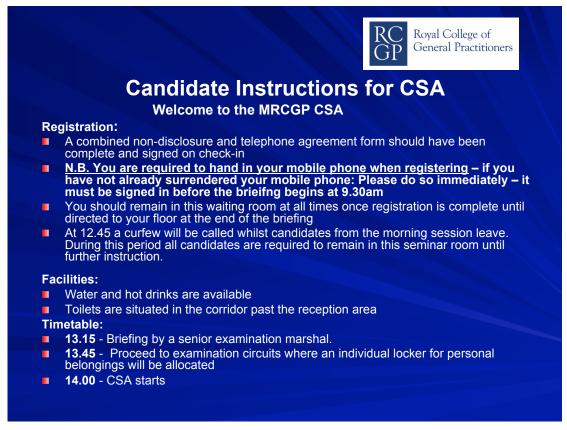
Briefing for trainers about CSA for candidates.

Having run many courses for candidates preparing for the CSA it has become clear to me that there are many misconceptions about the CSA examination and I thought it might be worth running through what is expected of candidates when they arrive at 30 Euston Square, the new home of the RCGP, and how they are briefed prior to their CSA examination.

On arrival at the RCGP they will enter through the Exam Entrance that is situated on Euston Rd. This is separate to the main college entrance on Melton St. There will be a College employee seated opposite the door who will direct them to the examination centre upstairs, which is clearly signposted. At the exam reception desk they will be greeted by examination staff who will check their ID, and they will at that point sign up to the examination regulations and hand over, for safe keeping, any electronic devices, iPhones, iPads, smartphones etc. They will then be directed into the candidate waiting room where all candidates gather prior to the pre-exam briefing. Hot and cold drinks and biscuits are available to the candidates at this time as are toilet facilities.



The slide above is on screen in the candidate waiting room in the morning session and the one below throughout the afternoon session.



Please note the curfew period on this 2^{nd} slide, which is enforced to ensure that morning and afternoon candidates are quarantined from each other at the end of the morning session.

At 0915hrs and 1315hrs respectively, the Senior Marshal for the CSA each day arrives to brief the candidates about the running of the CSA to ensure that all candidates understand what is expected of them. After welcoming the candidates, the usual housekeeping re exits and what to do in the event of a fire alarm is undertaken before the main detailed bulk of the briefing.

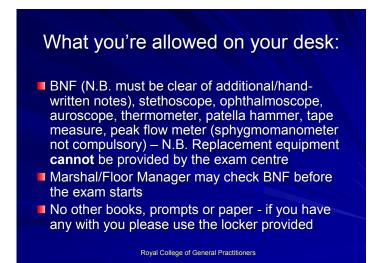
Candidates are told that after the briefing they will be taken to the examination circuit and that they will be shown to their 'surgery room' for the session and that they should check that their GMC number on the door of the room is correct. There is a locker within each surgery room to hold all items other than the allowable diagnostic equipment and once locked away, the key is then hung on a hook outside the room. They are next shown a slide of what is available to them on each desk:

What will already be on your desk:

On your desk:

- Some blank prescriptions [FP10]
- Some blank medical certificates [Fit Notes]
- Pathology request forms
- White board (rubber and pen) for making notes
- Possibly additional equipment that may be
- needed (i.e. items not part of 'Doctors bag') – iPad in frame set at the log-in screen
- LEAVE all this behind at the end

They are then shown the list of allowable equipment as in the following slide:



Candidates often ask if they are allowed to tag various sections of the BNF – e.g. Contraception, Antibiotics etc. This is indeed allowable but there must be no notes or writing on the pages of the BNF [or Children's BNF] and the Marshal and administrative team will check these. Please note that the examination centre does not provide equipment that the candidate forgets to bring. It is the responsibility of candidates to ensure they have the allowable items with them as might be expected were they to undertake a locum appointment in the future. This list of allowable items is available on the RCGP website. http://www.rcgp.org.uk/gp-training-andexams/mrcgp-exam-overview/~/media/Files/GP-training-andexams/MRCGP/CSA%20Information%20For%20Candidates%20v111%20May%202 013.ashx

From May 2013 the examination will be conducted using iPads. All candidates will have been informed of this with screen shots of how to use the iPads. So that trainers can see what is expected of candidates I shall print screenshots of the iPads that the candidates will encounter.

