

# ANNEX 11

The proposals for a new assessment programme (nMRCGP) to confirm satisfactory completion of specialist training for prospective general practitioners

## Summary

In order to comply with the requirements of PMETB and in accordance with contemporary changes in medical education an overarching and triangulated assessment strategy is proposed comprising:

- **A work-place based assessment (WPBA)**
- **An applied knowledge test (AKT)**
- **A clinical skills assessment (CSA)**

This outcomes-based assessment programme

- is derived from a blueprint '*using the specified knowledge, skills, behaviours and attitudes*' defined by the preceding curriculum.
- relates to the entire training period
- will be set at a standard expected of doctors being licensed to practise as independent general medical practitioners

## Background

Neither the current UK summative assessment (SA) nor the Membership of the Royal College of General Practitioners (MRCGP) examination fulfill the PMETB criteria as being a fit for purpose (FFP) assessments. For example, neither assessment has a FFP clinical skills assessment.

The RCGP council and national summative assessment board (NSAB) have agreed to rationalise and improve the current dualtrack assessments by the development of a new single assessment process, the new MRCGP (nMRCGP). This will be designed as 'a robust assessment to ensure that standards have been met and satisfactory progress demonstrated'.

## The purpose and intended position

The purpose of the nMRCGP will be to confirm satisfactory completion of specialist training for prospective general practitioners and more importantly that a doctor is sufficiently safe and proficient to enter independent general practice. Satisfactory completion of the nMRCGP will be a pre-requisite for the issue of a certificate of completion of training (CCT)

## **Fitness for purpose of the nMRCGP**

The nMRCGP assessment programme has been chosen on the basis of:

- Validity
- Reliability
- Feasibility and deliverable
- Cost-effectiveness
- Opportunities for feedback
- Impact on learning

## **Principles underpinning the nMRCGP**

- Approaches to the development and piloting will be documented and studies to establish the validity of any new methods are being undertaken
- Documentation will provide evidence for revalidation and compliance with *Good Medical Practice*
- There is lay input in the development of the assessment
- Assessors/ examiners recruitment will be based on pre-defined criteria and will be tailored to specific assessment tasks
- Standards will be set using recognised methods based on the test content and judgements of competent assessors
- Systematic data collection will support the routine reporting of the reliability and the precision of the pass fail decision
- Adequate resources have been made available for development and implementation of assessment methods and training of assessors

## **nMRCGP assessment programme blueprint**

The nMRCGP assessment programme overarching and triangulated blueprint is referenced to all of the areas of *Good Medical Practice* and is derived from the intended learning outcomes (ILOs) that are defined by the RCGP curricular statements.

Each of the 3 modules of the nMRCGP will include a specification that provides equivalence in terms of the assessment profile across different diets. Amongst other things, this specification will take account of:

- Range of ILOs tested, reflecting a systematic but unpredictable sampling of sufficient competencies and contexts.
- Facility of tests incorporating item-specific factors, ease of item integration, factors related to the assessment method.
- Quality assurance (QA) requirements including the use of items and methods to aid standard setting, development and accountability

## **Work-place based assessment (WPBA)**

One of the consequences of the contemporary reforms in postgraduate medical education is an increase in the amount, and change in the nature, of educational activity undertaken in the workplace. In addition the new curriculum emphasises the importance of learning in the workplace.

Teaching, learning and assessment will be integrated within the workplace and assessment will be an integral component of the nMRCGP by

- Creating the opportunity for gathering evidence of actual performance in the workplace
- Enabling assessment of aspects of professional behaviour that proved impossible in traditional assessments

WPBA has a number of strengths, such as validity, on account of its potential to assess actual performance. It is also an excellent potential source of information for educational supervision and feedback, as well as for evidence of satisfactory progress and achievement.

The proposals for the nMRCGP WPBA will build on the strengths of the current structured trainers report (STR) and will include three tools that currently are being piloted. The competency based enhanced trainers report (ETR) effectively will comprise a portfolio that collects evidence and puts trainers in a position to judge the progress of their registrar in 12 competency areas, relating to performance during the training period.

