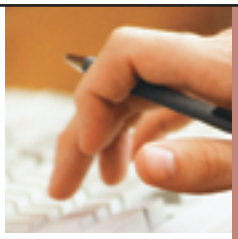

The RACGP Examination

Changes from 1999–2004

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Promoting and maintaining the quality and standards of Australian general practice on behalf of the profession and the Australian community is The Royal Australian College of General Practitioners' central activity. An important part of this process is assessment of doctors wishing to attain Fellowship of the RACGP. For general practice registrars, the summative assessment process is the college examination. This article presents details of the assessment process, outlines changes in the RACGP Examination, and publishes its outcomes. This is the first in a series of three articles focussing on changes in the RACGP Examination, its candidature, analysis of results, and plans for future development.

The Royal Australian College of General Practitioners (RACGP) summative assessment for Fellowship of the College is a 'high stakes' activity for candidates, for consumers of the health care system, and for the RACGP. It provides the sole pathway to unsupervised general practice in Australia. Doctors who meet the RACGP's assessment requirements and who have gained the required experience and/or training are awarded Fellowship. Consequently, the performance of the assessment process is of interest to various stakeholders including the Department of Health and Ageing, the Australian Competition and Consumer Commission, and regional general practice training providers who have approached the RACGP requesting the regular publication of aggregated assessment results.

Assessment for FRACGP

Assessment for the award of FRACGP occurs through the RACGP Examination and Practice Based Assessment (PBA). In detail, the assessment is structured around a skills dimension and a content dimension:

- skills are represented by the five domains of general practice, which are the basis of the RACGP curriculum for general practice vocational training (*Table 1*), and
- content reflects practice presentation rates in Australia.[1]

Entry to the RACGP assessment program is typically by either the training or practice eligible (PE) route. The training route requires a minimum of eight units to be completed in a recognised training program before registrars undertake the examination. Since 1996, it has been a requirement that all new medical graduates undertake training before entering general practice. The PE route is available to doctors who have gained 7 years postgraduate experience including 4 years general practice experience. Practice eligible candidates may undertake either the examination or PBA.

The RACGP Examination

The examination was first administered in 1968 to 300 candidates. Following various changes to its format over the years, the current format of the examination was introduced in 1999. This change was implemented following a study in 1998 of the longitudinal reliability of the previous RACGP Examination.[2,3] The new examination format addresses concerns about reliability, and offers significant logistical improvements.

Currently over 900 candidates sit the examination in centres around Australia each year. Some changes have been noted in the characteristics of candidates. The percentage of training route enrolment decreased from 70% in 1999 to less than 50% in 2003, but this has gradually risen to nearly 60% in the most recent administration. The proportion of international medical graduates (IMGs) in the training route has doubled over this period, increasing their representation to nearly one-third of all such candidates. Overall, IMGs now account for nearly three-fifths of all candidates, doubling their representation over the past 6 years.

The examination has three segments: two written – the applied knowledge test (AKT) and the key feature problems (KFP); and one practical clinical test.[4]

Applied knowledge test

The AKT is a 150 question paper that assesses the application of the breadth of contextual knowledge required for unsupervised general practice. The paper comprises a mix of single best answer and extended matching questions. All questions are of equal value and no penalties are applied for incorrect answers.

Key feature problems

The KFP assesses clinical decision making skills by focussing on the few key features of any problem that are crucial to its resolution.[5] It consists of 26 case scenarios with 2–5 questions asked about each. Questions are mostly short answer items with some multi-choice selection items.

Clinical test

The clinical segment comprises 14 clinical stations: 12 short (11 minute) consultations and two long (19 minute) consultations, mostly in an objective structured clinical examination (OSCE) format, with one viva case. The aim of the clinical is to assess higher order skills such as clinical reasoning and clinical communication, as well as professional skills such as physical examination, procedural skills and patient management.

Practice based assessment

In 1998 the RACGP researched a maximal change model for assessment that did not employ written tests, relying instead on performance in actual practice: ie. PBA. The PBA comprises five components: development of a professional portfolio, assessment of videotaped consultations, examiner clinical visit, a viva examination, and peer review. It is described in detail in an earlier publication.[6] This relatively new mode of assessment is not applicable to doctors in the training route. It is only available to experienced doctors.

From its commencement in 2000, PBA has been undertaken by a total of 86 candidates. Practice based assessment enrolments are expected to increase.

Analysis of the assessment program

The RACGP Examination and PBA have a number of internal quality assurance processes. Following each administration of the examination, a detailed report is prepared including monitoring of trends. A focus of attention is the examination's reliability, which includes the calculation of the internal consistency of each segment. The internationally accepted gold standard for internal consistency is 0.8 or greater; indices of internal consistency have averaged 0.84 for the AKT, 0.85 for the clinical, and 0.74 for the KFP (although the latter has increased to over 0.80 more recently). Individual feedback is sought at the end of each administration from candidates and examiners, as well as feedback from quality assurance examiners who observe the clinical component at each examination centre.[7]

The Australian Medical Council accreditation team reviewed the RACGP Examination and PBA processes as part of its accreditation of the RACGP education and training programs in 2003 and noted that:

'Overall, the team considered that the RACGP should be proud of its entire summative assessment process including the college examination. The process is excellent and more than meets the tests of fairness, transparency, linkage to consistent standards and employment of robust statistical and educational practices'.[8]

'Feedback on the PBA was generally positive with the requirements seen as reflecting the breadth of general practice experience and the whole process seen as fair and a good test of general practice in Australia'.[8]

Assessment results

The critical outcome of the assessment process for both candidates and stakeholders is the candidates' results. Candidates' results are published individually and all candidates are provided with individualised information detailing their results.

