MRCGP Clinical Skills Assessment
Information for Candidates

Directions to the Examination Centre:

As of November 2012, the CSA will be held in the Examination Centre at the RCGP’s new headquarters at 30 Euston Square, London NW1. For a map of the area click here.

By Train:
Euston Mainline and Tube Station are less than 5 minutes on foot. This provides regular trains to and from Birmingham and the West Midlands, North Wales, Manchester, Liverpool and Glasgow.

Euston Square Tube is also 5 minutes on foot for Circle, Hammersmith & City and Metropolitan Lines.

By Bus:
Numerous buses stop on Euston Road and at Euston Station. See the TFL website for full details.

By Car:
Not advisable – there is no parking available at the College building. The nearest available parking is at George Mews Car Park.

N.B. Access to the Examination Centre must be through the specific examinations entrance on Euston Road not the main College entrance on Melton Street which is separate.

Punctuality:

Travel to the venue may be slow especially in the morning rush hour and taxi or bus services can be very busy. It is your responsibility to ensure that you arrive in time for the candidate briefing. You should arrive by 9:00am if you are attending the morning session or 12:15pm if you are attending the afternoon session in order to allow time for checking in; please refer to your confirmation letter or e-mail to be sure which of these sessions you have booked to attend. For the security of the examinations, you will not be admitted to the afternoon session if you arrive later than 12:45pm, when the morning session ends.

We strongly recommend that you allow enough time to arrive early, particularly if your examination is in the morning. Candidates who arrive after the start of the briefing will not be admitted to the examination under any circumstances.

You must bring with you an identification document with your photograph – a valid passport or photo-card driving licence. Nothing else will be accepted.

After the candidate briefing the CSA will commence when everyone present has been shown to their consulting room and settled in, but not before the stated times. In the event of an emergency on the day; if you think you may be late, please contact a member of the RCGP Examinations Department by phone on 0203 188 7660.

Candidates with a disability or special requirements:

If you have a disability or medical condition which may affect your capacity to undertake the CSA, you need to notify the RCGP at the time you apply to take the CSA. The RCGP makes every effort to ensure that adjustments are appropriate, proportionate and consistent, and such that they do not result in unfair advantage. In order to determine what adjustment is reasonable we may seek information about special arrangements made previously in training or other assessments.

Reasonable adjustments will also be made as far as possible for candidates who attend for an assessment with a disability which has not been previously notified. However, it may not always be possible to make appropriate arrangements without prior notice, and in such cases candidates would be advised to take the assessment at a future date. If you have a disability that could make it difficult for you to use the stairs in the event of an evacuation of the building, it is important that you make this known to RCGP staff as soon as possible.
Emergency evacuation of the Examination Centre:

In the event of an emergency evacuation of the building, the assessment session may be terminated at the discretion of the Senior Marshal present.

Subsequent assessment sessions may also be affected and in this event, RCGP staff will inform candidates as and when possible.

Conduct during the assessment:

The College strives to conduct the assessment in an open and fair manner, and expects candidates to abide by its Guidance on the Conduct of Assessments for the MRCGP. Candidates should follow all instructions and advice given by Marshals and administrative staff involved in the assessment.

Your mobile ‘phone and other electronic devices must be switched off at all times whilst you are in the Examination Centre. In order to ensure your compliance you will be required to hand in your ‘phone and other devices (e.g. iPad, iPod, Kindle etc) to the reception staff on arrival at the centre.

Candidates must not:

- Attempt to solicit information about the content of the CSA from candidates attending earlier sessions or discuss/pass on any of the cases to other people - either of these actions could result in disqualification from the exam
- Bring any unauthorised material or electronic devices onto the test circuit, or otherwise arrange access during the course of an assessment. These might include manuscripts, notes, textbooks or study guides, dictionaries, recording equipment, personal organisers, computing equipment, calculators, personal stereos, mobile ‘phones, cameras or other similar electronic devices including timers. If you have a digital watch it must be worn on the wrist and make no sound(s), otherwise you will be asked to place it in your locker. All ‘phones and other electronic devices must be left at reception. Bags, coats, food & drink and any non-essential medicines must be left in the locker provided for you at the Examination Centre. The only personal items permitted on the test circuit are your doctor’s bag which should contain the following items of diagnostic equipment: British National Formulary, stethoscope, ophthalmoscope, auroscope, thermometer, patella hammer, tape measure and a peak flow meter with disposable mouthpieces (please note that there is no need to bring a sphygmomanometer).
- Communicate with anyone, except role players, Marshals and administrative staff, by any means, during the CSA. This will include the periods during which the assessment is conducted and when you are leaving the Examination Centre. In the event of a temporary evacuation, (e.g. due to a fire alarm), candidates should not communicate with anyone other than Marshals or administrative staff.
- Remove any material whatsoever by any means from the Examination Centre. This includes notes or copies made of any material during the course of the test - these actions could also result in disqualification from the exam

If you have a genuine need to be contacted in an emergency (e.g. because you have a sick relative), your phone may be left with the Marshal on your floor who will answer it for you and contact you if necessary.

