Royal College of General Practitioners

COGPED

Committee of GP Education Directors

# Joint RCGP and COGPED Guidance on CSA preparation

## Background

The RCGP has identified differential pass rates between some subgroups of candidates in the two summative components of the MRCGP: the Applied Knowledge test (AKT) and the Clinical Skills Assessments (CSA) (1). These differentials are most marked between candidates whose primary medical qualification (PMQ) is from the UK (UKG) and international medical graduates (IMGs). In UK graduates smaller but significant differentials exist in relation to black and minority ethnic (BME) status and gender. Differences in performance between UKG and IMG candidates are most marked for first attempts at the CSA, reducing for subsequent attempts, which suggests that preparedness to sit the CSA could be a factor (2).

In April 2014 the RCGP successfully defended claims of direct and indirect discrimination against IMG and BME candidates made by the British Association of Physicians of Indian Origin (BAPIO) in respect of the CSA. The Judgment confirmed that the RCGP has a public sector equality duty (PSED) in respect of the development and delivery of the MRCGP, which is a public function. Although the RCGP was found to have complied with its PSED, the Judge made it clear that the time had come to take action on the differential pass rates, and that the main focus of this action needs to be on the early identification and support of trainees who might under-achieve in the CSA.

The RCGP is aware of excellent work being undertaken by many LETBs/Deaneries at an organisational level to identify and support trainees at risk of poor performance in the CSA, and would like to facilitate sharing good practice in this area (3). A post judicial review MRCGP action plan was presented to Council in June 2014, which contains a range of measures aimed at supporting the training community. This document recognises the pivotal role Training Programme Directors (TPDs) and Educational Supervisors (ESs) can play in candidate preparation for the CSA and proposes the development of joint RCGP/COGPED guidance on CSA preparation for the training community.

## Guidance

This guidance is based on published research wherever possible and on the findings of a pilot survey conducted during the Feb-March 2014 CSA diet, where candidates were asked specific questions about their previous training experiences and their CSA preparation. 843 candidates completed the questionnaire. Most of the data quoted from this questionnaire relates to 677 full respondents who were on their first attempt (see Appendix).

**1) TPDs and ESs should be aware of risk factors for poor performance in the CSA so that they can identify and support trainees who might under-achieve in the assessment (2)(4).**

Risk factors for poor performance in the CSA include:

- PMQ from outside the UK
- a low selection score
- older/male candidates
- poor performance in the CSA or other MRCGP components.

TPDs and Trainers should aim to identify trainees who might struggle with the CSA before exam failure occurs and seek appropriate advice/input from their own LETB/Deanery support unit. Many LETBs/Deaneries already operate policies for systematically detecting trainees at risk. Any strategy/policy for the identification of trainees at risk should be implemented in a sensitive manner mindful of the need to avoid reinforcing stereotype threat (5).

**2) Individual GP Schools should have a strategy for CSA preparation. Possible interventions might include:**

- Optimising the training environment for trainees with risk factors for poor performance in the CSA. For example, trainees for whom English is not their first language should be able to spend the majority of their time consulting in English. The CSA questionnaire suggests that the opportunity to spend time training in more than one practice may also be beneficial, in terms of better first attempt scores.

- Extra skills training. For example, communication skills training including sociolinguistic skills. A recent sociolinguistic research project carried out jointly by Kings College, London, Cardiff Medical School and the RCGP (not yet published) has identified a number of performance features associated with effective communication in the CSA, such as structuring explanations like stories and rapid repair of misunderstandings. Resources based on this research including e-modules and a book should be available by the end of 2014.

- Extra support. For example, facilitated CSA study groups that include a mix of registrars from both UKG and IMG backgrounds, to enable the richness of cultural and clinical experience to be best shared. 64.9% of candidates in the CSA survey found other trainees to be the most useful educational resource for their CSA preparation. This was significantly higher for UKGs vs IMG candidates (69.4% of UKG vs 43.8 IMGs).

