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82 – The MRCGP International - Developing a Truly Contextual Assessment

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It is 13 years since the Royal College of General Practitioners (RCGP) of the UK presented the framework and process for accrediting local developed postgraduate assessments of Family Doctor/General Practitioner competence at the WONCA World Conference in Tampere, known as the MRCGP[INT] programme. This is a brief progress report including the perspectives of colleagues and an external programme evaluation.

The purpose for developing this programme followed a 1996 survey of international colleagues and academic departments who were communicating with the RCGP. They expressed a wish to develop an internationally recognised postgraduate assessment of competence and qualification for FM/GP at a national or regional level, tailored to local needs, educational systems and practice; it was important that such assessment be equivalent in status to those in hospital-based specialist disciplines. The development of MRCGP[INT] has been undertaken on the premise that it is inappropriate to export the UK MRCGP exam, which is the exit assessment of the RCGP training curriculum towards the Certificate of Completion of Training required to practice as a GP in the UK (RCGP, 2013).

The MRCGP[INT] programme recognises that there is a generic core to the FM specialty, but there are important differences between countries in patient's expectations of their doctor, communication styles, cultural and ethical issues, such as consent and confidentiality, epidemiology, training and the legislative and resource framework of health and social care.

The programme forms part of the RCGP strategy to improve the quality of education and delivery of FM/GP internationally (RCGP, 2011). The RCGP collaborates with local examination boards to develop an assessment of competence of their FM curricula, which is then accredited as being of equal academic rigour to the MRCGP UK examination. The assessment design is based upon current best practice principles but incorporates, sometimes transitionally, test methods appropriate for local educational needs (van der Vleuten & Schuwirth, 2005) (Wass, et al., 2001). Then there follows an ongoing quality assurance re-accreditation cycle, to monitor, refine and raise standards. Rather than being a generic international examination, each MRCGP[INT] assessment is set locally to reflect that context. The aim is to assist that country in strengthening both the role of family medicine and local postgraduate education institutions. Successful candidates become International members of the RCGP, but this is not a passport to work in the UK or any other country.

There are now seven accredited MRCGP[INT] assessments. The purpose differs between countries; for Oman, Brunei, Dubai, Kuwait, Egypt and Malta it conjointly accredits the end point assessment of vocational training. Additionally, in Brunei the examination may be taken by candidates who have either worked or trained in family

medicine elsewhere; in Dubai where many family medicine doctors are graduates from countries without postgraduate training schemes in family medicine, it offers an opportunity to demonstrate the quality of their work and further their career (Ahmed, et al., 2010). The South Asia MRCGP[INT] is a consortium representing India, Pakistan, Sri Lanka and Bangladesh; again, for FDs who have had no structured training opportunities, as well as expatriate South Asian doctors working in neighbouring countries who intend to return to work in the South Asia region (RCGP, 2014). It is intended that Kosovo and Cyprus will have similar accreditation and provide a focus for quality competence assessment in those regions.

The challenge of taking the assessment in regions where family medicine is undeveloped, where there is little provision of speciality training or continuing medical education, is also an opportunity. For many candidates the MRCGP[INT] examination has acted as a stimulus for learning where one did not exist before. Success often comes after a long period of self-directed preparation and RCGP International membership enables the College to help support these outstanding colleagues in their continuing professional development.

A commissioned external evaluation of the MRCGP[INT] (Capacity Development International, 2014) conducted in March 2014 interviewed internal and external stakeholders, particularly colleagues representing accredited sites; reporting on:

Relevance: positively affirming congruence to RCGP strategy, WHO policy and the WONCA WHO publication. The MRCGP[INT] model is aligned with current thinking in good development practice: meeting country needs, building institutional capacity and promoting local ownership.

Effectiveness: MRCGP[INT] is based on partnership working and local empowerment, with long term collaborative and QA commitment. Problems of recognition by national regulatory bodies are a potential risk. Joint working on test writing, examining and standard setting should be further encouraged between sites to improve calibration.

Impact: The evidence is clear for developing robust primary care health systems with strong FM (Starfield, 2011). MRCGP[INT] has demonstrated that it is possible to provide a contextualised exam to rigorous assessment standards that strengthens countries own assessment expertise, rather than exporting its UK exam. There is, however, a need to address the paucity of both quantitative and qualitative research that demonstrates the impact of the MRCGP[INT]. Advocacy to focus political will to influence national and global policy is key to increasing the potential uptake and impact of the MRCGP[INT] Programme, with increasing recognition for FM/GP as central to primary healthcare.

Efficiency: MRCGP[INT] site hosts were extremely positive about the quality of academic support received. However, accreditation fee increases are a concern to sites, although the programme provided value for money.

Sustainability: There is significant commitment to continue the MRCGP[INT] programme. The programme is mutually valued. The RCGP should continue to tailor CPD support more to the needs of International members. The RCGP must remain mindful that MRCGP[INT] cost effectiveness is designed for the long term, and the resources available to current and future sites.

Take home messages

- FM/GP curricula and their assessment are context specific, with perhaps two thirds recognisable globally.
- FD/GP assessments of competence require rigour to be credible with all stakeholders, but it is inappropriate to export FM/GP competency assessments to other contexts.
- Collaborative working to build institutional capacity and promote local ownership works well.
- Recognition by national regulatory bodies and political support is necessary for sustainability.
- Opportunities can be made for FDs who have no postgraduate training to demonstrate their quality.

Original abstract

<http://www.woncaeurope.org/content/301-mrcgp-international-membership-royal-college-general-practitioners-international-new>

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