Summative Examination for the award of Specialist in Family Medicine as part of the Specialist Training Programme in Family Medicine, Malta (STPFM), Membership of the Malta College of Family Doctors (MMCFD) & International Membership of the Royal College of General Practitioners (MRCGP[Int])

Recorded Consultation Assessment Handbook 2024

The MCFD Summative Examination Assessment Team

Introduction

The Recorded Consultation Assessment (RCA) has replaced the Clinical Skills Assessment (CSA) component of the MCFD Summative examination. The MCFD Assessment Team has concluded that the Recorded Consultation Assessment (RCA) is the best tool that represents the trainee's day-to-day practice, providing more insight and more adequate assessment of the trainee's consultation skills and the integration of these skills into evidence-based practice.

Trainees who are in their third year STPFM or later, where applicable, may apply to sit for this examination. The examination can be attempted for a maximum of three (3) times. The RCA regulations apply to full-time trainees and to those training flexibly.

The Recorded Consultation Assessment

The RCA aims at assessing the ability of the candidates to show and apply their clinical, communication and practical skills to a level that is appropriate for a Specialist in Family Medicine. The candidates must show they are able to perform independently and safely in the Maltese healthcare system.

This component covers the following core competencies of care:

- A holistic and comprehensive approach
- Community orientation
- Patient-centred care
- Primary care management
- Problem-Solving skills
- Interpersonal skills

Pre-recorded consultations are submitted by the candidate to provide a range of real-life doctor-patient encounters in primary care as evidence of the level of competency along a broad base of the STPFM 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 a differential diagnosis. It involves taking a comprehensive history, carrying out a focused and targeted 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 investigations, prescription and referral appropriately
- Managing emergencies and conditions that require expedited treatment
- Managing risk especially by identifying high risk situations (red flags).
- Encouraging health promotion
- Arranging appropriate follow-up and safety netting.

Unsafe Clinical Management will result in a failure

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

- Attentive listening
- Showing empathy and respect

- Treating the patient as an individual
- Gaining insight into the patient’s experience of the disease
- Providing correct and honest information
- Involving the patient in decision-making
- Practising ethically
- Showing respect for diversity and equality

Marking Scheme

On the basis of the overall performance of 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 empowers 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 the accepted practice 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 consultations are to be submitted. These can be of different types: face-to-face, remote/audio consultations or home visits.

2.Only one case of the remote type and one case as a home visit will be allowed.

3. At least three cases should be in English and another three in Maltese. The rest of the cases can be in either language.

4. Twelve of the thirteen consultations should be no longer than 12 minutes duration.

5. One of the thirteen consultations may be up to 15 minutes long. It is recommended that this video is used for the mandatory Mental Health case (See Mandatory cases section.) However, this longer case can be used for any case that allows the demonstration of the candidate's ability in dealing with more complex cases or the ability in establishing a closer rapport with the patient that is necessary for that particular consultation like using the consultation as a therapeutic means.

6. The consultations should be true patient encounters. It is strongly prohibited to present staged encounters. At the discretion of the Assessment Team, videos found to be staged can be marked as Fail, and the candidate may be given an overall Fail for the RCA component. Real life consultations are never perfectly scripted for examination purposes, allowance is given for this but not for staging.

7. For better assessment of the data-gathering component of the consultation and to avoid issues of staging, it is advised to present new patient encounters as opposed to follow-up encounters. For the mandatory case Chronic Condition, it is advised to present encounters of patients who present with a chronic condition but are being seen by the candidate for the first time. Videos should NOT be re-recorded.

8. Consent should be obtained before and after each consultation verbally and/or written. If consent is taken verbally, this should be clearly seen or heard on the video. The time taken for the verbal consent will not be considered part of the consultation duration. Consent should not last more than a minute.

9. Videos should be continuous without any video editing. If a video shows evidence of stops or editing, this will not be assessed by the examiners and will lead to failure of the case.

10. Videos have to be of sufficient quality with good audio to allow accurate assessment. Poor quality videos may not be assessed, and the video is marked as Fail.

11. The camera should be positioned in a way that both the whole person of the doctor and patient/s are clearly visible to assess the interaction accurately.

12. At least one case should show the examination of the patient being done. The rest of the consultations may have the examination hidden. 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. A chaperone should be present during the examination of intimate areas of the body.Time taken for the candidate to get a chaperone will be deducted from the time of the consultation as long as this is within a reasonable time frame.(i.e. less than 2 minutes).

14. Some consultations are mandatory (see section on mandatory cases). The rest of the cases should be different from each other to cover as much of the curriculum as possible. It will also allow the examiners to observe the different competencies that a Family Doctor should have.

15. Level of complexity should be appropriate (please refer to the section titled Level of Complexity of the Consultations).

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 marked with three tags. Spreadsheet should be filled in as explained and shown below.

18. Consultations in which the examination is purposely done for the case showing the examination process, should have the tag "Examination" as one of the three required tags.

19. Any videos chosen to be used for the RCA should not be videos which have been used for other parts of the Formative assessment, i.e., as a COT (Consultation Observation Tool). Videos used in previous exam sessions should not be re- submitted.