- CSA exam practice circuits with feedback. The RCGP maintains a database of CSA examiners who would be prepared to act as a resource for their local GP School.

GP Schools and training programmes should tailor their strategy to their own individual local circumstances, and the outcome of interventions should be evaluated, wherever possible.

**3) TPDs and ESs should receive training on all three components of the MRCGP.**

They should also keep up to date with the MRCGP website material/regulations so that they can advise individual trainees.
TPDs and GP Trainers are eligible to visit the CSA, and may find this experience helpful for candidate preparation.

**4) ESs should develop a joint CSA preparation plan with their trainee at the beginning of their ST3 year.**

ESs should be able to advise their trainee re preparedness to sit the CSA. The CSA questionnaire suggests that more time spent in GP training (up to 18 months) is associated with better first attempt scores. Although all trainees are expected to be in a position to complete their assessments within the standard three-year full time equivalent training programme; as the number of attempts at the CSA is limited to four it is essential that trainees who are struggling do not sit the exam too early.

The CSA survey suggests that 55% of candidates overall find their ES a useful educational support for their CSA preparation. This is most marked for IMG candidates (52.4% UKGs vs 65.3% IMGs).

**5) ESs should ensure their trainees have access to a broad case mix from across the GP curriculum.**

27.4% of candidates in the CSA survey did not feel well prepared for some of the consultations they encountered during their CSA exam.

Candidates who fail the CSA most commonly fail in the clinical management domain. Trainees are expected to be familiar with the management of chronic diseases such as asthma and diabetes, which are now often managed by other members of the practice team. It is essential that trainees receive adequate exposure to chronic disease during their training.

Female candidates consistently outperform male candidates in all areas of the curriculum tested in the CSA, and this is most marked in the curriculum areas of Women's Health and Sexual Health (6). Similar knowledge differentials are found in the AKT. Although all GPs trainees are supposed to follow the same curriculum, there is some evidence that male and female trainees experience different curricula in practice. De Jong found that female trainees saw twice as many patients with 'female conditions' (6.6%) in comparison with their male peers (3.9%) (7). This may be compounded if the ES is also male. ESs may need to actively manage their male trainees case mix in order to ensure adequate exposure to the curriculum, perhaps through joint surgeries with female GPs in the practice or practice nurses.

**6) ESs should ensure that they observe their trainees regularly and provide feedback on their performance.**

Regular observed surgeries with immediate feedback are particularly helpful for CSA preparation. Review of videos and role-play are also very helpful. Observation with feedback can count towards designated weekly tutorial time and it may be appropriate for this to take precedence over traditional topic based tutorials during the CSA preparation period, particularly where a trainee is struggling.

**7) ESs should benchmark their assessment decisions with other Trainers particularly if they have concerns about their trainee's progress.**

It may be possible to organise this within the practice if there is more than one Trainer or through a buddy system within the local Trainers workshop. For example, some workshops already run COT benchmarking sessions using videos of their trainees with consent. Using multiple assessors also makes overall decisions about progress with WBPA more dependable.

**8) Trainees who fail the CSA should be debriefed by their ES and TPD and a remediation plan put in place before another attempt is made.**

The trainee should be observed consulting by the TPD/another senior educator, where feasible as part of this process. The debrief and remediation plan should be recorded in the trainee's portfolio. Ideally there should be a minimum of two months of remediation before a further attempt at the CSA is made, and an assessment should be made by the ES and/or TPD that the trainee is ready to resit at this stage.

**References**

(1) Royal College of General Practitioners. *MRCGP statistics 2012-2013: Annual report on the AKT and CSA assessments.* RCGP, 2013. http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exams-overview/mrcgp-annual-reports/mrcgp-annual-reports-2012-2013.aspx [accessed October 2014]

(2) Esmail A, Roberts C. Academic performance of ethnic minority candidates and discrimination in the MRCGP examinations between 2010 and 2012: analysis of data. *British Medical Journal* 2013; 347:f5662

(3) Annual GP Specialty Report for 2013 – submitted to the GMC but not yet published

(4) Shaw, B et al. An investigation of factors affecting the outcome of the clinical skills assessment (CSA) in general practice specialty training. *Education for Primary Care* Mar2014; Vol. 25 Issue 2, p91

(5) Woolf, K et al. Ethnic stereotypes and the underachievement of UK medical students from ethnic minorities: qualitative study. *British Medical Journal* 2008; 337: a1220.

