



Membership of the Malta College of Family Doctors

Recorded Consultation Assessment

Handbook

2021

The Recorded Consultation Assessment (RCA) Handbook

March 2021

Introduction

The Recorded Consultation Assessment has been chosen to replace the Clinical Skills Assessment (CSA) component of the final exams of the Family Practice training course. This is in view of the ongoing pandemic, thus limiting unnecessary exposure to both candidates and auxiliary staff needed to organise a CSA exam. Although the format is different, the standard expected of the candidates sitting for this exam are identical to those of the CSA.

Trainees in third year of Speciality Training or later, where appropriate, may apply to sit for this exam. This regulation applies equally to full time trainees and those training flexibly. A maximum number of four attempts will be permitted.

The Recorded Consultation Assessment

The Recorded Consultation Assessment aims at assessing the ability of the candidates to show and apply, in a coherent and comprehensive way, their clinical, professional, communication and practical skills to a level that is appropriate of a Specialist in Family Medicine, in able to perform independently and safely in the Maltese Health Care system.

This component covers the following core competencies of care:

- A holistic and comprehensive approach
- Community orientation
- Patient-centred care
- Primary care management
- Psychomotor skills
- Attitudinal characteristics

It uses a format of pre-recorded consultations which provide a range of real-life patient's encounters in primary care as evidence of the level of competency in areas of patient care, along a broad base of the curriculum.

Components of the Consultations

The RCA examines the whole aspect of the consultation, which for assessment purposes is divided into three components:

1. Data Gathering
2. Clinical Management
3. Interpersonal Skills

Data Gathering involves collecting the information necessary to reach a working diagnosis or differential diagnoses to best manage the patient's complaint. It involves taking a comprehensive history, doing a focused examination, interpreting any investigations available and using information from records to reach a clinical decision.

Clinical Management is a complex but crucial part of the consultation. It includes but is not limited to:

- Explaining the problem / diagnosis.
- Negotiating effective and safe treatment.
- Using investigation, prescription and referral appropriately.
- Recognition of, and response to urgency.
- Managing risk.
- Encouraging health promotion.
- Arranging appropriate follow up.

Interpersonal skills are the soft skills used throughout the consultation to effectively communicate with the patient in a sensitive way. These skills include:

- Attentive listening
- Showing empathy and respect
- Treating patient as an individual not a disease
- Gain insight into the patient's experience of the disease
- Providing correct and honest information
- Involving the patient in taking their own decisions regarding their condition
- Practising ethically
- Showing respect for diversity and equality

Marking Scheme

In each case a candidate is attributed one of four levels of attainment:

- Clear Pass
- Pass
- Fail
- Clear Fail

Clear Pass: The candidate demonstrates an above average level of competence with a justifiable clinical approach that is fluent, appropriately focused and technically proficient. The candidate shows sensitivity, actively shares ideas and may empower the patient.

Pass: The candidate demonstrates an adequate level of competence, displaying a clinical approach that may not be fluent but is justifiable and technically proficient. The candidate shows sensitivity and tries to involve the patient.

Fail: The candidate fails to demonstrate adequate competence, with a clinical approach that is at times unsystematic or inconsistent with accepted practice. Technical proficiency may be of concern. The patient is treated with sensitivity and respect but the doctor does not sufficiently facilitate or respond to the patient's contribution.

Clear Fail: The candidate clearly fails to demonstrate competence, with clinical management that is incompatible with accepted practice or a problem-solving approach or a problem-solving approach that is arbitrary or technically incompetent. The patient is not treated with adequate attention, sensitivity or respect for their contribution.

Format of the Recorded Consultation Assessment

1. Thirteen (13) consultations are to be submitted. These can be of different types: face-to-face, remote/audio consultations or home visits.
2. Not more than three (3) cases should be of the remote type.
3. At least three cases should be in the English Language and the others in the Maltese language.
4. Ten (10) consultations should be no longer than **eleven (11)** minutes duration.
5. Three (3) consultations may be up to **thirteen (13)** minutes long. The longer time is to allow for the doctor to demonstrate his/her abilities in tackling more complex cases, such as mental health issues.
6. The consultations should be true patient encounters. It is prohibited to present staged encounters.
7. For better assessment of the data gathering component of the consultation, it is being advised to present new patient encounters and not follow-up encounters. As described in the consultation types to be submitted, some consultations should cover the management of chronic conditions. It is advised to present encounters of patients who present with a chronic condition but are new to yourself.

