

GP Induction and Refresher Scheme

MCQ Learning Needs Assessment

Guidance for Candidates & Selectors

FAQs

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1. How is the MCQ I&R Learning Needs Assessment structured?

There are two parts to the MCQ I&R Learning Needs Assessment; both are designed to assess some of the essential competencies outlined in the National Person Specification and are based around clinical scenarios.

If you are sitting the papers for the first time, you will first be asked to complete a Professional Dilemmas (PD) paper, followed by a Clinical Problem Solving (CPS) paper. If you are re-sitting the papers and previously failed only one of the papers (i.e. PD or CPS paper) you will only be required to sit that paper.

Your pass mark is valid for 12 calendar months from the date you receive the results, following which, to continue in the scheme if a clinical placement has not already started, you will be required to re-sit the Learning Needs Assessments (MCQ and Simulated Surgery).

Professional Dilemmas (62 items, 124 min)

The PD paper is a Situational Judgement Test (SJT). This part of the assessment focuses on a candidate's approach to practising medicine. Specifically, the paper measures one's understanding of situations that arise for doctors in the NHS, particularly in General Practice, judgement in differentiating between appropriate and inappropriate responses, and the ability to recognise the most important concerns in any situation. It focuses on appropriate behaviour with respect to interacting with patients and colleagues and in managing one's own workload. It does not require specific knowledge of General Practice, but does assume general familiarity with typical NHS primary and secondary care procedures.

The test covers three core domains:

- Professional integrity
- Coping with pressure
- Empathy and sensitivity

The PD paper consists of 62 items and there are 124 minutes in which to complete the test.

Clinical Problem Solving (86 items, 65 min)

In this part of the assessment, candidates are presented with clinical scenarios that require them to exercise judgement and problem solving skills to determine appropriate diagnosis and management of patients. This is not a test of knowledge per se, but rather one's ability to apply their knowledge appropriately. The topics are taken from areas with which a General Practitioner is expected to be familiar.

The CPS paper consists of 86 questions and there are 65 minutes in which to complete the test.

The MCQ I&R Learning Needs Assessment is similar to the Multi-Specialty Recruitment Assessment, so further information about the content and types of questions can be found at:

<https://gprecruitment.hee.nhs.uk/Recruitment/Applicant-Guidance/MSRA>

2. How is the PD paper scored?

There are 62 items in the PD paper, 12 of which are pilot items and do not contribute towards your final score. Around half of the items are ranking items and the other half of the items are multiple choice, there is no negative marking.

SJT items are scored against pre-determined keys that have been derived from consultations with multiple GP Subject Matter Experts (SMEs), so that the scoring of the test is standardised and fair to all candidates.

Ranking items

The items in Part One of the paper require candidates to rank a series of options in response to a given situation. Answers are marked by comparing a candidate's response to the model response determined by an expert panel (i.e. GP SMEs). The closer the response is to the model response, the more marks are awarded. A perfect match generally receives 20 marks, and a candidate does not need to get every option exactly in the correct order to obtain a good score on an SJT item.

It is **important to note** that this marking convention means that **even if a candidate were to answer a ranking item completely out of order, they would score a minimum of 8 marks for that question.** **Skipping or missing an item, however, results in a score of 0 marks for that question.**

The table and example below illustrate the scoring system in more detail.

Key Rank	Candidate Rank				
	1 (C)	2 (D)	3 (A)	4 (E)	5 (B)
1 (B)	4	3	2	1	0
2 (C)	3	4	3	2	1
3 (A)	2	3	4	3	2
4 (D)	1	2	3	4	3
5 (E)	0	1	2	3	4

Example: Imagine you are answering a ranking SJT question in the MCQ I&R Learning Needs Assessment. You are given a list of five actions/options and are then asked to *rank in order the following actions in response to this situation (1 = most appropriate; 5 = least appropriate)*. The predetermined key for this question is *BCADE*. Option *B* has thus been predetermined by multiple SMEs to be the 'most appropriate' option (and in other words, ranked as 1 out of 5). If you then select Option *B* as the most appropriate action you would be awarded 4 full marks for this part of the question. Instead, if you select the option that has been predetermined as the second most appropriate action, Option *C*, you would still be awarded 3 points. If you were to select Option *A*, you would be awarded 2 points, and if you were to select Option *D* you would only be awarded 1 point. You therefore get allocated marks based on the *proximity* of how you rank each of the possible options in accordance to the pre-determined key. So, for example, if you were to answer this question using the key *CDAEB* instead, you would get 12 marks ($3 + 2 + 4 + 3 + 0 = 12$).