(6) Pope, L et al. Performance in the MRCGP CSA by candidates' gender: differences according to curriculum area. *Education for Primary Care* 2014 Jul; 25(4):186-93.

(7) De Jong, J et al. Exploring differences in patient mix in a cohort of GP trainees and their trainers. *British Medical Journal Open* 2011; 1(2): e000318.

## Appendix – Selected data from the CSA pilot survey Feb-March 14

### 1) Sample demographics

N = 843 respondents in total
134 Answered anonymously: Of the 709 who released their identity, 677 were on their first attempt, 18 on second, and seven each on third and fourth. Of the 32 re-sitters, 23 (72%) were IMGs.
Most data reported below apply to the 677 'full' respondents on their first attempt. If they relate to the 709 or the 843, this is made clear.

**Estimate of Representativeness of the sample of CSA Questionnaire Respondents of the entire group of February 2014 CSA Candidates**

| Candidate Group | Respondents | | | All Feb Candidates | | | Sig Diff? |
|---|---|---|---|---|---|---|---|
| | N | of | % | N | of | % | |
| UK Graduates in sample | 565 | 709 | 79.7 | 1682 | 2217 | 75.9 | p = .04 |
| Non-UK Graduates in sample | 144 | 709 | 20.3 | 535 | 2217 | 24.1 | |
| Female Graduates in sample | 439 | 709 | 61.9 | 1333 | 2217 | 60.1 | NS |
| UK Graduates-passing CSA | 520 | 565 | 92.0 | 1513 | 1682 | 90.0 | NS |
| Non-UK Graduates - passing CSA | 62 | 144 | 43.1 | 258 | 535 | 48.2 | NS |
| UK Graduate = female | 366 | 565 | 64.8 | 1085 | 1682 | 64.5 | NS |
| Non-UK graduate = Male | 71 | 144 | 49.3 | 287 | 535 | 53.6 | NS |
| Mean Attempt Number | 1.1 | | | 1.2 | | | NS |

There were slightly fewer IMGs in the respondent group.

### 2) GP Experience

*Thinking about your experience in general practice so far within the training programme, how much time have you spent in practice to date, as you take the CSA (if any/all was part-time, please give as whole time equivalent):*

- ☐ *Less than six months in all*
- ☐ *6 to 12 months*
- ☐ *12 to 18 months*
- ☐ *Between 18 months and 2 years*
- ☐ *More than 2 years*

