the AKT statistics

Some candidates appear twice (505) or three times (88) within this annual database on the AKT, because of retakes. Except in the Summary of Demographic Information, the statistics "for all candidates" aggregate all 3547 candidates' 4140 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 title.

Readers may notice that figures in this report do not always concur precisely with those given in reports of AKT examinations on the College website. The latter normally show totals and pass rates for *all* AKT candidates, including a few GP 'returners'. The figures in this report refer only to candidates 'in training' and eligible for the current MRCGP.

Note regarding the Interpretation of the CSA statistics

Two databases were constructed for the 2011-12 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 (727), three times (108) or even four times (11) within this annual database on the CSA, because of retakes. Except in the Summary of Demographic Information, the statistics "for all candidates" aggregate all 3183 candidates' 4029 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 'personnel' information from a number of computing databases. For example:

- Most of the candidates' personal background data is self-reported on registration for assessments. It is thus subject to entry error, though major data fields have been checked by reference to the GMC's LRMP (version at January 2012)
- For the same reason, data are occasionally missing
- 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
- Updatings to the databases, internally in the College and from the individual Deaneries, are inevitably intermittent

However, the College would as always appreciate learning of any serious apparent errors or omissions in the data reported (for which the compiler apologises in advance). Please email him at rew5@cam.ac.uk



A: Summary of Candidate Demographics

3547 candidates made a total of 4140 attempts at the AKT during 2010-11. The tables below show the origin of the 3547 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 3547 are shown, by training Deanery. Other tables report on the attempts.

V

1. Source of Primary Medical Qualification

or, LLA of Row Glaudales	UK,	EEA	or	RoW	Graduates
--------------------------	-----	-----	----	-----	-----------

	Frequency	Percent
UK (United Kingdom graduates(2362	66.6
EEA (Graduates of EEA Countries)	134	3.8
RoW (Graduates of Rest of World)	1051	29.6
Total	3547	100.0

EEA Graduates by Country of PMQ							
Frequency Percer							
Austria	5	3.7					
Belgium	1	.7					
Bulgaria	4	3.0					
Czech Republic	27	20.1					
Denmark	2	1.5					
Germany	12	9.0					
Greece	2	1.5					
Hungary	4	3.0					
Irish Republic	23	17.2					
Italy	4	3.0					
Latvia	3	2.2					
Lithuania	2	1.5					
Poland	25	18.7					
Romania	15	11.2					
Slovakia	3	2.2					
Spain	2	1.5					
Total	134	100.0					

UK Candidates by Medical School or NULB*

		Frequency	Percent
alid	Aberdeen	71	3.0
	Belfast	62	2.6
	Birmingham	145	6.1
	Brighton and Sussex	16	.7
	Bristol	53	2.2
	Cambridge	36	1.5
	Dundee	57	2.4
	Edinburgh	69	2.9
	* English Conjoint Board	1	.0
	Glasgow	86	3.6
	Hull York	24	1.0
	Leeds	106	4.5
	Leicester	91	3.9
	Liverpool	112	4.7
	London (school unknown)	1	.0
	London: Imperial College	99	4.2
	London: King's College	151	6.4
	London: Queen Mary	129	5.5
	London: St George's	80	3.4
	London: University College	112	4.7
	Manchester	185	7.8
	Newcastle	119	5.0
	Norwich (UEA)	32	1.4
	Nottingham	102	4.3
	Oxford	26	1.1
	Peninsula	34	1.4
	Sheffield	95	4.0
	* Soc Apothecaries London	2	.1
	Southampton	82	3.5
	Wales (inc Cardiff & Swansea)	106	4.5
	Warwick	78	3.3
	Total	2362	100.0

See over for graduates of other countries



Graduates	from	Rest	of	World.	bγ	Country	of PMC)
				,	~,			~

Afghanistan7.7Albania3.3Algeria1.1Argentina1.1Armenia1.1Bangladesh333.1Belarus5.5Bolivia1.1Bosnia & Herzegovina1.1Brazil2.2
Albania3.3Algeria1.1Argentina1.1Armenia1.1Bangladesh333.1Belarus5.5Bolivia1.1Bosnia & Herzegovina1.1Brazil2.2
Algeria1.1Argentina1.1Armenia1.1Bangladesh333.1Belarus5.5Bolivia1.1Bosnia & Herzegovina1.1Brazil2.2
Argentina1.1Armenia1.1Bangladesh333.1Belarus5.5Bolivia1.1Bosnia & Herzegovina1.1Brazil2.2
Armenia1.1Bangladesh333.1Belarus5.5Bolivia1.1Bosnia & Herzegovina1.1Brazil2.2
Bangladesh333.1Belarus5.5Bolivia1.1Bosnia & Herzegovina1.1Brazil2.2
Belarus5.5Bolivia1.1Bosnia & Herzegovina1.1Brazil2.2
Bolivia1.1Bosnia & Herzegovina1.1Brazil2.2
Bosnia & Herzegovina 1 .1 Brazil 2 .2
Brazil 2 .2
Burma 7 .7
Burundi 1 .1
Cayman Islands 1 .1
China 4 .4
Colombia 1 .1
Congo, Democratic Republic 2 .2
Cuba 3 .3
Egypt 17 1.6
Ethiopia 1 .1
Georgia 1 .1
Ghana 7 .7
Grenada 6.6
Guyana 2 .2
India 330 31.4
Iran 12 1.1
Iraq 43 4.1
Jamaica 9 .9
Jordan 3 .3
Kazakhstan 2 .2
Kenya 1 .1
Kosovo 1 .1
Kyrgyzstan 1 .1
Libya 5 .5

Malawi	1	.1
Mexico	1	.1
Moldova	2	.2
Mongolia	1	.1
Morocco	1	.1
Nepal	5	.5
Netherland Antilles	1	.1
New Zealand	4	.4
Nicaragua	1	.1
Nigeria	138	13.1
Pakistan	271	25.8
Philippines	5	.5
Russia	35	3.3
Serbia	3	.3
Sierra Leone	1	.1
South Africa	11	1.0
Sri Lanka	9	.9
St Lucia	1	.1
Sudan	2	.2
Syria	4	.4
Tajikistan	1	.1
Tanzania	1	.1
Trinidad & Tobago	1	.1
Turkey	4	.4
Ukraine	19	1.8
United Arab Emirates	4	.4
USA	1	.1
Uzbekistan	1	.1
Venezuela	1	.1
Yemen	1	.1
Zambia	1	.1
Zimbabwe	4	.4
Total	1051	100.0



2. AKT Candidates' Gender, Ethnic Group and whether UK or international graduates, by Training Deanery

	S	ex	Ethnic Group					Graduate of UK, EEA or RoW				
Training Deanery	Male	Female	S Asian	Black	Chinese / SE Asian	White	Other Ethnicit y	Not known	EEA	RoW	UK	Total
Armed Forces (Defence)	25	13	2	1	0	32	1	2	0	1	37	38
	65.8%	34.2%	5.3%	2.6%	.0%	84.2%	2.6%	5.3%	.0%	2.6%	97.4%	100.0%
East Midlands	126	126	135	29	3	73	9	3	6	115	131	252
	50.0%	50.0%	53.6%	11.5%	1.2%	29.0%	3.6%	1.2%	2.4%	45.6%	52.0%	100.0%
East of England	123	161	145	36	2	92	9	0	18	128	138	284
	43.3%	56.7%	51.1%	12.7%	.7%	32.4%	3.2%	.0%	6.3%	45.1%	48.6%	100.0%
East Scotland	/	20	7	0	0	19	1	0	0	4	23	27
	25.9%	176	25.9%	.0%	.0%	122	3.7%	.0%	.0%	14.8%	85.2%	100.0%
Kent, Surrey, Sussex	100	51.2%	141	54 15.7%	4	35.5%	5.2%	5 1.5%	7.0%	159	101	100.0%
	40.0%	202	180	26	1.2 %	163	27	6	7.0%	40.2 %	40.0%	410
London	28.8%	71.2%	43.9%	6.3%	2.0%	39.8%	6.6%	1.5%	1.7%	10.2%	88.0%	100.0%
	62	88	63	6	3	68	9	1.070	7	56	87	150
Mersey	41.3%	58.7%	42.0%	4.0%	2.0%	45.3%	6.0%	.7%	4.7%	37.3%	58.0%	100.0%
	22	30	8	8	0	33	3	0	1	16	35	52
North Scotland	42.3%	57.7%	15.4%	15.4%	.0%	63.5%	5.8%	.0%	1.9%	30.8%	67.3%	100.0%
	140	137	138	20	2	103	12	2	8	96	173	277
North Western	50.5%	49.5%	49.8%	7.2%	.7%	37.2%	4.3%	.7%	2.9%	34.7%	62.5%	100.0%
N. dia	83	91	56	3	0	105	10	0	6	50	118	174
Northern	47.7%	52.3%	32.2%	1.7%	.0%	60.3%	5.7%	.0%	3.4%	28.7%	67.8%	100.0%
Northorn Iroland	16	47	0	0	0	62	0	1	1	0	62	63
Northern Ireland	25.4%	74.6%	.0%	.0%	.0%	98.4%	.0%	1.6%	1.6%	.0%	98.4%	100.0%
Ovford	34	76	38	3	0	60	9	0	1	14	95	110
	30.9%	69.1%	34.5%	2.7%	.0%	54.5%	8.2%	.0%	.9%	12.7%	86.4%	100.0%
Severn	44	99	18	5	0	115	5	0	8	11	124	143
	30.8%	69.2%	12.6%	3.5%	.0%	80.4%	3.5%	.0%	5.6%	7.7%	86.7%	100.0%
South East Scotland	17	41	4	2	3	48	1	0	0	5	53	58
	29.3%	70.7%	6.9%	3.4%	5.2%	82.8%	1.7%	.0%	.0%	8.6%	91.4%	100.0%
South West Peninsula	29	55	8	1	0	69	4	2	3	5	76	84
	34.5%	65.5%	9.5%	1.2%	.0%	82.1%	4.8%	2.4%	3.6%	6.0%	90.5%	100.0%
Wales	41	81	26	1	2	81	10	2	6	23	93	122
	33.6%	66.4%	21.3%	.8%	1.6%	66.4%	8.2%	1.6%	4.9%	18.9%	76.2%	100.0%
Wessex	56	98	43	11	0	94	5	1	9	46	99	154
	36.4%	63.6%	27.9%	7.1%	.0%	61.0%	3.2%	.6%	5.8%	29.9%	64.3%	100.0%
West Midlands	104	52.29/	202	10	1	20.0%	5.0%	4	15	129	199	343
	47.8% 60	02.2% 85	00.9% 45	4.1%	.3%	30.0% QA	0.0%	1.2%	4.4% 2	31.0%	00.0%	100.0%
West Scotland	41 4%	58.6%	40 31.0%	1	7%	90 62 1%	0%	1 4%	3 2 1 %	23.1%	74 5%	100.0%
	1/13	174	133	¹ 0% ט.ד- 12	./ 70	147	21	2	2.170 11	117	180	317
Yorkshire & The Humber	45.1%	54.9%	42.0%	4 1%	3%	46.4%	6.6%	6%	3.5%	36.9%	59.6%	100.0%
	1/170	2060	1202	-1.1/0 0/10	30	1670	171	.0 /0	124	1051	2362	3547
Total	44 70/	2009	20.00/	2+2 6.0%	00/	47.00/	4.00/	00/	2.00/	20.00/	2002	100.00/
	41.7%	58.3%	39.2%	6.8%	.8%	47.3%	4.8%	.9%	3.8%	29.6%	66.6%	100.0%