8. Consent should be obtained before and after each consultation verbally and/or written. If consultation is done verbally, this should be clearly seen or heard on the video. The time taken for the consent will not be considered part of the consultation duration.
9. Videos should be continuous without any video editing. If a video shows evidence of stops or is edited, this will not be assessed by the examiners.
10. Videos have to be of sufficient quality to allow assessment. They should show sufficient clarity to be able to see the persons well and good audio to be able to hear what is being said. Poor quality videos may not be assessed.
11. The camera should be positioned in a way that both the doctor and patient/s should be clearly visible, so as to be able to assess the interaction that happens between them.
12. At least one case should show the examination of the patient being done. In the other consultations, examination may not be shown. This may be achieved by changing the angle or covering the camera, without stopping the video. In any video where the examination is shown, this will be assessed as part of the data gathering component of the consultation.
13. Intimate examinations or excessive uncovering of the patient should not be shown on the videos. The use of a chaperone should be asked for during the examination of intimate areas of the body, namely the breasts and the genital areas.
14. Some of the consultation types are mandatory. (see section on mandatory cases). The other cases should be different from each other, in order to cover as much breadth of the Curriculum and allow the examiners to observe the different competencies that a GP should have.
15. The consultations should be of sufficient level to challenge the doctor in the third year of training. Simplistic consultations, such as: review of an x-ray, checking the blood pressure, a simple cut etc. may not offer the sufficient level necessary for the candidates to show off their abilities. It also makes it much harder for the examiners to attribute the justified marks, as there will be not enough depth to the consultation to assess.
16. All consultations should be different from each other. No consultation may be submitted more than once, even if it is tagged differently.
17. Each consultation should be tagged with three Tags. (see section below).
18. Consultations in which the examination is purposely done for the case showing the examination process, should be tagged as such.
19. The choice of consultations to be uploaded may be discussed with your trainer, but the videos chosen should not be videos which have been used for other parts of the Formative assessment, i.e., as a COT (consultation observation tool).

20. The consultations, together with the consent forms and a spreadsheet containing the information about the consultations (title, tags, length and examination) are to be uploaded onto a One Drive document to which each candidate will be given access to, by midday of the 9th October 2021.
21. Any breach of the above conditions will result in either the candidate failing that station, or failing the whole exam if multiple breaches are identified.
22. Each consultations of any candidate will be reviewed by at least two examiners blindly and independently of each other, who will give a global judgement of that consultation. A candidate is marked on the three domains of the consultation namely: Data Gathering, Clinical Management and Interpersonal skills. Each candidate will have his/her consultations assessed by as many examiners as possible, each blindly of the mark given by the other examiners.
23. If the mark of the two examiners does not tally, a third senior examiner will assess the consultation and will adjudicate the final mark for that consultation.
24. Examiners will be strictly instructed to stop assessing videos after the 11th or 13th minute as indicated in the spreadsheet.
25. A candidate will be deemed to have passed the RCA component of the exam if a pass is obtained in at least nine (9) consultations.

Mandatory Case Selection Criteria for Recorded Consultation Assessment

In response to feedback from previous Recorded Consultation Assessment (RCA), mandatory and recommended case criteria have been developed. A wider range of clinical topics allows a better review of candidates' global capability. It is easier for candidates to gain marks and for the examiners to see candidates' level of skill if a range of cases of suitable, but not overly complex, nature is submitted.

All candidates are required to submit consultations listed in the below 'Mandatory' group. As mentioned above, a spreadsheet containing the list of tagged consultations and information needs to be also uploaded. The consultations need to be tagged in the following order to include the 'Mandatory' group:

- 1. Paediatric case** – a case involving a child aged 16 years or younger. The consultation should reflect the impact of the patient being a child, rather than simply incidental to the clinical scenario.
- 2. Geriatric case** – a case involving an older adult aged over 65 years. The case needs to reflect the multimorbidity, polypharmacy or frailty present in many cases in geriatric medicine.

Common problems faced by elderly people include falls with or without fracture, delirium, dementia, incontinence, poor mobility and frailty.

3. Maternal and Reproductive Health case– a case including all areas pertaining to Obstetric care meaning pre, intra and postnatal issues both physical and mental. Reproductive Health may include areas of Sexual Health (including contraception and sexually transmitted infections) and Gynaecological problems (including menopause and vaginal bleeding problems).

4. Long-term condition case – a case with 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, e.g., cancer, multimorbidity or disability. It should be an established diagnosis in the patient not a potential long-term condition which is being considered or diagnosed for the first time.

Cases 5-13. The other tags of cases should be broad to demonstrate the competence across the GP curriculum. The main focus of each case should be within a different clinical topic area of the curriculum. Consideration should be given to the complexity of the consultations submitted, for example in terms of patient expectations, beliefs, social situation, psychological issues and hidden agendas.

The candidates' spreadsheets will be reviewed to ensure compliance to the above. If a case tagged does not fit in the above order of the 'mandatory' group, zero marks will be attributed to that case.

Level of difficulty of the Consultations

The trainees in their third year of training should have achieved a level of competence and confidence in managing patients, safely and independently. The core competences listed above can only be shown to have been achieved by presenting the mandatory cases together with a variety of cases which have a certain depth.

The choice of the cases is crucial. The consultations submitted should demonstrate the candidate's capabilities across a broad range of cases and with a range of patient types and ages. It is very difficult to demonstrate such abilities if the cases are too simple. Examiners expect to see a mix of difficulty and complexity in the cases submitted.

It is difficult to define what constitutes a challenging or complex case. Several factors affect the level of difficulty of a consultation. This may be due to

1. The type of patient/s
2. The presenting complaint/s
3. The situation
4. The management plan.

1. Type of patient/s

Different patient types facilitate or complicate the consultation. This can be due to the patient's character for example, poor historian moaning/ grumpy type; disability/special needs for example a child with autistic spectrum condition or someone poor of hearing; or maybe have a language barrier. Other persons accompanying the patient may also complicate matters.