As a candidate enters their 'surgery room' they will see an iPad on the desk as shown here:



Using the iPads as a candidate:

1. Signing in:

Candidates must sign into their iPad using their GMC number. The sign-in screen will be the first screen that a candidate will see and will already be on the iPad upon entering their consultation room:



Candidates will be asked to enter their GMC number in the squares provided and a Marshal and floor manager will check that all candidates have done so and are not experiencing any problems.

After logging in candidates will automatically encounter the confidentiality agreement screen on the iPad and must tap the 'Accept terms' tab at the bottom of the screen if they wish to proceed with the examination.

Candidates will then be able to access their list of patients that they will encounter during the examination in the order in which they will present. At this stage candidates can tap on any of the patients and read the case notes prior to the start of the exam.

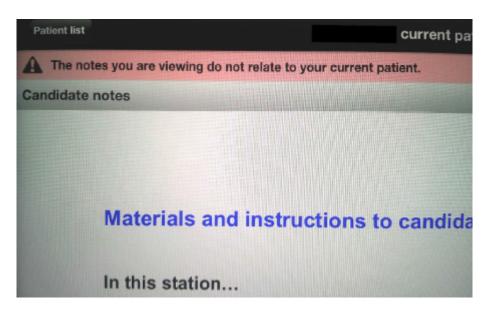
Today's schedule	
1 Mabel Daventry	2
2 Frances Arnold	,
3 Lucy Patterson	
4 Shanta re: Bhavesh Parmar	
5 Terry Bullen	
6 Yvonne Thomas	
7 Gordon R Craig	
8 Edward Entwistle	
9 Kerrie Manning	
10 Mark Horner	
11 Sushil Japur	
12 Rob Green	
13 Daniel Wellens	

Tapping on a particular patient from this list will reveal the notes for that patient:

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N.B. Candidate iPads are kept in 'portrait' layout, as a single page of notes will fit the screen exactly. However, if test results, hospital letters etc follow, you may be required to scroll down the page – a prompt will show at the bottom if this is the case.

Candidates are reminded that they need to be in the right set of notes before the start of the exam and an on-screen reminder will highlight whether that is the case.



Case resources (i.e. test results, exam findings, photos etc) will also appear on the candidates iPad but, as has been the case with all previous exams, they will only be made visible when they have been appropriately requested by the candidate. In the screen-shot below, the resource (an ECG) has been released to the candidate's iPad and is showing on the right-hand side of the screen:

Candidate	notes	Case Resources
	Materials for the candidate In this station you are A GP in a surgery	
	Patient case notes:	Asset (ECG)

Clicking on the icon (Asset (ECG) in the screen-shot above) will open the image in full on the screen. The resource can be minimized back to the icon by tapping any other part of the screen and can be re-opened at any point up until the end of that cases round – after the round is ended the icon and resource will no longer show on screen.

It is important to note that only those examination findings or tests that a candidate specifically requests will be made available to them. In at least 3 of the cases on the circuit of 13 cases, a physical examination will be required and so candidates shouldn't automatically assume that exam findings will spontaneously appear on their iPads.

Having taken candidates through the iPad issues, the Senior Marshal then proceeds to give candidates a more general briefing about the structure of the day. The floor Marshal and managers are there to ensure the smooth running of the exam and to ensure that the candidate experience is optimised. ALL candidates are briefed that they should contact these staff immediately if they encounter any problems. The Marshals will endeavour to sort out any minor issues that might arise and will make a note of their actions. Writing in 3 weeks later to complain that the room was too cold/hot means that nothing can be done to help or assist the candidate and they are briefed accordingly.