1. AKT Result and scores, overall and by exam diet (all candidates)

The pass-mark varies by diet (see introduction): marks have been re-scaled in this report to a pass-mark of zero

Result by Diet								
		Gra	Grade					
		FAIL	PASS	Total				
Diet	October 2011	437	1057	1494				
		29.3%	70.7%	100.0%				
	February 2012	300	894	1194				
		25.1%	74.9%	100.0%				
	April 2012	471	981	1452				
		32.4%	67.6%	100.0%				
Total		1208	2932	4140				
		29.2%	70.8%	100.0%				





Mean Mark by Diet (NSD)

Diet	Mean	N	Std. Deviation
October 2011	9.77	1494	19.559
February 2012	10.26	1194	16.940
April 2012	8.55	1452	19.915
Total	9.48	4140	18.981





2. AKT Result and scores, by Stage of Training (all candidates)

Note: A rule change to the effect that the AKT must be taken after ST1 explains the small number of ST1 candidates

AKT Result by Stage of Training									
		Gra							
		FAIL	PASS	Total					
Stage of Training	ST1	1	1	2					
		50.0%	50.0%	100.0%					
	ST2	565	1665	2230					
		25.3%	74.7%	100.0%					
	ST3	642	1266	1908					
		33.6%	66.4%	100.0%					
Total		1208	2932	4140					
		29.2%	70.8%	100.0%					







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

			Res	sult	
UK or non-U	IK Graduate		FAIL	PASS	Total
UK Craduatas	AKT	1	268	1904	2172
Graduates	Attempt		12.3%	87.7%	100.0%
		2	100	174	274
			36.5%	63.5%	100.0%
		3	33	55	88
			37.5%	62.5%	100.0%
		4	8	19	27
			29.6%	70.4%	100.0%
		5	4	3	7
			57.1%	42.9%	100.0%
		6	0	1	1
			.0%	100.0%	100.0%
	Total		413	2156	2569
			16.1%	83.9%	100.0%
Non-UK Graduates	AKT	1	444	450	894
Graduates	Attempt		49.7%	50.3%	100.0%
		2	222	198	420
			52.9%	47.1%	100.0%
		3	82	89	171
			48.0%	52.0%	100.0%
		4	26	28	54
			48.1%	51.9%	100.0%
		5	10	7	17
			58.8%	41.2%	100.0%
		6	8	2	10
			80.0%	20.0%	100.0%
		7	3	2	5
			60.0%	40.0%	100.0%
	Total		795	776	1571
			50.6%	49.4%	100.0%
Total	AK I Attempt	1	712	2354	3066
			23.2%	76.8%	100.0%
		2	322	372	694
		2	40.4%	33.0%	250
		2	115	144	100.0%
			44.4%	33.0%	100.0%
		-4	42.0%	58.0%	100.0%
		c	42.0%	10	100.0%
			58.3%	41.7%	100.0%
		6	23.370 R	-1.170	100.0%
			72 7%	27.3%	100.0%
		7	2.778	27.5%	5
		,	60.0%	40.0%	100.0%
	Total		1208	2932	4140
			29.2%	70.8%	100.0%
			/ 0		20010/0

AKT Result by Attempt, for UK or non-UK Graduates







Richard Wakeford Psychometric/Assessment Consultant CAQAA Cambridge Assessment & Quality Assurance Associates







5. Candidates with Disabilities: prevalence overall and by attempt; outcomes

UK Equality Legislation permits examination candidates with disabilities to request '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 2011-12, together with the results of the assessments.

There were 97 disabled candidate-attempts at the AKT (see first table below). The second, larger table, shows the outcomes for these candidates.

The overall pass rate for candidates reporting disabilities was 67% on first attempt, 61% on subsequent attempts, combined.

	Frequency	Percent
Dyslexia	65	1.6
Hearing impaired	6	.1
More than one disability	2	.0
No disability	4043	97.7
Other disability	15	.4
Physical disabilities	5	.1
Speech impaired	1	.0
Visually impaired	2	.0
Wheelchair user	1	.0
Total	4140	100.0

AKT Attempts by Candidates and any Disability Reported

Candidates reporting Disabilities: Outcomes by Disability and Attempt

Count

			AKT A	ttempt		
Result		1	2	3	4	Total
FAIL	Dyslexia	14	2	4	0	20
	Hearing impaired	2	0	0	0	2
	More than one disability	1	0	1	0	2
	Other disability	3	2	1	0	6
	Physical disabilities	0	1	1	0	2
	Visually impaired	1	1	0	0	2
PASS	Dyslexia	28	5	4	8	45
	Hearing impaired	4	0	0	0	4
	Other disability	7	1	1	0	9
	Physical disabilities	2	1	0	0	3
	Speech impaired	1	0	0	0	1
	Wheelchair user	1	0	0	0	1



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

AKT Re	AKT Result by Sex, and by UK or non-UK Graduate											
			Res	sult								
UK or non-UK Gradu	ate		FAIL	PASS	Total							
UK Graduates	Sex	Male	126	622	748							
			16.8%	83.2%	100.0%							
		Female	142	1282	1424							
			10.0%	90.0%	100.0%							
	Total		268	1904	2172							
			12.3%	87.7%	100.0%							
Non-UK Graduates	Sex	Male	260	204	464							
			56.0%	44.0%	100.0%							
		Female	184	246	430							
			42.8%	57.2%	100.0%							
	Total		444	450	894							
			49.7%	50.3%	100.0%							
Total	Sex	Male	386	826	1212							
			31.8%	68.2%	100.0%							
		Female	326	1528	1854							
			17.6%	82.4%	100.0%							
	Total		712	2354	3066							
			23.2%	76.8%	100.0%							







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

A	AKT Result by Ethnic Group, and by UK or non-UK Graduate											
			Res	ult								
UK or non-l	JK Gradua	te	FAIL	PASS	Total							
UK	Ethnic	S Asian	119	411	530							
Graduates	Group		22.5%	77.5%	100.0%							
		Black	17	37	54							
			31.5%	68.5%	100.0%							
		SE Asian / Chinese	4	21	25							
			16.0%	84.0%	100.0%							
		White	110	1346	1456							
			7.6%	92.4%	100.0%							
		Other Ethnicity	11	70	81							
			13.6%	86.4%	100.0%							
		Unknown	7	19	26							
			26.9%	73.1%	100.0%							
	Total		268	1904	2172							
			12.3%	87.7%	100.0%							
Non-UK	Ethnic	S Asian	286	295	581							
Graduates	Group		49.2%	50.8%	100.0%							
		Black	83	50	133							
			62.4%	37.6%	100.0%							
		SE Asian / Chinese	0	2	2							
			.0%	100.0%	100.0%							
		White	38	74	112							
			33.9%	66.1%	100.0%							
		Other Ethnicity	36	26	62							
			58.1%	41.9%	100.0%							
		Unknown	1	3	4							
			25.0%	75.0%	100.0%							
	Total		444	450	894							
			49.7%	50.3%	100.0%							
Total	Ethnic	S Asian	405	706	1111							
	Group		36.5%	63.5%	100.0%							
		Black	100	87	187							
			53.5%	46.5%	100.0%							
		SE Asian / Chinese	4	23	27							
			14.8%	85.2%	100.0%							
		White	148	1420	1568							
			9.4%	90.6%	100.0%							
		Other Ethnicity	47	96	143							
			32.9%	67.1%	100.0%							
		Unknown	8	22	30							
			26.7%	73.3%	100.0%							
	Total		712	2354	3066							
			23.2%	76.8%	100.0%							



All First Attempt Candidates





Royal College of General Practitioners Richard Wakeford Psychometric/Assessment Consultant CAQAA Cambridge Assessment & Quality Assurance Associates

