

# Patient centredness in the MRCGP video examination: analysis of large cohort

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The examination for membership of the Royal College of General Practitioners (MRCGP) consists of four modules. The consulting skills module, introduced in 1996, is normally taken by submitting a videotape of seven consultations, selected by the candidate to show "competency" in each of 15 "performance criteria." These criteria are explained in the examination literature and on the college's website.<sup>1</sup> The module is based on a competency model of assessment, which defines outcomes, in a hierarchical framework.<sup>2</sup> The performance criteria (see table) are grouped into five areas: discovering the reason for the patient's attendance, exploring the problem(s), tackling the problem(s), explaining the problem(s), and making effective use of the consultation.

## Participants, methods, and results

Doctors may submit videotapes for examination in May or November. This report is based on submissions in May and November 1999 and May 2000, which together comprised 2094 candidates. Each candidate was assessed by seven examiners, each rating a different consultation on the tape. We have described the assessment method elsewhere.<sup>3</sup> The examination is primarily a "competency hurdle"—that is, candidates have to achieve competency across a range of criteria. Three criteria (numbered in the table as 4, 10, and 11) were found in pilot studies to be rarely achieved. However, as we considered these to be markers of "good practice" and, in particular, of patient centredness, we designated them "merit" criteria—for awarding the merit grade to candidates who had already passed on the other 12 criteria.

The table shows the extent to which each criterion was met in the first five consultations assessed because

at that time pass-fail judgments were made initially on the first five consultations; the last two were considered only if the candidate had not clearly passed on the first five. (From 2002 all seven consultations are considered.) The column headed "mode" indicates the commonest frequency, whereas the "mean" column allows comparison between the criteria.

"Patient centredness" has been well defined and characterised,<sup>4</sup> comprising five dimensions: a biopsychosocial perspective, the "patient-as-person," sharing power and responsibility, the therapeutic alliance, and the "doctor-as-person."<sup>5</sup> We explicitly intended that our performance criteria should reflect this and have identified aspects of patient centredness in criteria 2, 3, 4, 10, 11, and 13. Competency in exploring the patient's own beliefs about the illness (criterion 4), using those beliefs in explaining the illness (10), and checking the patient's understanding after the explanation (11) were not seen in 14%, 31%, and 45% of doctors respectively. The related competency of involving patients in decision making (criterion 13) was not seen in 14% of doctors, and only 36% (762) managed to show it in three or more of the first five consultations (the stated target for a pass). These four criteria all had modes of 2 or less (table). In contrast, 69% (1442) candidates were able to meet the remaining performance criteria in at least three of the first five consultations (modes of 3, 4, or 5 in the table).

## Comment

On the basis of their "best" five recorded consultations, doctors nearing completion of a three year postgraduate training in general practice showed only limited ability to achieve patient centred outcomes. The ability to elicit patients' ideas, concerns, and expectations is

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Success of 2094 candidates in meeting each performance criterion in none, one, two, three, four, or all of the first five consultations submitted. Values are percentages (numbers) of candidates, unless stated otherwise

Performance criterion	Proportion of five consultations meeting criterion						Mode (most common frequency)	Mean (average frequency)
	0/5	1/5	2/5	3/5	4/5	All 5		
1 Patient's contribution encouraged	<0.1 (1)	0.1 (2)	0.2 (5)	1.6 (34)	13.5 (282)	84.5 (1770)	5/5	4.8
2 Cues not ignored	2.0 (42)	8.6 (181)	20.5 (429)	29.0 (608)	28.0 (586)	11.8 (248)	3/5	3.1
3 Social and psychological context explored	1.0 (21)	6.8 (142)	17.7 (371)	30.6 (641)	29.8 (624)	14.1 (295)	3/5	3.2
4 Health understanding explored	14.1 (296)	22.3 (466)	23.9 (501)	22.7 (475)	12.5 (261)	4.5 (95)	2/5	2.1
5 Sufficient information obtained	0.1 (2)	1.4 (30)	5.6 (118)	18.1 (378)	36.6 (766)	38.2 (800)	5/5	4.0
6 Appropriate examination chosen	0	0.3 (7)	2.3 (49)	11.9 (249)	35.1 (736)	50.3 (1053)	5/5	4.3
7 Appropriate diagnosis made	0	0.1 (3)	1.6 (33)	9.5 (199)	32.0 (670)	56.8 (1189)	5/5	4.4
8 Diagnosis explained	0.2 (4)	0.9 (19)	4.1 (86)	14.1 (296)	36.3 (761)	44.3 (928)	5/5	4.2
9 Appropriate language used in explaining	0	0.2 (5)	1.4 (30)	6.0 (126)	24.0 (502)	68.3 (1431)	5/5	4.6
10 Explanation takes account of patient's beliefs	31.3 (655)	30.7 (643)	20.9 (437)	12.4 (259)	3.7 (78)	1.1 (22)	0/5	1.3
11 Patient's understanding (of the explanation) confirmed	44.9 (940)	32.1 (673)	14.4 (301)	6.3 (131)	2.1 (43)	0.3 (6)	0/5	0.9
12 Management plan appropriate	0	0.2 (4)	1.5 (32)	6.7 (140)	28.5 (597)	63.1 (1321)	5/5	4.5
13 Management options shared	13.7 (287)	24.5 (512)	25.5 (533)	20.1 (421)	12.0 (251)	4.3 (90)	2/5	2.1
14 Prescribing appropriate	0.2 (4)	0.8 (17)	7.2 (151)	20.5 (430)	38.4 (804)	32.9 (688)	4/5	4.0
15 Rapport achieved	0	0.1 (3)	1.6 (34)	5.5 (115)	23.0 (482)	69.7 (1460)	5/5	4.6