All respondents

**FTE Experience in GP to date in training programme**

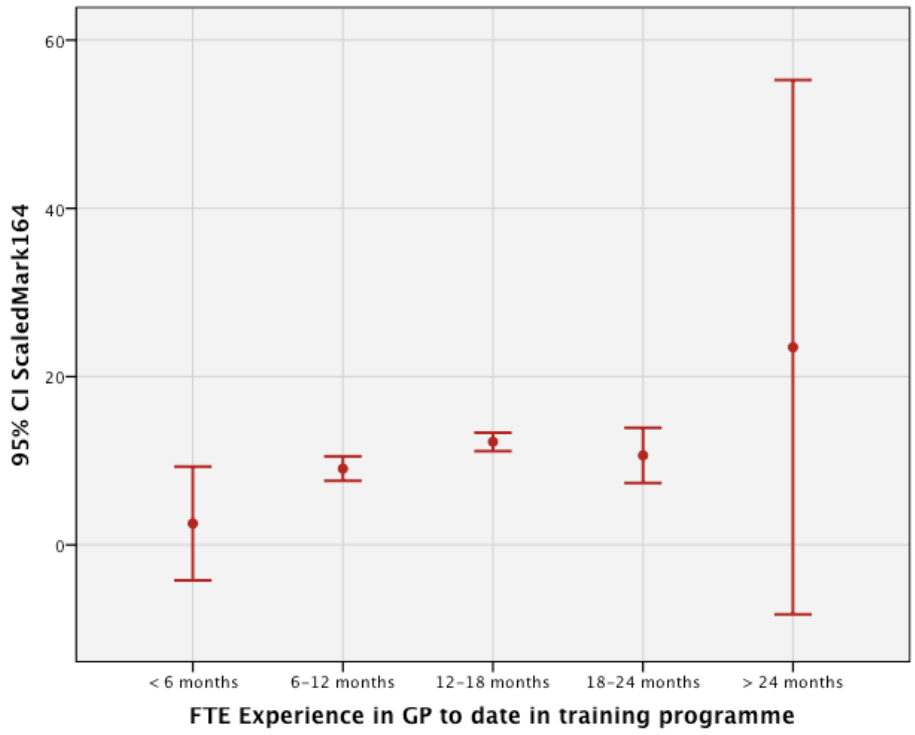
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | < 6 months | 22 | 2.6 | 2.7 | 2.7 |
| | 6-12 months | 325 | 38.6 | 39.4 | 42.1 |
| | 12-18 months | 418 | 49.6 | 50.7 | 92.7 |
| | 18-24 months | 51 | 6.0 | 6.2 | 98.9 |
| | > 24 months | 9 | 1.1 | 1.1 | 100.0 |
| | Total | 825 | 97.9 | 100.0 | |
| Missing | 9 | 18 | 2.1 | | |
| Total | | 843 | 100.0 | | |

All self-identifying respondents on first attempt

**Report**

ScaledMark164

| FTE Experience in GP to date in training ... | Mean | N | Std. Deviation |
|---|---|---|---|
| < 6 months | 2.53 | 15 | 12.223 |
| 6-12 months | 9.06 | 270 | 12.130 |
| 12-18 months | 12.24 | 355 | 10.470 |
| 18-24 months | 10.62 | 32 | 9.094 |
| > 24 months | 23.50 | 2 | 3.536 |
| Total | 10.71 | 674 | 11.301 |



**3) Different Practices**

*How many different practices have you worked in for at least a month?*

☐ *One*
☐ *Two*
☐ *Three or more*

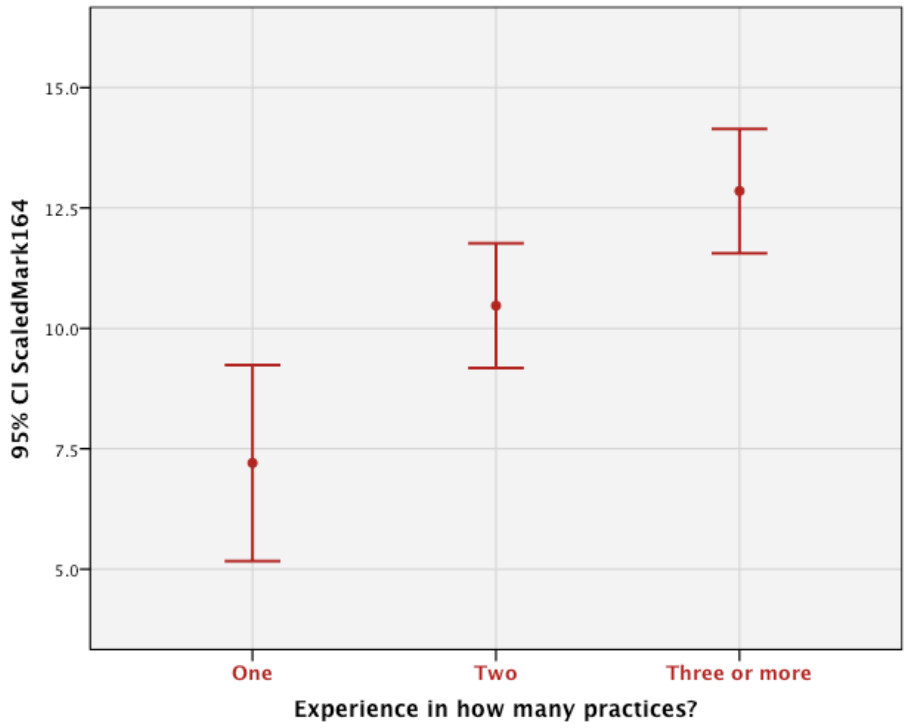
(Data from 677 first attempt respondents who released their identity: two did not answer this item)

