



Royal College of  
General Practitioners

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# MRCGP Examination

## Recorded Consultation Assessment

## Frequently Asked Questions (FAQs)

**To be read in conjunction with the RCA Policy Document and Candidate Handbook.**


Last revised 11 December 2020


The College RCA group have been developing these documents to help trainees and the training community with the Recorded Consultation Assessment (RCA). They continue in development and should not be considered as the final versions, rather as the latest.

The RCA is the replacement examination for the CSA while the period of COVID-19-related disruption continues. The RCGP is currently considering the future of the examination to ensure that after the interim measures end the consultation assessment is delivered in a sustainable way that best reflects current general practice. Only one examination format will be available at any one time.



## Eligibility and administrative

1. **FAQ removed 11 December 2020.**
  2. **FAQ removed 11 December 2020.**
  3. **Does this attempt account as one of my exams attempts?** Under the current arrangement agreed by the GMC this is a temporary assessment available in extraordinary circumstances. RCA attempts undertaken before 30 September 2020 do not count as one of your four permitted attempts at CSA. RCA attempts after 30 September 2020 will count as one of your four attempts.
  - 3A. **I have failed the CSA four times am I eligible to sit the RCA? (Amended 29.07.2020.)** You would be eligible to sit the RCA only if you have been granted an exceptional fifth attempt at the CSA / RCA.
  - 3B. **FAQ removed 11 December 2020.**
  4. **If I don't pass the RCA, will my resit be an RCA or a CSA exam?** Your resit will be in the examination format available at the time that you apply to resit.
  5. **FAQ removed 11 December 2020.**
  6. **FAQ removed 11 December 2020.**
  7. **This is a new examination. How do I know that in future employers will treat it as an equivalent qualification to the MRCGP obtained via the CSA?** The assessment has been approved by the GMC as equivalent in standing to the CSA for the purpose of CCT during the current pandemic distancing restrictions and you will be awarded the MRCGP and CCT as will your peers.
  8. **FAQ removed 11 December 2020.**
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9. **FAQ removed 11 December 2020.**

10. **I am an ST2 trainee and prefer to sit the RCA rather than the CSA, in my ST3 next year. Will this still be available to me?** At the current time it is not possible to predict when the MRCGP will revert to the CSA. The exam you will need to take will be the one current at the time you apply.

11. **FAQ removed as only related to July and August 2020 RCA diets.**

12. **I'm currently in a general practice placement in ST2. Am I eligible to take RCA?**  
No, it is currently available only to doctors in ST3 and beyond.


13. **I understand that there is a system for an examiner to record a serious concern, what does this mean?** If the examiner observed a candidate acting in a fashion which would warrant a GMC referral in the workplace, (eg by acting in a way to cause serious distress or danger to the patient / relative or colleague) they would raise this concern for review by the senior examination team. In extreme cases the Examination Board might then advise a referral is made to the candidate's RO.

14. **How can I access the FourteenFish RCA platform for submitting my recordings?**  
All trainees in ST3 have access to 200 minutes of recording on FourteenFish. When you book your RCA assessment via the RCGP and your booking is confirmed, you will receive access to a further 600 minutes of recording time and access to the submission platform and FishBase.

15. **My trainee is a TGPT and not had an opportunity to sit their exams, what do we do?** A TGPT trainees will now have the opportunity to sit both AKT and RCA/CSA. The conversation with the Educational Supervisor regarding readiness to sit your exam is now even more important, given the COVID-19 related disruption to your training.

**Please note** that all trainees (which includes TGPT, LTFT, those on maternity leave) who were in training between 18 March 2020 and 1 September 2020 and whose ability to study for and take the exam was therefore affected by the suspension of exams and teaching activity will now have the currency of their AKT/RCA assessment extended from 7 years to 7 years and 6 months.

16. **FAQ removed 11 December 2020.**



**16A. If I fail the RCA, how soon will I be able to resit the exam?** Before you consider resitting the exam you should discuss the feedback you have received with your Educational / Clinical Supervisor and where appropriate a TPD. During this discussion you should consider the [guidance on how to interpret the feedback, available on the RCGP website](#). It is unlikely that you would be in a position to develop your skills further in a short timeframe, so you are strongly advised to consider delaying any application to resit.

**16B. I have a “keep in touch day” in ST2 in my GP practice. Can I start recording consultations to submit for assessment in the RCA?**

No. As with the CSA, the RCA is limited to Doctors in ST3, or above, and recordings should only be made once you have started your ST3 year. It is also advisable to discuss your preparedness for assessment with your Educational Supervisor or TPD.

## The cases

**17. How do I get a range of cases?**

During the COVID-19 pandemic most patients are being signposted to initial contact with a doctor. Your Clinical or Educational Supervisor and wider team, if aware of the type of cases you require, can be asked to divert this range of possible patients to you. We would suggest you record continuously to capture suitable material. See “guidance on types of cases” in the Candidate Handbook.