fundamental to good consulting, but our results suggest that few doctors regularly use this ability, even in a highly selected set of consultations. Likewise, the checking of understanding, and the involving of patients in decision making—both likely to improve concordance—are rarely demonstrated. Patient centredness may not be appropriate for every consultation, but these abilities are held by the Royal College of General Practitioners to be necessary markers of good general practice.

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- 1 [www.rcgp.org.uk/rcgp/exam/modules/video/nov00/index.asp](http://www.rcgp.org.uk/rcgp/exam/modules/video/nov00/index.asp) (accessed 5 August 2002)
- 2 [www.rcgp.org.uk/rcgp/exam/videoworkbook/intro.asp](http://www.rcgp.org.uk/rcgp/exam/videoworkbook/intro.asp) (accessed 5 August 2002)
- 3 Tate P, Foulkes J, Neighbour R, Campion P, Field S. Assessing physicians' interpersonal skills via videotaped encounters: a new approach for the MRCGP. *J Health Communication* 1999;4:143-52.
- 4 Stewart M. Studies of health outcomes and patient-centered communication. In: Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR, eds. *Patient-centered medicine: transforming the clinical method*. Thousand Oaks, CA: Sage, 1995:185-90.
- 5 Mead N, Bower P. Patient-centredness: a conceptual framework and review of the empirical literature. *Soc Sci Med* 2000;51:1087-110.

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## Who is your top doc?



Two months ago we held a website poll asking the question, "Who is your top doc—past or present, real or fictional?" Surprisingly, many of the names you supplied were not of well known doctors but were of doctors who had in some way personally touched the lives of the respondents. For this week's cover we have tried to give an indication of the diversity of the profession, real and portrayed, famous and little known, over its long history. Choosing a handful of doctors for the cover was a difficult task, and the result is in no way definitive.

How many did you recognise?

- 1 Avicenna (980-1037): Persian physician and philosopher
- 2 Robert Winston: UK fertility specialist
- 3 Christiaan Barnard: first surgeon to perform a heart transplant on a human being
- 4 Miriam Stoppard: UK television personality and writer
- 5 Antonio Jacanamijoy: 78 year old shaman from the Inga tribe of Colombia's Amazon
- 6 Robert Gallo: researcher who proved that HIV causes AIDS
- 7 Magdi Yacoub: UK transplant specialist
- 8 C Everett Koop: former US surgeon general
- 9 Gina Strada: head of the Italian non-governmental organisation Emergency, a life support organisation for civilian war victims
- 10 William Stewart: medical director and cofounder of the Institute for Health and Healing at the California Pacific Medical Center, where doctors practise integrative medicine
- 11 Wancan-Ya-Kea: Sioux medicine man
- 12 Huang Ti: the Yellow Emperor. The legendary emperor is thought to be the author of the earliest known Chinese medical writing, the *Canon of Internal Medicine*
- 13 Azizeh Nezami: doctor working in a clinic at the Maslakh refugee camp, Afghanistan
- 14 Hilary Jones: UK television doctor
- 15 Edward Jenner: British physician and discoverer of vaccination
- 16 Dr Finlay: a favourite fictional UK television doctor in the 1960s
- 17 A "hologram doctor" from the television series *Star Trek*, programmed to be the perfect doctor
- 18 Makoto Asashima: stem cell researcher
- 19 William Osler: Canadian-British physician, considered to be one of the most influential physicians in history
- 20 Shadan Mansoor: US doctor working in rural health clinics
- 21 Unnamed doctor working the night shift, accident and emergency department, Southampton General Hospital
- 22 Dr Lara: the feisty doctor from the UK television series *Casualty*
- 23 Eric La Salle: doctor from the US television series *ER*
- 24 Charles Drew: black surgeon who became the first director of the American Red Cross blood bank
- 25 Harold Shipman: "I remember the time Shipman gave to my Dad. He would come around at the drop of a hat. He was a marvellous GP apart from the fact that he killed my father." (Statement from the son of one of the victims of Harold Shipman, possibly Britain's most prolific serial killer)
- 26 Tom Ledyard: US based doctor who works with homeless people
- 27 Elizabeth Garrett Anderson: the first woman doctor in the United Kingdom
- 28 Harry Hill: British comedian and former doctor
- 29 Elizabeth Blackwell: first woman doctor in the United States
- 30 Hippocrates: Greek physician, the "father of medicine"
- 31 Judy Evans: British consultant plastic surgeon

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