

Dear GPST

I hope this finds you well

You may now be aware that the CSA will not run in its current format which I feel is good news, especially during this already very challenging time. I hope that it will ensure that consultations are objectively marked as opposed to the highly subjective nature of the CSA.

However there will still be challenges with this new assessment given the situation under which we are all consulting with our patients.

The format will move to recorded consultations – both audio / video akin to the old style MRCGP, which I used to teach and examine for between 2003-2007 for the RCGP.

[https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/exams-covid-19-files/Joint\\_Communication\\_MRCGP\\_20200506.ashx?la=en](https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/exams-covid-19-files/Joint_Communication_MRCGP_20200506.ashx?la=en)

The old MRCGP Video Criteria map across both CSA and COT behavioural competences.

In the past 7 videos needed to be submitted demonstrating competency across 14 consultation capabilities covering a diverse range of consultations – below is an RCGP Examiner Marksheet for the old style MRCGP Videos ( this is likely to be modified to adapt to the CSA ). The competences highlighted are the ones people failed on the most during my time as an Examiner and RCGP Course Organiser – this has similar themes to the CSA examination summary report.

As a working example - when I undertook the old MRCGP in 2002, we had to demonstrate behavioural competences in separate consultations with children/anxious parents / mental health / negotiation skills / ethical dilemmas / elderly care / acute care / sexual health.

I attained a Distinction in the old MRCGP overall with a Merit in the Video Component through understanding what was being looked for.

It took me about 6 weeks to get the right consultations together for submission and this was not an easy process in terms of patient selection and getting the perfect consultation technique.

As a previous RCGP Examiner, we used to specifically run Video Submission Courses for MRCGP calibration at the college.

My hope is that the RCGP will shortly clarify exactly what the new assessment will entail and then finalise the deadline for video submission which will probably be early July to allow for marking of the submissions in time for August CCT.

From my perspective, I will be modifying Mentor CSA to reflect the above changes once finalised so your consultations can be reviewed and marked by me. In addition there would be role play simulation with me which would be recorded for your analysis to ensure you meet these new competences and that you have no issue in passing the new assessment.

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email : [mrcgpcourses@yahoo.com](mailto:mrcgpcourses@yahoo.com) / mobile 07967813837

**Mentor CSA 1 Day Course would run over Zoom as follows:**

**: The new assessment – what it entails and how to meet the required competences**

**: Max 6 candidates in attendance – each would need to share a recorded consultation (either audio/video) for calibration, feedback and discussion taking into account the new marking criteria once this has been finalised**

**: Role play to demonstrate how to meet the criteria over a range of different consultations / presentations and using your submissions - you would be able to record your own role play consultation for analysis/reflection after to ensure your future recorded submission to the RCGP fulfil the required marking criteria**

**: Ongoing access to the online Mentor CSA Consults to support your preparation**

**The challenges will be to ensure that when you submit your videos, you know EXACTLY what the RCGP examiners are looking for and how to OBJECTIVELY DEMONSTRATE this.**

I appreciate the different challenges this will bring especially given that we are all now remotely consulting and the difficulty that some of you will have in demonstrating the range of capabilities required over different consultations. Some practices may also not yet have the capability to undertake secure recordings of consultations.

To this end, the Mentor CSA course/ 1:1 will run over Zoom to simulate how consultations should be conducted and recorded.

I do understand that given this new update, some of you may no longer wish to attend a course and as before if you wish to cancel an existing application you will be entitled to a refund less the admin charge of £30, which will allow you access to the online Mentor CSA Consultations to help you in your preparation for recorded consultations.

I will be looking to run the Zoom course as soon we have further clarity around the marking criteria.

**Advice in the meantime**

**I would strongly advise that you start recording your consultations from here on in. Please talk with your trainers around patient consent and how you will best record the consultation to maintain patient confidentiality.**

**For those applicants who had their Mentor CSA postponed due to the pandemic:**

Thank you again for choosing Mentor MRCGP to help with your preparations.

I do really appreciate that you put your faith in the course and me.

I am so sorry that our best laid plans did not come to fruition.

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**For those who are looking to make a new application, the available dates and booking process can be found on the website:**

[http://www.docgiam.com/files/PAYMENT\\_INSTRUCTIONS.pdf](http://www.docgiam.com/files/PAYMENT_INSTRUCTIONS.pdf)

**Rest assured – I am here to help and am fully confident that I can support you through this challenging time in the lead up to CCT.**

Best wishes



Dr Nigel Giam

Mentor MRCGP Course Director

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## MRCGP VIDEO SCORING SHEET

Consultations 15 minutes duration

One consultation with a child under 10 years of age

One consultation with significant social or psychological dimension

**Pass** : demonstrate all pass criteria at least 4 times

**Merit** : varies from exam to exam but aim to demonstrate all merit criteria 4 times.

Performance Criteria		Consultation						
		1	2	3	4	5	6	7
(P)	PC1: the doctor is seen to encourage the patient's contribution at appropriate points in the consultation							
(M)	PC2: the doctor is seen to respond to signals (cues) that lead to a deeper understanding of the problem							
(P)	PC3: the doctor uses appropriate psychological and social information to place the complaint(s) in context							
(P)	PC4: the doctor explores the patient's health understanding							
(P)	PC5: the doctor obtains sufficient information to include or exclude likely relevant significant conditions							
(P)	PC6: the physical/mental examination chosen is likely to confirm or disprove hypotheses that could reasonably have been formed OR is designed to address a patient's concern							
(P)	PC7: the doctor appears to make a clinically appropriate working diagnosis							
(P)	PC8: the doctor explains the problem or diagnosis in appropriate language							
(M)	PC9: the doctor's explanation incorporates some or all of the patient's health beliefs							
(M)	PC10: the doctor specifically seeks to confirm the patient's understanding of the diagnosis							
(P)	PC11: the management plan (including any prescription) is appropriate for the working diagnosis, reflecting a good understanding of modern accepted medical practice							
(P)	PC12: the patient is given the opportunity to be involved in significant management decisions							
(M)	PC13: the doctor takes steps to enhance concordance, by exploring and responding to the patient's understanding of the treatment							
(P)	PC14: the doctor specifies the appropriate conditions and interval for follow-up or review							