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Presentation

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Dilemmas and solutions – experiences of a national Family Medicine applied knowledge licensing test during a pandemic.

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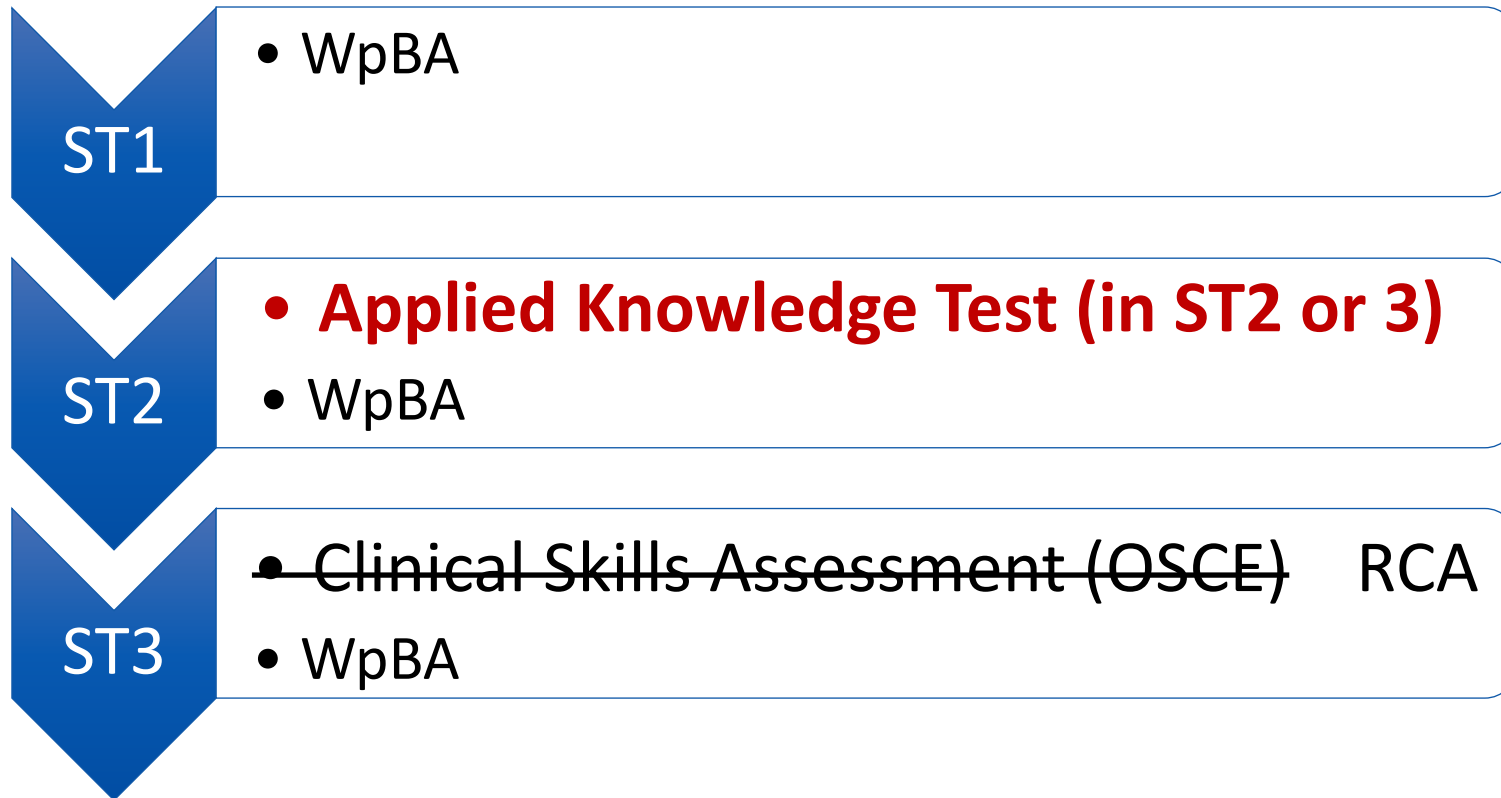
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No conflicts of interest to declare



