Obtaining and maintaining membership: a Council discussion paper

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

1. Introduction

LAST year Council asked the Board of Censors, and through it the Examination Executive and Panel of Examiners, to clarify the purpose of the MRCGP examination. Council also referred AGM resolutions, raised by the South West Wales, South East Thames and Midland Faculties, which asked in effect how the performance of established practitioners could be monitored and assessed.

This paper, the distillate of the Board's discussions, has been adopted by Council. Its aim is to stimulate further discussion amongst members on College policy in relation to membership matters. Members' and faculty views will be collated later in the year, and will form the basis of a definitive statement of College policy on membership. Council's recommendations, described in paragraph 2 below, are followed by the supporting arguments.

2. Recommendations

a). The commitments of membership should be made clear to all members, and each member should be encouraged to carry them out to the best of his or her ability.

b). Membership of the College should be clearly linked with the ability to accept unsupervised responsibility for the care of patients in general medical practice.

c). The MRCGP examination should help assess the suitability of a candidate for the commitments of membership.

d). The MRCGP examination should be based on the assessment of specific abilities related to the work of general practice.

e). The abilities to be assessed by the MRCGP examination should be appropriate to the experience of a general practitioner on or soon after completion of vocational training.

f). Membership of the College, or passing the MRCGP examination, must not become a statutory requirement for admission to a Medical List in the NHS.

g). Members of the College in active general practice should be prepared to demonstrate their commitment to uphold the Object of the College by their willingness to have their performance as doctors observed and reviewed by their peers from time-to-time.

h). The College should encourage and support a development programme for the assessment of performance and of quality in general practice.

i). If satisfactory measures of performance in general practice can indeed be devised, these could be used for improving the current examination or providing the basis for an alternative route to membership, for strengthening assessment for fellowship or for other functions which the College may determine.

j). Members of the College and the faculties are invited to guide the Council on the question raised in paragraph 15 of this paper.

The obligations of membership

3. A College is "an organized society of persons performing certain common functions possessing special rights and privileges" (Oxford English Dictionary). The Object of our College, described in the Memorandum of Association, is "to encourage, foster and maintain the highest possible standards in general medical practice". Ordinance 2 of the Charter says this on the commitments of membership:

> "Every member and associate of the College shall be held to have agreed to be bound by the provisions of the Charter and these Ordinances and the Bye-laws and shall be bound to further to the best of his ability the Object and interests of the College and, while in active general practice, to undertake approved postgraduate study to an extent complying with the requirements from time to time determined and published by the Council."

4. Membership of the College should be clearly linked with ability to accept unsupervised responsibility for the care of patients in general medical practice. Members in active general practice should therefore be prepared to demonstrate their commitment to uphold the Object of the College by their willingness to have their performance as doctors observed and reviewed by their peers. We suggest that this explicit commitment linking individual membership of the College with ability in general practice should create a new sense of purpose and of belonging.

5. Continuing education, combined with peer review activities assessing performance, must be based on the faculties. Members should therefore identify with the College essentially through their part in their faculties' local activities. The College is a federation of faculties, co-ordinated by a central Council. The reaffirmation of the collegiate philosophy, reflecting an actively participating membership, should therefore furnish the faculties with the impetus and responsibility necessary to develop their fundamental role within the College.

The MRCGP examination

6. The MRCGP examination is taken by well over 1,000 candidates a year and is the principal assessment for membership.

Background to review

7. The following are amongst the most important factors which led Council to initiate the review of the purpose of the examination:

a). Persisting confusion about the purpose of the examination, in particular whether it still attempts to assess minimum competence in general practice at any stage in a doctor's career or whether it has become *de facto* a test of the satisfactory completion of vocational training, divorced from the commitments of continuing membership.

b). Lingering doubts about the validity of the examination amongst trainees, non-members who are principals and, disturbingly, amongst many members.

c). Critical questions about the standard set by the examination, and how this relates to standards amongst established general practitioners.

d). The view, regularly aired especially by non-members, that the College has the covert objective of establishing membership of the College as an essential requirement to practise as a principal.