N.B. All cases of irregular conduct will be reported, and may lead to disqualification from the assessment and possibly referral to the General Medical Council.

Please note that no one except candidates and RCGP staff will be permitted to enter the Examination Centre while the CSA is running; no other visitors (including spouses and relatives) will be admitted under any circumstances.

The format of the assessment:

The Clinical Skills Assessment (CSA) is intended to be as much like real general practice as possible. The background to the assessment, its blue print and the Curriculum Statements are available on the RCGP website www.rcgp.org.uk.

The assessment itself will last for approximately three hours starting at either 10.00am or 2.00pm. In the normal run of events candidates will be free to leave the Examination Centre at 1.00pm or 5.00pm.
respectively, but from time to time some circuits do overrun by a few minutes. You should therefore bear
this in mind when making your travel arrangements.

Three identical circuits of consultations will run simultaneously. You will be allocated to a particular floor,
and given a consulting room, where you should remain throughout the assessment unless asked to leave
by a Marshal. Refreshments will be provided halfway through the circuit.

**Please note that lunch is not provided, and there are no catering facilities in the Examination Centre.**

On your desk you will find:

- A list of the patients whom you will see during the surgery. You will be given written records for each
case, which will provide some background information. Please read the background information for
each patient before they enter the room, taking care to ensure you have read all relevant pages for
each patient – some may be on more than one page. You may find some of this information useful to
you within the consultation. You can make notes on the notepaper provided if you wish, although these
will not be marked.
- A wipe-clean A4 whiteboard on which you can make notes; these won’t be marked.
- Some mock FP10 prescriptions (which may be marked if relevant to case), blood test request and
Med3 forms.
- Any other information that might be relevant to a case you are seeing e.g. Peak Flow charts.
- Any additional equipment relevant to the days cases not normally in the standard doctors bag (please
see below).

**Future changes to the way in which the examination is delivered**

The College is currently developing a more sustainable CSA examination delivered electronically, testing
of which is already under way. The current paper folders of patient lists and case notes will be replaced
with iPads containing documents that display these electronically. You will still be able to read the notes
for each patient before they enter the room and have the facility to refer to notes for cases later in your
circuit at any time; on-screen instructions will guide you and inform you if are not looking at the case notes
for the patient you should be seeing.

**This change will not be implemented for the November 2012 exam.** There may however be some
limited parallel trialling by the Examiners who in future will use iPads for referring to marking materials and
submitting their marks and feedback. On this occasion the examination will be marked as before using
paper mark sheets.

When the system is ready for full implementation, you will find further information on the use of iPads at
the Euston Examination Centre on the RCGP website. Please check the RCGP website periodically
around the time you will be applying for your exam.

**The patients:**

You will see thirteen patients, each of whom is a role player trained to present a standard case. The cases
are typical presentations that may be encountered in UK general practice. The role player will respond to
your normal consultation style, but will not just tell you their whole script unless you ask relevant questions
in an appropriate manner. **They will not deliberately conceal vital information.**

You may examine a patient if you feel it is appropriate to the consultation, but intimate examinations should
not be carried out. If the role player feels that a proposed examination would be personally intrusive they
will decline the examination. If you decide that a physical examination forms an important part of your
assessment of the case, you should examine the patient and your technique may be marked. You will not
normally find abnormal physical signs, but you should examine the patient in such a way that you would
find them if they were present. Occasionally the Examiner or the role player will give you the results of an
examination after you have sought permission to perform it instead of agreeing to the examination.
Timing:
Consultations are limited to ten minutes. The start and end of the consultation will be signalled by a buzzer. If you have not completed the consultation after ten minutes are up, you should allow the patient to leave. No marks will be given for anything that happens after the second buzzer. There will then be a 2 minute gap and the buzzer will sound again, signalling the start of the next case.

Equipment:
You should bring your doctor’s bag containing the usual diagnostic equipment with you, including:
- BNF
- Stethoscope
- Ophthalmoscope
- Auroscope
- Thermometer
- Patella hammer
- Tape measure
- Peak flow meter and disposable mouthpieces (N.B. These must be EU standard)

Please note that there is no need to bring a sphygmomanometer.

It is your responsibility to ensure you have these items available by the time you sit the CSA. There will be no spare sets of equipment if you fail to bring anything, and in that event you will have to role play the assessment.

N.B. All BNFs must be free of additional/hand-written notes: they may be checked before the start of the assessment and removed if they contain notes.