The RACGP reviews the enrolment, performance, and pass rate. A summary of these is presented for the past 6 years (*Figure 1*).

Table 1. Domains of general practice

- Communication skills and the patient-doctor relationship: communication skills, patient centredness, health promotion, whole person care
- Applied professional knowledge and skills: physical examination and procedural skills, medical conditions, decision making
- Population health and the context of general practice: epidemiology, public health, prevention, family influence on health, resources
- Professional and ethical role: duty of care, standards, self appraisal, teacher role, research, self care, networks
- Organisational and legal dimensions: information technology, records, reporting, confidentiality, practice management

Discussion

Figure 2 demonstrates an overall decline in the pass rate over the past 6 years. However, the pass rate is determined by three major variables: the ability of the candidature as a whole, the examiner/assessment method and content, and the standard against which candidates are assessed. While assessment processes and content have remained relatively stable and standard setting techniques have been employed to minimise changes in the required standard, there have been a number of changes in the

candidature profile including: a proportional decrease in the number of Australian trained graduates presenting for assessment; an increase in the number of IMGs; changes in the gender profile of candidates; an increase in the typical age of candidates; and an increase in the length of time since undergraduate training. *Figure 3* shows that within some of those candidate groupings, there is little or no evidence of long term changes in the pass rate.

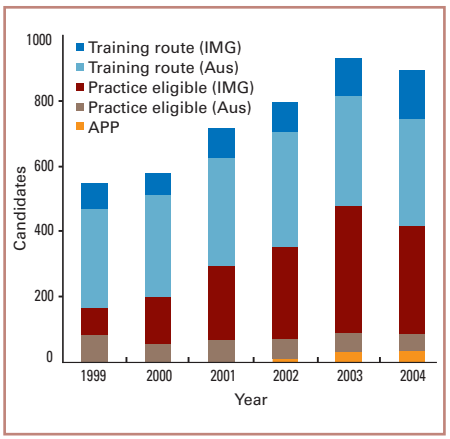

Figure 1. Enrolment rate from 1999–2004
Note: Alternative Pathway Program (APP) includes both Australian and international graduates. Origin of graduation groups is combined because of small numbers

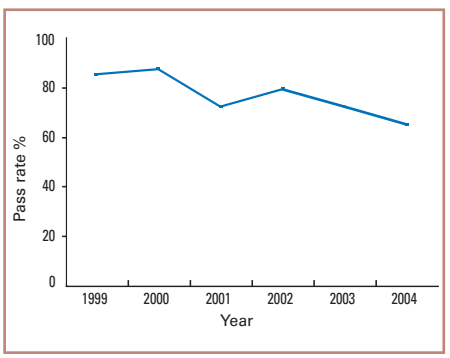

Figure 2. Overall pass rate, 1999–2004

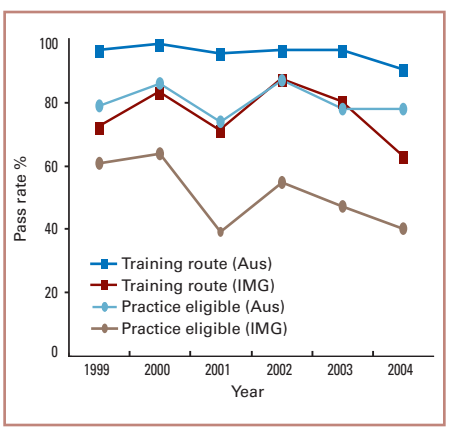

Figure 3. Pass rate for major candidate groups, 1999–2004
Note: Pass rate for candidates on APP are not shown as small numbers make the pass rate highly volatile

It should be noted that for changes in pass rate to be primarily attributed to one factor with any degree of certainty requires that all other conditions over the period remained stable. The apparent changes in the 2001–2004 results could reflect the combined effect of changes in a number of these variables. The RACGP analysis to date indicates that the change in the pass rate could be related to the change in candidature profile, which would be reflected in the apparent overall ability of the candidature. The RACGP is currently assessing the relative contributions of each factor to the changes in the pass rate.

Conclusion

The monitoring and publication of results of the RACGP assessment program has a wider audience than the individual candidates and the RACGP. Various other stakeholders are interested in aggregate results being provided regularly. The RACGP prepares such information as part of its internal quality assurance process.

The RACGP Examination has seen significant changes over the past 6 years – particularly in candidature – all of which can affect the pass rate. Analysis of the pass rate will be further explored in a future article, as will discussion of further developments for summative assessment for the Fellowship of the RACGP.

Conflict of interest: none declared.

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