



Royal College of
General Practitioners

MRCGP Examination

Recorded Consultation Assessment Candidate Handbook

To be read in conjunction with the RCA Policy Document and FAQs

Last revised 9 June 2020

The College RCA group have been developing these documents to help the training community with the RCA. They continue in development and should not be considered as the final versions, rather as the latest. However, the College wants to get this information out to the training community as soon as possible so that everyone can understand the direction of travel that the RCA group are taking in their developments.



Introduction

Purpose of the handbook

The handbook relates to the Recorded Consultation Assessment (RCA) undertaken as an alternative to the Clinical Skills Assessment (CSA) during the period between June and August 2020 and, if necessary, thereafter if COVID-19 disruption continues or recurs. It describes the purpose and format of the RCA, and provides information about how to make an application, and how to collect and submit consultations.

Existing guidance and policies will apply during this time and can be found on the RCGP website.

What is the Recorded Consultation Assessment (RCA)?

The RCA is a summative assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice. It uses pre-recorded video or audio consultations to provide evidence from a range of encounters in general practice relevant to most parts of the curriculum and also provides an opportunity to target particular aspects of clinical care and expertise.

Format of the RCA

- The RCA will provide an objective assessment of clinical skills from real life settings provided across 13 consultations and undertaken by the candidate from their own current working environment. Due to the response to the pandemic situation it is likely that the majority of these will be conducted remotely.
 - They may be any combination of audio, video or face to face consultations
 - Cases will be submitted to a central facility - the FourteenFish RCA Platform.
 - Cases submitted should be of an appropriate level of challenge for an ST3 trainee to demonstrate safe and independent practice.
 - These cases will be assessed by trained and calibrated examiners who are experienced GPs.
 - Each consultation will be viewed independently by at least one examiner who will make a global judgement of that consultation, attributing marks in three domains and blind to other marks the candidate receives for that or any other consultation.
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- It is the responsibility of the candidate to obtain consent from the patient under the usual guidance for training and GDPR. This may be on the FourteenFish RCA Platform directly where this is used to record the consultation, written (paper/electronic) or verbally (on camera, the timing of which will not be counted as part of the ten minutes to be assessed or off camera, but a record kept).
 - Submitted material will be stored on the RCA platform as agreed. The RCGP and examination department will cease to have access to this material after the RCA Examination Board has ratified and published results.
 - Recordings of individual consultations should be continuous.
 - The camera should not be turned off during consultations and recordings must NOT be edited in anyway.

RCA consultations

The aim of the RCA is to test a doctor's ability to gather information and apply learned understanding of disease processes and person-centred care appropriately in a primary care context, make evidence-based decisions, and communicate effectively with patients and colleagues. Being able to integrate these skills effectively is a key element of this assessment

The RCA focusses on testing the same areas of the GP curriculum (2018) as the CSA and as outlined [here](#).

Specifically:

- **Knowing yourself and relating to others;** develop the attitudes and behaviours expected of a good doctor; treat others fairly and with respect; provide care with compassion and kindness; establish an effective partnership with patients; Maintain a continuing relationship with patients, carers and families.
 - **Applying clinical knowledge and skill;** apply a structured approach to data gathering and investigation; Interpret findings accurately to reach a diagnosis; Demonstrate a proficient approach to clinical examination; Adopt appropriate decision making principles; Apply a scientific and evidence-based approach; Provide general clinical care to patients of all ages and backgrounds; Adopt a structured approach to clinical management; Make appropriate use of other professionals and services; Provide urgent care when needed.
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- **Managing complex and long-term care;** enable people living with long-term conditions to improve their health; Manage concurrent health problems in an individual patient; Adopt safe and effective approaches for patients with complex health needs; Work as an effective team member coordinating a team-based approach to the care of patients.
 - **Caring for the whole person and wider community;** demonstrate the holistic mindset of a generalist medical practitioner; Support people through individual experiences of health, illness and recovery; Understand the health service and your role within it.