Multiple choice items

The items in Part Two of the paper require candidates to select three from a maximum of eight possible responses to a given situation. As with ranking items, answers are marked by comparing the response to the model response determined by an expert panel. Multiple choice items are worth a maximum of 12 marks. Each of the three individual responses is worth 4 marks.

3. How is the CPS paper scored?

There are 86 items in the CPS paper. Around half of the items are Extended Matching Questions (EMQ) and the other half are Single Best Answers (SBA), including a few Multiple Best Answers (MBA). EMQs can cover more than one clinical topic and refer to multiple clinical scenarios that are linked to the same set of response options.

For each item in the CPS test, 1 mark is awarded for choosing the correct response. For each MBA item, multiple marks are awarded for each correct response you select (up to a maximum of 3 marks). There is no negative marking.

4. How are the PD and CPS scores interpreted?

Scores for the PD and CPS papers are converted into standardised scores, to aid interpretation. The following guidance, based on the overall performance of I&R candidates that sat the assessments during 2013 to 2015, can be followed when interpreting final scores in relation to other candidates that are applying for the I&R Scheme:

Final score interpretations based on previous I&R candidate performance

	Bottom 25% Final Score Range	Average Final Score	Top 25% Final Score Range
CPS paper	39 or less	46	56 or more
PD paper	30 or less	38	49 or more

Final scores in both tests are grouped into the five bands below to help interpretation of these standardised scores with regards to recommendations for the I&R Scheme:

Allocation of final scores to bands based on expected performance

Band	Standardised score range	Interpretation
Band 1	22 and below	Well below the minimum standard required
Band 2	23-28	Below the minimum standard required
Band 3	29-49	Adequate level of performance, may need up to max 6 months WTE
Band 4	50-59	Good level of performance, may need standard induction of about 3 months WTE
Band 5	60 and above	Excellent level of performance, with little if any induction

The bands are subject to on-going review, taking into account overall performance of the I&R scheme cohort. (The last review was January 2017).

The defined cut score has been agreed through means of a standard setting exercise which involved a group of expert GP I&R trainers, who individually and collectively defined the score at which a “minimally acceptable” I&R candidate should perform (see Q.5).

The scores indicate a candidate’s general level of performance. Expectations with regards to performance for each band are explained below.

Below minimum standard required

Band 1

Where a score is in Band 1, it is likely that the candidate will require significant support and pre-application advice prior to reapplying for a place on the I&R Scheme. Band 1 scores on either paper suggest substantial deficiencies in performance. Candidates are advised that they should not normally re-sit the paper until they have undertaken education and work in a supervised clinical situation, such as an NHS Hospital post, for at least 6 months.

Band 2

Where a score is in Band 2, it is likely that the candidate will require some support prior to reapplying for a place on the I&R Scheme. Band 2 scores on either paper suggest deficiencies in performance that need to be addressed. Candidates are advised that they should not normally re-sit the paper until they have undertaken education and work in a supervised clinical situation, such as an NHS Hospital post, for at least 3 months.

Band 1 and Band 2 scores on the CPS paper suggest a need to improve clinical knowledge. Some candidates will find their knowledge has deteriorated through lack of use or that their knowledge is now out dated due to changes in practice. Low scores on the CPS paper can also be due to poor problem solving skills, that is difficulty applying knowledge in clinical situations. This can include difficulties in identifying the key issues in a situation, poor integration of knowledge, or failure to determine the most likely or critical possibilities in a situation.

Band 1 and Band 2 scores on the PD paper suggest a difficulty in identifying the best response to situations. This may be the result of inappropriate assumptions about the role of a doctor working in a NHS General Practitioner post, both in the provision of care and as part of an organisation providing clinical care. This can include a poor understanding of professional ethics, or use of less patient-centred approaches to the provision of care. Candidates with scores in these bands can sometimes fail to take account of how others are feeling, have difficulty making decisions under pressure, or cope less well with the stresses and strains of being a medical practitioner.

Just above minimum standard required

Band 3

Where a score is in Band 3, there are likely to be development needs which might be addressed during participation in the I&R Scheme. Based on performance at the next stage of assessment (i.e. simulated surgery), candidates may be asked to complete up to 6 months (whole time equivalent) of supervised clinical sessions in General Practice, as well as workplace based assessment, and educational guidance.

