

Hello,

Thank you for your application to this Mentor RCA Zoom Powerhouse webinar for the new RCA assessment for the MRCGP.

Firstly – a big thank you for all you are doing under these very challenging and unprecedented times.

The aim of the course is to support you through this new assessment and ultimately to attain your CCT.

The course has been prepared to optimise exposure to RCA marking by using targeted simulation of real life consultations and mapping these to the CSA marking criteria, using my experience as a previous RCGP Examiner for both the MRCGP video assessments and the CSA.

We will use simulated role play with an accredited RCGP CSA role player and if you wish you will have the chance to consult under simulation to hone your consultation technique in order to attain the necessary marks.

The new 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.

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 EXACTLY was being looked for.

It took me about 6 weeks to get the right consultations together for submission.

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

The RCGP have already released guidance with regards the RCA.

Please familiarise yourself with this as it is updated regularly.

<https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-recorded-consultation-assessment.aspx>

The best way to prepare for this part of the exam is through reflection of your own real life practice – your consultation skills, your practical skills and your clinical management skills.

However SELF AWARENESS is KEY! Therefore it is important that any rigid habits are identified and disposed of quickly.

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*Dr Nigel Giam*

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## Format of the Mentor RCA Powerhouse Zoom Course

Zoom Link with password will be emailed to all delegates 24 hours in advance

**9.00am:** Zoom registration  
The New Assessment – Competences and Pitfalls  
The CSA/RCA Marking Criteria – Top Tips  
What the Examiners are Looking For and How to Demonstrate It  
Pilot Calibration and Marking of a Simulated Audio Consultation  
Group Discussion

**11.00am to 11.10am:** Break

**11.15am to 12.45pm:** Targeted RCA Simulation to focus on on areas of deficiency  
: 3-4 GPST volunteers needed  
: Discussion, feedback and marking  
Group feedback

**13.00pm** Plenary / Q+A

### T+Cs

1. Recording of my feedback can be recorded.
2. Recording of group discussion can be recorded.
3. No recording is allowed of other people's simulated consultations
4. Course fee is non-refundable once booked.
5. Transfers are not permissible once course is booked

Your e-receipt and certificate of attendance will emailed out to you after the course along with additional information to future resources

I do hope you will find the course useful, relevant and fun!

If you have any queries please feel free to contact me by email:  
[mrcgpcourses@yahoo.com](mailto:mrcgpcourses@yahoo.com) or phone 07967813837

See you soon!

With Best Wishes



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GP Training Programme Director - St Marys VTS

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## **PLEASE READ BEFORE ATTENDING THE COURSE:**

Dr Nigel Giam – Top Tips To Passing The CSA

All articles can be downloaded from the website

[www.passmrcgp.com](http://www.passmrcgp.com) under resources

**Podcasts on YouTube [MentorMRCGP](#) [PCSA](#)**

**Example Mentor CSA Video Consults**

**including Remote Consultations**

## **Join the Facebook Support Group**

[www.docgiam.com](http://www.docgiam.com)

Facebook Support Group : <https://www.facebook.com/groups/mentormrcgpsupportgroup/>

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

## **How to Pass The RCA – Mentor Top Tips**

### **ACKNOWLEDGE EMPATHISE ENERGISE**

- Open question firstly – ‘What can I do for you?’
- ‘Could you tell me HOW / WHEN EXACTLY it all started?’
- Acknowledge the presenting complaint – show self awareness!
- Imagine you are talking to a friend or relative. Show sincerity and sensitivity.
- **POINT A : IDENTIFY TIMELINE - STORY - OPEN UP CUES**
- **DEFINE FIRST EPISODE - SYMPTOM**
- **FOCUSSED AND SPECIFIC QUESTIONS – SCREEN FOR RED FLAGS - SYSTEM**
- **SIGNPOSTING OF QUESTIONS AS APPROPRIATE**
- **RELEVANT PSYCHOSOCIAL HISTORY**
  - : How is this affecting the patient? At work / home?
- **Smoking / Alcohol only in context : DO NOT PROMOTE HEALTH IN THE 1<sup>ST</sup> HALF**

### **Eliciting and Acknowledging health beliefs**

- **Acknowledge and Follow up cues** : verbal / non -verbal
- Ask sensitively
- ‘Had you any idea /thoughts yourself as to why this might have happened?’
- Use health belief to refine history and acknowledgement
- Do not push expectation questions out of context or look for hidden agendas!
  