3. AKT Result and Scores by PMQ, subdivided (1st attempt)

UK Graduates

Result and Score by UK Medical School											
UK Medical School	N	Minimum	Maximum	Mean	SD	Fail %	Pass %				
Aberdeen	61	-26	41	17.2	14.57	9.8%	90.2%				
Belfast	58	-14	50	27.4	13.54	1.7%	98.3%				
Birmingham	138	-21	52	22.3	16.57	11.6%	88.4%				
Brighton and Sussex	16	-8	36	18.0	10.28	6.3%	93.8%				
Bristol	52	-7	47	25.5	11.91	3.8%	96.2%				
Cambridge	35	-26	51	29.4	17.40	8.6%	91.4%				
Dundee	46	-14	43	17.8	12.77	10.9%	89.1%				
Edinburgh	68	3	48	25.8	10.64	0.0%	100.0%				
Glasgow	84	-18	45	17.3	13.55	10.7%	89.3%				
Hull York	24	-33	41	15.8	18.12	12.5%	87.5%				
Leeds	103	-17	50	22.4	16.08	11.7%	88.3%				
Leicester	81	-15	42	17.8	12.48	11.1%	88.9%				
Liverpool	98	-30	46	46 13.5		20.4%	79.6%				
London (school unknown)	1	30	30	30.0		0.0%	100.0%				
London: Imperial College	97	-25	48	20.6	13.94	6.2%	93.8%				
London: King's College	141	-27	47	16.8	16.58	14.9%	85.1%				
London: Queen Mary	104	-37	47	6.9	16.11	35.6%	64.4%				
London: St George's	70	-22	42	17.3	15.04	17.1%	82.9%				
London: University College	106	-19	52	20.2	13.77	8.5%	91.5%				
Manchester	169	-37	50	16.8	15.93	13.6%	86.4%				
Newcastle	111	-34	47	18.4	16.13	10.8%	89.2%				
Norwich (UEA)	28	-35	42	6.9	20.35	32.1%	67.9%				
Nottingham	99	-32	48	23.3	14.92	8.1%	91.9%				
Oxford	26	15	45	32.4	8.18	0.0%	100.0%				
Peninsula	32	-31	38	7.9	19.59	34.4%	65.6%				
Sheffield	77	-33	49	19.9	17.41	13.0%	87.0%				
Southampton	72	-14	46	19.8	13.64	8.3%	91.7%				
Wales (inc Cardiff & Swansea)	104	-8	53	24.6	12.21	4.8%	95.2%				
Warwick	71	-29	48	16.8	16.27	16.9%	83.1%				



RC GP

Royal College of General Practitioners

	Non-UK Graduates: pass rates by country, first attempt												
Country	N fail	N pass	Total N	Pass Rate	Country	N fail	N pass	Total N	Pass Rate				
Afghanistan	3	3	6	50%	Kenya	1	0	1	0%				
Albania	1	0	1	0%	Kyrgyzstan	0	1	1	100%				
Argentina	1	0	1	0%	Latvia	2	1	3	33%				
Armenia	1	0	1	0%	Libya	4	1	5	20%				
Austria	5	0	5	0%	Lithuania	1	1	2	50%				
Bangladesh	16	8	24	33%	Mexico	1	0	1	0%				
Belarus	2	1	3	33%	Moldova	1	1	2	50%				
Bolivia	1	0	1	0%	Mongolia	1	0	1	0%				
Bosnia & Herzegovina	1	0	1	0%	Могоссо	1	0	1	0%				
Brazil	0	1	1	100%	Nepal	1	1	2	50%				
Bulgaria	1	3	4	75%	New Zealand	0	4	4	100%				
Burma	3	3	6	50%	Nicaragua	1	0	1	0%				
Burundi	1	0	1	0%	Nigeria	58	45	103	44%				
China	4	0	4	0%	Pakistan	97	96	193	50%				
Colombia	1	0	1	0%	Philippines	3	1	4	25%				
Congo, Democratic Republic	1	0	1	0%	Poland	11	11	22	50%				
Cuba	3	0	3	0%	Romania	5	7	12	58%				
Czech Republic	14	7	21	33%	Russia	15	8	23	35%				
Denmark	1	1	2	50%	Serbia	1	1	2	50%				
Egypt	4	4	8	50%	Sierra Leone	1	0	1	0%				
Ethiopia	1	0	1	0%	Slovakia	1	1	2	50%				
Georgia	1	0	1	0%	South Africa	3	6	9	67%				
Germany	2	8	10	80%	Spain	0	1	1	100%				
Ghana	5	2	7	29%	Sri Lanka	3	5	8	63%				
Greece	0	2	2	100%	St Lucia	1	0	1	0%				
Grenada	1	2	3	67%	Sudan	1	0	1	0%				
Guyana	1	0	1	0%	Syria	1	1	2	50%				
Hungary	3	1	4	25%	Tajikistan	1	0	1	0%				
India	102	155	257	60%	Tanzania	0	1	1	100%				
Iran	7	3	10	30%	Trinidad & Tobago	1	0	1	0%				
Iraq	18	15	33	46%	Turkey	0	2	2	100%				
Irish Republic	1	20	21	95%	Ukraine	11	5	16	31%				
Italy	2	1	3	33%	United Arab Emirates	2	2	4	50%				
Jamaica	3	1	4	25%	Venezuela	0	1	1	100%				
Jordan	1	1	2	50%	Yemen	1	0	1	0%				
Kazakhstan	1	1	2	50%	Zimbabwe	0	3	3	100%				

Non-UK Graduates (pass-rates only, in view of generally small numbers) (1st attempt)

Non-UK Graduates – Countries with 4+ Candidates on First Attempt





1. Results for all attempts, combined: UK graduates; non-UK graduates; all graduates

	Res	ult by C S	Candid ex	ates'				Resu	ılt by C	andida	ates' E	thnic G	iroup				Resul	t by Sc	ource c	of Canc	lidates	' PMQ
Deanery	м	en	Wo	Women		S Asian Black Candidates		ack idates	Chinese / SE Asian Candidates		Wi Cand	nite idates	Cand of C Eth Gro	idates other inic oups	Cand of Uni Ethr	idates mown licity	ι UK		E	ĒA	Ro	w
	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass
Armed Forces	3	23	4	12	0	2	1	0			6	30	0	1	0	2	6	35			1	0
(Defence)	12%	88%	25%	75%	%	100%	100%	%			17%	83%	%	100%	%	100%	15%	85%			100%	%
Fast Midlands	56	99	39	105	61	104	20	20	0	3	11	66	3	8	0	3	22	118	3	5	70	81
	36%	64%	27%	73%	37%	63%	50%	50%	%	100%	14%	86%	27%	73%	%	100%	16%	84%	38%	63%	46%	54%
East of England	72	85	55	127	77	101	23	24	0	2	24	79	3	6			39	116	9	12	79	84
	46%	54%	30%	70%	43%	57%	49%	51%	%	100%	23%	77%	33%	67%			25%	75%	43%	57%	48%	52%
East Scotland	1	7	0	20	1	7					0	19	0	1			1	23			0	4
	13%	88%	%	100%	13%	88%					%	100%	%	100%			4%	96%			%	100%
Kent, Surrey, Sussex	118	112	76	143	90	98	43	36	2	3	36	105	18	9	5	4	46	145	23	10	125	100
Sussex	51%	49%	35%	65%	48%	52%	54%	46%	40%	60%	26%	74%	67%	33%	56%	44%	24%	76%	70%	30%	56%	44%
London	28	107	33	274	26	168	7	21	2	7	17	157	9	22	0	6	37	343	2	6	22	32
	21%	79%	11%	89%	13%	87%	25%	75%	22%	78%	10%	90%	29%	71%	%	100%	10%	90%	25%	75%	41%	59%
Mersey	33	45	34	71	44	42	7	4	0	3	9	62	7	4	0	1	18	76	8	4	41	36
	42%	58%	32%	68%	51%	49%	64%	36%	%	100%	13%	87%	64%	36%	%	100%	19%	81%	67%	33%	53%	47%
North Scotland	12	15	12	23	5	5	9	4			9	27	1	2			10	28	0	1	14	9
	44%	56%	34%	66%	50%	50%	69%	31%			25%	75%	33%	67%			26%	/4%	%	100%	61%	39%
North Western	69	106	38	119	11	102	14	11	1	2	12	97	3	11	0	2	37	152	2	7	68	66
	39%	61%	24%	76%	43%	57%	56%	44%	33%	67%	11%	89%	21%	79%	%	100%	20%	104	22%	78%	51%	49%
Northern	40	62%	20%	78 90%	50%	50%	2 50%	2 50%			13	97	D	55%			25	91%	67%	3	28	30 56%
	20 //	15	20 %	47	50 %	50 %	50 %	50 %			0	62	43%	55%	2	0	1970	61	07 /0	1	44 /0	50 %
Northern Ireland	12%	88%	%	100%							%	100%			2	%	3%	97%	%	100%		
	9	31	15	66	19	28	2	2			3	58	0	9	10070	70	18	86	0	100 /0	6	10
Oxford	23%	78%	19%	81%	40%	60%	50%	50%			5%	95%	%	100%			17%	83%	%	100%	38%	63%
	5	40	9	95	3	16	3	5			6	110	2	4			9	117	1	8	4	10
Severn	11%	89%	9%	91%	16%	84%	38%	63%			5%	95%	33%	67%			7%	93%	11%	89%	29%	71%
0	4	14	1	40	1	3	3			3	1	47	0	1			1	52			4	2
South East Scotland	22%	78%	2%	98%	25%	75%	100%			100%	2%	98%	%	100%			2%	98%			67%	33%
South West	3	28	12	46	2	6	1	0			11	63	0	4	1	1	12	69	1	2	2	3
Peninsula	10%	90%	21%	79%	25%	75%	100%	%			15%	85%	%	100%	50%	50%	15%	85%	33%	67%	40%	60%
	18	34	14	79	17	22	2	0	1	1	6	80	5	8	1	2	10	91	3	5	19	17
Wales	35%	65%	15%	85%	44%	56%	100%	%	50%	50%	7%	93%	38%	62%	33%	67%	10%	90%	38%	63%	53%	47%
	30	40	26	86	33	28	7	6			11	87	5	4	0	1	12	96	6	4	38	26
vvessex	43%	57%	23%	77%	54%	46%	54%	46%			11%	89%	56%	44%	%	100%	11%	89%	60%	40%	59%	41%
West Midles -	81	121	58	145	107	144	8	10	0	1	16	94	3	15	5	2	49	174	12	10	78	82
west wildlands	40%	60%	29%	71%	43%	57%	44%	56%	%	100%	15%	85%	17%	83%	71%	29%	22%	78%	55%	45%	49%	51%
West Sectord	28	43	14	78	23	36	7			1	11	83			1	1	17	100	1	2	24	19
WEST SCOURING	39%	61%	15%	85%	39%	61%	100%			100%	12%	88%			50%	50%	15%	85%	33%	67%	56%	44%
Yorkshire & The	94	98	43	151	90	88	6	8	0	1	22	138	17	12	2	2	42	170	8	6	87	73
Humber	49%	51%	22%	78%	51%	49%	43%	57%	%	100%	14%	86%	59%	41%	50%	50%	20%	80%	57%	43%	54%	46%
T	706	1127	502	1805	713	1037	165	153	6	27	226	1561	81	127	17	27	413	2156	85	87	710	689
Total	39%	61%	22%	78%	41%	59%	52%	48%	18%	82%	13%	87%	39%	61%	39%	61%	16%	84%	49%	51%	51%	49%



