Royal College of General Practitioners

An interim report on the performance of the MRCGP Recorded Consultation Assessment

The Recorded Consultation Assessment (RCA), which was introduced as a response to the restrictions of the Covid-19 pandemic, has now been in use as the consultation assessment component of the MRCGP for 12 months, and during that time there have been 8 sittings of the exam.

We understand that trainers, trainees, and stakeholders from the GP training community are interested in the performance of this new assessment, and so we are providing an interim update on the results and findings to date which we hope will be helpful and informative. This informal response will briefly outline the current situation, and a more detailed report will also be published in a peer-reviewed journal as soon as possible.

Although we typically publish a review of data annually, we monitor exam performance, including differential performance and differential attainment, as part of every AKT and RCA diet, and this is routinely shared with stakeholders, including COGPED, within every Exam Board meeting. The findings described below relate to the first 7 sittings of the RCA, excluding the most recent diet in July 2021.

A note on interpreting the data

Any overlap of ethnicity with candidate sex and other characteristics means, for example, that International Medical Graduates (IMGs) are more likely to be from BME groups and less likely to be female. Place of primary medical qualification is also not synonymous with nationality since UK nationals choosing to study abroad are included in the IMG group. In 2019-20 as an example, a large proportion (17.78%) of unique candidates who sat an examination chose not to declare one of either their sex or ethnicity, and 12.93% chose to omit both sex and ethnicity, leading to high rates of missing data.

Differential performance (marks achieved)

RCGP analyses differential performance of candidates on their first attempts by sex, source of primary medical qualification and – for UK graduates only – binary ethnicity (BAME or White). In each of these categories, differential performance is lower in the RCA. Even when measured by the classified effect sizes, differential performance remains unchanged and has not worsened.

Differential attainment (pass-fail outcomes)

RCGP also analyses differential attainment of candidates on their first attempts by sex, source of primary medical qualification and – for UK graduates only – binary ethnicity (BAME or White). In terms of source of Primary Medical Qualification and UK graduate binary ethnicity, there is less differential attainment in the RCA. In terms of sex, the results were largely the same.

Although improvements in differential performance and differential attainment in the RCA compared to the CSA are measurable, the statistical size of the improvements is currently very small. Their extent of the differences may become more pronounced as further RCA diets take place.

Of note, differential performance and differential attainment are also seen in the MRCGP Applied Knowledge Test (AKT) which is computer marked. Figure 1 shows pass rates for candidates on their first attempts by cohort type across the AKT, CSA and now RCA. This data is based on all examinations taken since 2014, over 22,000 AKT sittings and 21,000 CSA/RCA sittings. Unfortunately, the differential attainment is starker within the AKT examination.

Figure 1

Exam	Pass Rate (UKG) %	Pass Rate (IMG) %	Pass Rate (White) %	Pass Rate (BAME) %	Pass Rate (Female)%	Pass Rate (Male) %
AKT	82.5	45.4	88.1	73.1	76.2	68.7
CSA	89.6	44.1	94.6	81.5	84.0	70.0
RCA	91.6	49.6	97.3	84.9	81.4	64.5

Whilst there are performance differences between subgroups of candidates, GMC differential pass rate data confirm RCGP performance differences compare favourably with those of some other Royal Colleges. The GMC agrees, in all specialties, that the causes of differential performance and differential attainment are multifactorial and are unlikely to be solely due to the format and nature of the exit examination or bias (conscious or unconscious) amongst examiners. A collaborative approach across the whole educational community will be required to affect real, meaningful change.

RCGP remains committed to delivering a fit-for-purpose examination which is fair for all candidates. Reducing differential performance and differential attainment within the MRCGP remains a high priority within continuing development of the RCA. We have listened to stakeholder feedback and, from September 2021, RCGP has lengthened the time available in each RCA case from 10 to 12 minutes; made changes to mandatory criteria to make case selection easier; enhanced RCA feedback statements; and improved support resources for GP Trainers.

RCGP will also prioritise the reduction of differential performance and differential attainment in the development work for a new MRCGP clinical module which is planned to be implemented from 2023.

RCGP has a duty of care to set an appropriate standard to ensure that those passing MRCGP have the appropriate competences to become safe, independent general practitioners. The GMC and the RCGP are confident that the RCA and wider MRCGP tripos continue to fulfil this role.