Guidance on cases to submit

This guidance is offered to encourage candidates to demonstrate their skills across a breadth of the curriculum and General Practice which would normally be selected for you in the CSA. It is not an exclusive list, nor do you have to consult with every example listed. However, the best way to ensure you demonstrate your skills across a breadth of the curriculum is by including a wide range of different consultations.

For example, you should aim to include:

- A spread of cases from across the curriculum with perhaps no more than two cases from any one curriculum area, reflecting the frequency of presentation within general practice and the great variety of work GPs face
- A spread of ages (including where possible a child and an elderly patient)
- A case involving a mental health concern
- If possible, a case with a long-term condition e.g. cancer, multimorbidity or disability
- A case related to urgent or unscheduled care.

We would suggest where possible you utilise new patient contacts rather than follow up patients as these are more likely to allow you to demonstrate your competence in consultation skills. Whilst it is recognised that many of the patients will have been triaged before the consultation begins, you should at the very least check with the patient whether your understanding of that triage process and its outcome aligns with theirs. Patients' stories and/or their needs frequently change between triage and consultation.



Your workbook will help you check the variety in your submission, for example:

Case #	Patient gender	Age	Clinical topic(s)	Describe what the consultation demonstrates (Max 20 words)	Type of consultation (video/face-to-face/audio)	Consent obtained from patient (verbal/written)
1	Female	72	Cardiovascular health (People with long term conditions)	Discussion about pros and cons of statins and BP check.	Video	Verbal
2	Male	24	Mental Health	OCD symptoms worsened by current Covid pandemic.	Video	Verbal
3	Female	15	Reproductive health and maternity	Request for emergency contraception-checking safeguarding and future contraception.	Face to face	Written

The 2018 GP curriculum and topic guides can be found on the RCGP [website](#).

For reference please review the clinical topic areas as set out in the curriculum.

Topic guides about professional issues:

- Consulting in general practice
- Equality, diversity and inclusion
- Evidence-based practice, research and sharing knowledge
- Improving quality, safety and prescribing
- Leadership and management
- Urgent and unscheduled care.



Topic guides about life stages:

- Children and young people
- Reproductive health and maternity
- People living with long-term conditions including cancer
- Older adults
- People at the end of life.

Topic guides about clinical topics:

- Allergy and immunology
- Cardiovascular health
- Dermatology
- Ear, nose and throat (ENT), speech and hearing
- Eyes and vision
- Gastroenterology
- Genomic medicine
- Gynaecology and breast
- Haematology
- Infectious disease and travel health
- Kidney and urology
- Mental health
- Metabolic problems and endocrinology
- Musculoskeletal health
- Neurodevelopmental disorders, intellectual and social disability
- Neurology
- Population health
- Respiratory health
- Sexual health
- Smoking, alcohol and substance misuse.

Low challenge cases are unlikely to give you the opportunity to demonstrate your consultation skills fully and will make it difficult for examiners to find evidence to meet the required performance criteria.

Examples of low challenge consultations might include simple lower urinary tract infections, straightforward skin conditions such as viral warts, uncomplicated upper respiratory tract infections and some follow up consultations.





However, any of these apparently low challenge cases can become more complex if, for example, significant psychosocial factors become apparent during the consultation. In general, more complex consultations are likely to give you the opportunity to demonstrate your consultation skills fully and meet the performance criteria required.

Examples of complex consultations might include consultations with patients who are new to you, those with a significant psychosocial component, patients presenting with more than one problem, patients with multimorbidity, and consultations with more than one person.

Please note:

- **It is the responsibility of the candidate to be aware of the deadline for submission of cases and to work within this to make their submission in good time.**
- **It is the candidate's responsibility to ensure the consultation recordings submitted are of good quality in sound and picture.**
- **It is preferable in video or face to face consultations that the face of both the patient and the doctor are visible.**

[RCA Candidate Case Guidance](#)

Delivery of the RCA and use of portfolio

You will book for the RCA via the RCGP website. Once your booking is confirmed by the RCGP Examination Department you will be provided with a link to access the FourteenFish RCA platform on to which you will be able to submit recordings, or record directly

The platform contains clear guidance about its functionality and how you can use the system to directly contact the patient and link to your chosen mode e.g. mobile telephone. You will be able to upload a variety of recorded file formats to the platform. Recording of your consultations can, therefore, begin immediately.