2. Graphical Representation of Candidate Scores by Deanery, by source of PMQ

UK Graduates, First Attempt



Non-UK Graduates (EEA and RoW, combined), First Attempt





All Graduates, All Attempts





	Percentage Marks on sub-Components												
Stage	of Training	N	Minimum	Maximum	Mean	Std. Deviation							
ST1	Clinical Medicine Mark	2	45.63	73.13	59.38	19.45							
	Evidence Interpretation Mark	2	55	85	70.00	21.21							
	Organisational Questions Mark	2	45	85	65.00	28.28							
ST2	Clinical Medicine Mark	2062	42.14	95.63	75.74	9.56							
	Evidence Interpretation Mark	2062	15	100	72.84	16.39							
	Organisational Questions Mark	2062	25	100	68.84	13.08							
ST3	Clinical Medicine Mark	1002	38.75	94.38	73.98	10.20							
	Evidence Interpretation Mark	1002	15	100	74.63	15.10							
	Organisational Questions Mark	1002	15	100	73.57	13.86							

1. Descriptive Statistics of the three Scores, all candidates

2. Distributions of Scores on the three sub-Components by Training Year, all candidates (ST1 suppressed, because of very small numbers)









4: CSA Statistics

A: Summary of Candidate Demographics

3183 candidates made a total of 4029 attempts at the CSA during 2011-12. The tables below show the origin of the 3183 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 next page, the background demographic characteristics of the 3183 are shown, by training Deanery. Other tables report on the 4029 attempts.

1. Source of Primary Medical Qualification

UK Graduates, EEA Graduates or Graduates of the Rest of the World

	Frequency	Percent
UK Graduates	2060	64.7
EEA Graduates	97	3.0
RoW Graduates	1026	32.2
Total	3183	100.0

EEA	Graduates	by	Country	of	PMC

	Frequency	Percent
Austria	4	4.1
Belgium	1	1.0
Bulgaria	4	4.1
Czech Republic	20	20.6
Denmark	1	1.0
Germany	11	11.3
Greece	1	1.0
Hungary	4	4.1
Irish Republic	10	10.3
Italy	5	5.2
Latvia	4	4.1
Malta	1	1.0
Netherlands	1	1.0
Poland	16	16.5
Romania	8	8.2
Slovakia	4	4.1
Spain	2	2.1
Total	97	100.0

Frequency Percent Aberdeen 72 3.5 Belfast 62 3.0 Birmingham 128 6.2 2.9 Bristol 59 Cambridge 34 1.7 Dundee 59 2.9 Edinburgh 59 2.9 Glasgow 85 4.1 Leeds 92 4.5 Leicester 75 3.6 Liverpool 98 4.8 London - Imperial College 97 4.7 London – King's 126 6.1 London - Queen Mary 118 5.7 London - St George's 89 4.3 London - University College 116 5.6 London (school unknown) 2 .1 Manchester 143 6.9 Newcastle 95 4.6 Norwich (UEA) 19 .9 Nottingham 89 4.3 Oxford 26 1.3 Peninsula 19 .9 Sheffield 79 3.8 * Soc Apothecaries London 3 .1 Southampton 69 3.3 Wales (inc Cardiff & Swansea) 93 4.5 Warwick 54 2.6 Total 2060 100.0

UK Graduates by Medical School or NULB*

For Graduates of Medical Schools of the Rest of the World, see overleaf



	Frequency	Percent
Afghanistan	4	.4
Albania	2	.2
Algeria	1	.1
Argentina	1	.1
Armenia	3	.3
Australia	3	.3
Bangladesh	28	2.7
Belarus	3	.3
Bosnia and Herzegovina	1	.1
Brazil	2	.2
Burma	12	1.2
Burundi	1	.1
Cayman Islands	1	.1
China	4	.4
Colombia	1	.1
Congo, Democratic Republic	1	.1
Cuba	2	.2
Egypt	11	1.1
Ethiopia	1	.1
Georgia	1	.1
Ghana	6	.6
Grenada	4	.4
Guvana	1	.1
India	387	37.7
Iran	12	1.2
Irag	34	3.3
lamaica	13	1.3
lordan	20	
Kazakhstan	1	.1
Libva	7	7
Malawi	, 1	.,
Malavsia	1	.1
Mexico	1	1
Moldova	1	.1
Morocco	1	1
Nenal	9	9
Netherlands Antilles	1	.5
New Zealand	5	5
Nicaragua	1	1
Nigeria	104	10.1
Pakistan	235	22.0
Philippines	255	22.5 A
Russia	27	
Serbia	27	2.0
South Africa	12	1.2
South Airica	24	2.2
St Kitte and Nevie	24	2.5
	1	.2
St Lucia	2	.1
Sudan	2	.2
Tanzania	2	с. г
Turkov	1	1.
landa	4	.4
Uganda	1	1.
Ukraine	21	2.0
United Arab Emirates	1	1.
USA	1	1.
venezuela Zenekia	1	.1
Zampia	2	.2
Zimbabwe	4	.4
I OTAI	1026	100.0

Graduates from Rest of World, by Country of PMQ



2. CSA Candidates' Gender, Ethnic Group and whether UK or non-UK graduates, by Training Deanery

Deamany	Se	ex			Ethnic	Group			UK or I Grad	Non-UK luate	
Deanery	Male	Female	S Asian	Black	Chinese / SE Asian	White	Other	Unknown	UK Grad	Non-UK Grad	Total
Armed Forces (Defence)	27	9	1	0	0	33	1	1	36	0	36
Anneu Torces (Derence)	75.0%	25.0%	2.8%	0.0%	0.0%	91.7%	2.8%	2.8%	100.0%	0.0%	100.0%
Deanery Armed Forces (Defence) East Midlands East of England East Scotland Kent, Surrey, Sussex London Mersey North Scotland North Western Northern Northern Ireland Oxford	108	112	107	26	3	75	8	1	117	103	220
Last Minianus	49.1%	50.9%	48.6%	11.8%	1.4%	34.1%	3.6%	0.5%	53.2%	46.8%	100.0%
East of England East Scotland Kent, Surrey, Sussex London Mersey	115	162	148	33	5	81	9	1	124	153	277
	41.5%	58.5%	53.4%	11.9%	1.8%	29.2%	3.2%	0.4%	44.8%	55.2%	100.0%
East Midlands East of England East Scotland Kent, Surrey, Sussex London Mersey North Scotland North Western Northern Northern Northern Ireland Oxford Severn South East Scotland	18	13	8	1	0	22	0	0	23	8	31
	58.1%	41.9%	25.8%	3.2%	0.0%	71.0%	0.0%	0.0%	74.2%	25.8%	100.0%
Kont Surrov Sussey	152	146	129	47	8	90	19	5	130	168	298
Kent, Juney, Jussex	51.0%	49.0%	43.3%	15.8%	2.7%	30.2%	6.4%	1.7%	43.6%	56.4%	100.0%
London	132	275	190	20	10	160	20	7	341	66	407
London	32.4%	67.6%	46.7%	4.9%	2.5%	39.3%	4.9%	1.7%	83.8%	16.2%	100.0%
Morcov	64	76	63	7	3	61	6	0	77	63	140
IVIEI SE Y	45.7%	54.3%	45.0%	5.0%	2.1%	43.6%	4.3%	0.0%	55.0%	45.0%	100.0%
North Scotland	21	23	11	2	0	30	1	0	30	14	44
	47.7%	52.3%	25.0%	4.5%	0.0%	68.2%	2.3%	0.0%	68.2%	31.8%	100.0%
North Western	131	107	131	10	4	83	8	2	147	91	238
North Western	55.0%	45.0%	55.0%	4.2%	1.7%	34.9%	3.4%	0.8%	61.8%	38.2%	100.0%
N - white - we	56	74	40	1	3	81	5	0	85	45	130
Northern	43.1%	56.9%	30.8%	0.8%	2.3%	62.3%	3.8%	0.0%	65.4%	34.6%	100.0%
Northern Ireland	17	39	1	0	0	54	0	1	53	3	56
	30.4%	69.6%	1.8%	0.0%	0.0%	96.4%	0.0%	1.8%	94.6%	5.4%	100.0%
Ovford	47	70	44	3	2	60	8	0	96	21	117
Oxioru	40.2%	59.8%	37.6%	2.6%	1.7%	51.3%	6.8%	0.0%	82.1%	17.9%	100.0%
Sovorp	41	77	15	3	0	97	3	0	102	16	118
Oxford Severn	34.7%	65.3%	12.7%	2.5%	0.0%	82.2%	2.5%	0.0%	86.4%	13.6%	100.0%
Armed Forces (Defence) East Midlands East of England East Scotland Kent, Surrey, Sussex London Mersey North Scotland North Western Northern Ireland Oxford Severn South East Scotland South West Peninsula Wales West Midlands West Scotland Yorkshire & The Humber Total	16	42	10	0	2	41	5	0	49	9	58
South Last Scotland	27.6%	72.4%	17.2%	0.0%	3.4%	70.7%	8.6%	0.0%	84.5%	15.5%	100.0%
South West Popinsula	27	49	8	0	0	65	3	0	63	13	76
	35.5%	64.5%	10.5%	0.0%	0.0%	85.5%	3.9%	0.0%	82.9%	17.1%	100.0%
Wales	52	72	43	0	2	71	7	1	82	42	124
Wales	41.9%	58.1%	34.7%	0.0%	1.6%	57.3%	5.6%	0.8%	66.1%	33.9%	100.0%
Wessey	52	77	33	4	2	81	9	0	88	41	129
WESSEX	40.3%	59.7%	25.6%	3.1%	1.6%	62.8%	7.0%	0.0%	68.2%	31.8%	100.0%
West Midlands	143	148	184	18	2	73	12	2	152	139	291
West Wildiands	49.1%	50.9%	63.2%	6.2%	0.7%	25.1%	4.1%	0.7%	52.2%	47.8%	100.0%
West Scotland	53	87	31	0	3	102	2	2	113	27	140
	37.9%	62.1%	22.1%	0.0%	2.1%	72.9%	1.4%	1.4%	80.7%	19.3%	100.0%
Vorkshire & The Humber	127	126	110	8	3	115	15	2	152	101	253
	50.2%	49.8%	43.5%	3.2%	1.2%	45.5%	5.9%	0.8%	60.1%	39.9%	100.0%
Total	1399	1784	1307	183	52	1475	141	25	2060	1123	3183
i otali	44.0%	56.0%	41.1%	5.7%	1.6%	46.3%	4.4%	0.8%	64.7%	35.3%	100.0%



