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# Candidate perceptions of the UK Recorded Consultation Assessment (RCA): cross-sectional data linkage study

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# Recorded Consultation Assessment (RCA)

The Recorded Consultation Assessment (RCA) was rapidly developed to replace the Clinical Skills Assessment (CSA) during the COVID-19 pandemic and to overcome challenges raised by face-to-face examinations and risk of infection.

Compared to the CSA, the RCA used recorded real-patient consultations instead of the cases using simulators at a test scene.

# Recorded Consultation Assessment (RCA)

RCA was conducted with 1551 GP trainees in Specialty Training Year in July-August 2020.

Each candidate provided 13 patient recorded consultations (telephone, video, or face-to-face). These were uploaded to a specially customised online platform.

645 of 1551 (41.6%) candidates completed the questionnaire and 364 (56.4%) responders permitted linkage with performance and demographic data.

## Aim and Research questions

Understanding if the RCA was a good alternative to the CSA.

- *What were candidates' perceptions of the Recorded Consultation Assessment (RCA)?*
- *Did they link to candidates' performance?*

# Methods

## Survey overview

- Ease of collecting, recording, submitting and uploading consultations.
- Perceived test fairness.
- Information provided.
- Free text option: *‘Do you have any additional comments?’*

Quantitative analysis of survey responses and candidates’ performance on the RCA.

Qualitative thematic analysis of free text responses.

# Quantitative Methods

- Descriptive statistical analyses of frequencies and medians were used to summarise survey responses.
- Exploratory factor analysis was conducted to identify questionnaire subscales.
- Multivariable logistic regression was conducted to estimate the association between RCA outcome (i.e. pass or fail) and candidates' perceptions of the RCA (i.e., questionnaire subscales) whilst accounting for demographic factors.

# Qualitative Methods

Thematic analysis for free text responses supported by NVivo 12 using a multistage approach:

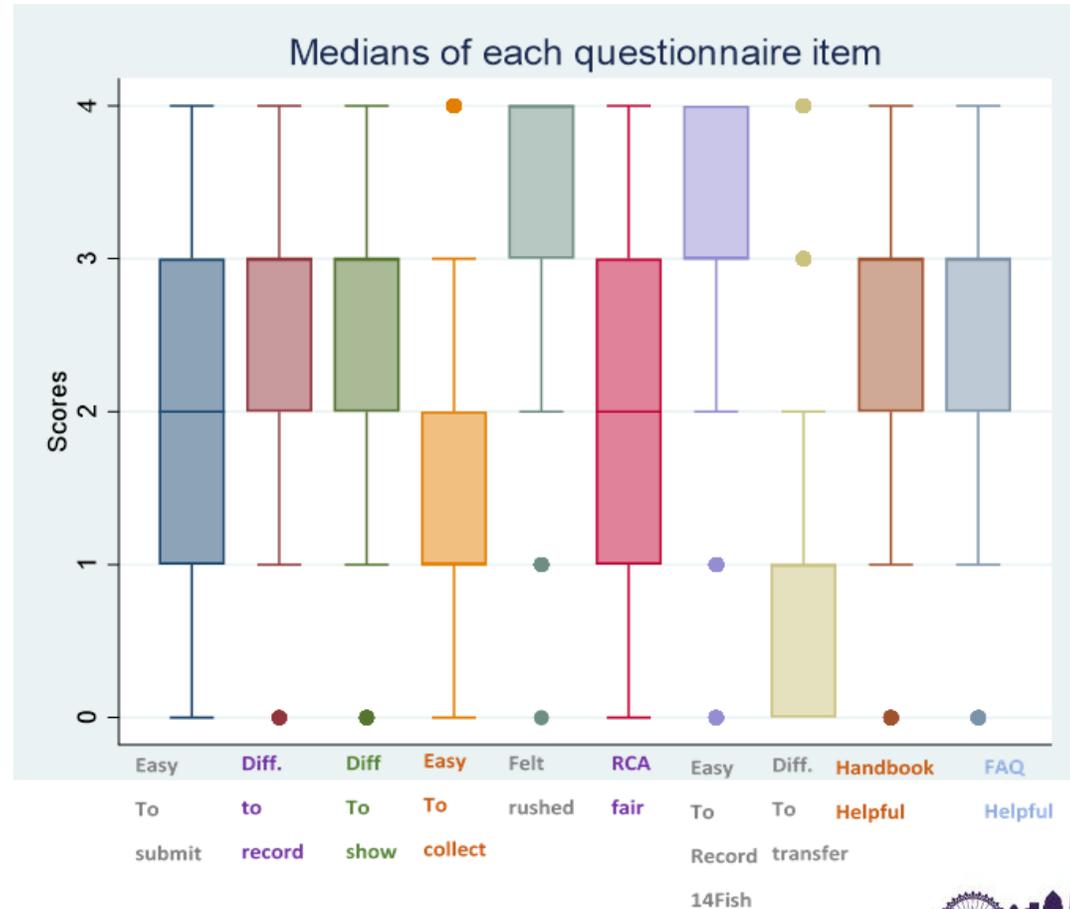
- (1) line by line coding of free text responses independently
- (2) organisation of codes into categories through discussion
- (3) grouping of categories into themes through discussion

# Quantitative results

## Survey Responses

Candidates ...

