Preparation for the MRCGP Examinations

These are my personal thoughts regarding preparation for RCA/CSA and AKT exams. They are based on my experiences and discussions with other TPDs and trainers over many years as to what actually works and makes a difference.
Obviously RCA examination is a new examination but the principles of good consulting skills still apply, even more so with real life consultations.

RCA preparation:

Consultation Process:
The consultation is basically a three phase process:
1) Gathering sufficient information, mainly from history, but a little from examination and investigations (but usually the action plan is derived from the history)
2) Using the information to formulate an action plan which should also include input from the patient (ideas, concerns and expectations)
3) Agreeing on the next steps, including i) safety netting should things either not improve or get worse ii) arranging any follow up
Each stage will have a number of steps which could be added or omitted dependent on the flow of the consultation.

Avoid Over-construction:
Like riding a bike or driving a car, if you have to think too much about it, you have not practised enough and you will crash.
Some courses want the consultation to have a complicated structure, with set timings for each phase. How can you do this and pay attention to the patient and their story? It does not work and it looks very artificial.
A good consultation should look be smooth and flowing like a good dance with the doctor "dancing with" or "leading" the patient, guiding and nudging the consultation along.
Too often the doctor is concerned about getting all the steps of the consultation right, which makes the overall dance rigid and jerky, trying to fit the consultation into a formulaic construct, or jerking about with random questions which don't flow easily. Other dysfunctional consultations may have the either the doctor dominating and dragging, pulling and pushing the patient about or the opposite with the patient dominating and the doctor not actively participating.

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"The doctor should be swimming alongside the patient in the consultation and not flapping about like two fish out of water! " (Dr Eileen Gunstone GP and CSA Examiner).

Realising and releasing the challenges of any consultation:
Every consultation will have disclosed or hidden challenges. These challenges need to be identified and explored during the consultation to the satisfaction of the patient and doctor. Failure to identify the challenges is obvious during any recorded consultation. These challenges need to be explored through ideas, concerns and expectations but also through the management planning aspects of the consultation.

Using the right tool to unlock the consultation:

All too often the doctor will use a clinical approach, using structured consultation structures and clinical guidelines to develop and unlock the consultation. This may be very appropriate in straightforward consultations but often GP consultations can be more complex and issues can be hidden from first view.

"Like trying to catch a runaway stage coach, you have to ride alongside it first before controlling the runaway patient!" (Dr Bernard Shevlin GP).

Revision and preparation:

A doctor needs to be able to move the consultation through the 3 stages smoothly, from

1) Collecting information
2) Making use of that information to develop a shared management plan
3) Finally arranging follow up and safety netting.

Each phase will have a number of different steps that can be included or omitted according to the flow of the consultation.

The best way of perfecting this "dance" is by practising it many times with different patients, with different challenges. Sometimes it's a fast dance whilst sometimes it may be a gentle, slower dance.

When seeing patients it can be hard to always try and get all the "steps" into the consultation, but it is always better to produce a smooth consultation even if some steps are omitted.

When practicing, consider focussing on a different aspect before trying to bring it all together; for instance one week look at introductions or sharing management, whilst another week focus explaining the diagnosis or safety netting etc…

Getting live feedback or feedback on recorded consultations is a really useful means of improving consultation skills. Often recording consultations will exaggerate pauses, gaps, stutters or repetitive phrases. Sometimes doctors will realise that phrases like "okay" or "I see" if continuously repeated, can close down conversation but if used less often can show empathy and understanding encouraging dialogue.

The secret of consultation success is:

1) practice and improve consultation styles by seeing real patients,
2) seeking feedback from different sources (not just your trainer or cluster group)
3) responding positively to this feedback.

Case selection:

Selecting the right cases to submit to the RCA is crucial. Obviously the RCGP have recently defined some of the consultation types that they need to see to widen the range of clinical consultations.

Recording consultations will inevitably take more time than the ten minutes of recording time. It's best not to consult under additional time pressure so allow additional time.

IMPORTANT:
The final selection of the 13 cases for submission must be undertaken solely by the trainee and NOT the trainer.

It is important that the trainee is responsible for selecting what consultations they are going to submit to the RCGP for assessment. The role of the Educational Supervisor is to give feedback on the consultations and how they could be improved.

With remote consultations, it is not always possible to show an examination. Instead any examination and the rationale for the examination should be explained to the patient.