1. CSA Result and scores, overall

The pass-mark varies day-on-day (see introduction): marks have been re-scaled in this report to a pass-mark of zero







	CSA R	CSA Result		
	Fail	Pass	Total	
Sept 2011	187	230	417	
	44.8%	55.2%	100.0%	
Nov 2011	181	302	483	
	37.5%	62.5%	100.0%	
Feb-Mar 2012	585	1489	2074	
	28.2%	71.8%	100.0%	
May 2012	421	634	1055	
	39.9%	60.1%	100.0%	
Total	1374	2655	4029	
	34.1%	65.9%	100.0%	





Fail Pass



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

Result by Attempt at CSA										
			CSA R	lesult						
UK or Non-U	K Graduate		Fail	Pass	Total					
UK Graduata		1	201	1823	2024					
Graduate			9.9%	90.1%	100.0%					
	-	2	38	144	182					
			20.9%	79.1%	100.0%					
	-	3	9	17	26					
			34.6%	65.4%	100.0%					
		4	4	3	7					
			57.1%	42.9%	100.0%					
		5	4	0	4					
			100.0%	.0%	100.0%					
	- (6	1	0	1					
			100.0%	.0%	100.0%					
		7	1	0	1					
			100.0%	.0%	100.0%					
	Total		258	1987	2245					
			11.5%	88.5%	100.0%					
Non-UK		1	543	288	831					
Graduate			65.3%	34.7%	100.0%					
		2	276	200	476					
			58.0%	42.0%	100.0%					
	-	3	143	77	220					
	_		65.0%	35.0%	100.0%					
	-	4	93	54	147					
			63.3%	36.7%	100.0%					
		5	40	35	75					
			53.3%	46.7%	100.0%					
		6	11	10	21					
			52.4%	47.6%	100.0%					
	2	7	6	2	8					
	_		75.0%	25.0%	100.0%					
	1	8	4	1	5					
	_		80.0%	20.0%	100.0%					
	9	9	0	1	1					
			.0%	100.0%	100.0%					
	Total		1116	668	1784					
			62.6%	37.4%	100.0%					
Total		1	744	2111	2855					
	_	-	26.1%	73.9%	100.0%					
		2	314	344	658					
	_		47.7%	52.3%	100.0%					
	-	5	152	94	246					
	-		61.8%	58.2%	100.0%					
		+	62.0%	37.0%	100.0%					
	-	-	05.0%	37.0%	100.0%					
		5	44 FF 7%	20	100.0%					
	_	s	33.7%	44.5%	100.0%					
	,		EA E%	10 10	100 0%					
	-	7	34.3%	43.3%	100.0%					
		,	77.8≌	22.24	100.0%					
		8	A 11.070	1	100.0%					
	•		4 80.0≅	20.0%	100.0%					
	_	9	00.0%	1	1 1					
		-	0%	100.0%	100.0%					
	Total		1374	2655	4029					
			24.1%	65.9%	100.0%					









4. Candidates with Disabilities: prevalence overall and by attempt; outcomes

UK Equality Legislation permits examination candidates with disabilities to request reasonable accommodations in regard to their disabilities, without affecting the difficulty of the examination. The tables below record the prevalence of such candidates in attempts at the CSA in 2011-12, together with the results of the assessments.

There were 70 disabled candidates in all (see first table below) making 84 attempts (see second, larger table) which shows the outcomes.

The pass rate for candidates reporting disabilities was 77% on first attempt, 42% on subsequent attempts, combined.

	Frequency	Percent
Dyslexia	42	1.3
Hearing impaired	6	.2
More than one disability	1	.0
No disability	3113	97.8
Other disability	14	.4
Physical disabilities	3	.1
Speech impaired	3	.1
Wheelchair user	1	.0
Total	3183	100.0

CSA Candidates reporting Disabilities

Candidates reporting Disabilities: Outcomes by Disability and Attempt

CSA Result		1	2	3	4	5	Total
Fail	Dyslexia	9	4	2	4	1	20
	Hearing impaired	1	0	1	1	0	3
	Other disability	1	0	1	2	0	4
	Physical disabilities	1	0	0	0	0	1
	Speech impaired	0	1	1	0	0	2
Pass	Dyslexia	26	3	2	0	0	31
	Hearing impaired	3	2	0	0	0	5
	More than one disability	1	0	0	0	0	1
	Other disability	8	2	0	0	1	11
	Physical disabilities	2	1	0	0	0	3
	Speech impaired	0	0	0	2	0	2
	Wheelchair user	1	0	0	0	0	1



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

Result by Candidates' Sex										
		CSA R								
UK or Non-UK Grad	luate	Fail	Pass	Total						
UK Graduate	Male	109	626	735						
		14.8%	85.2%	100.0%						
	Female	92	1197	1289						
		7.1%	92.9%	100.0%						
	Total	201	1823	2024						
		9.9%	90.1%	100.0%						
Non-UK Graduate	Male	344	95	439						
		78.4%	21.6%	100.0%						
	Female	199	193	392						
		50.8%	49.2%	100.0%						
	Total	543	288	831						
		65.3%	34.7%	100.0%						
Total	Male	453	721	1174						
		38.6%	61.4%	100.0%						
	Female	291	1390	1681						
		17.3%	82.7%	100.0%						
	Total	744	2111	2855						
		26.1%	73.9%	100.0%						







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

Result by Candidate Ethnic Group									
		CSA R	esult						
UK or Non-	UK Graduate	Fail	Pass	Total					
UK	S Asian	87	411	498					
Graduate		17.5%	82.5%	100.0%					
	Black	11	34	45					
		24.4%	75.6%	100.0%					
	Chinese / SE Asian	13	29	42					
		31.0%	69.0%	100.0%					
	White	78	1272	1350					
		5.8%	94.2%	100.0%					
	Other	9	61	70					
		12.9%	87.1%	100.0%					
	Unknown	3	16	19					
		15.8%	84.2%	100.0%					
	Total	201	1823	2024					
		9.9%	90.1%	100.0%					
Non-UK	S Asian	384	169	553					
Graduate		69.4%	30.6%	100.0%					
	Black	76	34	110					
		69.1%	30.9%	100.0%					
	Chinese / SE Asian	3	1	4					
		75.0%	25.0%	100.0%					
	White	46	56	102					
		45.1%	54.9%	100.0%					
	Other	31	27	58					
		53.4%	46.6%	100.0%					
	Unknown	3	1	4					
		75.0%	25.0%	100.0%					
	Total	543	288	831					
		65.3%	34.7%	100.0%					
Total	S Asian	471	580	1051					
		44.8%	55.2%	100.0%					
	Black	87	68	155					
		56.1%	43.9%	100.0%					
	Chinese / SE Asian	16	30	46					
		34.8%	65.2%	100.0%					
	White	124	1328	1452					
		8.5%	91.5%	100.0%					
	Other	40	88	128					
		31.3%	68.8%	100.0%					
	Unknown	6	17	23					
		26.1%	73.9%	100.0%					
	Total	744	2111	2855					
		26.1%	73.9%	100.0%					







Royal College of General Practitioners

3. CSA Result and Scores by PMQ, subdivided (1st attempt)

UK Graduates (by medical school)

Medical School or NUL B*	No of		CSAS	Score		CSA Result		
(= Non-University Licensing Body)	Cands	Min	Max	Mean	SD	Fail %	Pass %	
Aberdeen	69	-15	29	10.7	9.07	10.1	89.9	
Belfast	62	-10	29	13.8	7.84	4.8	95.2	
Birmingham	128	-17	35	14.5	9.76	7.0	93.0	
Bristol	59	-2	31	15.1	8.33	5.1	94.9	
Cambridge	33	-2	35	16.8	9.16	3.0	97.0	
Dundee	57	-16	31	10.3	8.93	7.0	93.0	
Edinburgh	58	-14	37	14.7	9.60	8.6	91.4	
Glasgow	82	-13	32	12.5	9.44	11.0	89.0	
Leeds	90	-13	32	13.7	9.21	7.8	92.2	
Leicester	74	-12	34	14.1	10.22	9.5	90.5	
Liverpool	94	-29	33	10.7	11.70	16.0	84.0	
London - Imperial College	96	-10	38	14.4	10.81	9.4	90.6	
London - King's	123	-17	33	13.3	9.59	9.8	90.2	
London - Queen Mary	114	-22	29	5.7	10.97	27.2	72.8	
London - St George's	87	-9	38	11.6	10.51	14.9	85.1	
London - University College	114	-11	35	12.8	8.64	6.1	93.9	
London (school unknown)	2	1	32	16.5	21.92		100.0	
Manchester	142	-20	39	10.8	9.08	8.5	91.5	
Newcastle	94	-14	33	13.2	10.32	10.6	89.4	
Norwich (UEA)	19	-7	24	10.1	8.20	5.3	94.7	
Nottingham	89	-12	30	15.9	9.41	6.7	93.3	
Oxford	26	1	37	18.0	8.46		100.0	
Peninsula	19	3	23	12.7	6.95		100.0	
Sheffield	78	-11	31	13.0	9.43	11.5	88.5	
* Soc Apothecaries London	2	-11	7	-2.0	12.73	50.0	50.0	
Southampton	68	-23	33	12.6	12.24	13.2	86.8	
Wales (inc Cardiff & Swansea)	91	-15	32	13.9	9.16	4.4	95.6	
Warwick	54	-18	32	12.0	11.04	13.0	87.0	
Total	2024	-29	39	12.7	10.03	201	1823	



