# Top tips to help your trainee to prepare for the RCA - an educator guide

1. **START EARLY -** Encourage the trainee to start recording as early as possible, so that they get into the swing of it
2. **HELP WITH THE TECHNOLOGY –** Does the trainee have everything they need to record e.g. webcam, all necessary tech (particularly if they are remote working), awareness of information governance issues of recording/storing consultations?
3. **GET THE RIGHT CASES** - Advise them on accessing the right sort of patients and consultations to maximise chances of getting useable consultations
   1. Cases submitted should be of an appropriate level of challenge sufficient to demonstrate safe and independent practice. See Appendix 1
   2. Encourage trainees to demonstrate their skills across a breadth of the curriculum
   3. Ensure there is sufficient evidence in all 3 domains for the assessment
   4. Reception/admin staff need to be ‘on board’ and know what is happening
   5. Engage reception/triage clinician to only book appropriate cases
   6. Simple triage consultations are unlikely to cover all three domains
   7. Give trainee permission to ‘be selfish’ and pick appropriate cases off other clinicians list
   8. Problems that are new to the trainee are more likely to be suitable for submission
   9. Get other clinicians on board and involved with swapping of appropriate cases
   10. If individual GP surgeries offer pre-triage or electronic navigation prior to a consultation, ensure this isn’t detrimental to the consultation and use these systems to ensure appropriate case exposure
   11. If possible, only book willing/consenting patients to maximise opportunity.
   12. Make sure patients know that the call may come from a withheld or unrecognised number
   13. Be creative in how cases are identified – ask nurses for any newly diagnosed hypertensives / diabetics
   14. Whilst follow up from letters might work, tell them to beware artificially “Creating” a consultation by simply recapping the history and suggested treatment options when these are already in the letter or previous referral. They need to consider what is actually “Added” to the patient care by their contact with them. If a patient has considered the guidance already offered and has made a clear decision, then recapping does not add anything, and such a consultation would not provide evidence of skills.
   15. If a consultation contains more than one discrete clinical issue, both may be assessed if covered within the 10 minutes, although if one might detract from the other, they might consider if this is an appropriate case.
4. **BALANCE NUMBERS OF CASES WITH OVERWORK/STRESS** - Make sure that booked surgeries have the right balance between enough patients to get a breadth of appropriate cases and the risk of overloading trainees. Give them time and catchups to get and stay in the right frame of mind for recording and enough time to review notes thoroughly.
5. **STAY UP TO DATE –** You and the trainee should read the RCGP guidance on the website at regular intervals; this is updated very regularly and gives clear advice. Look at 14F help centre for lots of useful advice and also use the help facility as they are very responsive.
6. **DO NOT DISTURB -** Make sure that everyone in the practice knows not to interrupt trainees, use do not disturb signs on the door etc.
7. **GET A STOPCLOCK –** something on the desk to help the trainee know how long they’ve been consulting for.
8. **CONSIDER CRIBSHEETS** - Suggest trainee has whatever reminders they find helpful next to the phone/computer e.g. identity check, consent, intro, impact, ICE etc. to help them cover key points. Help them avoid this leading to overly structured consultations that don’t ‘flow’
9. **MAKE NOTES –** Provided it doesn’t impact on the flow consultation or rapport building, advise trainee to jot some key words/cues down whilst patient is giving their opening statement. This is perhaps more suitable during telephone consultations.
10. **AVOID TYPING -** try to avoid overuse of the computer/typing as can be distraction from flow of conversation
11. **THE EXAMINER DOESN’T KNOW THE PATIENT -** They can’t see medical records and so are unaware of past medical history, medication, allergies etc. So, if relevant, verbalise them.
12. **SET BOUNDARIES FOR HELP**
    1. This remains their exam to pass, it isn’t a joint submission
    2. Agree with the trainee how many consultations you are realistically going to be able to review
    3. Make sure they’ve already reviewed and self-analysed the consultation before sharing with you
    4. Encourage them to be specific about what questions they have about each consultation
    5. Suggest they only share recordings that they think would ‘pass’ or where they identify a competence area(s) which they are finding persistently challenging
13. **TEACH THEM HOW TO REVIEW THEIR OWN** **CONSULTATIONS**
    1. Teach them general principles of consultation self-analysis
    2. Familiarise yourself with the marking scheme and grade descriptors and mark some together with a view to them marking their own
    3. Avoid giving scores, keep feedback generic in the relevant domains and focus on specifics in terms of observed behaviours, knowledge, decision making etc.
    4. Make sure they understand the guidance on Consent and Examining the patient which are available at: [consent](https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/-/media/F0C813F4063D4496A5231FD723938AB8.ashx), and the guidance on intimate examinations which will be published on the RCGP website soon and that if they flout this guidance their submission may not be marked
14. **BENCHMARK WITH NON-EXAMINER COLLEAGUES –** and refer to national guidelines to get a sense of what constitutes a ‘passing’ consultation (CSA examiners are not allowed to get involved with reviewing candidates consultations, and in particular are not allowed to make comments about whether they are good, or likely to be passing consultations).
15. **DON’T MAKE PROMISES** – You can give general formative feedback to trainees but avoid saying that consultations are ‘good enough’ or ‘will pass’. You don’t know that, so don’t say it. There is no appeal process so the trainee would have to conclude that you were wrong, not the examiners!
16. **REMOVE BARRIERS, BUT DON’T PUSH THEM OVER THE LINE -** Remember, this is their exam to pass. Remove every barrier you can to them developing and demonstrating the skills and knowledge that they need to. But remember, not everyone is yet at the place where they should pass and you are doing the trainee a disservice if they pass when they weren’t truly ready
17. **LOOK AFTER YOURSELF** – You want your trainees to succeed but acknowledge that helping them prepare is time-consuming and stressful. Make sure that where possible your time is protected and negotiated with your practice to do the review work in practice time.

**APPENDIX 1 -** relationship between the clinical content and the complicating factors specific to the patient when considering which cases to select. Many of the trainee’s best consultations will be in one of the red boxes, and therefore unsuitable for submission. This is explored in greater detail in a document soon to be published on the RCGP website.

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|  | **Complicating Factors (e.g. patient expectations, beliefs, psychological issues, social situation, hidden agendas)** | | |
|  | **Multiple factors present** | **Some factors present** | **Complicating factors absent** |
| **High Clinical Challenge** | Extremely challenging consultation – excellent opportunity to display capabilities but case likely to be hard to complete in 10 minutes | Very challenging consultation – excellent opportunity to display capabilities | Challenging consultation – good opportunity to display capabilities |
| **Moderate Clinical Challenge** | Very challenging consultation – excellent opportunity to display capabilities | Challenging consultation – good opportunity to display capabilities | Moderate level of challenge in consultation – some opportunity to display capabilities |
| **Low Clinical Challenge** | Challenging consultation – good opportunity to display capabilities | Moderate level of challenge in consultation – some opportunity to display capabilities | Low level of challenge in consultation – very limited opportunity to display capabilities (insufficient evidence) |