

MRCGP Examination

Recorded Consultation Assessment Policy

Last revised 11 December 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.



1. Introduction

Purpose of the policy

- 1.1 This policy relates to the Recorded Consultation Assessment (RCA) undertaken as an alternative to the Clinical Skills Assessment (CSA) during the period of COVID-19 disruption. The policy is a supplement to the MRCGP Regulations for Doctors Training for a CCT in General Practice December 2018 (the MRCGP Regulations) and should be read alongside those regulations as well as the associated office-review, appeals and complaints policies all of which can be accessed from the RCGP website.

Date of publication and scope of policy

- 1.2 This policy first came into effect on 31st May 2020. It may change over time. Candidates should ensure that they familiarise themselves with the policy current at the time they are taking the MRCGP. The current version will always be downloadable from the RCGP web site. The RCGP will give appropriate advance notice of any change which may have a material effect on candidates to ensure that they are not disadvantaged as a result.
- 1.3 The introduction of the RCA has been made in response to the COVID-19 pandemic. The RCA is offered as a pragmatic alternative with safeguards in place to ensure that the standards for assessing readiness for independent practice as a GP in the NHS are not lowered, and with a view to ensuring that pass/fail rates are in line with norms for the CSA.
- 1.4 Whilst the RCA is in operation, any reference to the CSA in the MRCGP Regulations should be assumed to apply to the RCA unless specific alternative provision is made in this policy.

Recorded Consultation Assessment (RCA)

- 1.5 The RCA forms one component of the three-part MRCGP alongside the Applied Knowledge Test (AKT) and Workplace-Based Assessments (WPBA). It assesses the ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice. It utilises audio or video recordings of actual patient consultations in general practice uploaded to a central online IT platform.
- 1.6 Given the impact of COVID 19 on training, any attempt of the RCA made before 1 October 2020 will be in addition to the four currently permitted during training. This will be for a single attempt during this time period only; any subsequent attempt at the RCA will be counted as one of the four permitted attempts.
- 1.7 RCA passes are valid for a fixed period in accordance with the GMC's expectations about the currency of national professional examinations. All trainees (which includes TGPT, LTFT, those on maternity leave) who were in training between 18 March 2020 and 1 September 2020 and whose ability to study for and take the exam was therefore affected by the suspension of exams and teaching activity will have the currency of their



RCA assessment extended from 7 years to 7 years and 6 months. A pass obtained in the RCA will be valid for the duration of specialty training for general practice in the UK and until an application for a CCT (or CEGPR) is submitted provided that is within 7 years and 6 months of taking the examination. (See Regulation 14.12 in the MRCGP Regulations for further clarification).

Eligibility to sit the RCA

- 1.8 The RCA is an alternative to the CSA and is designed to meet the needs of GP trainees in ST3 and beyond who are due to complete their training and obtain CCT while COVID-19 disruption continues.
- 1.9 The RCA may be attempted when a trainee is in Specialty Training Year 3 (ST3) stage of the training programme or later, where appropriate. This regulation applies equally to full time trainees and those training flexibly. A maximum number of four attempts will be permitted.

Assessment timeline

- 1.10 The RCA 'application window' is the period during which candidates may apply to sit the RCA.
 - 1.11 The RCA 'submission window' is the period between confirmation of a candidate's sitting the RCGP and the deadline for submitting recorded consultations.
 - 1.12 The RCA 'assessment period' is when examiners mark the submitted consultations.
 - 1.13 Details of dates and deadlines can be found on the RCA pages of the RCGP website.
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2. Taking the RCA

Application process

- 2.1 It is the responsibility of the trainee to apply for the RCA. Applications should be made through the RCGP website. Once the RCA sitting is confirmed, the candidate will be given access to the RCA central IT platform.
- 2.2 The identity of the candidate must be confirmed by their supervisor as part of the application process. It is the responsibility of the trainee to liaise with their Educational or Clinical Supervisor (ES/CS) regarding the verification of their identity.
- 2.3 Candidates who wish to withdraw from a sitting of the RCA must inform the RCGP in writing - exams@rcgp.org.uk. If notice of withdrawal is not received within the original assessment application period, they may forfeit their fee. Further information is given in the [MRCGP exam cancellations and refund policy](#) which is published on the website.

