Exam Support Fellowship Report

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Introduction

I applied for the fellowship following a recommendation by a colleague who was about to complete his year on the scheme. I naturally gravitated specifically towards the Exam Support Fellowship as I felt having recently completed my GP training and undertaken the MRCGP exams, I was in a good position to help trainees.

I am particularly interested in communication skills and how these can be developed. My fellowship year occurred during a time of change for the RCGP, as the examination was migrating from the Recorded Consultation Assessment (RCA) to the Simulated Consultation Assessment (SCA), so I was interested in how we could help trainees approach this slightly different challenge.

Project Inspiration

My project idea was inspired by RCA preparation sessions which were facilitated by our TPDs during the pandemic. We would watch a video recording provided by one of our contemporaries, and then as a group critique how it went. I found these sessions an invaluable opportunity to bench mark myself against my peers, as well as really understand the examiner's perspective and how they approach marking the videos. Unfortunately, it transpired that due to consent issues, we were no longer able to hold these sessions. Interestingly the role play sessions which were initiated as a replacement were much more poorly attended by trainees.

According to the RCGP Annual Report covering 2020/2021 (1), of the three domains assessed as part of the RCA examination, 'Clinical Management' is where trainees struggle the most. I was therefore keen to target this domain with my project, in order to try and maximise the benefit to trainees from my fellowship.

Figure 4.2 shows that candidates score fewer marks for Clinical Management than they achieve for Data Gathering and Interpersonal Skills.

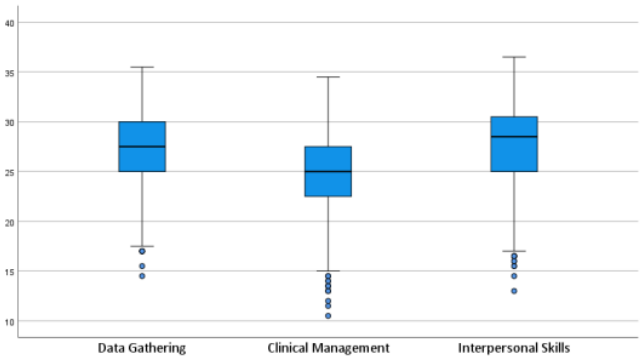
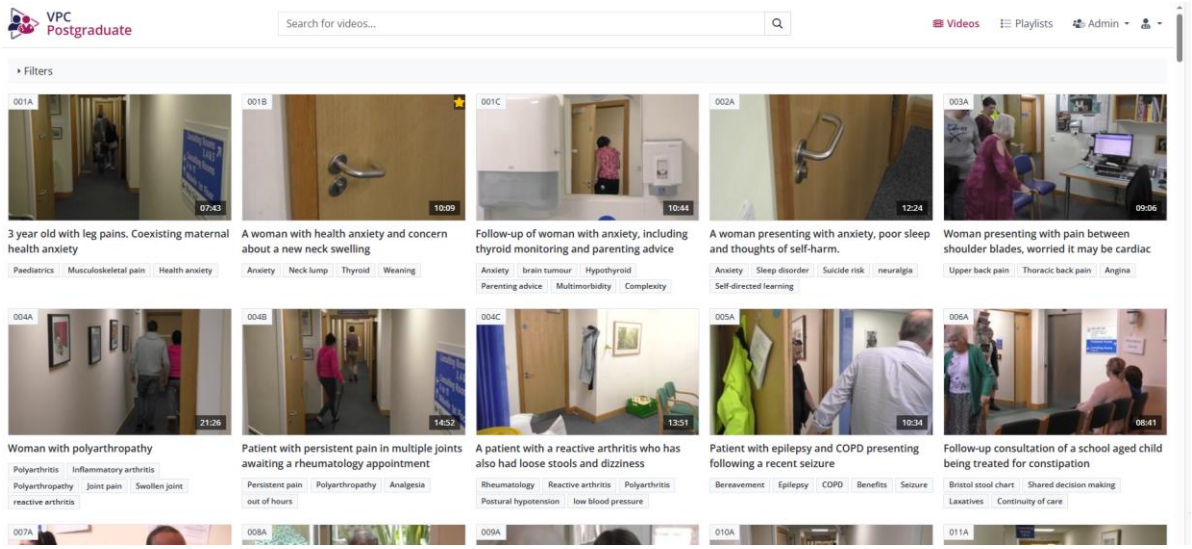


Figure 4.2: Performance of FTTs across the domains of the RCA

RCGP Annual Report (1)

The Project

During the first meeting with my mentor I explained my idea for the project. At this point I was planning to record videos with actors, which the GP training schemes in the area could use for developing communication skills. This was a very fruitful meeting, as it transpired that the deanery was part of a national pilot scheme for the 'Virtual Primary Care' Platform, which provided access to consultation videos from the television programme GP behind closed doors.