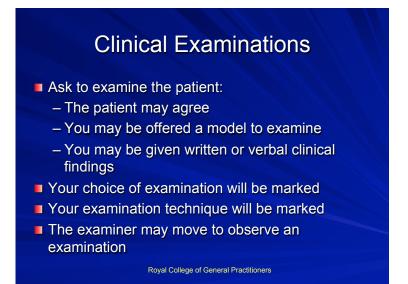
Examiners: They are then told that the examiners will mark one case only all day which helps to ensure reliability and that the 3 examiners who are examining each case have spent the past 75 mins calibrating with their role players to ensure consistency of performance, correct emotional level etc. They are advised that examiners will try to keep out of their direct line of sight but inevitably have to be able to see the faces of the role player and candidate in order to observe non-verbal communication. Candidates are asked not to try to interact with the examiner and that they shouldn't read anything into whether the examiner is taking notes etc. It is not an indication of their performance. An examiner may stand to get a better view of an examination if the role player is moved to the examination couch.

Role Players [RPs].: Next, candidates are briefed about the role players They are told that the RPs are all professionally selected and trained and have also spent the early part of the morning in calibration with the examiners. The RPs also play the same case all day which helps to ensure consistency of performance and that they take no part in assessment whatsoever. Candidates are asked to treat the RPs with courtesy and respect as one would hope they would treat any patient and to examine them with care – e.g. 26 otoscopic examinations per day if done without care would be very uncomfortable for any patient. Candidates are advised that RPs have some information that the give out freely and more information if they are treated in a facilitative and appropriately patient-centred way. The RPs never deliberately conceal any information from candidates. The RCGP CSA team try to ensure that age and ethnicity of RPs matches the case they are playing but in unforeseen circumstances, e.g. unexpected illness of an RP, a substitute RP may have to take over the role and candidates would then be alerted to the fact that age and ethnicity may not exactly match.

Timings: Candidates are advised that each case lasts exactly 10 mins and the sounds used to mark the commencement and finish of each case are demonstrated so they know what to listen for. Clocks are available above the desks in each room and can be seen to count out the 10 mins allowed. There is normally 2-3 mins between each case when examiners undertake their marking and move on to the next candidate. Candidates get a 15 min break after the first 7 cases when coffee, tea and cold drinks are available and then the circuit restarts for the remaining 6 cases. For case security purposes candidates are asked not to discuss the cases in the break or later as per the confidentiality agreement and are reminded this is why they are escorted to the toilets during the break.

Cases: The cases that the candidates encounter are all taken from the GP setting and mapped against the RCGP curriculum statements. Candidates are asked to manage these cases as if they were undertaking a locum in a surgery and thus deal with them in a GP manner. Candidates who 'buy in' to this experience appear to perform well. They are advised that a clinical examination may be required and that they should undertake it properly, both in terms of a focussed examination and in terms of how they conduct it.

The following slide demonstrates what examiners like to see:



Candidates are asked to seek consent to examine and to tell the patient what they would like to examine and why? This is considered good practice and of course gains explicit consent!

Each candidate surgery has a telephone on the desk so telephone consultations can be examined and there is a home visit room on each circuit – if the latter is required then a Marshal will escort the candidate to that setting and any equipment that is required there will be provided. Each surgery has a white board and marker pen for writing any notes or aide-memoirs but all notes must be left behind at the end of the exam. Sometimes a prescription is required and candidates are briefed that if a RP asks for this to be written then they should proceed to do so rather than just saying verbally what they might give. Candidates can assume that they would have all the normal facilities of extended teams, physiotherapy, district nurses etc. that one would find local to their own practices. Not all cases last a full 10 mins and so candidates should say goodbye to the RP and await the next case.

At the end of the exam candidates are asked to log out from the iPad and await further instructions from the Marshal team who will return personal belongings to each candidate and collect name lanyards etc. before releasing the candidature from the examination centre, ensuring that there is no contamination with the afternoon sitting.

Finally before wishing them good luck, they are shown the Rules and Regulation reminder slide below:



Examination security is taken extremely seriously to ensure that all candidates get an equal chance of success.

The aim of this briefing has been to inform trainers of what their GPStRs can expect at the CSA exam, as there appear to be many myths about what examiners expect and how candidates are treated. The CSA team go to great lengths to try to make the experience as comfortable as any examination scenario can be, recognising that candidates are naturally nervous and worried.