[FourteenFish RCA platform](#)





RCA booking procedure

You and your Educational or Clinical supervisor will need to verify your identity and that the patients recorded are from genuine consultations within your approved general practice environment.

Please note:

- The RCA in July is available to trainees due to CCT on or before 30 September 2020. The platform has been designed to check the eligibility of applicants for this extra-ordinary sitting dependent upon their scheduled date to CCT. If you are in any doubt, please clarify this with your Educational supervisor or TPD.

Dates for applications, examinations and results

All dates may be subject to change. Appropriate notice of any changes will be given at the earliest opportunity.

Assessment dates will be allocated according to the trainee's due date of CCT and will not be changeable.

For eligibility to sit the RCA please refer to the RCA policy document.

Declaring a disability or requesting special adjustments

Please refer the relevant section of the Examination Regulations in the first instance and the associated documentation on the RCGP website and complete the relevant section below. Appropriate arrangements will be made for those requiring reasonable adjustments. You should complete a reasonable adjustment request form.

[Reasonable Adjustments](#)





Preparing for the RCA

The best preparation for the RCA is experience in general practice and seeing patients. You will have evidence of your progression from your WPBA observations such as COTs and CBDs and from feedback from your Clinical and Educational Supervisors.

As the RCA is designed to assess the same competences as the CSA it is anticipated that the same factors will affect candidates' performance in the RCA.

An analysis of passing/failing candidates in CSA can be found [here](#).

RCA marking

Each consultation will be viewed independently by at least one examiner who will make a global judgement of that consultation, attributing marks in three domains 1) data gathering; 2) clinical management; and 3) interpersonal skills. Each domain will earn a grade of Clear Pass/Pass/Fail or Clear Fail.

The first ten minutes of the consultation submitted will be assessed. This time will **not** include any time for verbal consent that is recorded.

There may be allowance made for needing to leave the room e.g. to collect a urine bottle, but the time taken for examinations will be part of that ten minutes. The camera should run continuously and not be turned off during the consultation submitted.

Generic grade descriptors:

Clear Pass (CP)

The candidate demonstrates a high level of competence, with a justifiable clinical approach that is fluent, appropriately focused and technically proficient.

The candidates show sensitivity, actively shares ideas and may empower the patient.

Pass (P)

The candidate demonstrates an adequate level of competence, displaying a clinical approach that may not be fluent but is justifiable and technically proficient.

The candidate shows sensitivity and tries to involve the patient.



Fail (F)

The candidate fails to demonstrate adequate competence, with a clinical approach that is at times unsystemic or inconsistent with accepted practice. Technical proficiency may be of concern.

The patient is treated with sensitivity and respect, but the doctor does not sufficiently facilitate or respond to the patient's contribution.

Clear Fail (CF)

The candidate clearly fails to demonstrate competence, with clinical management that is incompatible with accepted practice or a problem-solving approach that is arbitrary or technically incompetent.

The patient is not treated with adequate attention, sensitivity or respect of their condition.

Recorded Consultation Assessment (RCA) tool

Data Gathering, Technical and Assessment Skills				Clinical Management Skills				Interpersonal Skills			
<i>a. Candidate opens consultation where appropriate with Introduction, consent and confidentiality</i>				<i>a. Candidate appears to make a safe and appropriate working diagnosis/es</i>				<i>a. Encourages the patient's contribution, identifying and responding to cues appropriate to the consultation</i>			
<i>b. Takes an adequate and focussed history to allow for a safe assessment to take place</i>				<i>b. Offers appropriate and safe management options for the presenting problem</i>				<i>b. Explores where appropriate, patient's agenda, health beliefs & preferences</i>			
<i>c. Rules in/out serious or significant disease</i>				<i>c. Where possible, makes evidence-based decisions re prescribing, referral and co-ordinating care with other health care professionals</i>				<i>c. Offers the opportunity to be involved in significant management decisions.</i>			
<i>d. Explores where appropriate the impact and psychosocial context of the presenting problem</i>				<i>d. Makes appropriate use of time and resources whilst attending to risks and health promotion</i>				<i>d. If possible, explains and conducts examinations with sensitivity and obtains valid consent</i>			
<i>e. Plans and explains (and if possible performs) appropriate physical/mental examinations and tests</i>				<i>e. Provides safety netting and follow up instructions appropriate to the nature of the consultation</i>				<i>e. Provides explanations that are relevant and understandable to the patient</i>			
CP	P	F	CF	CP	P	F	CF	CP	P	F	CF