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 secure online platform to which each candidate will be given access to.

21. Any breach of the above conditions may result in either the candidate failing that video or failing the whole exam.

22. Each video will be reviewed by at least two examiners independently of each other. The candidate is marked on the three domains of the consultation namely: Data-gathering, Clinical Management, and Interpersonal skills, and then given a global overall mark.

23. Examiners will be strictly instructed to stop assessing videos after the 12th or 15th minute as indicated in the spreadsheet.

24. A candidate will be deemed to have passed the RCA component of the exam if a Pass or better is obtained in at least nine consultations.

25. The videos submitted by the candidate as part of the RCA component should not be discussed with third parties or reviewed by other colleagues, with exception of the candidate's trainer, prior to submission.

Mandatory Case Selection Criteria for the RCA

All candidates are required to submit consultations listed in the below 'Mandatory' group. A spreadsheet with a list of tagged consultations and information should also be uploaded on the online platform provided. The following tags are the "Mandatory" consultations:

1. Paediatric case – a case involving a child aged 16 years or younger.

2. Women's health – a case that involves obstetric or gynaecology care, and breast conditions. It may also involve reproductive health care which may include areas of sexual health, such as contraception and sexually transmitted infections.

3. Chronic disease – 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.

4. Mental Health case – a case where a mental health condition is diagnosed or managed, e.g. anxiety, depression, review of psychiatric medication, a relapse of a psychiatric condition, management of drug abuse etc.

5. Examination case- A case which shows the candidate examining the patient.

Cases 6-13. The choice of these cases should be sufficiently broad to demonstrate competencies across the STPFM Curriculum. The main focus of each case should be within a different clinical area of the Curriculum. Positive regard is 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 are reviewed to ensure compliance to the above.

Level of Complexity of the Consultations

Trainees in their third year of training should have achieved a level of competence and confidence in managing patients safely and independently. The core competencies listed above can only be shown to have been achieved by presenting cases that are sufficiently complex and spread across the curriculum to enable the demonstration of a sufficient number and complexity of skills.

Feedback which the assessment team often receives from examiners is that some candidates present very simple cases. Such cases are very superficial in nature to the extent that the candidate cannot demonstrate sufficient skill range and quality. Examiners are instructed during examiner training sessions to give a mark and flag such cases to the Assessment Team. This is because they are inadequate to determine whether the candidate is at a minimally competent level.

While it may be difficult to define what constitutes a challenging or complex case, several factors affect the level of difficulty of a consultation including:

- type of patient
- presenting complaint/s
- diagnosis/es
- management plan
- opportunistic health prevention
- social/transcultural issues

Type of patient

All patients are different from each other. Patient characteristics e.g. disabilities; make a consultation harder. E.g. a patient with hearing impairment, a child with hyperactivity or with autism spectrum disorder. Very often doctors meet foreigners who have difficulty in expressing themselves well in English, or their accent may make it harder for them to be understood. Some patients find it difficult to express themselves well, or wander from one symptom to another without any logic. Others may be very talkative and want to tell the doctor the whole story from the very origins many years back or repeat themselves frequently. Others may be angry or frustrated, very emotional or distressed. The presence of other accompanying persons may also provide a challenge. All this increases the level of difficulty.

Presenting complaint/s

Patients present with a multitude of complaints very often not related to each other. Some patients may present with vague symptoms which are difficult to interpret. Chronic presentations and chronic pain may also be difficult to deal with.

Emergency situations offer their challenges as well. The doctor has to be aware of the level of urgency and act accordingly. She/he needs to keep calm and take control of the situation. They have to show confidence in what they are doing in the interest of the patient.

Diagnosis/es

Certain conditions are more difficult to diagnose. Very often there is a level of uncertainty, which the doctor has to deal with. Systemic conditions or conditions with multiple effects on the body are more challenging. Auto-immune conditions, rheumatological diseases, metastatic cancer are examples of such conditions.

Mental health conditions are more challenging. These conditions are becoming more frequent in all age groups of patients. For this reason,the Assessment Team has decided that one of the mandatory cases should tackle mental health issues. These consultations are often emotionally charged making communication with these patients harder. The use of illicit substances, diagnosis of dementia or dealing with a patient with dementia is also challenging.

Many patients have multiple morbidity. Often patients present with an acute presentation but have a past history of other chronic diseases, leading to multiple issues that have to be tackled. The patient may present with a minor complaint, but the doctor finds that another condition is more

serious and needs urgent attention. E.g. a patient presents with a common cold, but his blood pressure is very high, or a diabetic patient has a minor laceration and poorly controlled diabetes.

Management Plan

The management is a fundamental part of any consultation. Negotiating a mutually agreeable management plan is a challenge.

The management should start with a description or summarization of the patient's findings together with a brief explanation of what is the most likely diagnosis or differential diagnoses. This should be done at an appropriate level of detail which the patient can understand avoiding the use of any medical jargon. Treatment is then offered starting from non-pharmacological or self-help treatments followed by any medications. Appropriate treatment options available according to established guidelines, together with the contraindications, risks/benefit ratio and possible drug interactions should be kept in mind. The doctor will guide the patient to choose the most appropriate management option.