In the paragraphs below we set out our views on these questions.

Purpose of the examination

8. It has been widely held within the College that the purpose of the MRCGP examination is to assess, by inference, the minimum standard of competence required for general practice. This long-standing view has reflected the theme that the examination should be 'inclusive', embracing as many practitioners as possible, rather than 'exclusive' with success therefore attainable only by some. In recent years, however, as the number of candidates who have taken the examination on completion of vocational training has increased substantially, the examination has come to be seen more as a test of vocational training. Thus the Panel of Examiners reported in 1978 that "the examination must now be regarded as a method for assessing the satisfactory completion of vocational training and that established practitioners sitting the examination must appreciate that this is its purpose".

9. At first, it seemed that these two aims were irreconcilable, not least because vocational training provides only one year of supervised experience in general practice. We still think that the dilemma is real for the following reasons:

a). Council has accepted the principle of an examination based on the assessment of specific abilities. In plain language this means that assessments made in the examination ought to be clearly related to the work of general practice. This principle fits well with Ordinance 3(c) of the Charter, which states that "before admission to membership each applicant must satisfy the Board of Censors by such examination as the Council may from time-to-time determine, that he has had adequate and satisfactory training *for the responsibilities of general practice.*"

Council believes, therefore, that the intention of the examination is to assess the ability of a candidate to carry unsupervised responsibility for the care of patients in general practice.

b). The satisfactory completion of a period of vocational training is now a pre-condition of becoming a principal in the NHS. By definition, vocational training is expected to equip a young doctor with the abilities necessary for unsupervised general practice. If it does not, it fails in its stated purpose. If it fails to achieve its objectives because, for example, the experience provided in general practice is insufficient, the answer would be to change the form and content of training. In composing an examination to fit the form of present training, we either underwrite an inappropriate training or we administer an appropriate but unfair examination.

Our examination, if clearly ability-based and thus related to the work of unsupervised practice, could be the most powerful agent for inducing desirable change in the nature of training. Such change could include, for example, an increase in the period spent in a teaching practice balanced by a corresponding reduction in the time devoted to the hospital component of training.

c). It is a fact that the great majority of membership candidates in future will have just completed, or recently completed, vocational training for general practice.

The abilities to be assessed by the examination should be appropriate to the experience of a general practitioner at that stage in his or her career.

Validity and reliability

10. Two essential components in the effectiveness of an examination are validity and reliability. In relation to our own examination it is validity—the relevance of the matters assessed to the job general practitioners actually do—which concerns our members and young doctors most. Making valid methods reliable is a highly technical matter which most people are content to leave to the knowledge and judgement of experts in that field. Nevertheless, it is important that all appreciate the constraints which questions of validity and reliability impose on the choice of assessment methods which can be used.

11. We offer the following observations:

a). Since definitions of the tasks of general practice are so comprehensive and variable, questions of validity are particularly difficult. We therefore share the general view, now emerging in the College, that we should reach a clearer understanding of the essential as well as the desirable components of patient care in general practice. Only then will unease about the validity of our examination diminish.

b). The examiners are putting a lot of effort into improving both validity and reliability. For example, the MCQ group has recruited a panel of young principals to help broaden the base of experience from which questions are chosen. The group concerned with the oral examination is working hard to ensure that their assessments are designed to assess abilities which will be understood as relevant to everyday general practice. The credentials of all new examiners are scrutinized carefully to make sure that, whatever their academic qualities, their daily work is in clinical general practice.

Despite these efforts to broaden the foundation of experience on which the examination is constructed, we would accept the criticism that the base is still too narrow. The examination tends to be standardized against the experience and performance of relatively few, highly selected established general practitioners and candidates themselves.

c). Although our examination can sample many of the abilities required for effective general practice, it cannot be all-embracing. The fact is obvious to ordinary members who point out that it does not adequately assess such important qualities in a general practitioner as, for example, reliability, the ability to get on well with patients and with colleagues, all the skills involved in diagnostic formulation or the skill and perseverance required to keep good records. One faculty, acknowledging this, has added assessments of performance based on references from general practitioner and consultant trainers for the purpose of accreditation.