Feedback statements:

- Disorganised/Unstructured consultation.
- Does not recognise issues or priorities in the consultation.
- Shows poor time management.
- Does not identify or use appropriate psychological or social information to place the problem in context.
- Does not identify abnormal findings or results or fails to recognise their implications.
- Does not undertake physical examination competently or use instruments proficiently.
- Does not make the correct working diagnosis or identify an appropriate range of differential possibilities.
- Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.
- Does not show appropriate use of resources, including aspects of budgetary governance.
- Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options.
- Does not attempt to promote good health at opportune times in the consultation.
- Does not make adequate arrangements for follow-up and safety netting.
- Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient) and lacks fluency.
- Does not appear to develop rapport or show awareness of patient's agenda, health beliefs and preferences.
- Does not develop a shared management plan, demonstrating an ability to work in partnership with the patient.
- Does not use language and/or explanations that are relevant and understandable to the patient.

Please note:

- **If the examiner observes a candidate acting in a fashion which would warrant a GMC referral in the workplace, they would raise this concern for review by the senior examination team.**
 - **This might include acting in a way to cause serious distress or danger to the patient/relative or colleague.**
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Video/audio recording and workbook

You are responsible for obtaining informed consent from patients, obtaining sign-off from your clinical or educational supervisor and verification that the submission is your own work. You are responsible for ensuring that consultations are uploaded to the FourteenFish RCA platform by the published due date.

You are responsible for checking the quality of sound and picture of all the consultations you choose to submit.

Guidance on recording consultations, consent and the short summary workbook are described on the FourteenFish RCA platform

RCA results and feedback

The result of your examination along with any formative feedback will be published in your ePortfolio on the date given in the table on the Recorded Consultation Assessment tool page.





Complaints, reviews and appeals

Extract taken from section 6 of the RCA Policy Document (5 June 2020).

- 6.1 An office-review is a clerical check for errors in the assessment process, particularly in the calculation or collation of marks or grades.
- 6.2 An appeal is a request for a review of the decision of the RCGP to fail a candidate in the RCA.
- 6.3 The following are grounds for appeal:
- there was an irregularity in any part of the assessment
 - there was evidence of prejudice or bias on the part of the examiner(s)
- 6.4 No appeal will be considered solely on the grounds that the candidate wishes to challenge the academic judgment of the examiners or where the candidate did not understand or was unaware of the Examination Regulations.
- 6.5 No appeal will be considered solely on the grounds that the candidate believes they would have performed better in the CSA and that they had been disadvantaged by taking the RCA. The format of the examination is different but the clinical, professional and communication skills assessed are the same in the RCA and the CSA.
- 6.6 No appeal will be considered solely on the grounds that, due to the nature of remote consultations, the candidate was not able to carry out some aspect of a consultation which they would normally have done (for example, certain physical examinations). The constraints present in remote consultations are understood by examiners and reflected in the marking approach.
- 6.7 A complaint relates to the administration or conduct of the assessment where there is no intention, as part of the complaint, to query the result of the assessment.
- 6.8 The processes for office-review, appeals and complaints are the same as for the CSA. Further information can be found in Section 17 of the MRCGP Regulations and associated policy documentation. See also 1.1 of RCA Policy.

For more information visit the RCGP [website](#).





Disclaimer

This document is invalid if downloaded, it is anticipated that further updates may revise some items within this document.

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