It is unlikely or even desirable that any trainee will be able to submit 13 perfect consultations but the consultations should show the range of skills that the trainee has developed. This is best done by having consultations which are challenging and not too straight-forward or simple.

One technique that has been used by trainees is to use the CSA feedback grid flipped so that it now shows positive outcomes and scoring their consultations against these attributes. The submitted 13 consultations should cover the full range of attributes. (See appendix 1). These attributes can also be useful for the ES or trainer to look at what aspects have been included in individual consultations but then by the trainee to help select the final 13 consultations.

Mandatory Case Selection has been stipulated by the RCGP. The idea behind this is to ensure that there is adequate variety and challenge to the cases when submitted. Please check the mandatory requirements from the RCGP website as the requirements will change.

AKT preparation:

Developing an enquiring mind:
The AKT is an examination of applied knowledge. There needs to be good background knowledge of clinical medicine but equally important is the application of that knowledge into a primary care setting.
Statistics and Practice Administration are other important aspects of the AKT. Appropriate resources need to be found which may include on-line resources plus exploration of the GMS contract, discussions with practice manager/senior partner etc…

One good way of preparation for AKT is to reflect on the patients that you are seeing every day in practice, identify PUNs and DENs ie Patient's Unmet Needs and Doctor's Educational Needs. This should start at an early stage, even in ST1 to develop an analytical enquiring mind that's interested in patients as people and not solely focussed on their diseases.

The PUNs helps the doctor to see issues from the patient's perspective and will identify the challenge of the consultation. This helps the doctor prepare for questions in the AKT concerning the most "appropriate" action or determining which diagnosis is either "more likely" or "more significant". It can be hard for a trainee with hospital experience to see the situation from a community perspective. What might appear common in hospital is not always that common in the community. In addition, what matters to the clinician in hospital is not always what matters most to the patient. Applied knowledge is applied to the primary care environment where the patient is living.

Practice Papers and Learning Needs

Practice papers and MCQs are not a good way to learn by themselves (ie answering 90 questions teaches you 90 facts), but they are a good way to identify areas of weakness and learning needs. It is important that the trainee follows up these learning needs and actually learns the relevant aspects to plug the gap.

Without the additional learning, practicing questions is not effective learning or even revision method.

Appendix 2 lists Top Ten Tips for Examination Revision Strategy, which applies to all written examinations but has been adapted for General Practice.

I hope you find this personal view helpful. There is no certain way to get through examinations except by developing the knowledge, skills and capabilities to be a GP, but all examinations need planning, hard work and practice. Seek advice and feedback from people you trust. Don't keep doing the same approach if it has not worked in the past.

Look after yourself,

David

DJL Palmer

Dr David Palmer
Head of School of General Practice in the West Midlands

Appendix 1
RCA Consultation and Selection Grid

Consultation Format

0 mins: Introduction and consent
Starts: Information gathering and putting that into context including patient thoughts and concerns

6 mins: Discussion of likely diagnoses

8 mins: Safety netting and follow up

10 mins: wrapping up consultation if possible, don't panic if not and over-run slightly

Positive CSA attributes:

These can be useful when giving constructive feedback on RCA cases

Global

1. Organised and clear structure to consultation
2. Recognition of the issues or priorities in the consultation (eg. the patient's problem, ethical dilemma etc).
3. Shows good time management.

Data Gathering

4. Identification of any abnormal findings or results or recognises their implications
5. Undertakes physical examination competently, or use instruments proficiently. *(For remote consultations, a careful explanation as to why an examination is needed and what to expect will suffice for the RCA.)*

Clinical management

6. Makes the correct working diagnosis or identifies an appropriate range of differential possibilities.
7. Develops a management plan (including prescribing and referral) reflecting knowledge of current best practice.
8. Makes adequate arrangements for follow-up and safety netting.
9. Demonstrates an awareness of management of risk or make the patient aware of relative risks of different options.
10. Promotes good health at opportune times in the consultation.

Interpersonal skills

11. Appears to develop rapport or show sensitivity for the patient's feelings.
12. Actively identifies or explores information about patient's agenda, health beliefs & preferences in order to develop a shared understanding.
13. Makes good use of verbal & non-verbal cues. Positive active listening skills.
14. Identifies or use appropriate psychological or social information to place the problem in context
15. Able to develop a shared management plan, demonstrating an ability to work in partnership with the patient.
16. Uses language and/or explanations that are relevant and understandable to the patient.

