Inequalities in CSA Exam:
BAPIO Taking the Bull by the Horns

In recent years, racial equality and to some extent human rights have dropped out of popular use within the political vocabulary. Of those who are hurt by the system, only those with some revolutionary consciousness of justice dare to raise concerns over inequality! Most doctors may acknowledge the fear of the unhealthy culture, known for its secrecy and frequent vindictiveness towards those who dare to raise their voices.

It is fair to say that most international medical graduates do feel that when it comes to the issues affecting ethnic minorities, trade union officials usually drag their feet. On critical issues, such as when the career of a very large number of clinical skills assessment (CSA) trainees are in serious jeopardy, most protection bodies are still operating in an aura of what seems superficial remedies. Where the time for action is the real essence of the hour, they engage 'ethnic minority' forums at merely discussion level.

International medical graduates (IMGs) in GP training are facing catastrophe in their careers as a result of what is described as 'hugely' differential pass rates. Frankly, those affected by what is at the centre of the controversy – unfair examination – just cannot wait for the 'talk shops' to discuss what is already in the public domain.

This is why one can vindicate the actions by British Association of Physicians of Indian Origin (BAPIO) in relation to the CSA issue. The aspect of disproportionate failure rates has been debated for over a year, at least within BAPIO. According to BAPIO there has been serious dialogue by BAPIO officials, and other supporting groups such as BIDA, to see if RCPGP and GMC can be influenced to seek the potential causes and remediesfor preventing a blatant injustice to the IMGs through the CSA exit test.

I met up with the President of BAPIO, Dr Ramesh Mehta, who himself is a well-established examiner, to ask why his organisation is now pursuing a legal challenge route. His response was quite clear: "You see, we want fairness and equal treatment for the IMG trainees. For the qualifying bodies it should be an extremely worrying point if a large number of trainees from a particular background are failing, despite most successfully completing three years in training under supervision and actually servicing live patients."

I wonder why a good employer would accept the fact that its training package that costs taxpayers nearly half a million pounds per trainee has been failing to prepare adequately for the final exam! To be fair, under the scheme, each of the trainees work under supervision and are assessed every year before they are moved on to the next year. If these processes are effective, then one would assume that the weaknesses would have been spotted earlier. Is not the purpose of supervision supposed to be the ability to identify and plan to remedy issues for improving performance?

Dr Mehta says, "It is not only that it takes little account of the fact that there is also a huge diversity in the patient population, it still uses a simple yardstick to measure a doctor who has successfully worked for three years and passed the Applied Knowledge Test (AKT). It is ironic that a test lasting a couple of hours involving actors - not real patients - decides the fate of these doctors; in many cases after having served more than 3000 patients during the training without complaints." It appears that the whole structure of training and assessment is in need of a thorough overhaul, since obviously it seems to be lacking in cultural and linguistic sensitivity with unexplained race bias.

Professor Allen, who had examined the General Medical Council (GMC) fitness to practise procedures, found that a higher proportion of referrals to the GMC from public bodies were about international medical graduates, and that there were differences in the nature of the allegations made (Policy Study Institute Report, 2008). The Chief Medical Officer at the time noted that there was no explanation for the Preliminary Proceedings Committee sending relatively more international medical graduates to the Professional Conduct Committee. He remarked, "In [a] nutshell what it really meant is that, once within the General Medical Council, international medical graduates were more likely than their United Kingdom counterparts to be referred to the disciplinary procedures." Sir Liam Donaldson, CMO, also stated that "Examining the relationship between ethnicity and doctors is complex. Whilst many institutional barriers have been removed and much has improved, there are still areas that cause concern. Addressing these issues will require culture and behaviour change."

The Royal College of General Practitioners (RCGP) commissioned a review of possible racial and sex biases in the exam in 2010 that admitted that ethnic-minority candidates were continuing to perform 'differently' to other candidates. RCGP figures for 2010-11 indicate that the failure rate for IMGs taking the CSA component of the MRCGP is at 63.2 %, compared with 9.4 % of UK graduates. That was some years ago - we are in 2013 now.

According to BAPIO's own survey, one of the respondents highlighted, "I have good references from 20 hospital consultants, several GP trainers, 40 excellent MSFs, 100 PSQs, have been working for NHS for seven years, have seen at least three thousand patients in GP surgeries, passed AKT with good marks." Is it not odd if he cannot pass CSA? If he was not fit to practise, why did his trainers not raise concerns; instead leaving it to the last stage for the RCGP actors to decide his fate? Are the RCGP actors more qualified than the actual patients they have served over the period of three years? BAPIO has quite rightly centred on the ethos that while patient safety is of utmost importance, so is maintaining the standards of examination to provide a fair and just environment for the professionals.

According to Dr Satheesh Mathew, Vice President BAPIO, "These IMGs continue to endure immense strain on their families, creating personal anxiety, stress and financial ruin, having spent tens of thousands of pounds on exam fees and courses. All this is because of unfair assessment." British International Doctors Association (BIDA) chairman, Dr Sabyasachi Sarkar, wrote to GMC, "The failure rate is simply staggering."

The GMC has launched a review into the failure rates for different groups of medical graduates taking the MRCGP exam. Meanwhile, BAPIO has taken legal advice for a judicial review application with a potential for greater ramifications that may lead to a review of assessment processes by all the colleges, postgraduate deaneries and the GMC. There are also plans to approach the Health Select Committee in Parliament over the issue, since it is costing taxpayers a huge amount in the loss of skilled professionals. The Equality and Human Rights Commission undoubtedly has a role in monitoring such anomalies, and is potentially ripe with inequalities against the IMGs.

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