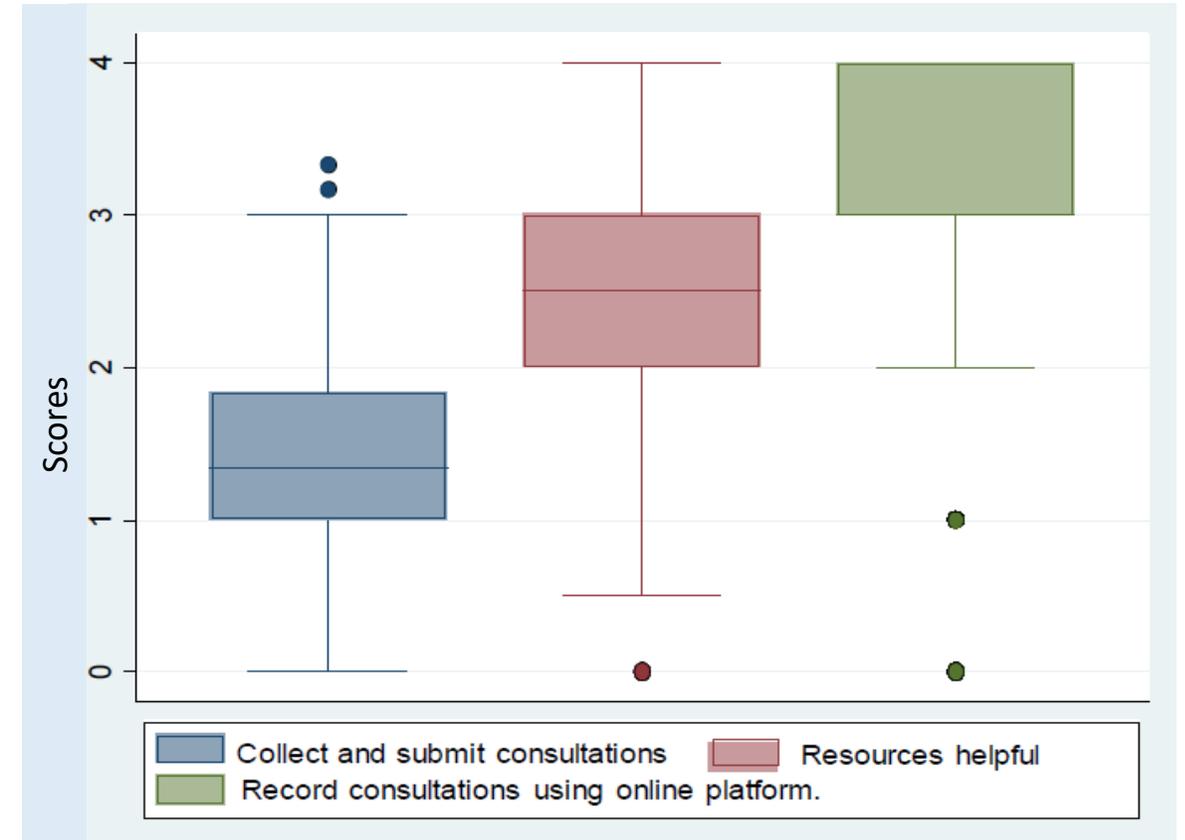
- Were generally positive about the resources, support, and online platform.
- Reported difficulty selecting and submitting the cases.
- Felt rushed during the recordings.



# Quantitative Results

Three subscales (or factors) were identified following factor analysis:

- Easiness to collect and submit consultations
- Usefulness of the available resources
- Digital platform satisfaction



# Predictors of RCA performance

- Candidates' attitudes towards the RCA did not influence their performance.
- Demographic factors including being a UK graduate (OR: 6.88, 95% CI: 2.79, 16.95,  $p < 0.001$ ), having English as a first language (OR: 5.11, 95% CI: 2.08, 12.56,  $p < 0.001$ ), and being of white ethnicity (OR: 2.99, 95% CI: 1.23, 7.30,  $p = 0.016$ ) predicted better performance on the RCA.

# Qualitative results: Themes

## Theme 1: Assessment experience

RCA a good alternative to the CSA and that it reflected day-to-day practice and skills. However there were some objections regarding the time and the type of the collected recordings.

*'I feel the RCA is a good alternative to the CSA during the current pandemic but more time at least 2–3 months is needed to collect appropriate recordings. I think there should be more discussion about the consultation models that are appropriate for remote consulting.'* C254

*'A very difficult exam to do when working in a practice with high deprivation and poor English, and during a pandemic where patient demand was so variable, at times we had only <30% appointment slot usage.'* C248.

*'Mental health patients very rarely consented to recording - making getting this 'domain' difficult for me.'* C190.

# Qualitative results: Themes

## Theme 2: Resources and support

Resources were helpful but candidates complained of insufficient time to gather and submit cases and last minute information and deadlines.

## Theme 3: Digital Platform

Candidates were happy with the online platform. Only a few encountered technical problems.

## Theme 4: Suggestions for improvement

Responders requested more time to record and submit cases, more time per case. They also requested clearer guidance on procedures, case suitability and marking.

*'12–15 minutes is more realistic for RCA consultations since we are dealing with real patients.'* C34.

# Strengths and Limitations

## Strengths

- A good questionnaire response rate.
- The integration of quantitative and qualitative findings.
- Linkage with performance data.

## Limitations

- Ethnic minority and IMG candidates were less likely to complete the questionnaire for unknown reasons.
- The final logistic regression model was limited by the lower number of responders agreeing to data linkage (only about a fifth of the total number that took the RCA).

# Conclusions

The RCA was broadly acceptable and a feasible alternative to the CSA.

Candidates experienced challenges and suggested areas for improvement which included:

- More time to record and submit cases
- Clearer guidance on procedures, case suitability, and marking
- Consider fairness for all candidates including those working in more deprived areas, part-time, or with an international training background.

# Thank you!

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