RC GP

Royal College of General Practitioners

EEA Graduates (by country; chart only shows countries with ≥4 candidates) (1st attempt)

EEA Country of Primary Medical	No. of		CSAS	CSA Result			
Qualification	Cands	Min	Max	Mean	SD	Fail %	Pass %
Austria	2	7	8	7.5	0.71	0.0	100.0
Belgium	1	-20	-20	-20.0		100.0	0.0
Bulgaria	4	-10	6	-0.3	7.41	50.0	50.0
Czech Republic	16	-36	20	-1.6	13.75	50.0	50.0
Denmark	1	11	11	11.0		0.0	100.0
Germany	11	-23	16	1.0	12.36	36.4	63.6
Hungary	4	-12	15	6.0	12.52	25.0	75.0
Irish Republic	8	-14	25	7.1	13.51	37.5	62.5
Italy	4	-17	16	-0.5	13.96	50.0	50.0
Latvia	3	-10	12	-0.7	11.37	66.7	33.3
Malta	1	15	15	15.0		0.0	100.0
Netherlands	1	4	4	4.0		0.0	100.0
Poland	16	-37	15	-6.3	13.40	68.8	31.3
Romania	7	-7	4	-2.1	4.22	57.1	42.9
Slovakia	3	-21	-3	-9.3	10.12	100.0	0.0
Spain	2	0	13	6.5	9.19	0.0	100.0
Total	84	-37	25	-0.5	12.36	48.8	51.2





RoW (Rest of World: by country of PMQ)

RoW Country of Primary Medical	No. of		CSAS	CSA Result			
Qualification	Cands	Min	Max	Mean	SD	Fail %	Pass %
Afghanistan	4	-7	-1	-3.5	2.65	100.0	0.0
Albania	2	-24	-21	-22.5	2.12	100.0	0.0
Argentina	1	5	5	5.0		0.0	100.0
Armenia	2	-21	-12	-16.5	6.36	100.0	0.0
Australia	3	-2	21	12.7	12.74	33.3	66.7
Bangladesh	19	-36	6	-12.5	11.75	89.5	10.5
Belarus	1	-1	-1	-1.0		100.0	0.0
Bosnia and Herzegovina	1	-14	-14	-14.0		100.0	0.0
Brazil	2	-9	-8	-8.5	0.71	100.0	0.0
Burma	8	-18	8	-5.7	9.54	62.5	37.5
Burundi	1	19	19	19.0		0.0	100.0
Cayman Islands	1	13	13	13.0		0.0	100.0
China	3	-21	-5	-12.7	8.02	100.0	0.0
Congo, Democratic Republic	1	-30	-30	-30.0		100.0	0.0
Cuba	2	-5	7	1.0	8.49	50.0	50.0
Egypt	10	-23	7	-9.0	9.74	80.0	20.0
Ethiopia	1	-25	-25	-25.0		100.0	0.0
Georgia	1	-1	-1	-1.0		100.0	0.0
Ghana	4	-25	13	-7.0	16.08	75.0	25.0
Grenada	4	-13	3	-2.5	7.19	50.0	50.0
Guyana	1	4	4	4.0		0.0	100.0
India	265	-37	23	-5.4	10.47	68.3	31.7
Iran	8	-30	6	-11.6	14.20	62.5	37.5
Iraq	27	-25	13	-4.3	10.70	63.0	37.0
Jamaica	8	-31	17	-1.0	16.68	50.0	50.0
Jordan	2	9	13	11.0	2.83	0.0	100.0
Kazakhstan	1	-21	-21	-21.0		100.0	0.0
Libya	7	-36	6	-10.1	17.90	57.1	42.9
Malaysia	1	9	9	9.0		0.0	100.0
Mexico	1	-16	-16	-16.0		100.0	0.0
Moldova	1	-8	-8	-8.0		100.0	0.0
Могоссо	1	-22	-22	-22.0		100.0	0.0
Nepal	6	-25	20	-3.2	15.87	50.0	50.0
New Zealand	5	-10	29	15.0	15.67	20.0	80.0
Nicaragua	1	-29	-29	-29.0		100.0	0.0
Nigeria	83	-37	23	-5.5	10.18	67.5	32.5
Pakistan	172	-36	20	-7.0	10.94	69.8	30.2
Philippines	4	-26	-9	-17.3	7.14	100.0	0.0
Russia	21	-24	14	-5.1	10.65	66.7	33.3
Serbia	1	-11	-11	-11.0		100.0	0.0
South Africa	11	-10	27	7.5	10.08	18.2	81.8
Sri Lanka	14	-21	11	-6.4	10.63	64.3	35.7
St Lucia	1	8	8	8.0		0.0	100.0
Sudan	2	2	16	9.0	9.90	0.0	100.0
Syria	4	-19	0	-12.5	8.50	75.0	25.0
Tanzania	1	-13	-13	-13.0		100.0	0.0
Turkey	4	-11	9	0.2	8.38	25.0	75.0
Uganda	1	-3	-3	-3.0		100.0	0.0
Ukraine	15	-22	11	-4.1	11.72	66.7	33.3
United Arab Emirates	1	-9	-9	-9.0		100.0	0.0
USA	1	18	18	18.0		0.0	100.0
Venezuela	1	21	21	21.0		0.0	100.0
Zambia	1	-4	-4	-4.0		100.0	0.0
Zimbabwe	3	-18	-1	-7.3	9,29	100.0	0.0
Total	747	-37	29	-5.7	11.39	67.2	32.8



Chart below only shows countries with \geq 4 candidates (1st attempt)





D: Results by Training Deanery

1. Results for all attempts, combined: by sex, ethnic group and source of PMQ

	Resul	t by Ca	ndidate	es' Sex		Result by Candidates' Ethnic Group													ource c						
Deanery	Y Men Women		men	S Asian Candidates		Black Candidates		Chine: As Cand	se / SE ian idates	Wi Cand	nite idates	Cand of C Eth Gro	dates ther inic ups	Cand of Un Ethr	idates known hicity	U Grade	K uates	El Grad	EA uates	RoW Graduates		Re Ca	sult for Indidate	all es	
	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	N
Armed Forces	3	27	0	9	0	1	0	0	0	0	3	33	0	1	0	1	3	36	0	0	0	0	3	36	39
(Defence)	10%	90%	%	100%	%	100%	%	%	%	%	8%	92%	%	100%	%	100%	8%	92%	%	%	%	%	8%	92%	100%
East Midlands	89	70	37	99	91	74	21	16	3	1	3	74	8	3	0	1	17	112	5	2	104	55	126	169	295
	56%	44%	27%	73%	55%	45%	57%	43%	75%	25%	4%	96%	73%	27%	%	100%	13%	87%	71%	29%	65%	35%	43%	57%	100%
East of England	95	73	53	142	99	110	27	18	1	4	15	74	6	8	0	1	22	113	8	10	118	92	148	215	363
	8	43%	1	12	47%	6	2	40%	20%	0	2	21	43%	0	70	0	10 %	23	44%	1	8	44 %	41% 9	27	36
East Scotland	35%	65%	8%	92%	45%	55%	100%	%	%	%	9%	91%	%	%	%	%	4%	96%	%	100%	73%	27%	25%	75%	100%
	143	91	61	119	122	78	46	27	5	7	17	82	10	13	4	3	24	122	12	13	168	75	204	210	414
Kent, Surrey, Sussex	61%	39%	34%	66%	61%	39%	63%	37%	42%	58%	17%	83%	43%	57%	57%	43%	16%	84%	48%	52%	69%	31%	49%	51%	100%
	58	110	27	267	52	172	8	16	2	10	16	155	7	17	0	7	34	332	7	4	44	41	85	377	462
London	35%	65%	9%	91%	23%	77%	33%	67%	17%	83%	9%	91%	29%	71%	%	100%	9%	91%	64%	36%	52%	48%	18%	82%	100%
	54	46	27	67	63	43	8	2	2	3	6	59	2	6	0	0	11	75	3	5	67	33	81	113	194
Mersey	54%	46%	29%	71%	59%	41%	80%	20%	40%	60%	9%	91%	25%	75%	%	%	13%	87%	38%	63%	67%	33%	42%	58%	100%
North Scotland	13	16	5	21	9	9	2	0	0	0	4	28	3	0	0	0	7	27	2	0	9	10	18	37	55
North Scotland	45%	55%	19%	81%	50%	50%	100%	%	%	%	13%	88%	100%	%	%	%	21%	79%	100%	%	47%	53%	33%	67%	100%
North Western	97	93	41	93	111	89	11	5	2	3	10	80	4	7	0	2	26	140	6	1	106	45	138	186	324
	51%	49%	31%	69%	56%	45%	69%	31%	40%	60%	11%	89%	36%	64%	%	100%	16%	84%	86%	14%	70%	30%	43%	57%	100%
Northern	44	41	10	70	35	27	1	1	2	2	14	77	2	4	0	0	9	81	2	5	43	25	54	111	165
	52%	48%	13%	88%	56%	44%	50%	50%	50%	50%	15%	85%	33%	67%	%	%	10%	90%	29%	71%	63%	37%	33%	67%	100%
Northern Ireland	1	17	1	39	0	1	0	0	0	0	2	54	0	0	0	1	1	53	1	2	0	1	2	56	58
	6%	94%	3%	98%	%	100%	%	%	%	%	4%	96%	%	%	%	100%	2%	98%	33%	67%	%	100%	3%	97%	100%
Oxford	16	42	18	64 799/	25	35	2	1	1	2	5	60	1	8	0	0	7	96	0	0	27	10	34	106	140
	20%	30	12	76%	42%	12	1	33%	0	07 %	6	92%	1170	2	70	70	7 70	101	70	70	12	21%	10	113	132
Severn	15%	85%	14%	86%	48%	52%	25%	75%	%	%	6%	94%	33%	67%	%	%	6%	94%	%	100%	60%	40%	14%	86%	100%
	7	15	3	41	5	10	0	0	2	1	3	40	0	5	0	0	5	47	0	1	5	8	10	56	66
South East Scotland	32%	68%	7%	93%	33%	67%	%	%	67%	33%	7%	93%	%	100%	%	%	10%	90%	%	100%	38%	62%	15%	85%	100%
South West	9	23	3	48	4	6	0	0	0	0	6	63	2	2	0	0	5	62	1	2	6	7	12	71	83
Peninsula	28%	72%	6%	94%	40%	60%	%	%	%	%	9%	91%	50%	50%	%	%	7%	93%	33%	67%	46%	54%	14%	86%	100%
	32	41	16	65	33	30	0	0	0	2	11	67	4	6	0	1	13	78	1	2	34	26	48	106	154
Wales	44%	56%	20%	80%	52%	48%	%	%	%	100%	14%	86%	40%	60%	%	100%	14%	86%	33%	67%	57%	43%	31%	69%	100%
Wessey	29	38	18	67	29	18	4	2	0	2	8	76	6	7	0	0	10	83	4	5	33	17	47	105	152
Webber	43%	57%	21%	79%	62%	38%	67%	33%	%	100%	10%	90%	46%	54%	%	%	11%	89%	44%	56%	66%	34%	31%	69%	100%
West Midlands	125	92	52	133	138	133	15	12	0	2	14	68	9	9	1	1	26	146	14	3	137	76	177	225	402
	58%	42%	28%	72%	51%	49%	56%	44%	%	100%	17%	83%	50%	50%	50%	50%	15%	85%	82%	18%	64%	36%	44%	56%	100%
West Scotland	27	42	16	82	28	18	0	0	1	2	12	100	0	2	2	2	17	110	3	2	23	12	43	124	167
	39%	61%	16%	84%	61%	39%	%	%	33%	67%	11%	89%	%	100%	50%	50%	13%	87%	60%	40%	66%	34%	26%	74%	100%
Yorkshire & The Humber	80	99	36	113	92	78	6	6	2	2	10	112	6	12	0	2	13	150	5	4	98	58	116	212	328
	45%	55%	24%	76%	54%	46%	50%	50%	50%	50%	8%	92%	33%	67%	%	100%	8%	92%	56%	44%	63%	37%	35%	65%	100%
Total	937	1030	437	1625	952	950	154	109	23	43	167	1419	71	112	7	22	258	1987	74	66	1042	602	1374	2655	4029
	48%	52%	21%	79%	50%	50%	59%	41%	35%	65%	11%	89%	39%	61%	24%	76%	11%	89%	53%	47%	63%	37%	34%	66%	100%