Grid to Aid Feedback and Selection of Cases for RCA

	Case No	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Case Description																
1	Clear structure																
2	Awareness of Issues																
3	Time management																
4	Recognition of abnormalities																
5	Competent exam or explanation																
6	Working diagnosis																
7	Management plan																
8	Safety netting and follow up																
9	Sharing risks																
10	Health promotion																
11	Rapport and sensitivity																
12	Explores ICE, develops shared understanding																
13	Active listening																
14	Problem in Context																
15	Shared management																
16	Appropriate language																

*Cases for Submission should be selected by the Candidate (**NOT the trainer**) but this aid may help with selection of Consultations*

Appendix 2

Top Ten Tips for planning your examination revision strategy to maximise your chance of success

1. **Make a plan well in advance**, at least 6 months prior to taking the examination. You need to set yourself realistic goals regarding the topics you are going to learn about each week.

2. **Discuss this plan with your educational supervisor and ask for their guidance**. If they do not feel able to advise then seek further help TPD or Area Director. If a plan has not worked before then it is best to get advice and re-think your strategy.

3. **Ensure that you use a wide range of resources for your revision** and do not just do multiple choice questions. These will not give you the breadth of knowledge required. Have at least one key reference book (electronic or paper).
   In your clinical work, take every opportunity to look up guidelines e.g. NICE/SIGN/DVLA. If you are too busy at the time, then make a note of the conditions and look them up at the end of the day.

4. **Decide what the most helpful way is for you retaining key information**. Examples are a) some people find highlighting things in texts, helpful b) others make their own written notes, bullet points or mind-maps.
   Others find that they learn better by making a recording of key messages which can be listened to on a long commute for example. Make the most of your time in the day. Consider using a mixture of learning styles to get the most from your learning and make the most of your time.

5. **Read all college guidance on the examination and use their revision material**. There is a lot of information and guidance available from RCGP and other sources. It is really sensible to understand the examination, check any reputable materials than paying to re-sit an examination when not ready.

   There are many courses available for both AKT and RCA/CSA which have been shown to have limited impact on outcomes. Any intervention has to come from you by learning and applying knowledge and improving consultation skills. There are no secret formulas or methods to pass the exams despite what the organisers might say apart from developing the skills and knowledge to be a good GP. This does take hard work and appropriate studying. Do not think that going on yet another course will get you through an exam. The most any course will do is to help you understand how the examination works (which is in the public domain) and perhaps show you better ways of revising and answering questions.

6. **You need to look after your wellbeing whilst revising and plan in other activities.** Ensure that you are not doing nights or long days prior to the examination and take leave if necessary. Taking these simple steps and being fresh and alert can account for an extra five to ten percent of marks.

7. **Read the question at least twice** and work out your answer before looking at the options given. Too often you are attracted to the wrong answer by a familiar phrase. Work out what the question is asking and what you answer would be first (cover test).

8. **Do not go back and alter your answers** unless you are certain you have made an obvious mistake. The vast majority of people change answers in an adverse way. If you have finished early check you have answered all questions. If you are unsure about your answers, then your first impression was probably correct, don't keep changing your answers.

9. **If you do not pass then analyse why**.
   Possibilities include
   - You did not do enough revision
   - You relied on a course to get you through
   - Topics on which you are the weakest came up
   - You did not complete the questions for some reason
   - You struggle with written examinations

   Never put in for the next sitting without thinking why you failed. Before trainees realise they have had several attempts and are on their last one. This is a recipe for disaster as it is too high pressured a situation. Putting in for examinations in rapid succession usually results in failure and it is best to have a gap before retaking.
   Ensure discussion with your educational supervisor. If the lack of any examination is going to impede your training progress, then trainees should discuss this matter with their Training Programme Directors and Area Directors. It is much better that you have a discussion about an extension of normal training time than trying to sit an examination before you are not ready for it.

   A small number of trainees will need to be tested for dyslexia. This could apply even if you have another higher degree. Individuals use a number of coping strategies throughout school and university and it is only when sitting postgraduate medical exams that sometimes dyslexia is revealed. Sometimes this can just be a dyslexia problem which is apparent only when using computer screens. Other trainees are aware of their dyslexia but are reluctant to declaring this. Please do declare any learning issues in good time.

10. **Lastly remember to seek advice early if you are struggling with examinations** as they are currently an essential part of postgraduate training and you will not be able to progress in any specialty without them.