**18. What do I do if my consultation is longer than 10 minutes?**

The examiner will watch and assess the first 10 minutes of your consultation (the ten minutes starting from after consent and identification if this was confirmed on camera); anything beyond this time will not be assessed. This may mean an area of consultation such as safety netting is not then viewed, so we would encourage the majority of consultations submitted to be around 10 minutes.

**19. How do I demonstrate examination of patients?**

Many consultations are being performed remotely. Consultations where a subsequent examination is necessary to confirm or refute a diagnosis should include an explanation of why an examination is necessary, the examination to be performed and the function of that examination. This explanation will be [considered by the assessor](#).



**20. Why do I need to submit 13 cases?**

This is the same number as cases assessed in the CSA which this exam is replacing. This allows you to cover a range of areas and differing types of cases. It is also the minimum number felt required to make an accurate and reliable assessment to delineate passing candidates.

**21. How do I choose which cases to submit?**

There is clear guidance in the RCA candidate handbook to enable you to choose a range of cases to best demonstrate that you possess the appropriate General Practice skill set across a range of clinical topics and levels of difficulty.

**22. Some of my consultations are not in English. Can I include these with a**

**transcription?** No. The assessment has to be in English. We would suggest you do not utilise consultations requiring interpretation as inevitably these will take longer to conduct than the assessed 10-minute limit. You may need to plan to ensure you can consult in English do discuss this with your Educational Supervisor or TPD early. The only exception to the guidance relates to consultations to the Welsh language as outlined in the RCA policy and guidance.

**23. Is it acceptable to include consultations with more than one person present at**


**the same time?** Yes. You may use a consultation with more than one person present although its content should only relate to one of the people present. You may consider that this is a more complex presentation/consultation and record it as such in your workbook.

**24. My recording has failed part way through a consultation. I have recorded 8**

**minutes. Will the examiners take this into account if I tell them what happened in the last two minutes?** The examiners can only make an assessment on what they see and hear in your submitted recording and not on your account of what happened after that time. If you believe the 8 minutes adequately demonstrated your skills, you may choose to submit this consultation, but it will be treated the same as any other.

**25. My consultations are always less than 10 minutes. Is it acceptable for me to**

**submit these cases?** An assessment will be made on the recordings you choose to submit to demonstrate your consulting which may be any length up to 10





minutes.

**26. A lot of my consultations are telephone triage. Can I submit these?**


No, as they do not generally involve you utilising the range of skills needed to pass the RCA unless the triage becomes a full consultation. Many consultations are being undertaken during the COVID-19 pandemic remotely by video or telephone as well as a minority being conducted face to face. Any of these would be acceptable.


**27. I have previously recorded a lot of consultations, some of which I've used as COTs with my supervisor. Can I submit these?** You may upload a previously recorded consultation but not if it has been previously marked as a COT and therefore already been used as evidence of a capability toward licensing in your WPBA. You can only submit previously recorded consultations if storage and submission on the FourteenFish platform will mean that they will comply with local GDPR arrangements and the previously agreed consent given by the patient. All recordings submitted for the RCA will be deleted on the date that the exam results are published. Recordings that are uploaded but not submitted will be deleted after 26 weeks (182 days). If the consent that you have obtained from the patient will have expired by that time, then you cannot upload the consultation. No recording may be submitted if previously assessed for the RCA.

**28. Some of my consultations are follow-up consultations, and don't contain a lot of history taking or explanation as I have already done these with the patient. Will these still be suitable for the exam?** You might discuss a specific case which involves follow up with your supervisor, but you should consider if it really is a good representation of all areas of consultation skills that the RCA is looking to assess before submitting it. See 'Candidate Handbook' for more information.

**29. I've read that I need to submit a paediatric consultation. Does this have to involve speaking directly to the child?** As in the current CSA the cases you submit may involve a third party such as a parent contacting you on behalf of the child but including a consultation directly with a child even via video may enable you to demonstrate your adaptable communication and consultation skills more clearly.

**30. Other healthcare professionals conduct consultations in my practice and then ask me for advice about them. Can I submit a proxy consultation, demonstrating that**





**I have taken history through the nurse or paramedic and given management advice?** If you feel this scenario still enables you to take an adequate history from the third party and demonstrate sharing management options to fulfil the requirements of the criteria being considered, then you may choose to include one of these consultations.

**31. Can I submit a consultation that is undertaken as part of a home visit? How will I record it if I'm not talking to the patient through my smartphone or the practice telephone?** The submission could be a home visit if you feel you could record it securely and within the 10-minute time frame.


