



Royal College of
General Practitioners

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Dear Krishna

Membership of the Royal College of General Practitioners examination

Thank you for your letter following our conversation in Harrogate, which highlights concerns that the BMA have about the MRCGP exam and asks us for some commitments in relation to the recommendations of the recent independent official GMC review.

I appreciate that BMA membership is concerned about the differential pass rates described in the review, as indeed is the RCGP, which is why – as an organisation that takes diversity and equality so seriously – we have been looking into this for so long. As you are aware, the findings on differential pass rates are not new, having been published by us since 2005 for the previous exam and 2008 for the current one. It is because of this that we have taken such substantial steps to ensure the exam is robust and fair. You will also be well aware that the issue of differential pass rates also needs to be addressed by other medical specialties.

Like you, we are determined that those sitting the MRCGP should have a fair exam. It is our job to ensure that through a fair process all the doctors that qualify as GPs meet the requisite standards for ensuring safe patient care. That is what the public expects of us and that is what we deliver. I would also just like to flag that the MRCGP is not competitive as you describe it, but criterion referenced i.e. candidates are assessed against the standard of being safe for independent practice in the UK rather than against their peers.

We have already stated that while we welcome the fact that the review found no evidence of discrimination, we are happy to consider the recommendations and will be discussing with the GMC and the Deaneries in the near future how all three parties can work together to consider the recommendations made. We would also be happy to work with the BMA on this issue, within that framework and with the aim of making efforts to help improve the performance of IMG and UK BME candidates. In practice many of the recommendations build on work that is already under way and, as you say, for many of them the RCGP does not have direct influence.

To take some of the points you make:

- 1, 2, 8, 9 and 10 do not feature in the recommendations of the review, but we would be happy to discuss these issues further with the BMA and other stakeholders
- 3: This is included in one of the recommendations and as you know we have been working on both these issues for at least two years. With regard to actors we have been successful in ensuring that the mix matches the UK population as a whole (21% of actors used from February 2012 have been of BME origin compared to 13% of the UK population). What we now aim to ensure is that this mix is represented on a daily basis as far as possible and not just when totalled over a longer period. With regard to examiners, we have improved the percentage of IMGs and those from a BME background in the last two years through affirmative action and this is something on which we would be happy to work with the BMA as it is proving difficult to recruit IMGs in particular, despite appeals for applications
- 4: As you are aware, we have been undertaking a review of feedback since December 2012 and are about to run a focus group of trainees to find out more specifically what would be useful, having found that the survey we ran had a low uptake level. The issue of feedback is something that we have asked the international assessment expert, John Norcini, to review during his current independent review of the MRCP and would anticipate using any recommendations he makes, together with the information already gathered from trainees, examiners and outside experts in developing the feedback further. You may be interested to know that another Royal Medical College is considering adopting the system we use as an example of good practice
- 5 and 6: these are not within the sole influence of the RCP but we would be very interested in working with other stakeholders on both of the points
- 7: We would be delighted to analyse selection data against exam outcomes and have been trying to do this for at least the last three years to update the results of a study due to be published in the BJGP in November which takes the comparison up to 2009. We have already had discussions with the GMC and the NRO about doing a three-party study and are currently awaiting the outcome of discussions with HEE.

In summary, while the report found no evidence of discrimination we are already addressing some of the recommendations made and there are others that we are willing to work on with a high level stakeholder group to try to move forward. In order for this to be meaningful, I believe we need the participation of the GMC, Academy of Medical Royal Colleges and the Deaneries, as well as that of the BMA. It will obviously always be essential for us all to be ever mindful that it is our duty to ensure that the doctors who qualify as GP meet the standards for patient safety in UK primary care.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Clare Gerada', with a stylized, cursive script.

Professor Clare Gerada