



Royal College of  
General Practitioners

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# Recorded Consultation Assessment – Candidate Case Guidance

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## Which cases should I submit?

This supplementary guidance is to be used in conjunction with the Guidance in the RCA Candidate Handbook. It is NOT an exclusive list, merely suggestions of possible cases you might consider submitting.

Remember the CSA has a large case bank from which cases are drawn which you might experience in day to day practice.

You can start recording immediately and this may help you plan how to maximise your exposure to appropriate cases.

## The RCA is:

A summative assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice. It is pre-recorded video or audio consultations which provide evidence from a range of encounters in general practice relevant to most parts of the curriculum and also provides an opportunity to target particular aspects of clinical care and expertise.


## It examines your ability in the domains of:


**Data-gathering, Technical and Assessment skills:** [Referred to as DG in the examples below]: Gathering & using data for clinical judgement, choice of examination, investigations & their interpretation. Demonstrating proficiency in performing physical examinations & using diagnostic and therapeutic instruments

**Decision Making and Clinical Management Skills:** [Referred to as CM in the examples below] Recognition & management of common medical conditions in primary care. Demonstrating a structured & flexible approach to decision-making. Demonstrating the ability to deal with multiple complaints and co-morbidity. Demonstrating the ability to promote a positive approach to health

**Interpersonal skills:** [Referred to as IPS in the examples below] Demonstrating the use of recognised communication techniques to gain understanding of the patient's illness experience and develop a shared approach to managing problems. Practising ethically with respect for equality & diversity issues, in line with the accepted codes of professional conduct

Therefore, you should ensure that your submissions demonstrate your capabilities in these domains across a broad range of cases and with a range of patient types and ages.





It will be difficult for you to demonstrate your capabilities if the consultations you chose are too simple. The examiners will expect to see a mix of difficulty and complexity in what is submitted. So, when choosing which consultations to submit it is important that you include a range of problems both in terms of the curriculum and the level of challenge presented.

Challenge and complexity are difficult to define, and the perceived challenge will vary from person to person. The level of challenge perceived also depends upon:

- the difficulty of the problem (possible non-accidental injury vs. common cold)
- the number of problems (one vs. seven)
- communication difficulties (hearing difficulties, garrulous patients, face masks, learning disabilities)
- personality of the patient (engages with the negotiation vs. difficult or aggressive)
- resources available (e.g. access to tests, support, referrals, variable at the moment)

### The overall advice is:


- DO NOT include simplistic consultations where there is little challenge. Remember that even complex patients sometimes consult with simple problems. It is the consultation that needs to be complex, not the patient.
- DO include a good mix of physical and psychological issues, age ranges and genders.
- DO ensure that your submission meets the required mandatory criteria for case selection and does not breach guidance on clinical examination or recording.
- DO plan for consultations to be in English\* as only these can be submitted for assessment; this may require forward planning with your Educational Supervisor.

\*Please note- the exception to this being to the allowance for the legally protected Welsh Language as set out in the RCA policy documentation.

### Sample cases

These cases are provided to help guide trainees and their supervisors prepare for the RCA. They describe degrees of difficulty and complexity that could allow a passing candidate to demonstrate satisfactory skills in the domains of data gathering, clinical management and interpersonal skills.

They are only examples and do not cover the full breadth of the curriculum nor patient groups. They should not be seen as a required list for the RCA. If you are performing well, many scenarios will be suitable.





## Case 1 Curriculum Clinical Topic Guide: Musculoskeletal Health

A 55-year-old active male presents with a painful left hip of 3 weeks duration

To demonstrate your skills, you would need to take a focussed history of the hip pain, including its site and duration, radiation and also rule out more serious underlying causes by asking about other affected joints, systemic upset, weight loss, night sweats, night pain etc. If this is a video consult, you could get the patient to press over the greater trochanter to see if this is the site of maximal pain. You could also get the patient to do a Trendelenburg test on camera or watch them walk across the room.

By doing these things it would then be reasonable to explain your working diagnosis and management, for example conservative management if you are confident that no further testing is required at this stage and to offer appropriate analgesia / NSAIDs / rest / ice / exercise / advice re weight loss.


It might be tempting to take hip pain at face value, assume that it is simply early osteoarthritis and prescribe analgesia/NSAIDs in the short term given the current difficulty in arranging to see patients in the surgery. This would clearly be a missed opportunity to demonstrate your capabilities in the areas described.

## Case 2 Curriculum Clinical Topic Guide: Gynaecology and Breast

A 17-year-old girl with a vaginal discharge present for a week.