**32. The consultation was interrupted and therefore went on for longer than 10 minutes. However, the middle part of the consultation included three minutes where there was no interaction between myself and the patient. Can the examiner discount these, and continue watching until the end of the consultation?** No. The assessment will be carried out on the first ten minutes of the consultation submitted and the recording must be continuous, so you may choose not to submit such a consultation.


**33. My Wi-Fi dropped during one of the consultations I wanted to submit, and the sound is not so clear. Is it ok for me still to submit this consultation?** It is your responsibility to ensure that the quality of recordings you choose to submit is good enough in sound and picture for an assessment to be made by the viewer.

**34. Many of my patients do not have access to a mobile phone - how will the system work?** If you are recording via the FourteenFish RCA Platform - the system will call the patients landline instead of a mobile. It will record the audio from the patient and the video from the doctor consulting.

**35. How many recordings can I upload to the RCA Platform?**

Once you are eligible to sit the RCA in ST3 you will be granted 200 minutes of recording on FourteenFish to practice recording. When you apply for the RCA you will have access to directly record a further 600 minutes of consulting. All recordings will be visible in a table from which you can select the 13 cases you wish to submit. On submission all recordings will no longer be accessible to you. To minimise risk of uploading the wrong consults you may choose to delete unsuitable consultations as you proceed rather than have too many stored to select from.





**36. I understand I will submit direct from the FourteenFish RCA Platform- what if I change my mind about which cases I wish to be assessed?** This is an examination, and you should consider your submission to be final and irreversible. The system will check with you before you complete your electronic submission.

**36A. There are two patients in my consultation- do I need to consent them both and will the IT platform allow me to do this?**

If the second person is a child of the first than parental consent would be enough. If you are recording directly onto the RCA Platform consent will be obtained from the person taking the call. You would be expected to consent the second verbally at the start of the consultation.

If you are recording on a different medium to upload to the RCA platform you would consent the patient or patients in the usual way. You will be expected to store those consent forms securely in case called upon to prove consent was obtained. You may utilise the RCA Consent form which is included in the [Guidance on Consent](#).

**36B. I know the assessment is on the first 10 minutes of a consultation but technically, for how long can I continue to record a consultation?**


If a consultation is longer than 15 minutes you may choose to stop recording as only the first 10 minutes will be assessed. Consultations that run for much longer than this are unlikely to be suitable material for submission. Technically there is no limit to the length you can record for.

**36C. Almost all my consultations at the moment relate to patients with, or worried about having COVID-19. I will have difficulty submitting the breadth of cases you suggest. Will this matter?**


You should discuss with your Clinical or Educational Supervisor or TPD how you might vary your exposure to different patients to enable you to fulfil the guidance to submit a breadth of general practice scenarios. The practice may be able to ensure that you see a varied caseload.

**36D. Clinical Management of all patients at the moment is different due to the COVID-19 pandemic. Will this matter?**

The examiners are trained in considering this in their assessments. Basic principles of safe patient management remain the same. There may be local variation in resources available, and pathways of care may be very different from just a few







months ago, but you are likely to discuss this with the patient, and make a plan for a step wise approach as usual taking this into account.

**36E. All my consultations are currently conducted by telephone. Will this matter?**

You may submit audio or visual or face to face consultations in any combination. You may wish to discuss with your Clinical or Educational Supervisor or TPD how to facilitate mechanisms for you to have the option of video consulting. This will also be available directly via the RCA FourteenFish Platform.

**36F. I am shielding, and my Clinical/Educational Supervisor is unsure how they can verify my identity?**

Your CS and ES will be able to access your recordings (both audio and visual) on the RCA FourteenFish Platform to verify your identity.


**36G. I usually consult at 12 minutes in my practice- why is the RCA assessing 10 minutes of consulting?**


The RCA is replacing the CSA which also assess consultation skills over 10 minutes. You will be able to read the notes in advance of your consultation, you will not need to write up your consultation nor deal with any administrative issues within it and you may print your prescription afterwards. In the current COVID-19 many consults are being done remotely and are often somewhat shorter than usual. Previous research on the use of 10 minutes consulting in the Video Assessment of the MRCGP was published and supported this approach.

The 10 minutes is not to say all your consulting will be of this length but that you would choose your most suitable consultations for assessment which meet this criteria.

**36H. In my video consultation the patient removed their shirt for examination of the back of the chest before I had time to cover the camera. Can I still submit this consultation to the RCA for assessment?**


Examinations requiring removal of any clothing for patients of any age should ideally be performed off camera to preserve the dignity of the patient. The camera should continue recording during such examination, so any dialogue can still be assessed. The consultation you describe may not be suitable to submit for the RCA if it revealed the skin within what would constitute the “swimsuit” area that is then visible on the recording. This may be considered a breach in [mandatory guidance on clinical examination](#).