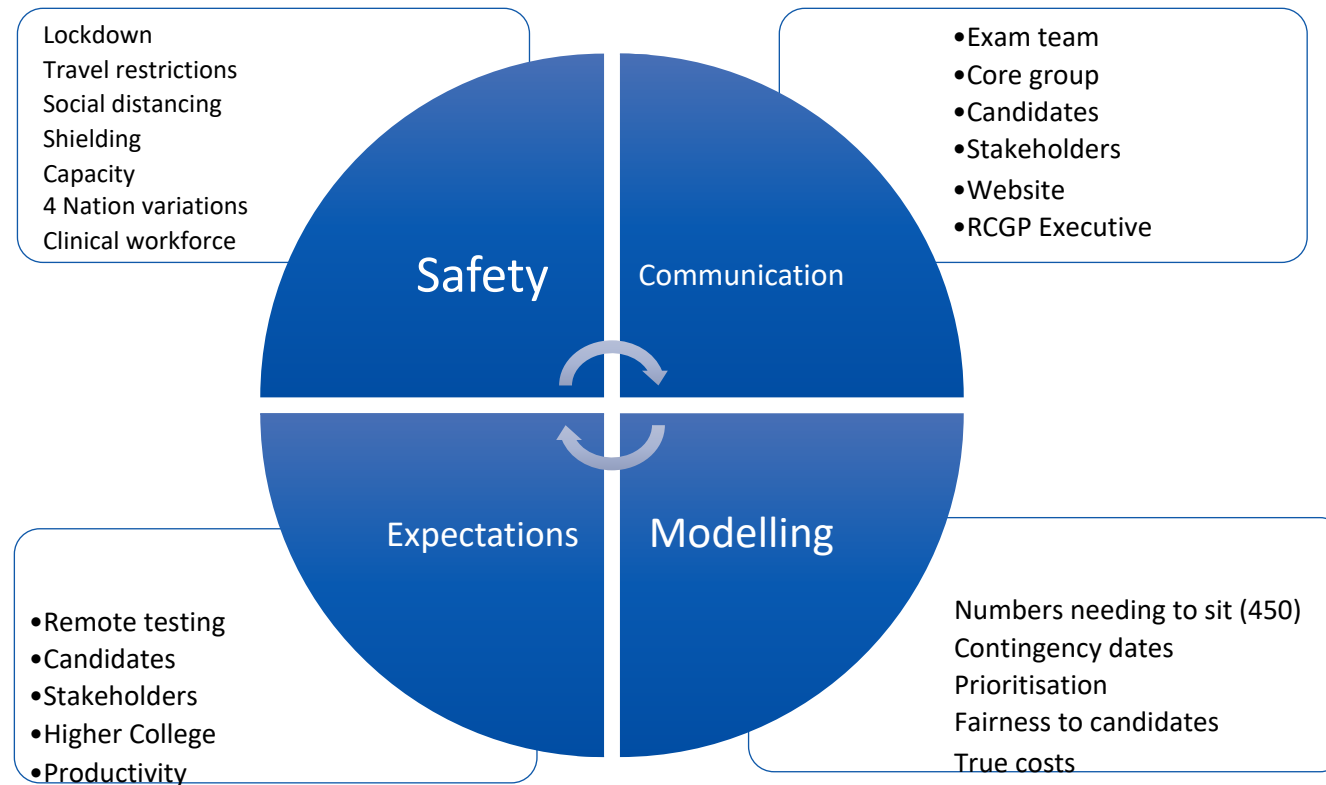
MRCGP - Background information

Fit for independent practice as a GP working across the UK



Challenges and dilemmas

Cancellation of April 2020 exam (1740 candidates)



Decisions taken

Remote testing rejected

- Expectations a resounding 'Yes and now'
- Decision 'No' (for now)
- Justification:
 - Wide-ranging discussions provider(s) and other postgraduate royal colleges
 - IT platforms untested at this scale
 - Unable to pilot due to speed of decision-making
 - Security
 - Connectivity
 - Reasonable adjustments
 - Costs
 - Contingency exam for contingency exam
 - Setting precedents that may not be repeatable
 - Patient safety

Decisions taken

Keyworker status established

- High level agreement with test centre provider
- Academy of Royal Medical Colleges
- Chief Executive Officers (Health Education) of all four Home Nations
- Regulator

This enabled in-person testing to continue

- Priority Level 1 (along with emergency care practitioners) recognising need to support exhausted workforce
- Test centres opened and staffed specifically for MRCGP exam
- New test centres opened e.g. Jersey, Isle of Man, Scotland
- Permission to travel
- Permission for time off from work for education and assessments

Decisions taken

Contingency exam(s)

1. Enable qualification of GPs at the end of training summer 2020*
2. Reduce impact of COVID-19 on standard training timelines
3. Prevent a (deferred) qualification crisis into 2021
4. Avoid over exposure of items, skewed standard setting, team fail
5. Enable candidates reach CCT standard i.e. maintain standard
 - Cancel April 2020 exam (1740 candidates)
 - Emergency July 2020 exam (221 candidates)
 - Deferred April exam held August 2020 (1207 candidates)
 - Revert to standard 3 exams/calendar year from October 2020
 - Regular, pre-booked additional dates over next 12-18 months

Contingency Exam

July 2020

- Use of an exam with standardised standard setting and up-to-date correct question evidence base
- Prioritised, atypical cohort
 - 90% vs 27% re-sitters
 - 6% vs 54% reference group
 - 31% vs 12% declared disability
 - more male
 - more PMQ not UK
 - later into ST3
- Small numbers
 - 221
- Positive stakeholder feedback
- 62 of the re-sitters had previously sat this (randomised) exam > 12 months ago
 - mean scores **lower** on this attempt 137.08 (SD 13.83) vs other re-sitters 139.45 (SD 15.69)

Lessons learned

Communication needs to be

- Quick
- Proactive
- Clear
- Accurate
- Joined up
- Archived
- Regular
- Reaching out to stakeholders

Lessons learned

You are not alone

- Senior management
- Website team
- Comms team
- Exam team
- Regulator
- Academy of Royal Medical Colleges
- Committee of General Practice Education Directors
- Associates in Training
- Lay support
- Test centre provider senior management

Lessons learned

People, not organisations

- Establish who are the key players and make connections
- Weekly scheduled virtual fixed time meetings
- Working together
- Working apart
- Workload
- Resilience
- Efficiency vs inefficiencies of virtual platforms
- Experienced team members
- New team members and training

Take home messages

Keeping it simple

- Stakeholder engagement
- Communicate, communicate, communicate
- Contingency planning is for real
- Cost clarity
- Don't assume what others can/cannot do
- Don't be afraid to change
- ...but don't change because 'everyone else is'
- Do make difficult decisions (with justification)
- Be open to changing plans as more information becomes available
- Document decision making justifications vs reviews
- Share experiences with other exam providers to learn for the future
- Patient safety underpins decision making