To demonstrate your skills, you would need to take a carefully focussed history including current symptoms, sexual history, number of sexual contacts (and when), nature of relationship [is it abusive?]. You would need to do this while also demonstrating a sensitivity given her age and possible understanding/concerns. Contraceptive enquiry/pregnancy enquiry would be essential. A decision would need to be demonstrated re the requirement to undertake swab/blood/urine testing and, if required, how this could be achieved given the COVID-19 restrictions. You would need to discuss possible management options which might include immediate treatment or referral to a sexual health clinic depending upon her responses. Negotiating a mutually acceptable plan with her would demonstrate the IPS competency.

Given current constraints some might expedite this consultation and accept it is a simple discharge without wider enquiry and offer treatment which is likely to cover most eventualities. This would not then necessarily demonstrate good DG, CM nor IPS.





### Case 3 Curriculum Clinical Topic Guide: Mental Health

A 22-year-old student consults with a sore throat but no temperature with no worrying symptoms presented. You find nothing on examination, and if they are easily reassured, this would not be a suitable case to submit. However, if they perhaps seemed unhappy when you reassure them, and you notice this, then it might develop into a suitable case.

To demonstrate your skills, you would need to notice the unhappiness and then sensitively probe the reasons for this, initially using open questions. Depending on what was then shared, you would need to assess how serious this level of unhappiness / anxiety / depression was. Is this a one-off anxiety about a serious condition that requires reassurance; is it a global anxiety that is interfering with their studies and putting their university career at risk; is it a significant depressive illness requiring treatment? Having made a working diagnosis you would need to negotiate with them what was needed to manage their problem which might include - reassurance, counselling, cognitivebehavioural therapy, medication. You might ask them to consider those options rather than decide today. You might refer them to online services or local face to face services.


Given current COVID-19 restrictions some might expedite this consultation and simply refer to the universities counselling services. This would not demonstrate good DG, CM or IPS. Neither would complicating a simple case of mild unhappiness.


### Case 4 Curriculum Clinical Topic Guide: Infectious Disease (Curriculum Life Stages Topic Guide: Children and Young People)

A 15-year-old girl presents with a UTI - new onset urine frequency and dysuria for 3 days. This might appear simple, and if your history reveals nothing else, it would not be a suitable case to submit. If, however, your history reveals, for example, that she has a boyfriend who is 18 and they are sexually active, then it might be a suitable case.

To demonstrate your skills, you would need to sensitively take a history of the infection a sexual history including contraception, and the nature of this relationship (consensual as well as red flags (for UTI) such as back pain, haematuria and fever. Your treatment plan might include treatment for a simple UTI, contraceptive advice and safe sex counselling, as well as consideration of any safeguarding issues This consult is likely to require a mix of open and closed questions in a sensitive empathic manner to be most successful.

If this was a simple UTI consultation on the phone in someone where all the above had already been covered, you could prescribe from your local formulary without any





dilemma. While this might be appropriate, it might not contain sufficient complexity for the RCA.

### **Case 5 Curriculum Clinical Topic Guide: Metabolic problems and endocrinology, Musculoskeletal Health (Curriculum Life Stages Topic Guide: People with Long-term Conditions)**

A 65-year-old female on 10mg of prednisolone for Polymyalgia Rheumatica presents with tiredness and thirst. Her random glucose is 16 mmol/L and HbA<sub>1c</sub> 64 mmol/mol (Steroid induced diabetes mellitus).

This case could prove challenging and includes explaining the new diagnosis and treatment, probably initially with lifestyle changes and metformin. The longer-term management of her polymyalgia needs to be considered perhaps involving rheumatology to consider alternatives to steroids. A chance to impress.


Keeping to 10 minutes will be difficult with two main issues to consider. You may do well on data gathering but have insufficient time for clinical management and explanations losing marks as a result. You may decide this is too complicated or long a case to choose to submit.


### **Case 6 Curriculum Clinical Topic Guide: Cardiovascular Health**

The laboratory has phoned with a troponin result of 18.9 (normal less than 14) on a 74-year-old man. He had a telephone consultation yesterday with the duty doctor when he complained of 4 weeks of episodic central chest pain at rest and on exercise. A paramedic had assessed him and found a normal ECG, BP and pulse. The notes suggest that he declined hospital admission.

This follow up case would allow you to demonstrate skills in several domains. You would need to take a focused chest pain, cardiovascular and lifestyle history, integrating the information already recorded in the medical notes. You would need to explore the patient's understanding of their symptoms and their understanding of the previous doctor's concerns, as well as their reasons for declining hospital admission. You would also be expected to develop a management plan that included your understanding of the significance of the result and incorporated the patient's concerns and balanced risk and benefit for the patient. This might therefore be a good case to demonstrate management of risk particularly as the history is not classical of IHD.