If a patient attended wearing shorts and you needed to examine their knee this would be deemed appropriate. As would, for example taking a temperature, or examining a patient's ears or cranial nerves.

## Other questions

- 37. What should I do if a patient withdraws consent to their consultation being used in the RCA after I've made my submission?** Consent, if recording via the FourteenFish RCA Platform will be automatically obtained from the patient at the start and then end of the consultation. If this is not forthcoming the recording will not be stored. This theoretical event should be very rare. If this should happen, you should inform the RCGP immediately who can convey the patients concern to FourteenFish.
- 38. What if I am shielding?**  
Most consultations done within General Practice are currently done by telephone or video. All 13 cases submitted can be of consultations conducted remotely. There is no stipulation that any have to be done face to face. Examinations cannot be performed remotely but, as in day to day general practice during the pandemic, any examination deemed necessary should be described and explained to a patient as part of gaining their consent and to enable the time subsequently spent face to face to be minimised. This explanation will be considered in assessing your consultation.
- 39. I am shielding so working remotely, how do I obtain and record patient consent?**  
Consent should be obtained verbally at the start of your recording and confirmed at the end. The time taken to gain that consent will not count as part of the ten minutes to be assessed. If you utilise Fourteen Fish Platform to record the consultation directly, the patient will be consented automatically by the system at both the start and the end of the automatically.
- 40. What if I have a disability requiring a reasonable adjustment?**  
Please refer to the existing examination regulations and if you believe you have the need for a 'reasonable adjustment' then complete the ['reasonable adjustment' form](#) from the RCGP website or in the ['Candidate Handbook'](#) under Reasonable adjustments.
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**41. Should I wear PPE if I am conducting a face-to-face consultation or home visit?** If you are submitting a face-to-face consultation you should perform the consultation in whatever PPE is currently advised during the pandemic restrictions. However other guidance on face covering as in the [MRCGP CSA Dress Code](#) still stand.

**42. It states my Clinical or Educational Supervisor needs to “sign this off”. What if we disagree?** The choice of cases is yours. The trainer is not being asked to assess the cases presented. They are simply being asked to verify that these are recordings of you consulting with patients and that you understand the guidance on cases to submit.


**43. If I have always received competent or excellent gradings on my COTs from my Educational Supervisor. Does this mean that I'm going to pass the RCA?** Evidence from your WPBA is helpful in establishing your readiness for sitting an assessment but it is measuring different criteria from the RCA/CSA, so it is not a guarantee of performance nor an assessment within your submission for RCA.


**44. Will I be marked down if I have a speech impediment or strong accent?** No. The assessors are well trained to assess all candidates and quality assured to avoid bias. However, if you have a concern that your speech may disadvantage you in some way and that you require an adjustment then please complete a request form. (See exam regulations on reasonable adjustments for disabilities.)

**44A. Will I be marked down if the patient has difficulty expressing their ICE?**  
No. The RCA makes emphasis on value-added, so submitting consultations with less articulate patients could allow you to demonstrate more skills than a similar consultation with a patient with higher health literacy.

**45. What happens to the recordings after they been viewed?**  
Recordings will be inactivated from the Central Platform in line with GMC and GDPR guidelines after the Exam Board has ratified the results and published them. After this time the RCGP examination department will no longer have access to them.

**46. Can I ask for my RCA to be re-marked if I'm not happy with the result?** No. Recordings will not be accessible to the Examination Department of RCGP after results are published and re-marking will not be an option. The only exception to





this would be if a concern of a serious nature was upheld by the Examination Board and referred to a candidates Responsible Officer.

**46A. I am a Less Than Full Time (LTFT) trainee. I have a shorter length of time in which to record my consultations compared to my full-time peers. What can I do about this?** Although consultations should ideally have been recorded within 3 months of the date of the exam, all candidates can submit cases which are up to 182 days old on the date of publication of results specifically to account for this.

The timeframe of examinations has been set in consultation with the training community and AiT representatives, to ensure as many trainees as possible can CCT on time despite the unique circumstances of the COVID-19 pandemic.

**46B. I have booked for the RCA but have only recorded 10 consultations that I think are suitable for submission. Will I get a refund?** If you feel you may have difficulty gathering sufficient recordings, please discuss this with your Clinical / Educational Supervisor and TPD. Once you have booked the RCA a refund will only be considered in exceptional circumstances as outlined in the MRCGP regulations.

**46C. I have received my result for the RCA and would like to ask for more specific feedback on individual cases. How do I do this?**  
Feedback for the RCA is given in general terms to ensure that it relates to consulting skills rather than to feedback on specific non-standardised cases. It therefore gives you some general indication of areas you may wish to focus on developing further with your ES. As recordings are deleted once the results are published, [no additional feedback can be given](#).

### **Disclaimer**

This document is invalid if downloaded, it is anticipated that further updates may revise some items within this document.

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