

# SIMULATED CONSULTATION ASSESSMENT (SCA)

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## A GUIDE FOR TRAINERS

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## AN OVERVIEW OF THE SCA

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- 12 consultations with simulated patients/role players
- Each case is 12 minutes and there is a 3 minute gap between cases with information to read in preparation for the next case. Pre-reading may or may not provide clues as to what the case involves. If there are is something that needs addressing eg abnormal test results, the candidate should ensure this is included. [Click here to access examples of pre-reading and case examples](#) (some cases have quite lengthy pre-reading)
- The role player mostly will play a patient, but in some cases they will play the role of a parent/carer or health/social care professional
- The majority (likely 9 cases) will be a video consultation ie the candidate can see the role player
- The minority (likely 3 cases) will be audio consultations ie the candidate can't see the role player but they can hear their voice
- There will be no physical clinical examination tests (assessed through WPBA). Cases are written to not require this or candidates can rely on examination findings in pre-reading by other professionals
- 9 exam sittings each year with limited places (monthly except July, August & December) – can book 12 months in advance on Fourteen Fish and amend timing later
- There is a maximum 4 attempts of any version of the exam (CSA/RCA/SCA) and so appropriate timing is important

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## PRACTICALITIES OF THE ASSESSMENT

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- The assessment will be completed remotely on an online platform from the trainee's own GP surgery. The platform prevents access to other online information during the assessment and the screen will be locked to ensure no screen capturing.
- The entire assessment will be recorded remotely and will be viewed and marked at a later date by examiners. Each of the 12 cases will be independently marked by a different examiner
- There will be an online invigilator observing candidates at all times and they can drop into their 'virtual room'. The candidate will need to show the invigilator their room by moving their camera around to prove there is no unfair advantage. The candidate's visual field will be tracked.
- The candidate will have a timer/clock on the computer screen
- In the July 2023 pilot the candidate was allowed a paper BNF and a wipeable whiteboard for notes. There was also an online tab for the candidate to make their own notes. Pre-reading material was accessible during the 'consultation'
- The online platform will be tested prior to the assessment, to ensure no issues with surgery firewalls and candidates should be advised on an appropriate browser to use (Edge didn't work in the July 2023 pilot but Chrome did)
- The online platform can detect if the internet drops – if this is the case, a candidate can redo a case at the end or another time. Allowances have been made for an expected 1% IT failure

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## TRAINEE PREPARATION

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- The cases will be **complex** and trainees should be proactively preparing for the SCA with a clear strategy. There is likely to be *more emphasis* on **uncertain diagnosis**, **polypharmacy** and **co-morbidity** than seen in the CSA/RCA.
- Cases will have a high level of complexity and *may encompass issues not frequently encountered day-to-day* in General Practice by trainees eg domestic violence, FGM, transgender, assisted suicide requests, safeguarding

It would be beneficial for **trainees to role play cases**, particularly those less frequently encountered, with their supervisor. These can be designed by the supervisor, taking account of CSA/SCA books containing scenarios that work remotely, or the CSA trainer casebank

Please note: The CSA Casebank is being reviewed as at least a third of the cases are not appropriate due to a physical examination requirement; or more commonly not cases that crop up in 2023 GP.

- Trainers should consider the **case-mix** that the trainee is seeing and ensure they are *exposed to on-call situations* eg abnormal test results from the lab, complex patients with co-morbidity and familiarity with home visits to know how to handle requests – ensuring appropriate supervision and guidance
- Whilst many practices are not doing many video consultations with patients, this should not have a detrimental impact on the trainee's preparation for the SCA. *The video consultation cases could be dealt with face to face and so face to face consultations provide good preparation.*
- Trainees should be preparing with by undertaking **complex telephone** consultations with appropriate supervision
- It would be beneficial for trainees to be **regularly videoing/recording their consultations** and bringing these for feedback and teaching to their trainer in tutorials, giving the opportunity to pause, playback and re-run aspects through role-play
- It might be helpful at times to **role play cases on Microsoft Teams**, to give a sense of the feel for an online platform (the camera can be switched off for the audio consultations)
- **Joint surgeries** remain an excellent opportunity to provide rapid feedback and teaching
- Cases test across the curriculum and all of the capabilities. The blueprints for cases are as follows and the top 5 are very important (likely to come up in every diet):
  1. < 19 years old
  2. Gender, reproductive and sexual health
  3. Long-term condition
  4. Older adults
  5. Mental health
  6. Urgent and unscheduled care
  7. Health disadvantage and vulnerabilities
  8. Ethnicity, culture, diversity, inclusivity
  9. New presentation of undifferentiated disease
  10. Prescribing
  11. Investigation / Results
  12. Professional conversation / Professional dilemma

- Good medical knowledge and being up to date with guidelines is vital for this exam – the assessment can test any area of the curriculum. Help your trainee to identify knowledge gaps and develop a strategy to address these. Ensure they are addressing PUNs and DENs on an ongoing basis and you could ask them to self-rate against the curriculum clinical topic areas:

*Allergy and immunology  
Cardiovascular Health  
Dermatology  
Ear, Nose and Throat, Speech and Hearing  
Eyes and Vision  
Gastroenterology  
Genomic Medicine  
Gynaecology and Breast  
Haematology  
Infectious Disease and Travel Health  
Kidney and Urology  
Mental Health  
Metabolic Problems and Endocrinology  
Musculoskeletal Health  
Neurodevelopmental disorders, intellectual and social disability  
Neurology  
Respiratory Health  
Sexual Health  
Smoking, alcohol and Substance Misuse  
Urgent and Unscheduled Care*

Ensure that your trainee has read the **SCA section of the RCGP website** in detail and keeps referring back to it for updates. There are **trainee webinars** accessible on the RCGP website on the exam. Address any issues with your trainee’s organisational skills and ensure they have clear strategy for preparation for the SCA.

**Consider trainee wellbeing** – health, personal or practice issues. Signpost for support to their Training Programme Director, Associate Dean and Lead Employer where needed.

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## THE MARKING

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- Each consultation will be marked by a single examiner, who will be marking the same case all day, so the trainee will be assessed by at least 12 examiners
- Marks will be attributed in three domains:
  - Data Gathering and diagnosis
  - Clinical management and medical complexity
  - Relating to Others
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- Each domain will earn a grade of Clear Pass/Pass/Fail or Clear Fail (relative to the standard expected of a newly qualified GP)

- The three domains in each case may be weighted, meaning that the domains contribute to the overall mark for the case in different ways. The Clinical Management and Medical Complexity will carry slightly more weight than the other 2 marking domains as this links to more of the Capabilities. Examiners are unaware of how cases are weighted and so this does not influence their marking. Take care to focus too much on weighting – trainees should prepare for all three domains!
- In addition to marking individual domains, examiners will give their assessment of a candidate's general performance in each case and Borderline Regression will determine the pass mark

The domain descriptors and feedback statements are:

### **Data Gathering and diagnosis**

Domain descriptor:

- Systematically gathers and organises relevant and targeted information to address the needs of the patient and their problem(s)
- Adopts a structured and informed approach to problem-solving, generating an appropriate differential diagnosis or relying on first principles where the presentation is undifferentiated, uncertain, or complex

Feedback statements:

- Data Gathering was insufficient to enable safe assessment of the condition/situation
- Existing information about the case was insufficiently utilized
- Relevant psychological or social information insufficiently recognized or responded to
- Data gathering was unsystematic and/or disorganized
- Ineffective approach or prioritization in data gathering, when presented with multiple or complex problems
- The implications of abnormal findings identified during data gathering were insufficiently recognized or understood
- Differential diagnoses or hypotheses were inadequately generated or tested
- Decision making or diagnosis was illogical, incorrect or incomplete

### **Clinical management and medical complexity**

Domain descriptor:

- Demonstrates the ability to formulate safe and appropriate management options which includes effective prioritisation, continuity and time and self-management

- Demonstrates commitment to providing optimum care in the short and long-term, whilst acknowledging the challenges

Feedback statements:

- The management plan relating to referral was inappropriate or not reflective of current practice
- The management plan relating to investigations was inappropriate or not reflective of current practice
- The management plan relating to prevention, health promotion, or rehabilitation was inadequate or inappropriate
- The plan relating to the medical management of risk was inadequate or inappropriate
- The implications of comorbidity were insufficiently considered
- Uncertainty, including that experienced by the patient, was managed ineffectively
- Inappropriate or inadequate arrangements for follow-up, continuity and/or safety netting
- Time management in the consultation was ineffective

### **Relating to others**

Domain descriptor:

- Demonstrates ethical awareness.
- Shows ability to communicate in a person-centred way.
- Demonstrates initiative and flexibility in using various consultation approaches in order to overcome any communication barriers and to reach a shared understanding with the patient.

Feedback statements:

- Communication skills, including the non-verbal responding to cues and/or active listening were insufficiently demonstrated
- The persons agenda, health beliefs and/or preferences were insufficiently explored
- The circumstances, relevant cultural differences and/or preferences of those involved were insufficiently responded to
- Explanations were inadequately shared or adapted for the person's needs
- A judgemental approach was shown to the person
- Respect and/or sensitivity shown to the person was inadequate or inappropriate
- Ownership or responsibility for decision making was inadequate or inappropriate
- Teamwork and/or understanding of others' roles was insufficiently recognized or responded to
- Safeguarding concerns were inadequately recognized or responded to

Work with the trainee to ensure that they ensure sufficient evidence in all 3 domains within the 12 minute time frame.

Please note that the domains and marking are closely aligned with the North West Consultation Toolkit (Overview and Red/Amber/Green rating grid) which are being updated for the SCA on Fourteen Fish (also accessible on the North West Deanery Website).

