**RCA Preparation Aide Memoire**

**Consent to record**

There are two issues here: the protection of patients’ rights and doctor probity - being able to demonstrate if asked that you have taken appropriate consent. It may be verbal, or written, including by paper/text, and it may be done by an administrator on your behalf. It needs to be confirmed both before and after the consultation.

If recorded by mobile phones on FourteenFish, then consent is done for you and recorded.

If recorded on FourteenFish via a landline, then consent needs to be confirmed afterwards (e.g. by text or call from receptionist, and a record made e.g. in the patient’s notes)

If you record via an external source, then consent may be verbal or written, and you need to have a record/copy of consent e.g. text/email/by telephone before or after the consultation.

**Recording**

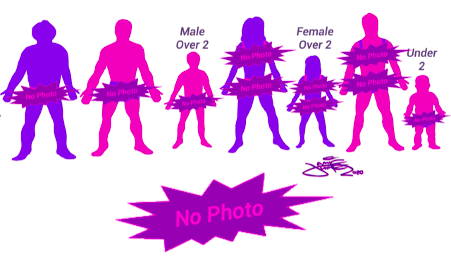
This is most simply done via FourteenFish. There is also an App which is easy to use. Any recording **must** be continuous and not edited. Software may be utilised to check if examiners are concerned or notice a discrepancy in recording. Editing is considered as a serious issue of probity and if found and confirmed will be actioned by referral to your Responsible Officer, something which may then result in consideration by the GMC.

The **ten** minutes you have for the consultation starts after the process of consent and identification of the patient has been conducted, and the examiner will **stop** watching at 10 minutes. Anything beyond then will not contribute to your awarded mark.

The explanation in your work book is **not** part of the marking schedule.

**Dignity of patients**

If any part of the patient’s “swimsuit” area is revealed on your recording **do not submit** this case. It would result in the loss of **all** marks for that case. Recording may continue **off camera** during such an examination.

[https://youtu.be/9oSmsWfU5ss](about:blank)

**Choose if your consult is suitable to link to a Mandatory Criteria**

You may link **two** cases per criterion and are asked to briefly explain your reasoning (**Four** possible linked for the examination criterion, as two such cases are required):

“I have chosen this case to demonstrate XXX because**….” -** this statement also helps clarify in your mind why you think it meets the definition as below.

A case may fulfil more than one criterion (e.g. a child with an acute exacerbation of asthma (LTC) who is examined might meet 4 criteria: child, examination, acute presentation and LTC. This is allowed **but** is high risk for a submission as, if it was found to be in breach, then that potentially affects the marks you are awarded for 4 criteria).

Definitions below are direct from the RCA website - the comments in red relate to common queries that we have received

**1. One case involving a child aged 16 years or younger (including by proxy) -**

The consultation should reflect the impact of the patient being a child, rather than simply incidental to the clinical scenario - the consult should be with or about the child and may include e.g. schooling consideration in assessment or family situation.

**2. Minimum of one older adult (over 65 years) -** age 65 years and older- this may be a proxy consult as long as it pertains to an adult over 65 years. The condition does **not** need to be age specific

#### 3. Essential clinical areas. These consultations should reflect the impact of the condition on the patient, rather than it simply being incidental to the clinical scenario.

**A - An acute problem that needs urgent investigation or referral**

This criterion includes the “Urgent and Unscheduled care guidance” in the curriculum but is expanded to include assessment of an acute, new presentation or change in condition of an LTC, or anything requiring immediate assessment or urgent (immediate or within 2 weeks) investigation or referral.

There should be evidence of this within the submitted consultation rather than from developments within the case after the consultation.

This criterion **does not necessarily include** a patient requiring examination to complete the data gathering of a new presentation, unless it is evident that such an examination is essential to confirm/refute a potentially urgent problem. 

**B - Maternity and Reproductive health**

Definition under RCA Mandatory criteria - may be interpreted as a wider clinical area than under the GP Curriculum documentation. It may include all areas pertaining to Maternity care pre-, intra- and postnatal issues - both physical and mental. Reproductive Health may include areas of Sexual Health (including contraception and infections such as HIV and sexually transmitted infections for all genders) and gynaecological problems (including menopause, HRT and for example, vaginal bleeding problems). **It does not include** passing enquiry about for example sexual function as part of urology assessments.

It would not include discussion re PSA or other purely urological assessments.

**C - A Mental Health Condition within the DSM or ICD classifications**

**D - A long-term condition e.g. cancer, multimorbidity or disability**

A long-term condition (LTC) is defined here to mean any pre-existing medical condition that cannot currently be cured but can be managed with the use of medication and/or other approaches and therapies.

It should be an established diagnosis in the patient. This criterion **does not include** a potential LTC which is being considered or diagnosed for the first time.

You are more likely to meet the criterion if you choose cases where the LTC affects the presentation in this consult e.g. it may be a patient with hypertension presenting with acute gout whose management may be affected by their medication. Similarly, whilst it could not be a first diagnosis of COPD an acute exacerbation of COPD may be a suitable case.

#### ****4. Minimum of 2 cases requiring either a clinical examination or an explanation of the clinical examination required to the patient (psychiatric examinations are included in this definition) -**** Clinical Examination is still considered an important component of the assessment and remains essential within the practical and ethical constraints of a recorded consultation. It is not sufficient to merely state that an examination is required. -

#### Remember if any skin in the “Swimsuit” area is revealed on camera it is not suitable to submit this consultation to protect patient dignity.

**Please note:** Clinical examination forms part of your data gathering where you confirm or refute your differential diagnoses from your history by examining the patient. In the current environment, many consultations are by telephone and it is then arranged for the patient to attend the surgery for an examination if required - we would expect that the doctor would explain clearly to the patient what that examination might involve and how that would influence their subsequent management. Simply stating “we need to examine you” does not satisfy this criterion.

**Remember-** the presence of an examination or explanation fulfils the Mandatory Criteria- the **quality** of either is reflected in the mark you will be awarded as part of Data-gathering.

**If you and your Educational Supervisor are in any doubt** regarding Mandatory Criteria our advice following assessment of thousands of submissions is that it is not helpful to ask lots of other people which may indeed deepen uncertainty - follow your instinct.

Be reassured that confirmed breaches are rare so try not to overthink it.

If in doubt perhaps find a case you are more certain covers the criteria to avoid you worrying about it after submission.