It would be very easy to refer to hospital either acutely as a myocardial infarction without proper explanation of why or involving the patient in that decision. This would





affect the data gathering by not considering alternatives, management regarding use of resources, and not involving the patient in interpersonal skills.

## **Case 7 Curriculum Clinical Topic Guide: Mental Health**

A 39-year-old man is becoming snappy and tearful whilst working from home. He has two small children and his wife is self-isolating. He has never experienced mental health problems before.

This case requires a full mental health history including suicide risk assessment. It might involve exploring, sensitively, the patient's concerns in the context of their current social situation including work, financial issues, and support / lack of support within the relationship. It may require a risk assessment of the children's current environment. Negotiation of treatment options with the patient, both medical and non-medical would be required in the context of the current COVID-19 restrictions. Genuine interest and partnership between doctor and patient could make this a good case to present for assessment.


The candidate whose history does not reveal the current stresses in this man's life would then perhaps struggle to work with him in exploring suitable management options. There is quite a lot to cover in this consultation so if it runs over time you might then choose not to submit it even if you handled the consultation well.


## **Case 8 Curriculum Clinical Topic Guide: Cardiovascular Health**

A 78-year old man complains of swelling of his ankles over the last 6 weeks of lockdown. He was started on Amlodipine 10mg to manage his blood pressure 8 weeks ago

This follow up consultation may allow for demonstration skills in the required assessment domains if managed in a patient centred way. It would be important to be aware of the connection between the new medication and the patient's symptoms. An exploration of the patient's understanding of the side effects and his expectations of today's consultation would be useful. There may be wider issues re his health beliefs and willingness to accept treatment that would allow for a wider discussion. In addition, choice of a different medication and the implications in terms of follow up (how is the BP being monitored, how will blood tests be arranged, is the patient shielding?) will allow for a further exploration of management plans. All of this will require specific interpersonal skills.

A doctor who has spotted the cause of the ankle swelling as being due to the amlodipine and so immediately suggests a switch of BP medication might not demonstrate for





example sharing management options or exploring other potential differential diagnoses and so might choose not to submit the case.

### **Case 9 Curriculum Clinical Topic Guide: Gynaecology and Breast**

A 52-year-old woman rings to say that she has noted a lump to her R breast. This is a new finding and naturally the woman is concerned.


As a telephone consultation you could demonstrate skills in all three domains if you were to take a detailed history of the breast lump including family history, and include the patient's concerns and expectations. Your management plan could be explained to the woman in some detail with justification for your planned actions which might include seeing the patient in surgery for examination (and what this will involve) or referring to a breast clinic with her description of the features. Talking through the practicalities of these options including her own situation in terms of shielding would be important.

The doctor who decides that, in the given circumstance of COVID-19 with social distancing, the best course of action is to refer her to the breast clinic without examination and offers no alternative plan, who may not explore her fears, or explain the importance of examination or likely outcome. Thus they might not choose to submit this case as the material for assessment is so limited.


### **Case 10 Curriculum Clinical Topic Guide: Gastroenterology**

A 39-year-old man with ulcerative colitis (UC) presents with a possible flare up. Phone consultation.

To demonstrate your skills, you would need to take a focused history assessing the features of this particular episode including those that will help define the severity while also considering differential diagnoses. For example, infective colitis, clostridium difficile, irritable bowel or anal problems may be appropriate options depending on the symptoms. Use of a scoring system for UC flare-ups may be useful. This will need to be set this in the context of the patient's past history of his condition and his current social situation. There may be an opportunity to demonstrate how some examination could be carried out on the phone e.g. temp and pulse. Knowledge of British Society of Gastroenterology guidelines regarding Covid-19 and inflammatory bowel disease could be demonstrated. This would then be the basis of a shared management plan. This could show consideration if admission were needed and if not, how management could be carried out in primary care with safety netting, including the use of medication.







However, there may be variations to this scenario making it a less suitable consultation to select for submission. For example, if symptoms are mild, or they are the same as in previous flares and the patient is expert in his condition with a clear management plan where there may be few decisions to be made.

Or if you refer directly to the inflammatory bowel disease team; while this might be understandable due to current advice from the British Society of Gastroenterology regarding starting steroids in the current situation, this would not demonstrate many consultation skills. As this is a phone consultation it may be difficult to ascertain the severity of the flare e.g. obtaining abdominal signs, in which case arranging for the patient to be seen for an examination would be, on its own a limited demonstration of management but might be a good opportunity for you to demonstrate your Interpersonal skills.

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