Assessment tools to be used in the work-place are:

- Multi-source feedback
- Case-based discussion
- Consultation observation tool

In addition a number of externally assessed and reliable tools are being piloted separately, including

- Video
- Audit
- Significant event analysis
- Multi-source feedback
- Patient satisfaction questionnaire
- Referrals analysis

Judgements made by GP trainers will be externally moderated by Deaneries who will review all evidence including information from externally moderated assessments.

## Clinical skills assessment

The purpose of the nMRCGP CSA is:

***'An assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice.'***

Whereas WPBA samples widely but at low levels of reproducibility, CSA offers the opportunity to test at higher reliability but with a small sample. Therefore, although both modules test from the same blueprint, their methods are complementary

**Keys attributes of the nMRCGP CSA** will include:

- Development of a case bank and recruitment of sufficient numbers examiners and standardised patients (SPs) to cater for the anticipated volume of candidates
- Systematic training of examiners and SPs
- A minimum of 14 stations, probably each lasting 10 minutes giving an acceptable reliability
- Avoidance of trivialisation that might occur through the over-structuring of assessments.
- Striking the correct balance between efficiency and content sampling to ensure an authentic and reliable assessment
- Being part of an overarching assessment strategy and ensuring a methodology which is consistent with preceding assessments

## The scope of the nMRCGP CSA

The CSA affords the opportunity to test the following:

1. Clinical reasoning skills including problem solving/decision making
2. Communication including consulting skills and expertise
3. Psychomotor and practical skills including clinical examination
4. Personal organisation and administrative skills
5. Personal attributes

**1 Clinical reasoning skills** may include for example;

- Making competent diagnoses
- Being competent in clinical management
- Conceptual thinking
- Critical appraisal
- Contextual practice of evidence based medicine
- Managing complexity and uncertainty

**2 Communication skills** including consulting skills may include for example:

- Empathy and sensitivity
- Active listening
- Explaining diagnosis, investigations and management
- Checking patients' understanding
- Negotiating
- Specific skills, such as breaking bad news or dealing with anxious or angry patients or identifying a hidden agenda

**3 Psychomotor and practical skills and skills** including clinical examination and in addition may include a:

- Potentially endless list of the skills enumerated in the curriculum (although some of these may lend themselves better to work based assessment [WPBA])

**4 Personal organisation and administrative skills** may include for example

- Ability to prioritise
- Effective time management
- Ability to work in a team
- Ability to organise self
- Information literacy

**5 Personal attributes** may include for example:

- Resilience
- Flexibility
- Motivation
- Decisiveness
- Being innovative
- Warmth/ being welcoming
- Being ethically sound

### **Test format**

In considering test design for the CSA, a multistation OSCE format test will result in improved test utility over traditional clinical and oral examinations especially with regard to reliability, using standardised and more reliable assessment of candidates' skills, behaviours and attitudes and importantly focussing on assessment of competencies and the integration of competencies that cannot be assessed elsewhere.

Additional considerations include the fact that medical competence appears to be specific to both the domain and context of operation. Therefore, wide sampling of the learner's performance is essential to achieve adequate reliability and validity.

The test is likely to be based on the OSCE format which will utilise standardised patients (similar to the current MRCGP simulated surgery but including elements of other CSA) with a minimum 14 stations, probably each lasting 10 minutes with an anticipated acceptable reliability.

It is anticipated that on the grounds of reliability that the CSA will be offered at a single purpose built test centre, probably on three occasions a year

## **Applied knowledge test (AKT)**

Both the UKSA multiple choice question paper (MCQ) and MRCGP multiple choice paper (MCP) currently are approved by the JCPTGP for the purposes of summative assessment. The current proposal is that a single applied knowledge test (AKT), administered by the RCGP, will form the third component of the nMRCGP assessment programme.

The AKT will build on the strengths of the MCQ and MCP. The AKT will be constructed using a test specification that ensures adequate content and context coverage of common and important conditions of relevance to general practice.

Specifically the AKT will assess the application of knowledge including decision making, evaluation of evidence and undifferentiated problems, and indicator decisions regarding patient safety.

The AKT will be machine marked, comprising 200 items to be completed in 3 hours and offered on three occasions a year.

David Sales

5 January, 2006