Patient consent, dignity and data protection

- 2.4 Patients must be informed in advance that the consultation will be recorded and that the recording will be carried out according to GMC guidelines and will be encrypted and stored securely. The usual guidance for training and GDPR applies.
- 2.5 Patients must be asked to consent to the recording of the consultation. It is the responsibility of the candidate to ensure that informed consent has been obtained. Patients may withhold their consent and must be offered an opportunity to revoke their consent after the consultation has ended.
- 2.6 Where the recording is being carried out directly through the IT platform, the system will ask for the patient's consent and provide an opportunity to revoke that consent, if desired, after the consultation has ended. However, candidates should carry out a brief verbal check to satisfy themselves that this has been done and that the patient understands.
- 2.7 Where the consultation is being captured using a third-party recording system, it is the responsibility of the candidate to ensure that verbal consent to the recording is obtained and to offer the opportunity to revoke that consent after the consultation has ended.
- 2.8 Obtaining or confirming consent may occur off-camera but if consent is not evidenced in the recording, written (paper or electronic) evidence of consent must be obtained and retained by the candidate.
- 2.9 Candidates' copies of recordings must be retained for an appropriate period in line with GDPR guidance. Unless retention is justified under GDPR for a purpose other than RCA submission, they should be deleted once the RCGP examination board has published results.

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- 2.10 Submitted material will be stored on the central IT platform. Recordings submitted for the RCA will be deleted from the central IT platform after the Examination Board have ratified and published results. Consultations uploaded to the central IT platform but not submitted for the RCA will be deleted after 26 weeks (182 days). In exceptional cases, the Examination Board may approve retention for a longer period, the duration of which will be governed by GDPR principles.
 - 2.11 Candidates should ensure that recordings that are recorded through, and uploaded to, the central IT platform for use in any future RCA will still be in date by the time of the assessment. Specifically, the recording must have been uploaded within 26 weeks (182 days) of the date of publication of the exam results.
 - 2.12 Candidates who upload consultations without using the central IT platform recording method must ensure that these recorded consultations comply with local GDPR arrangements and the previously agreed consent given by the patient. Evidence of consent must accompany these consultations. No consultation should be uploaded if the consent obtained from the patient will have expired before the RCGP will delete the consultation.
 - 2.13 Candidates must not share the recordings of their submissions or potential submissions to the RCA with anyone outside their own Training Programme.
 - 2.14 The use of any service to screen cases prior to submission to the RCA is expressly prohibited as this is not included in patient consent and the process would therefore be in breach of General Data Protection Regulations.
 - 2.15 RCA preparation courses should use role-players, not recordings of actual patient consultations.
 - 2.16 The RCGP reminds candidates submitting cases for the MRCGP Recorded Clinical Assessment (RCA) about the importance of the dignity of patients and good medical practice. A consultation in which clothing equivalent to vest top and shorts, or the 'swimsuit area', is removed and captured on a visual recording must not be submitted for assessment.

The "swimsuit area" is defined as:

- for children up to age 2 years, the area which would normally be expected to be covered by a 'nappy'
- for all male patients over the age of 2 years, the area which would be covered by 'trunks'
- for all female patients over the age of 2 years, the area which would be covered by a 'bikini' i.e. the 'trunks area and breast'.

The terms 'male' or 'female' refer to an individual's gender identity which may or may not be the same as the sex they were assigned at birth.





Examination may be continued out of line of the camera with suitable consent and chaperone in line with GMC guidance

- 2.17 Any instances where these regulations are found to have been breached will be reported to the candidate's Responsible Officer and may result in referral to the GMC.