A screenshot taken from the VPC Website

The website is an incredible resource which we were for various reasons, underutilizing at the time. As a deanery we had purchased 20 licences as part of the pilot. I initially contacted all of our licence holders to garner feedback on the platform; unfortunately most of them were not aware they had access to it!

I then started to become more familiar with the platform and it's videos, and created playlists of videos which I felt could be useful for demonstrating particular skills or alternatively which I felt could be good critiquing opportunities for the trainees. I designed teaching sessions around the videos, and created a presentation to introduce the session & the VPC platform to the trainees. Using the RCA feedback statements I created a proforma to use during the sessions to help initiate constructive conversations between trainees focusing on clinical management and decision making (Appendices 1 & 2).

Delivering Teaching Sessions

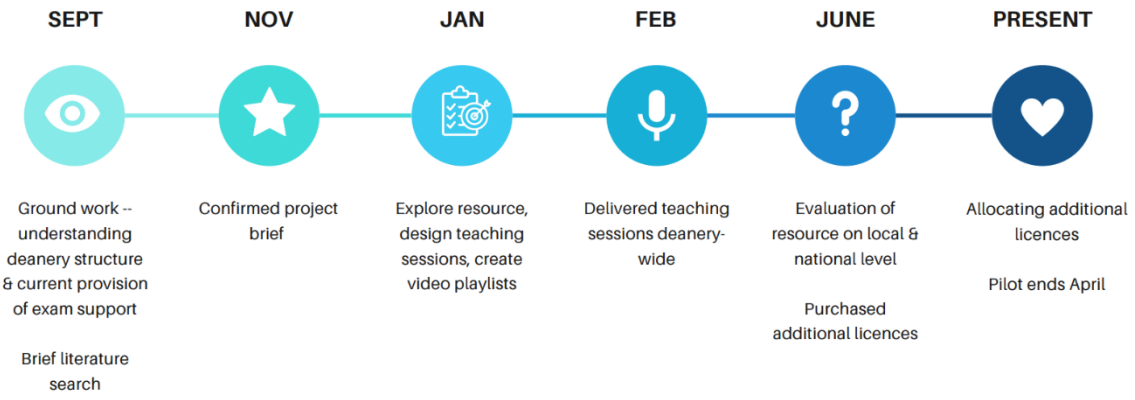
My project became two-fold, firstly to help deliver exam support to trainees in the deanery and secondly to assess the platform and whether we as a deanery would like to purchase further licences at the end of the pilot.

I undertook small group sessions with trainees at various stages of training at most of the VTS patches in Thames Valley. I was also fortunate enough to be able to use the videos to facilitate COT bench marking sessions on the deanery-wide Nuts & Bolts course, as well as at the Buckinghamshire and Milton Keynes Trainers Days. After each session I collected feedback which I used to shape future sessions.

The VPC Pilot Scheme held quarterly meetings to discuss the platform, how best to use it and how to improve it. It was interesting to hear how different areas had used it; for example some areas had used it for individual trainee-lead learning, whereas others had used it for group sessions.

Ongoing Plans

As a result of the positive feedback from sessions, we went on to purchase an additional 60 licences. We decided to allocate these to the Milton Keynes and Buckinghamshire schemes, as they have the largest numbers of International Medical Graduates requiring additional exam support (1). We allocated the licences to the Milton Keynes ST1s and the Buckinghamshire ST2s, with the aim of evaluating the platform further, specifically looking at which stages of training it could be most beneficial for. We intend to continue to evaluating the trainee and now TPD feedback to help decide how many licences, if any, the deanery wishes to purchase at the end of the pilot scheme in April 2024.



An approximate timeline of my fellowship year

Challenges

During the year I encountered several challenges relating to the project. Firstly, it transpired that each learner at a teaching session using the platform must have signed the confidentiality agreement in order to watch the videos. This limited it's use and our ability to evaluate the website until we were able to purchase additional licences.

Secondly, the lack of admin support regarding the VPC licences, as well as the downsizing of the Admin support for the Thames Valley faculty proved challenging when assigning the newly purchased licences. We have fed back to the Pilot scheme the potential merit in creating 'Trainer licences' which could potentially reduce the admin burden significantly.