2. Graphical Representation of Candidate Scores by Deanery, overall, and for first attempts by source of PMQ

All Graduates, All Attempts



UK Graduates, First Attempt





Royal College of General Practitioners

EEA Graduates, First Attempt



RoW Graduates, First Attempt





The table gives the prevalence of the numbered feedback statements given by examiners to individual candidates' case performances, in order for all candidates, and by main candidate PMQ group. Figures represent the percentage of the total of all cases (see table heading for denominator) which attracted that feedback comment.

All Candidates (Jan-May 2012): N = 40,677 Cases	Mean
FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.	18%
FB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).	15%
FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with	14%
FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options	12%
FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency	12%
FB 03 Shows poor time management.	11%
FB 04 Does not identify abnormal findings or results or fails to recognise their implications.	10%
FB 16 Does not use language and/or explanations that are relevant and understandable to the patient	10%
FB 01 Disorganised / unstructured consultation	9%
FB 06 Does not make the correct working diagnosis or identify an appropriate range of differential	9%
FB 09 Does not make adequate arrangements for follow-up and safety netting	9%
FB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and	9%
FB 14 Does not identify or use appropriate psychological or social information to place the problem in	9%
FB 08 Does not show appropriate use of resources, including aspects of budgetary governance.	8%
FB 05 Does not undertake physical examination competently, or use instruments proficiently.	6%
FB 11 Does not attempt to promote good health at opportune times in the consultation	3%
UK Graduates (Jan-May 2012): N = 24,232 Cases	
FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice	15%
EB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem	
ethical dilemma etc)	12%
ER 10 Does not demonstrate an awareness of management of risk or make the natient aware of relative	
risks of different options	10%
FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with	10%
FB 03 Shows poor time management.	9%
FB 04 Does not identify abnormal findings or results or fails to recognise their implications.	8%
FB 06 Does not make the correct working diagnosis or identify an appropriate range of differential	8%
FB 09 Does not make adequate arrangements for follow-up and safety netting	7%
FB 14 Does not identify or use appropriate psychological or social information to place the problem in	7%
FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency	7%
FB 08 Does not show appropriate use of resources, including aspects of budgetary governance.	7%
FB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and	6%
FB 01 Disorganised / unstructured consultation	6%
FB 16 Does not use language and/or explanations that are relevant and understandable to the patient	5%
FB 05 Does not undertake physical examination competently, or use instruments proficiently.	5%
FB 11 Does not attempt to promote good health at opportune times in the consultation	3%



EEA Graduates (Jan-May 2012): N = 1,378 Cases	
FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.	22%
FB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).	19%
FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with	18%
FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency	15%
FB 01 Disorganised / unstructured consultation	14%
FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options	14%
FB 16 Does not use language and/or explanations that are relevant and understandable to the patient	14%
FB 14 Does not identify or use appropriate psychological or social information to place the problem in	13%
FB 04 Does not identify abnormal findings or results or fails to recognise their implications.	13%
FB 03 Shows poor time management.	12%
FB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and	12%
FB 06 Does not make the correct working diagnosis or identify an appropriate range of differential	11%
FB 09 Does not make adequate arrangements for follow-up and safety netting	11%
FB 08 Does not show appropriate use of resources, including aspects of budgetary governance.	9%
FB 05 Does not undertake physical examination competently, or use instruments proficiently.	8%
FB 11 Does not attempt to promote good health at opportune times in the consultation	3%
RoW Graduates (Jan-May 2012): N = 15,067 Cases	
RoW Graduates (Jan-May 2012): N = 15,067 Cases FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.	24%
RoW Graduates (Jan-May 2012): N = 15,067 Cases FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice. FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency	24%
RoW Graduates (Jan-May 2012): N = 15,067 Cases FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice. FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency FB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).	24% 21% 20%
RoW Graduates (Jan-May 2012): N = 15,067 Cases FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice. FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency FB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc). FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with	24% 21% 20% 20%
RoW Graduates (Jan-May 2012): N = 15,067 Cases FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice. FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency FB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc). FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient	24% 21% 20% 20% 16%
RoW Graduates (Jan-May 2012): N = 15,067 Cases FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice. FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency FB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc). FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options	24% 21% 20% 20% 16% 15%
RoW Graduates (Jan-May 2012): N = 15,067 Cases FB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice. FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency FB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc). FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options FB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and	24% 21% 20% 20% 16% 15%
RoW Graduates (Jan-May 2012): N = 15,067 CasesFB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluencyFB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different optionsFB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and FB 01 Disorganised / unstructured consultation	24% 21% 20% 20% 16% 15% 15% 14%
RoW Graduates (Jan-May 2012): N = 15,067 CasesFB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluencyFB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different optionsFB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and FB 01 Disorganised / unstructured consultationFB 03 Shows poor time management.	24% 21% 20% 20% 16% 15% 15% 14% 13%
RoW Graduates (Jan-May 2012): N = 15,067 CasesFB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluencyFB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different optionsFB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and FB 01 Disorganised / unstructured consultationFB 03 Shows poor time management.FB 04 Does not identify abnormal findings or results or fails to recognise their implications.	24% 21% 20% 20% 16% 15% 15% 14% 13%
RoW Graduates (Jan-May 2012): N = 15,067 CasesFB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluencyFB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different optionsFB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and FB 01 Disorganised / unstructured consultationFB 03 Shows poor time management.FB 04 Does not identify abnormal findings or results or fails to recognise their implications.FB 14 Does not identify or use appropriate psychological or social information to place the problem in	24% 21% 20% 20% 16% 15% 15% 14% 13% 13%
RoW Graduates (Jan-May 2012): N = 15,067 CasesFB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluencyFB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership withFB 16 Does not develop a shared management plan, demonstrating an ability to work in partnership withFB 16 Does not develop a shared management plan, demonstrating an ability to work in partnership withFB 18 10 Does not develop a shared management plan, demonstrating an ability to work in partnership withFB 18 10 Does not develop a shared management plan, demonstrating an ability to work in partnership withFB 18 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different optionsFB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs andFB 01 Disorganised / unstructured consultationFB 03 Shows poor time management.FB 04 Does not identify abnormal findings or results or fails to recognise their implications.FB 14 Does not identify or use appropriate psychological or social information to place the problem inFB 09 Does not make adequate arrangements for follow-up and safety netting <td>24% 21% 20% 20% 16% 15% 15% 14% 13% 13% 13% 12%</td>	24% 21% 20% 20% 16% 15% 15% 14% 13% 13% 13% 12%
RoW Graduates (Jan-May 2012): N = 15,067 CasesFB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluencyFB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different optionsFB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and FB 01 Disorganised / unstructured consultation FB 03 Shows poor time management.FB 04 Does not identify abnormal findings or results or fails to recognise their implications.FB 14 Does not identify or use appropriate psychological or social information to place the problem in FB 09 Does not make adequate arrangements for follow-up and safety nettingFB 06 Does not make the correct working diagnosis or identify an appropriate range of differential	24% 21% 20% 20% 16% 15% 15% 13% 13% 13% 13% 12% 11%
RoW Graduates (Jan-May 2012): N = 15,067 CasesFB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluencyFB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different optionsFB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and FB 01 Disorganised / unstructured consultationFB 03 Shows poor time management.FB 04 Does not identify abnormal findings or results or fails to recognise their implications.FB 14 Does not identify or use appropriate psychological or social information to place the problem in FB 09 Does not make adequate arrangements for follow-up and safety nettingFB 06 Does not make the correct working diagnosis or identify an appropriate range of differentialFB 08 Does not show appropriate use of resources, including aspects of budgetary governance.	24% 21% 20% 20% 16% 15% 15% 14% 13% 13% 13% 13% 12% 11% 10%
RoW Graduates (Jan-May 2012): N = 15,067 CasesFB 07 Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.FB 13 Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluencyFB 02 Does not recognise the issues or priorities in the consultation (for example, the patient?s problem, ethical dilemma etc).FB 15 Does not develop a shared management plan, demonstrating an ability to work in partnership with FB 16 Does not use language and/or explanations that are relevant and understandable to the patient FB 10 Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different optionsFB 12 Does not appear to develop rapport or show awareness of patient?s agenda, health beliefs and FB 01 Disorganised / unstructured consultationFB 03 Shows poor time management.FB 04 Does not identify abnormal findings or results or fails to recognise their implications.FB 14 Does not identify or use appropriate psychological or social information to place the problem in FB 09 Does not make adequate arrangements for follow-up and safety nettingFB 06 Does not make the correct working diagnosis or identify an appropriate range of differentialFB 08 Does not show appropriate use of resources, including aspects of budgetary governance.FB 05 Does not undertake physical examination competently, or use instruments proficiently.	24% 21% 20% 20% 16% 15% 15% 14% 13% 13% 13% 13% 13% 12% 11% 10% 7%