- Before you examine : consider if you have covered
- **RED FLAGS / RELEVANT PSYCHOSOCIAL HISTORY**
- **ELICITED AND ACKNOWLEDGED HEALTH BELIEF**
- **Identify Theme / Priority Of The Case**

### **Appropriate Use of Medical Instruments and Examination techniques**

- Verbalise what you would like to do – **FOCUSSED EXAMINATION**
- Consider you how examine remotely
- If face to face, then off screen ( **NO INTIMATE EXAMINATIONS** )

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## In the remaining 4 minutes:

### Informed Decision Making

- **Readdress health beliefs / health anxiety** and reassure when appropriate
- **Share your findings** : examination – normal/not normal
- **COMMIT : consider is this serious / is this not serious?**
- Propose a working diagnosis in user friendly language
- Work on the probability of what is likely to be happening
- Consider how the problem might develop
- Address concerns sensitively and sensibly

### Clinical Rx

- Share sensible patient centred (in the best interests of the patient) management options : consider both sides of any option
- **VERBALISE DILEMMAS: BENEFECIENCE vs NON-MALIFICENCE**
- Justify Rx Plans – evidence base, act appropriately when presented with red flags
- **KEEP IT SIMPLE AND SUPPORTIVE!**
- Health promotion when appropriate e.g. the smoker with a chronic cough – but do not make it a tutorial
- Manage uncertainty with confidence – Follow up and Safety net!
- Be supportive – display **POSITIVE ENERGY!** – **POINT B**

## ADVICE ON PREPARING:

1. **You will need at least a month** after the course to select the right patients and consultations for submission : **ALWAYS have the 16 RCA/CSA marking criteria to hand.**

2. You need to start recording all your consultations wherever possible – you will never know when the ‘right’ patient will walk in through the door. If you know a consultation is not going well, then stop the recording and move onto the next.

3. Ensure that receptionists are pro-active in helping you consent patients for recording. For verbal consent ensure this is recorded/heard and documented in the notes before you start your consultation, with patient identifier (NAME and DOB)

4. Ensure you cover a range of different presentations – you will need to demonstrate this with your submissions.

- Consider the following as good cases for submission Risk Management / Paediatric Consultations / Elderly Care / Rashes – Video/Images / Infections and Antibiotic Negotiations / Telephone Triage / Mental Health / Sexual Health – Contraception, Termination of Pregnancy / MSK / Acutely unwell / Chronic Disease – e.g. new diagnosis hypertension, diabetes / Face to Face

- Do not use simple counseling stations e.g. routine contraception / vasectomy

- RCGP has advised that consultations should be new presentations as opposed to follow ups and ideally consultations that have a working diagnosis and as much as possible a definitive management plan with a foreseeable end point, as opposed to for example, ‘I don’t know what is going on, let’s do some blood tests and see you in 2 weeks’: in other words you can’t sit on the fence!

- Timing : 10 min consultations after consent is taken – duty doctor/urgent care clinics are really good for recordings, as one problem and time limited

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**CSA MARKSHEET:** CP = Clear Pass    MP= Marginal Pass    MF=Marginal Fail    CF=Clear Fail

	CP	MP	MF	CF
<b>GLOBAL</b> Reasons for failing: 1. Disorganised and unstructured consultation 2. Does not recognise the issues or priorities in the consultation e.g. the patient's problem, the ethical dilemma 3. Shows poor time management				
<b>DATA GATHERING</b> Reasons for failing: 4. Does not identify abnormal findings or results or fails to recognise their implications				
<b>Technical Skills</b> Reasons for failing: 5. Does not undertake physical examination competently, or use instruments proficiently				
<b>CLINICAL MANAGEMENT SKILLS</b> Reasons for failing : 6. Does not make appropriate working diagnosis or identify range of differential possibilities 7. Does not develop a management plan (prescribing +/- referral) that is appropriate and in line with current best practice 8. Does not show appropriate use of resources, including aspects of budgetary governance 9. Does not make adequate arrangements for follow-up and safety netting 10. Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options 11. Does not attempt to promote health at opportune times in the consultation				
<b>INTERPERSONAL SKILLS</b> Reasons for failing: 12. Does not appear to develop rapport or show awareness of patient's agenda, health beliefs and preferences 13. Poor active listening skills and use of cues, Consulting appears formulaic, slavishly following a model and lacks fluency. 14. Does not identify or use appropriate psychological or social information to place the problem in context 15. Does not develop a shared management plan, demonstrating an ability to work in partnership with the patient 16. Does not use language and/or explanations that are relevant and understandable to the patient				

**Serious Concerns**                      Y                      N

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## **RCGP RCA : FEEDBACK STATEMENTS SEPT 2020**

### **Global**

1. Disorganised and or Unstructured Consultation
2. Does not recognise the issues or priorities in the consultation
3. Shows poor Time Management
4. **Poor choice of consultation: Does not demonstrate capability in consulting skills sufficient for independent UK General Practice**