ScaledMark164

| Experience in how many practices? | Mean | N | Std. Deviation |
|---|---|---|---|
| One | 7.20 | 123 | 11.405 |
| Two | 10.47 | 322 | 11.815 |
| Three or more | 12.85 | 230 | 9.940 |
| Total | 10.69 | 675 | 11.289 |

**ANOVA Table**

| | | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|---|
| ScaledMark164 * Experience in how many practices? | Between Groups | (Combined) | 2585.902 | 2 | 1292.951 | 10.430 | .000 |
| | Within Groups | | 83303.141 | 672 | 123.963 | | |
| | Total | | 85889.043 | 674 | | | |



**4) CSA Preparation**

*This section asks about how you prepared for the CSA and lists some sources of possible educational support. Please select up to the THREE MOST useful sources.*

*a. Your Educational Supervisor/Trainer*
*b. Group teaching organised as part of the specialty training scheme*
*c. Other GP Specialty Trainees*
*d. RCGP Curriculum*
*e. MRCGP exam section of RCGP website e.g. sample CSA cases*
*f. RCGP educational material e.g. DVDs, Case cards*
*g. RCGP MRCGP revision course*
*h. Commercial revision material (eg books)*
*i. Commercial MRCGP revision course*
*j. WBPA COTs (consultation observation tool) – having your consultation videos watched*

Irrespective of whether placed first, second or third, whether a candidate had listed the source of possible educational support was listed against his/her name. Frequencies are given in the table below, by UKG and IMG.

Note: All self-identifying candidates included here, on whatever attempt

| Preparation Method | UK Graduates | IMGs | All | Sig. Dif.? (Chi Sqd.) | Direction |
|---|---|---|---|---|---|
| Your Educational Supervisor/Trainer | 296 | 94 | 390 | 0.006 | IMG > UKG |
| | 52.40% | 65.30% | 55.00% | | |
| Group teaching organised as part of the specialty training scheme | 235 | 63 | 298 | - | - |
| | 41.60% | 43.80% | 42.00% | | |
| Other GP Specialty Trainees | 392 | 68 | 460 | 0.000 | UKG > IMG |
| | 69.40% | 47.20% | 64.90% | | |
| RCGP Curriculum | 25 | 24 | 49 | 0.000 | IMG > UKG |
| | 4.40% | 16.70% | 6.90% | | |
| MRCGP exam section of RCGP website e.g. sample CSA cases | 39 | 7 | 46 | - | - |
| | 6.90% | 4.90% | 6.50% | | |
| RCGP educational material e.g. DVDs, Case cards | 151 | 40 | 191 | - | - |
| | 26.70% | 27.80% | 26.90% | | |
| RCGP MRCGP revision course | 122 | 26 | 148 | - | - |
| | 21.60% | 18.10% | 20.90% | | |
| Commercial revision material (eg books) | 223 | 41 | 264 | 0.016 | UKG > IMG |
| | 39.50% | 28.50% | 37.20% | | |
| Commercial MRCGP revision course | 53 | 20 | 73 | - | - |
| | 9.40% | 13.90% | 10.30% | | |
| WBPA COTs (consultation observation tool)-having your consultation videos watched | 60 | 7 | 67 | - | - |
| | 10.60% | 4.90% | 9.40% | | |
| Total | 565 | 144 | 709 | - | - |
| | 100.00% | 100.00% | 100.00% | | |