Timing and purpose of the MRCGP examination

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SUMMARY. There is increasing disquiet among course organizers about trainees who sit the MRCGP examination before completing vocational training. An alternative arrangement is proposed for trainees to undergo continuous assessment during vocational training with a more clinical end-point assessment than the current MRCGP examination. Career progression for general practitioners would then be available in the form of the MRCGP examination after a number of years in practice and the FRCGP by assessment at a later stage. It is suggested that the government might wish to reward evidence of a commitment to continuing education.

Introduction

THE debate about the timing and purpose of the MRCGP examination has been re-opened by the motion put to the annual general meeting of the Association of Course Organizers on behalf of the course organizers of the south west Thames region:

> 'Whilst supporting the aims and objectives of the RCGP we believe that it is detrimental and disruptive to the professional development of general practitioners in training to sit the MRCGP examination before completing their vocational training. We therefore propose that the RCGP be requested to revise its criteria for entry to the examination accordingly.'

The purpose of this motion, which was passed by 57 votes to eight was to stimulate debate among College members and to accomplish a change of policy. It raises many of the issues about the role of the College which were addressed recently in the *Journal*.[1]

Disadvantages of taking the examination before completing vocational training

The educational objective of vocational training is to convert the hospital-oriented products of undergraduate medical education into more broadly-based primary care physicians. The College has clearly defined the main areas of this huge task.[2] To all intents and purposes we have only one year, the trainee year, in which to achieve this. With the pressures of the current job market it is hardly surprising that towards the end of the year many trainees become preoccupied with finding the right practice and being selected by that practice. One of the steps to achieving this is to pass the MRCGP examination. Whether or not this is how we wish to attract new members to the College, the prospect of the examination causes many doctors to learn masses of factual knowledge across a wide range of subjects, for general practice by definition includes all clinical areas as well as practice organization. In order to increase their chances of passing, many devote time to practising examination technique. While modified essay questions with appropriate feedback are a useful learning tool, and some factual knowledge is obviously essential, the overall effect is to put these doctors under yet more pressure and the opportunity to foster a more questioning approach to practice may be lost.

When should doctors take the examination?

It has been acknowledged for many years that general practice lacks career progression. With the exception of seniority awards, which come with the passage of time, and the universal vocational training allowance, there are no other forms of acknowledgement of professional experience or expertise. For this, and many other reasons, the College's recent move towards fellowship by assessment should be applauded.

Ideally the membership examination should be taken as an educational stimulus after at least two years as a principal but a number of difficulties would arise if this were to be adopted. First, women practitioners who currently sit the examination before breaking off to have their family might not be inclined to take it at a later date. Secondly, the number of candidates sitting the examination would be reduced during the two year gap and the numbers might remain at a low level without the incentive of using the letters to get a job. If, however, passing the examination were to be rewarded by a significant financial gain, these difficulties would be reduced. Such a policy would surely be compatible with the government's desire to reward a commitment to continuing education.[3] If the gain were sufficiently large it might even tempt some long-established principals back to continuing education. Thus, one can envisage a two-stage career progression for principals — membership by examination and fellowship by assessment, with the added advantage that the examination would be associated with a good standard of practice rather than being seen as the gateway to practice. Perhaps some will find the suggestion of doctors joining the College for financial gain unacceptable, but it is little different from the current position where many of the candidates take the examination to get a job. The creation of an academic focal point during the early years of practice will establish a pattern of continuing education at a stage when many doctors feel the need for a goal in their career.

End-point assessment of vocational training

At a time when hospital specialties are being urged to develop strategies to identify and counsel doctors who are unlikely to achieve consultant status,[4] it behoves us to do the same from the very beginning of vocational training. The selection procedure is the first step in the process and Pendleton and Wakeford have provided some guidance on this.[5]

The Association of Course Organizers has emphasized the importance of 'continuous trainee-centred assessment'[6] and some trainers in my own district have been working with a mutually agreed report system for a year or more. This allows both trainer and trainee to give their opinions on various areas of performance and to agree a joint statement and action plan. Such a procedure, applied at regular intervals, would help to identify problems at an early stage and alert both parties to areas of poor progress. A mechanism to deal with appeals in cases of major dispute would be an essential but rarely needed part of such a system and outside assessors may be necessary in order to achieve standardization.