### **Data Gathering, technical and assessment skills**

1. Insufficient evidence of Data Gathering skills to demonstrate capability of safe independent UK General Practice
2. Inadequate history taken to enable safe assessment of disease and its severity
3. **Does not elicit and develop adequate amounts of new information to demonstrate competence**
4. Does not consider and/or test an adequate range of Differential Diagnoses
5. Does not identify or use appropriate Psychological or Social information to place the problem in context
6. Does not offer/undertake appropriate Physical/Mental examination as part of the diagnostic process
7. **Does not recognise the implications of any abnormal findings or results**

### **Decision Making and Clinical Management**

1. **Insufficient evidence of Decision Making and Clinical Management skills to demonstrate capability of safe independent UK General Practice**
2. Does not identify an appropriate range of Differential Diagnoses and/or form a reasoned Working Diagnosis
3. Does not develop a Management Plan (including prescribing and referral) reflecting knowledge of current best practice
4. **The choice of management was unclear due to missing information**
5. Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options
6. **Does not show appropriate use of resources, including aspects of budgetary governance**
7. Does not make adequate arrangements for follow-up and safety netting

### **Interpersonal Skills**

1. **Insufficient evidence of Interpersonal skills to demonstrate capability of safe independent UK General Practice**
2. **Does not demonstrate active listening skills, limited exploration and use of cues**
3. Does not develop a shared understanding, demonstrating an ability to work in partnership with the patient
4. **Does not acknowledge or utilise the patient's contribution to the consultation including consent**
5. Does not use language and/or explanations that are relevant and understandable to the patient
6. Does not treat the patient with appropriate respect and/or sensitivity during the consultation

## **MENTOR RCA MANTRA**

**POINT A : CUES -PING-PONG – NEVER PARK A CUE!**

**STORY**



**SYMPTOM**



**SYSTEM** : FOCUS – RED FLAGS / SIGNPOSTING

ACKNOWLEDGE THE PATIENT'S PERSPECTIVE / THEIR NARRATIVE / THE PSYCHOSOCIAL IMPACT

: MIRROR – SAY WHAT YOU SEE AND MEAN WHAT YOU SAY

DON'T PUSH 'ICE' – REMEMBER THE 'I & C come before the E'

Use health beliefs / agendas to refocus your history and don't look for hidden agendas

**Stay close to the theme / priority / narrative of the case (competency 2)** – don't oversummarise

FOCUS EXAMINATION : Explain to the patient exactly what you wish to do and then proceed to it

: signpost sensitive examinations e.g. PR

6 mins to include focussed examination

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4 mins

**1. READDRESS THE PATIENT'S AGENDA**

**2. SHARE YOUR THOUGHT PROCESSES AND EXPLAIN YOUR FINDINGS**

**3. COMMIT TO RISK – UNDERTAKE THIS SENSITIVELY – CONSIDER SERIOUS OR NOT SERIOUS**

**SWIM SENSITIVELY TOWARDS THE WORKING DIAGNOSIS**

ACTIONS WILL HAVE REACTIONS

**COUNTER NERVOUS ANXIETY WITH EMPATHY AND ENERGY**

**CLINICAL MANAGEMENT HAS TO BE REACTIVE TO LEVEL OF CLINICAL SEVERITY**

REACTIVE MANAGEMENT NOT DEFENSIVE / MANAGEMENT CENTRED ON THE PATIENT AS OPPOSED TO THE DIAGNOSIS

THINK ABOUT YOUR TONE / TIMING / PACING – TALKING WITH NOT AT THE PATIENT

SELF AWARENESS – SINCERITY – SUPPORT – SAFETY – SMILE!

**POINT B**

## **MENTOR RCA MANTRA : FOLLOW UPS**

**KNOW YOUR TIMELINES AND YOUR PLACE IN THE PATIENT'S NARRATIVE**

- 1. WHAT LED TO THE TEST?**
- 2. WHAT WAS DISCUSSED WITH THE LAST GP?**
- 3. DOES THE PATIENT HAVE ANY PARTICULAR THOUGHTS/CONCERNS AS TO WHAT MIGHT BE HAPPENING?**

**THEN DELIVER THE RESULT**

**GO BACK INTO THE STORY AS NECESSARY TO PUT THE RESULTS INTO CONTEXT AND TO MOVE FORWARD IN THE JOURNEY**

## **MENTOR RCA MANTRA : NEGOTIATION**

- 1. ACKNOWLEDGE THE PATIENT'S AGENDA**

**"I hear you. I see you."**

- 2. STAY CLOSE TO THE AGENDA AND ENSURE YOU READDRESS IT**

- 3. VERBALISE AND SHARE DILEMMAS –DEPERSONLISE WHENEVER POSSIBLE**

**Risk v.s. Benefit**

**Budgetary Governance**

**Ethical Dilemma**

- 4. If you say 'No' – remain NICE/FIRM/FAIR**

**Consider what else can be offered?**