Selecting and recording consultations

- 2.18 Recordings that are being considered for submission for the RCA must be made, and consent from the patient obtained, whilst the candidate is in the ST3 or later stage of training and within 26 weeks (182 days) of the date of publication of the exam results.
- 2.19 The recordings submitted to the IT platform may be any combination of audio, video or face to face consultations.
- 2.20 Individual consultations must be recorded continuously; the camera should not be turned off during the consultation and the recording must not be edited. However, to comply with security requirements, military candidates in Northern Ireland may make a single edit to the recording to remove potentially sensitive patient identifiable information.
- 2.21 Consultations submitted should be of an appropriate level of challenge for an ST3 or later trainee to demonstrate safe and independent practice
- 2.22 Consultations submitted should meet the Case Selection Criteria set out in the RCA Candidate Handbook.
- 2.23 Some criteria are mandatory. Candidates are required to submit a range of consultations that include evidence for all the criteria designated within this group. Submissions will be reviewed to ensure compliance. Failure to comply will affect the eligibility of a candidate's submission and the loss of the relevant marks as follows:
- **Mis-labelled criterion** - Will be considered as a case omission and zero marks will be attributed to that case unless the criterion is found to be satisfied elsewhere within the submission.
 - **Single omitted criterion** - Zero marks will be attributed to that case.
 - **Two or more omitted criteria** - Whole submission is declined and re-application is advised. A refund of fee is not appropriate.
 - **Case submitted breached the rule on intimate examination** - Zero marks will be attributed to that case.
 - **Case submitted breached the rule on continuous recording** - Zero marks will be attributed to that case.
- 2.24 Some criteria are recommended. Whilst not all these criteria will be included in submissions by all candidates, it is advised that by doing so, the candidate will enhance their opportunity to demonstrate capabilities relevant to the RCA domains.
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- 2.25 Each of the mandated case selection criterion may be assigned to TWO of the uploaded consultations (FOUR for cases identified as Clinical examination cases). A single consultation may satisfy more than one criterion.
- 2.26 The only exceptions allowed will be military trainees working solely in military training practices during ST-3, where there is limited or no opportunity to consult with children under 16 or the elderly due to the practice demographic in these locations. Capability in consulting with these patient groups will be demonstrated and evidenced elsewhere during a military GPST programme. Confirmation of the limited demographic will be affirmed through the Defence Deanery PHC Dean. Compensatory evidence of capability in consulting with wider patient groups will be confirmed by the Defence Deanery through review of portfolio evidence by the end of the trainee programme. No exceptions will be allowed for any other reason.
- 2.27 The thirteen consultations submitted must all be different consultations. You cannot submit a consultation more than once in any submission – even if it covers two separate issues.
- 2.28 You cannot submit a consultation which has previously been marked as a COT and therefore has already been used as evidence of a competence toward licensing in your WPBA.
- 2.29 You cannot submit a consultation which has already been submitted for assessment in any previous RCA attempt.
- 2.30 Consultations must be recorded in the United Kingdom. Special allowance may be made for Military trainees regarding location of recording when on active duty as agreed between the Military Dean and the RCGP.
- 2.31 It is the candidate's responsibility to be aware of the submission window dates and to manage their time to ensure that all recordings are submitted by the deadline.

Fees

- 2.32 There is a fee for the RCA component of the MRCGP which must be paid as part of the application process. The fee for a re-sit is the same as the fee for the first sitting.
- 2.33 Fees are not normally refunded. See 2.3 above.
- 2.34 Administrative fees are payable for Office Reviews and Appeals. See 1.1 above and 6.1 and 6.2 below.
- 2.35 The current schedule of fees is published on the RCGP website.

Re-sits

- 2.36 The process for applying to re-sit the RCA is the same as the original application process.
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- 2.37 Candidates who fail the RCA are entitled to make further attempts during training provided they have not reached the maximum number allowed.
 - 2.38 A candidate who is re-sitting the RCA may not resubmit any consultation which has already been submitted for any previous attempt.
 - 2.39 The re-sit examination will be the assessment process in use at the time of the re-sit application – either the RCA or the CSA. A candidate who fails an RCA attempt may be required to re-sit the CSA.