Dress Code:
A Dress Code is available as guidance to postgraduate doctors undertaking licensing assessments as part of the MRCGP examination. It has been written in conjunction with Deanery guidance, and applies also to situations of recruitment to GP training, work based training itself and assessment. Please ensure you are familiar with this before sitting the exam. A copy is available here.

Video recording of consultations:
Your consultations may be recorded as part of our quality control processes within the assessment. They are used for training purposes for both Examiners and Role Players. They are not used to assess candidates’ performance. Candidates may not choose not to be video-recorded (see Point 12.13 of the MRCGP regulations). By registering with the college and applying to sit the assessment, a candidate accepts this condition.

Marking:
An Examiner will accompany each role player and will play no part in the consultation, except possibly to hand you information at appropriate points. They will sit outside your line of vision, and you should ignore them. The Examiner will be looking at specific aspects of your clinical skills, marking them on a pre-defined marking schedule. It is possible that an additional observer may be present. These may be performing a Quality Assurance exercise or merely observing the process. They will take no part in your assessment.

The approach to assessment:
Each candidate is allocated a consulting room and has 13 consultations, each of 10 minutes, all of which are assessed. Patients are played by Role Players who have been trained and calibrated to perform their role in a consistent manner. A description of the type of cases used in the CSA can be seen here.

Each of the thirteen cases is marked by a trained Examiner using a pre-set marking schedule which is specific to the case. The Examiner marks each case on three domains or areas - Data Gathering, Clinical
Management and Interpersonal Skills. This creates an overall numerical mark for the case. Each domain carries the same number of marks. The marks for each case are added to create a final mark.

The three domains on which you will be marked are:

- **DATA-GATHERING, TECHNICAL & ASSESSMENT SKILLS**: Gathering & using data for clinical judgement, choice of examination, investigations & their interpretation. Demonstrating proficiency in performing physical examinations & using diagnostic and therapeutic instruments

- **CLINICAL MANAGEMENT SKILLS**: Recognition & management of common medical conditions in primary care. Demonstrating a structured & flexible approach to decision-making. Demonstrating the ability to deal with multiple complaints and co-morbidity. Demonstrating the ability to promote a positive approach to health

- **INTERPERSONAL SKILLS**: Demonstrating the use of recognised communication techniques to gain understanding of the patient's illness experience and develop a shared approach to managing problems. Practising ethically with respect for equality & diversity issues, in line with the accepted codes of professional conduct.

The grades will be on a four point scale: Clear Pass Pass Fail Clear Fail

**Feedback:**

Results will be provided in the form of an overall score and a comparative passing score for that day.

Areas of performance which have been identified as deficient by two of more Examiners will be flagged according to each case’s station title in the candidate’s ePortfolio. This feedback is recorded by the Examiner following a specific set of 16 statements as detailed below:

**Global**
1. Disorganised/unstructured consultation.
2. Does not recognise the issues or priorities in the consultation (for example, the patient’s problem, ethical dilemma etc).
3. Shows poor time management.

**Data Gathering**
4. Does not identify abnormal findings or results or fails to recognise their implications.
5. Does not undertake physical examination competently, or use instruments proficiently.

**Clinical management**
6. Does not make the correct working diagnosis or identify an appropriate range of differential possibilities.
7. Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.
8. Does not show appropriate use of resources, including aspects of budgetary governance.
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 good health at opportune times in the consultation.

**Interpersonal skills**
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 may appear formulaic (slavishly following a model and/or unresponsive to the patient), 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.
The Cases:

Below is a sample case to illustrate the type of consultation you might expect to have.

Diabetes and depression

Summary of the case presentation:

The patient is a lady with well controlled Type 2 diabetes mellitus. She is presenting with the symptoms of depression. The candidate’s task is to find out why she has presented and obtain the relevant details that enable the following decisions to be made:

- What is the main problem here? Is it the diabetes or something else?
- If it is something else, could it be low mood in which case is the patient clinically depressed or just fed up?

Having made these decisions, the candidate has to formulate a diagnosis and consider the clinical priorities, involving the patient in developing a shared management plan. All of this has to be done in a patient centred way, obtaining her ideas, concerns and expectations and incorporating these into the explanation given to her.

Why is this type of case being chosen?

This case illustrates the co-morbidity often seen in general practice presentations. The candidate is given the opportunity to demonstrate his/her skill in identifying the constituents at play, prioritising them and dealing with the problem presented in the consultation. In this case, the lady’s diabetes is well controlled and she has no diabetic complications. The candidate simply has to establish this and then move on to diagnosing her presenting ‘problem’. On the face of it, having two conditions in a consultation may seem complicated and challenging, but the task required is much more focused and should be manageable in the 10 minutes allowed for the case.

Further information:

If you need any further information please contact the RCGP Examination Assessment team by telephone on 0203 188 7660 or by e-mail to exams@rcgp.org.uk.