We believe that College members are right to be

concerned about the gaps which the examination cannot cover. We could attempt to close the gaps by, for example, asking the referees required under Ordinance 3(a), with appropriate guidance, for more information about attitudes and performance than we do at present. We could also check that applicants have satisfied the supervisors of their clinical training, as evidenced by the possession of a JCPTGP Certificate of Prescribed or Equivalent Experience. These and similar approaches envisage a new and important faculty function and responsibility in the selection of candidates for membership. The Board of Censors intends to explore the matter further.

d). We have failed to resolve the question of whether or not there should be a real or simulated clinical examination. Nevertheless, we are actively pursuing methods of bringing our assessments closer to the actual performance of the doctor in his or her practice. And we welcome the initiative taken by several faculties to further such developments.

The examination and mandatory training

12. A significant element in general practice believes that the College intends to link its membership examination (and membership of the College) to mandatory vocational training in order to increase its membership by compulsion rather than by persuasion, and so in effect create a closed shop. Council believes that membership of the College *should always be voluntary,* and that the examination or other assessments should be taken only because people want to. Council made an unequivocal statement to this effect at its meeting in March 1981. We in Council believe also that, if the examination is clearly voluntary, it should continue to be directly linked with *active* continuing membership of the College. A separate membership diploma, divorced from a commitment to membership of the College, and all it implies for continuing education and self-examination, would deny the Object of the College.

The assessment of experienced practitioners

13. The Board of Censors has accepted Council's invitation to develop methods for the assessment of the performance of the established general practitioner, and ultimately for methods of measuring the quality of care. The Board has appointed a working party which has already buckled down to a preliminary examination of this immense task, and it has established links with other research workers in this field.

14. At this formative stage, when the faculties have still to build their infrastructure to support their continuing education and standard-setting activities, we hope that as many of our members as possible will volunteer to help the Board of Censors develop a satisfactory methodology for performance assessment. We see this methodological development as a dynamic process, providing members with a new opportunity to demonstrate their commitment to the Object of the College by taking part in the shaping of these peer review methods in the experimental phase.

We emphasize that the development of sound methods for performance assessment is likely to take some time. If the exploratory work shows that satisfactory measures of performance in general practice can indeed be devised, these could be used more formally for improving the current examination, providing the basis for an alternative route to membership, strengthening assessment for fellowship or for other purposes which members of the College may determine.

An alternative route to membership

15. We have explained how we see the obligations of membership becoming more explicit, and why we think the examination is a method of entry which is particularly suitable for vocationally trained doctors who have had limited experience of unsupervised responsibility in general practice. We have also heard a well-argued case from some members of the College who would like the College now to open up an alternative route to membership, appropriate especially for senior principals. We think there are three main options:

a). Entry to the College should continue to be via the MRCGP examination, except for the small number of principals admitted under Ordinance 3 (d).

b). Consideration of an alternative route to the membership examination should be deferred until the methodology of performance assessment has been developed and discussed within the College.

c). Senior principals who wish to join the College, but who do not want to sit the examination, should now be allowed to do so.

Options a) and b) are not mutually exclusive, whereas option c) would imply a major modification to existing policy. The question is whether indeed such a modification should be made. Council would welcome the guidance of faculties and individual members on the broad direction we should follow in relation to an alternative route to membership.

Are doctors arrogant?

"Doctors have traditionally been proud of their single-mindedness, of the long hours they devote to their profession, of the nights without sleep during their training. Has this led to a sense of exaltedness that creates an empathy gap with their patients, most of whom lead quite different lives? Could this be a basis for the alleged arrogance in doctors?"

Source: Angell, M. (1981). Women in medicine: beyond prejudice. (Editorial.) *New England Journal of Medicine,* 1161-1162.