2. Presenting complaint/s

The type of presenting complaint or complaints often adds to the difficulty of the consultation. The presentation of a rare disease, multiple complaints, vague symptoms are all examples of an increased level of challenge. Some presentations may not offer the level of difficulty needed for the candidate to impress. Examples of low challenge consultations may include: eczema (especially if recurrent), a minor injury; an X-ray review of a fracture; ophthalmic conditions such as a sty, blepharitis or conjunctivitis; impacted wax or a simple upper respiratory infection. In these conditions Data Gathering and Management may be limited, giving the examiners little material to assess.

3. The Situation

The Family Doctor is often faced with several situations which are delicate and offer several challenges. The RCA strives to be an assessment of the trainees' abilities to also tackle these situations. These may include: an emergency situation; an emotionally charged consultation; the breaking of bad news; mental health issues; transcultural or diversity issues.

4. The Management Plan

The clinical management is a fundamental part of any consultation. Negotiating a mutually agreeable management plan may not always be easy. Some consultations may offer greater challenge than others in this respect. Such instances could be: dealing with multiple medical problems; polypharmacy; the presence of allergies; a very demanding patient; motivational interviewing; opportunistic health promotion; the patient refusing the doctor's advice e.g. Referral.

It is important to note that any interplay of these factors contributes to the complexity of the consultation. For example, a patient may present with a common cold but is allergic to common medication and during the consultation smoking cessation is offered.

The MCFD is aware that tackling complex and challenging cases takes time. For this reason, the time limit for the consultations has been increased to eleven and thirteen minutes for longer consultations. It is very important that the extra time is used wisely to better tackle the patient's issues, and not wasted during disjointed history taking or poor use of micro skills helpful in managing the situation. A more complex case will give the examiners ample evidence of attainment of the required level, than simple straight forward cases. It is hoped

that the increase in the time limit will result in the presentation of more complicated/challenging cases.

Tagging System

Candidates should tag each consultation with three tags. Tags are words which in short summarize the essence of the consultation. The tags should be inputted in the result spread sheet which will be provided. In the cases which are mandatory, the tags will be pre inputted in the proforma.

The tags will depend on the consultation. Some examples of tags follow:

- Tags related to the system involved: cardiovascular, respiratory, gastrointestinal.
- Tags related to the consultation type: emergency, management of chronic condition.
- Tags related to the patient: paediatric, geriatric, transcultural, disability issues, diversity.
- Tags related to complexity issues as described above: multiple morbidity, polypharmacy, health prevention

The tags are essential in mapping the cases to the Curriculum. Diversity in the choice of the cases should result in as much different tags as possible. As far as possible, the cases presented should focus on different areas of the Curriculum, giving the examiners an extensive range of capabilities to assess.

Penalties in cases of breach of procedure

Submissions will be reviewed by the examiners, Assessment Team and Quality Assurance Team to ensure compliance with the above procedures. Failure to comply will affect the eligibility of a candidate's submission and the loss of the relevant marks as follows:

- Failure to fill in the requested spreadsheets with the information pertaining to the consultations – Zero marks will be attributed to the cases.
- Lack of evidence of the patient consenting to the recording of the consultation, be it written or verbal – Zero marks for that case.
- Mis-labelling of videos for mandatory cases – will be considered as a case omission and Zero marks will be attributed to case unless the criterion is found to be satisfied elsewhere within the submission.
- Evidence of editing or stopping of camera while recording – Zero marks for that case.

- Poor visual or audio of recordings – examiners will give their mark on what they can understand. If quality is very poor Zero marks are given.
- Evidence of staging of the consultation – Zero marks for that case.
- Case submitted breached the rule on intimate examination - Zero marks will be attributed to that case.
- Consultations are longer than the stipulated time – Examiners will stop assessing after the time indicated and give their mark on that part of the consultation.
- Low challenge consultations – Examiners need to see evidence of a competence to give appropriate credit for it when marking. Low challenge cases offer very limited opportunities to display relevant capabilities and marking will reflect that. This will inevitably penalise candidates submitting large numbers of low challenge cases.
- Cases not uploaded by the stipulated date – Zero marks for whole submission.

Two or more breaches of the above will result in the whole submission to be declined, and re-application is advised. No refund of fee will be appropriate.

Conclusion

The Recorded Consultation Assessment forms part of the triad of the Summative part of the assessment of the licencing exam for obtaining the Specialization in Family Medicine. If a doctor passes all three components of the assessment, he/she can then apply to be a Member of the Malta College of Family doctors (MMCFD) and also Member of the Royal College of General Practitioners {International} MRCGP[INT]. It is a crucial part of the assessment as it showcases the abilities of the doctor in managing patients in the clinic. It is a true reflection of what happens between the doctor and the patient behind closed doors.

The MCFD takes training and assessment very seriously. As a result, no breaches in the above procedure will be tolerated, and the necessary measures will be taken should any breaches be identified.

11th March 2021