Is there still a case for an examination to establish that a trainee has achieved a minimum standard of professional competence?

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There are those who consider that an examination is the only politically acceptable method of entry to our specialty in the long term. If that is so, some of the ideas raised in the mid-point assessment project[7] could be explored further. Testing such areas as hypothesis formation, selectivity of history taking, selectivity in physical examination, and selectivity in the choice of investigations would seem a sensible place to start. All of these topics could be successfully examined using an objective structured clinical examination[8] and possibly other methods. This would help to counter the recurring criticism that there is currently no test of the clinical competence of general practitioners.

Other areas tested in the mid-point assessment project included the ability to comprehend and interpret the findings of an article in a medical journal, and the understanding of psychosocial factors. All these areas could be tested to establish a minimum standard of professional competence, with the advantage that they are directly associated with the development of good clinical practice. Preparation for such an examination would foster a critical approach to practice and would free the candidates from the need for learning by rote.

Conclusion

The professional development of general practitioners in training would be best served by a system based on sound selection principles, regular mutual assessments with feedback and an end-point assessment which fosters good clinical practice. Once a doctor was in practice, career progression could be provided by the MRCGP by examination and FRCGP by assessment.

Such a system is the ideal and may seem unattainable at present. If it is to be achieved we must work at each component of it in the same way that the MRCGP has been developed into the most well-researched postgraduate examination in our profession. What the end-point assessment is called does not matter but what does matter is that passing the existing MRCGP examination after a number of years in practice should be associated with a significant financial incentive. Once a valid and reproducible mechanism for fellowship by assessment is found this status too could be rewarded by a merit award. Other specialties might wish to follow our lead.

References

1. McCormick JS, Bain DJG, Metcalfe DHH. The College: academic or political? *J R Coll Gen Pract* 1988; **38**: 30-31.
2. Royal College of General Practitioners. *The future general practitioner — learning and teaching.* London: RCGP, 1972.
3. Secretaries of State for Social Services, Wales, Northern Ireland and Scotland. *Promoting better health. The Government's programme for improving primary health care (Cm 249).* London: HMSO, 1987.
4. Department of Health and Social Security. *Plan for action.* London: HMSO, 1987.
5. Pendleton D, Wakeford R. Interviews in the selection of partners, trainees and medical students. *J R Coll Gen Pract* 1988; **38**: 147-148.
6. Sackin P, Henry J, Leete R, *et al.* Trainee-centred assessment. *Journal of the Association of Course Organisers* 1988; **4**: 37-51.
7. Stanley IM, Belton A, Freeman P, *et al.* A method of assessment during vocational training: report of a pilot study. *J R Coll Gen Pract* 1985; **35**: 9-14.
8. Harden RM, Gleeson FA. *Assessment of medical competence using an objective structured clinical examination (OSCE). ASME medical education booklet.* Dundee: ASME, 1979.

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The Royal College of General Practitioners is pleased to offer a series of two day MANAGEMENT APPRECIATION COURSES for general practitioners and practice managers, as part of the College's continuing initiative in the development of general practice management.

The course leader is June Huntington, District of Educational Programmes at the Kings Fund College and Sally Irvine, General Administrator of the Royal College of General Practitioners, is programme director.

The course aims are to explore changes in general practice organization and the consequent needs for more effective management; to clarify the management task and its relationship to better patient care; to address the management of self, others, the organization and change.

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1989 course dates are:

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Further details are available from: Projects Office, RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 01-581 3232.

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Forthcoming courses: 17–18 February, 31 March–1 April and 21–22 April 1989.

Further details from: The Course Administrator, Information Technology Centre, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Telephone: 01-581 3232.