Finally, it was important to me that any changes implemented by my fellowship were sustainable for future trainees; unfortunately this may not be possible as the VPC is a pilot scheme, and we wait to hear what the scheme plans are from April 2024.

Opportunities From the Fellowship

I am incredibly grateful for the opportunities provided by the Primary Care Fellowship. The past year has far exceeded my expectations and there can be no doubt it has been career-changing. I have been able to attend Associate Dean meetings, a Trainer Conveners course and Training for the Non-Trainer, all of which have hugely improved my understanding of the local faculty structure, developed my teaching skills, and also provided an opportunity to network. My mentor has been incredibly invested in me and my development throughout the year, and was instrumental in me having the courage to successfully apply for a one year Training Programme Director role.

Using the generous study budget from the fellowship, I have started a Diploma a Teaching and Learning for Health Professionals at the University of Bristol. The first module focuses on ‘Leadership in Medical Education’ and I very much hope this will be relevant to my future career.

References

1. RCGP Annual Report : https://www.rcgp.org.uk/getmedia/a7ca6b01-3a0d-40ca-a71d-22c1b7d017fb/Annual-Report-Final-version-v0-7-(corrected).pdf
2. RCA assessment policy RCGP: https://www.rcgp.org.uk/RCGP/media/RCGP-documents/Exams%20and%20MRCGP/MRCGP/MRCGP-Examination-RCA-Policy-Document-151221.pdf

Appendix

Appendix 1: Feedback statements and the frequency of their use by RCGP when assessing candidates RCA videos

Table 4.1: Percentage of candidates who received each feedback statement at least once.

Feedback Statement	Percent	Mean
CM1: Insufficient evidence of Decision Making and Clinical Management skills to demonstrate capability of safe independent UK General Practice	83.11	2.37
CM3: Does not develop a Management Plan (including prescribing and referral) reflecting knowledge of current best practice	78.23	2.01
G4: Poor choice of consultation: Does not demonstrate capability in consulting skills sufficient for independent UK General Practice	71.84	1.85
CM2: Does not identify an appropriate range of Differential Diagnoses and/or form a reasoned Working Diagnosis	67.62	1.71
IPS2: Does not demonstrate active listening skills, limited exploration, and use of cues	59.69	1.92
DG2: Inadequate history taken to enable safe assessment of disease and its severity	59.14	1.59
DG3: Does not elicit and develop adequate amounts of new information to demonstrate competence	57.75	1.54
CM4: The choice of management was unclear due to missing information	57.71	1.55
DG1: Insufficient evidence of Data Gathering skills to demonstrate capability of safe independent UK General Practice	57.27	1.49
DG4: Does not consider and/or test an adequate range of Differential Diagnoses	50.51	1.39
CM5: Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options	49.60	1.39
IPS3: Does not develop a shared understanding, demonstrating an ability to work in partnership with the patient	48.42	1.58
DG5: Does not identify or use appropriate Psychological or Social information to place the problem in context	47.80	1.39
G3: Shows poor Time Management	44.53	1.52
DG6: Does not offer/undertake appropriate Physical/Mental examination as part of the diagnostic process	39.24	1.29
CM7: Does not make adequate arrangements for follow-up and safety netting	37.96	1.31
CM6: Does not show appropriate use of resources, including aspects of budgetary governance	31.57	1.23
IPS5: Does not use language and/or explanations that are relevant and understandable to the patient	31.31	1.48
IPS1: Insufficient evidence of Interpersonal skills to demonstrate capability of safe independent UK General Practice	29.48	1.27
IPS4: Does not acknowledge or utilise the patient's contribution to the consultation including consent	22.87	1.19
G2: Does not recognise the issues or priorities in the consultation	18.39	1.14
IPS6: Does not treat the patient with appropriate respect and/or sensitivity during the consultation	16.96	1.17
G1: Disorganised and or Unstructured Consultation	16.34	1.14
DG7: Does not recognise the implications of any abnormal findings or results	8.85	1.05

Appendix 2: Proforma created to help trainees critique videos, paying particular attention to aspects which are usually poorly marked

Clinical Management Critique

Do they explain their differentials/working diagnosis?
At what time point did the management plan start to be discussed?
Does it reflect best practice/Evidence Based Medicine?
How was the plan personalized to the patient?
Do they demonstrate an awareness of management risk?
Do they demonstrate appropriate use of resources (including budgetary governance)?
Were there other management options they could have considered?
Do they show adequate follow up & safety netting?
Specific phrases you liked & didn't like (and why)
Other observations