3. Candidates with a disability

- 3.1 Reasonable adjustments may be made to RCA assessment procedures where necessary to meet the needs of individuals who have a disability as defined by the Equality Act 2010. These adjustments will not entail the lowering of standards of assessment nor will they exempt candidates from demonstrating that they are fit to practise independently as a GP in the NHS. All candidates must be able to demonstrate that they can meet pre-set ‘competence standards’ (as defined by the Equality Act) for the assessment.
- 3.2 It is the responsibility of the RCGP to make an appropriate reasonable adjustment where the adjustment is to the examination procedure or process.
- 3.3 Where a reasonable adjustment is needed to enable the candidate to perform a consultation appropriately, it is not the responsibility of the RCGP to make such an adjustment. Candidates should liaise with the GP training practice or their employer regarding such adjustments.
- 3.4 Further information for candidates with a disability can be found in Section 9 of the MRCGP Regulations and in other documentation accessible from the MRCGP webpages relating to equality and diversity.

4. Mitigating circumstances

- 4.1 Mitigating circumstances are serious, unforeseen, unpreventable events that significantly affect candidate performance and have occurred during the ‘submission window’. See 1.12. above. This includes the situation where a candidate has applied to sit the RCA and such circumstances have prevented collection and submission of the required number of consultations.
 - 4.2 Loss of data arising from a failure of the candidate’s computer or any associated systems such as broadband routers will not normally be accepted as valid mitigating
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circumstances. It is expected that wherever appropriate relevant data will be backed up appropriately.

- 4.3 In the event of loss of data or inability to upload consultations arising from a failure of the RCGP's central IT platform, an extension of the deadline for submitting consultations will be made for all candidates affected.
- 4.4 All candidates for the RCA should be fit to take the assessment and are required to sign a declaration to that effect as part of the submission process. By signing this declaration, the candidate is deeming themselves fit at both the time of recording the consultations and at the time of making the submission.
- 4.5 The Royal College of General Practitioners (RCGP) expects those who believe that their performance is likely to be affected by circumstances such as illness or personal difficulties arising before or during the submission window to have:
 - informed their Educational Supervisor, informed their HEE, or appropriate statutory education body¹, local office / Deanery,
 - informed the RCGP in line with the MRCGP regulations,
 - provided any evidence which might be requested,
 - applied to withdraw from the sitting in order to re-sit at a later date if this is an option under the MRCGP regulations.
- 4.6 Further information about mitigating circumstances can be found in Section 10 of the MRCGP Regulations and associated policy documentation.

5. Assessment - marking and feedback

- 5.1 Trained RCGP examiners who are experienced GPs mark the consultations using the audio or video recording on the IT platform. Each consultation will be viewed independently by at least one examiner. Different examiners are assigned to each consultation.
- 5.2 The first ten minutes of the consultation submitted will be assessed. This time will NOT include any time for obtaining verbal consent or in confirming the identity of the patient. The time taken for examinations will be part of the ten minutes.
- 5.3 Candidates who submit a consultation where patient consent has not been given, or where there is sufficient reason to believe that this consent was not accurately informed, will not have that particular consultation assessed.

¹ Health Education England (HEE), Health Education and Improvement Wales (HEIW), NHS Education Scotland (NES), or NI Medical and Dental Training Agency (NIMDTA)



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- 5.4 Candidates who submit a consultation that is wholly or partly inaudible will have the consultation assessed, although only that part of the consultation which can be heard (or seen, if relevant) by the examiner will be assessed.
 - 5.5 Quantitative and qualitative feedback is given to all candidates.
 - 5.6 For candidates for whom fitness to practise concerns are raised, more specific feedback from individual examiners may be made available.

6. Office-review, appeals and complaints

- 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 above.
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7. Equality and Diversity

- 7.1 The RCGP is committed to promoting and developing equality and diversity in all its work. It aims to have policies and ways of working that are fair to all individuals and groups. The MRCGP has an Equality and Diversity policy.
- 7.2 MRCGP examiners and Examinations Department staff are trained in equal opportunities.
- 7.3 The RCGP collects data on MRCGP applicants and will analyse RCA results in relation to equal opportunities monitoring variables.

8. Organisations involved in the development and delivery of the RCA

- 8.1 A number of organisations have been involved in the development of the RCA. These include:
- the RCGP
 - the General Medical Council (GMC)
 - Health Education England (HEE) Health Education and Improvement Wales (HEIW), NHS Education Scotland (NES), NI Medical and Dental Training Agency (NIMDTA) through the Committee of General Practice Education Directors (COGPED) and the Conference of Postgraduate Medical Deans (COPMED)

Disclaimer

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

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