F: Candidate Performance on Cases by Curriculum Statement (i.e. syllabus area)

Each of the cases assessed in the CSA is linked to a main 'curriculum statement' (or syllabus area) – see the MRCGP curriculum website for further information. Comparative performance by candidates on the cases by curriculum statement is shown in the chart below. 52,377 candidate-case are represented.





5: Inter-component Statistics and Analytical Statistics of Test Quality

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. Even this comparison is not straightforward: until recently, candidates were able to take the AKT at any time in their training, and the CSA at any time

in their final year; thus one candidate may take both tests at about the same time in their training, another might take them nearly two years apart; and of course candidates can have more than one attempt at either test.

That said, the rules have changed and many candidates now take the AKT in ST₂ and the CSA in the middle of ST₃. When numbers are large (hundreds) in this situation, typical correlations between first attempt performance in the AKT and CSA are around 0.5. A previous analysis of three years' of CSA and AKT data (first attempts only: n = 1,670) showed a correlation between the two components of 0.49.

The accompanying scatterplot is a more recent analysis from these datasets showing the relationship between the AKT and CSA scores of 2634 candidates taking each component for the first time, and the CSA in the academical years 2010-2012.



The correlation between the AKT scores and the CSA scores

is 0.51, suggesting almost exactly 25% of 'shared variance' between the two assessments. This level of correlation indicates a highly significant relationship between the two assessments (in terms of individual candidates' performance) but also that the two tests are measuring quite different skills or constructs.

Test Quality Information: AKT

Coefficient alpha (and the measurement error estimate, SEm) of the three diets of the AKT is straightforwardly calculated. Occasionally, underperforming items need to be removed from the calculated scores. Current and recent quality statistics appear in the table below. These quality indicators continue to describe a multi-choice assessment which is performing to an excellent standard.

AKT Diet	No of Items removed	Alpha Coefficient	SEm
2010: October	0	0.92	2.9%
2011: January	0	o.88	2.8%
2011: May	0	0.89	2.8%
2011: October	0	0.91	2.8%
2012: February	0	0.89	2.8%
2012: April	1	0.92	2.9%

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 (roughly 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 true 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 both qualitatively and quantitatively, the latter at a number of levels of detail with different objectives—but with reliability and fairness always foremost in mind. 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 varies greatly day on day: 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 (o-9 on a case), 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.

Year	No of Cases (stations) in CSA	Alpha: range across days	Average alpha across days	SEm: range across days	Average SEm across days
2008	12	n/a	0.70	n/c	n/c
2009	12	n/a	0.72	n/c	n/c
2010	13	0.56 0.85	0.73	n/c	n/c
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%

That all said, current and recent quality statistics appear in the table below.

* * *



Annexes to the Statistical Report

The charts and tables which follow have been compiled during the preparation of the report. They provide some additional background and interest which may be helpful to those examining the main findings in detail

- Annex 1: UK Graduate Candidate Demographics by Medical School Gender (first attempts only)
- Annex 2: UK Graduate Candidate Demographics by Medical School Ethnic Group (first attempts only)
- Annex 3: Which Medical Schools do Deaneries' UK Graduates come from? (First time CSA takers)
- Annex 4: Which other countries (EEA and RoW) do Deaneries' Trainees come from? (First time CSA takers)





Annex 1: UK Graduate Candidate Demographics by Medical School – Gender





Annex 2: UK Graduate Candidate Demographics by Medical School – Ethnic Group



Annex 3: Which Medical Schools do Deaneries' UK Graduates come from? (First time CSA takers)

								Can	didate	es' Tra	aining	Dear	nery								-	
UK Medical School of PMQ	Armed Forces (Defence)	East Midlands	East of England	East Scotland	Kent, Surrey, Sussex	London	Mersey	North Scotland	North Western	Northern	Northern Ireland	Oxford	Severn	South East Scotland	South West Peninsula	Wales	Wessex	West Midlands	West Scotland	Yorkshire & The Humber	Total	
Aberdeen	2		2	4		4		17	4	3	1		2	8	1			2	17	2	69	
Belfast	2	1						2	1	1	46			2	1	2			3	1	62	
Birmingham	3	5	3		4	15	1		5			3	5	1	4	2	5	68	1	3	128	
Bristol	3		2		1	7	1		1	1		1	30		3	3	2	3		1	59	
Cambridge	2	1	13			4				1		4	3	2		1		1		1	33	
Dundee		1		14	2		1	4	1	1	2	1		6	2		1	1	17	3	57	
Edinburgh		3		1		4	1	2	4	1		3	1	22	1	1	1		12	1	58	
Glasgow			1			3	1	2	6	2	1			4		1			58	3	82	
Leeds		2	2		3	14	2		4	2		3		1	1	1	2	3		50	90	
Leicester		29	5		2	4	2		2	1		4	2		2	1	4	7		9	74	
Liverpool	1	3	2	1	1	3	51		9	2		6				3	1	4		7	94	
London - Imperial College	3	3	7		10	51	1		6			6	4		3			2			96	
London - King's	1	1	5		16	65			1			9	2	1	5	3	9	3		2	123	
London - Queen Mary	4	1	26		19	36			2	1		4	7			1	5	4		4	114	
London - St George's	3	1	6		27	26			1			4	5		3	2	5	3	1		87	
London - University College		2	23		13	47	1	1	2	1		6	5		2	1	4	2	2	2	114	
London (school unknown)												1				1					2	
Manchester	3	3	1	2	1	16	4		80	3	1	7	2	1	1		2	9		6	142	
Newcastle		7			1	4	2		6	53	1	1	1		1			4		13	94	
Norwich (UEA)		1	12			2						1	1		1					1	19	
Nottingham	1	42			4	5			3			8	12		2	1	2	7		2	89	
Oxford	1	1	1		1	3				1	1	10	1		2		1	1		2	26	
Peninsula			1		1	1							1		14		1				19	
Sheffield	1	4	1		6	8	5		4	4		4	1		3		4	3		30	78	
Soc Apothecaries London	1				1																2	
Southampton	1	2	5		5	3			2			5	2		1	4	31	4		3	68	
Wales (inc Cardiff & Swansea)	3	2	1			8	1			1		1	13		8	50	1	2			91	
Warwick			3		5	8			3	2		4	1	1	2		4	17	1	3	54	
Total	35	115	122	22	123	341	74	28	147	81	53	96	101	49	63	78	85	150	112	149	2024	



Annex 4: Which other countries (EEA and RoW) do Deaneries' Trainees come from? (First time CSA takers: countries with ≥4 graduates listed individually)

							. (Candio	dates'	Train	ing D	eaner	y	-			-				
Overseas Country of PMQ	East Midlands	East of England	East Scotland	Kent, Surrey, Sussex	London	Mersey	North Scotland	North Western	Northern	Northern Ireland	Oxford	Severn	South East Scotland	South West Peninsula	Wales	Wessex	West Midlands	West Scotland	Yorkshire & The Humber	Total	
Afghanistan		1		2												1				4	
Bangladesh		3		7		1		1	1						1	1	2		2	19	
Bulgaria				1												1	1		1	4	
Burma	1	2		1		1									1	1	1			8	
Czech Republic	1	4		3	1	2						1				2	2			16	
Egypt	1			1	1				2			1				1	1		2	10	
Germany		1		2		1		2	1				1	1		1			1	11	
Ghana	1	2		1																4	
Grenada				1	1							1							1	4	
Hungary								1						1		1		1		4	
India	30	31	1	27	13	12	2	25	13	1	3		2	3	15	7	36	11	33	265	
Iran	1	1		1	1			1				1			1				1	8	
Iraq		3	1	7		1		1	1			1			2	2	3		5	27	
Irish Republic						1	1	1		1		1		1		1		1		8	
Italy		1		1	2															4	
Jamaica				2		2		1											3	8	
Libya				1		1		1			1		1					1	1	7	
Nepal		1				1		1	2					1						6	
New Zealand				1	3											1				5	
Nigeria	14	18	1	21	4	5	2	5			1	2				2	6		2	83	
Pakistan	18	23	1	22	6	12		20	4		4			1	4	5	24	2	26	172	
Philippines				3															1	4	
Poland		3		1	1				3	1					1		6			16	
Romania		2		2	1											1			1	7	
Russia	3	5		6	1		1	1	1			1			1	1				21	
South Africa	3	1		2			2		1		1				1					11	
Sri Lanka	2	7		2	1										1				1	14	
Syria		1				1											1	1		4	
Turkey					2						1					1				4	
Ukraine	3	2		2	1				2								4	1		15	
All other countries	4	4	1	15	4	2		1	4		1	2		1	2	5	7	1	4	58	
Total	82	116	5	135	43	43	8	62	35	3	12	11	4	9	30	35	94	19	85	831	