During the management the doctor may need to challenge the patient's health beliefs or preconceived ideas. It will be very skilful to link the patient's narrative within the options being offered. An excellent example of this is a patient requesting an antibiotic for a viral infection. The doctor has to sensitively explain the issue to the patient and refrain from prescribing unnecessarily.

The breaking of bad news is a very sensitive issue. e.g. a cancer diagnosis or diagnosing a chronic medical condition such as diabetes increases the level of complexity.

Appropriate referral for further investigations or for specialist input, is arranged at this stage of the consultation, together with any administrative issues. Any follow-up is discussed, and safety netting done appropriately.

Opportunistic health promotion

Many health conditions arise or are aggravated by a poor lifestyle. Often during the management, the doctor has to offer life-style modification advice through motivational interviewing. This is crucial for the effectiveness of any treatment offered. Smoking cessation advice and weight management are clear examples.

During some consultations the doctor offers opportunistic health advice which may or may not be related to the presenting complaint. e.g. vaccination advice for influenza or pneumococcal disease; advice regarding appropriate screening for cancer (smear testing, mammography, colon cancer screening); advice regarding the use of contraceptive measures where appropriate; HPV vaccination etc.

Social and Transcultural issues

The situations which the patients live in have a great impact on their health and on the management options available. Poverty, homelessness, overcrowding are some examples. Diagnosing an infective disease in a patient who lives in an overcrowded condition has a considerable public health effect. Malnutrition may be the result of a low-income status. Income status will limit the doctor's treatment options. It is of no use prescribing a very good drug, according to the latest guidelines, to a patient who cannot afford to buy it.

Situations of domestic violence, alcoholism, drug addiction have a great impact on the health of the person and are more challenging to manage. Tapping into services offered by other professionals and coordinating care becomes a major role of the general practitioner here.

According to the latest Census one in five people living in Malta is of foreign origin. Add to this the thousands of tourists who visit Malta every year. This offers great challenges on different fronts. Language barrier which obviously makes consultations more challenging. The presentation of common diseases may vary, for example the presentation of a rash in dark skinned persons. Managing diseases which are not common in Malta such as Malaria or Tuberculosis. There are also transcultural issues which have to be considered with the utmost respect.

This is not an exhaustive list of factors which affect the complexity of practice consultations but is intended to give a better understanding of what is expected of a family doctor. Consultations by the candidates should reflect some of these aspects. Candidates are strongly encouraged to choose cases of adequate complexity so as to be able to show their mastery of the core competences discussed above. In the past, few candidates have presented consultations which although done well with nothing to fault in them, were not adequate. Some examples of such cases are: review of an X-ray with fracture where the patient was referred for plaster, a patient presenting with dry eyes and prescribed lubricating eye drops, simple upper respiratory tract infections without any complications. Examiners are being instructed to flag these cases to the Assessment Team, who will then decide the final mark. This will ensure that family practice in Malta will remain at the highest standard and earn its well-deserved due respect from other specialties.

Tagging

Candidates should tag Mandatory Cases as below. Tags are words which summarise the essence of the consultation. They should be inserted in the spreadsheet provided.

Each spreadsheet should have the following mandatory tags:

- Paediatrics
- Women's health
- Chronic disease
- Psychiatry
- Examination

Tags will depend on the consultation, for example:

- Tags related to the system involved: cardiovascular, respiratory, gastrointestinal tract
- Tags related to the consultation type: emergency, management of chronic condition
- Tags related to the patient: paediatrics, geriatrics, transcultural, disability issues, diversity
- Tags related to complexity issues: multiple morbidity, polypharmacy, health prevention

Tags are essential in mapping the cases to the STPFM Curriculum. Diversity in the choice of the cases should result in as many different tags as possible.

.3	Video 6	Title	Atrial Fibrillation				
.4	Tags	Cardiovascular	Assessing risk factors	Starting NOACs	Length: S	examination: Y	

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.

The following can be taken as a guide as to when a candidate would risk outright failure beyond the performance in individual cases.:

● Failure to fill in the requested spreadsheets with the information pertaining to the consultations.

● Consent is of utmost importance and failure to obtain consent will constitute a breach of privacy.

● Mislabelling of videos for mandatory cases – will be considered as a case omission, unless the criterion is found to be satisfied elsewhere within the submission.

● Failure of submitting one of the five mandatory cases.

● Evidence of editing or stopping of camera while recording.

● Poor visual or audio of recordings – examiners will give their mark on what they can understand. Videos with very poor quality where examiners find it difficult to decipher will result in failing. Therefore, it is important that the audio visual set up is appropriate. Not all consultation rooms are suitable for recording. It is advisable to use special microphones if the audio remains poor.

● Clear evidence of staging of the consultation.

● Case submitted breaches the rules on intimate examination.

● 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 which 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 – please refer to previous sections for an explanation of what constitutes an appropriately complex case.

● Cases not uploaded by the stipulated date. In this case the global mark would be Fail.

Any breach of the above will result in the whole submission to be declined, and re-application is advised. No refund of fee will be given.