Band 3 scores on the CPS paper suggest that the candidate will need to improve their clinical knowledge. This may always have been an issue for the candidate, or their knowledge may have deteriorated since their initial training, or last period of practice. Lower scores on the CPS paper can also be due to poor problem solving skills, where candidates have difficulty applying their knowledge in clinical situations. This can be due to difficulties in identifying the key issues in a situation, poor integration of knowledge, or inability to determine the most likely or critical possibilities in an ambiguous situation.

Band 3 scores on the PD paper suggest that the candidate does not always identify the best response to situations. This can be the result of poor insight or inappropriate assumptions about the role of a doctor working in a NHS General Practitioner post, both in the provision of care and as part of an organisation providing clinical care. Factors such as a poor understanding of professional ethics or use of less patient-centred approaches to the provision of care can contribute to lower scores. Candidates with scores in Band 3 may have less understanding of, or take less account of, how others are feeling. They can have difficulty making decisions under pressure and/or cope less well with the stresses and strains of being a medical practitioner.

Well above minimum standard required

Band 4

Where a score is in Band 4, there are likely to be some development needs which might be addressed during participation in the I&R Scheme. They will have exemption to doing the simulated surgery, but candidates may be asked to complete the standard induction covering of up to 3 months (whole time equivalent) of supervised clinical sessions in General Practice, as well as workplace based assessment, and educational guidance. Scores in Band 4 show a good level of performance.

Band 5

Where a score is in Band 5, there are likely to be very few development needs that need to be addressed during participation in the I&R Scheme. They will have exemption to doing the simulated surgery and candidates may only require a short one month induction into General Practice. Scores in Band 5 show an excellent level of performance.

Candidates who score Bands 4 and 5 in both papers will not be required to undergo the next stage of assessment (i.e. the simulated surgery) and will be automatically offered a place on the I&R Scheme subject to agreement and approval by the Lead NHS England team RO/MD.

5. How has the minimum standard required been calculated?

The minimum passing score for each paper has been determined to be a **standardised score of 29**, based on an Angoff standard setting exercise that was carried out in 2015 with an expert panel of GPs (which included trainers) involved in the I&R Scheme (N>10). This standard setting exercise was carried out in order to determine the score at which a “minimally acceptable” candidate should perform, taking into account the fact that the I&R MCQ is a selection test for entry to the I&R scheme (not a licensing test). Below this standard, candidates are expected to require a very high level of support, fail to be competent and safe practitioners, and potentially drop out of the scheme. It is a criterion-referenced exam which means that there are no set percentages of passing and failing candidates; it is possible for all of the cohort to pass the test. Based on the standard of previous performance though (2012 to 2015), it is estimated that less than a quarter of candidates will score below this level.

6. What is the general advice for candidates preparing to sit the MCQ I&R Learning Needs Assessment?

- You can take a generic tutorial to familiarise yourself with the controls and screen layouts in advance – see Pearson VUE for details:

<http://www.pearsonvue.com/athena/athena.asp>

- Papers are NOT negatively marked so **make sure you answer all the questions**. It is important to note that the marking convention for the PD ranking items means that **even if a candidate were to answer a ranking item completely out of order, they would score a minimum of 8 marks for that question**. Skipping or missing an item, however, results in a score of 0 marks for that question.
- Read the instructions and questions carefully. There may be times when you would like more information to answer questions. Just give your best answer given the information provided.
- The test specification for the MCQ I&R Learning Needs Assessment is similar to the Multi-Specialty Recruitment Assessment. For more information about the type and content of the questions that are contained in the PD and CPS papers, and example questions, please follow the links below:

<https://gprecruitment.hee.nhs.uk/Recruitment/Applicant-Guidance/MSRA>

<https://gprecruitment.hee.nhs.uk/Portals/8/Documents/National/MSRA%20Applicant%20Guide%20-%20Sample%20Questions.pdf?ver=2016-10-27-083032-997>

- Read the information carefully. If you feel you would benefit from revisiting some areas of knowledge or practice in order to be better able to show your capability then you should do this before the assessment.
- During the assessment, a **glossary** will be provided for terms and abbreviations used in the questions which are not in universal use or may not be understood by all candidates.