<https://www.nwpgmd.nhs.uk/rca-resources>

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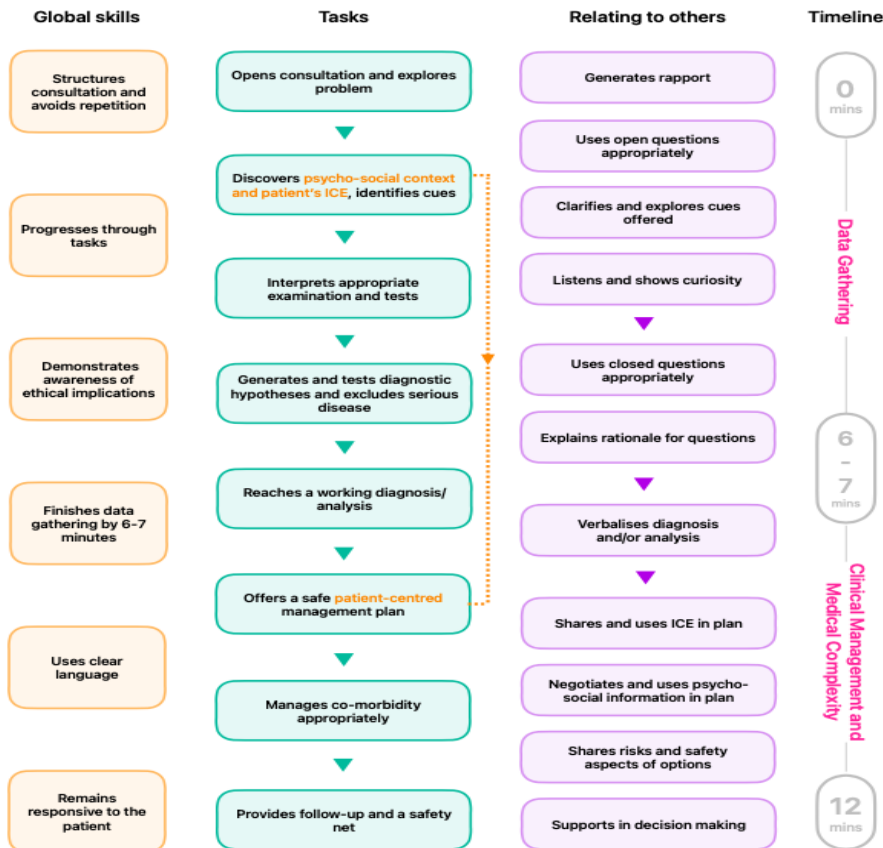
#### UTILISE THE NORTH WEST CONSULTATION TOOLKIT ON FOURTEEN FISH

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The North West Consultation Toolkit is being updated for the SCA. This includes an updated Overview, Red/Amber/Green Rating Grid and associated educational strategies. This is closely aligned with the domains and marking for the SCA. You can access the NW Consultation Toolkit for free on Fourteen Fish as a North West trainer. You can also access a PDF version on the North West Deanery website.

[PDF Consultation Toolkit on the Deanery website](#)

## Consultation Overview



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Case title:

North West England Consultation Toolkit

Date:

Trainee name:

Your name:

Global Skills	Tasks	Relating to others
Structures consultation	Opens consultation and explores problem	Generates rapport
Avoids repetition	Discovers patient's psycho-social context	Uses open questions appropriately
Progresses through tasks	Identifies cues	Clarifies and explores cues offered
Recognises ethical implications	Discovers patient's ICE	Listens and shows curiosity
Finishes data gathering by 6-7 mins	Interprets appropriate examination and tests	Uses closed questions appropriately
Uses clear language	Generates / tests diagnostic hypotheses	Explains rationale for questions
Remains responsive to the patient	Rules in / out serious disease	Verbalises diagnosis and / or analysis
Total for Global Skills	Reaches a working diagnosis / analysis	Shares and uses ICE in plan
	Offers a safe patient centred management plan	Negotiates and uses psycho-social information in plan
	Manages co-morbidity appropriately	Shares risks / safety of options
	Provides follow up/safety net	Supports in decision making
	Total for Tasks	Total for Relating to others

Notes:

This consultation analysis is for formative training purposes only and cannot be used as an indication of performance in the SCA exam.

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Encourage your trainee to regularly review their own video consultations and use the RAG rating/interactive version on Fourteen Fish to circle their analysis in each area. This will encourage the trainee to be able to better self-analyse and become their own SCA examiner. You can review their self-calibration and guide them/making comparisons with your own RAG assessment. Over several consultations (or using the meta-analysis function on the interactive version on Fourteen Fish) you will identify recurrent areas of weakness in the consultation. Use the educational strategies in the toolkit to help your trainee to progress in those areas.

Commented [AH1]: Might need to add that the updated version will not be available until Oct/Nov

## PRACTICE SUPPORT MECHANISMS TO SUPPORT YOUR TRAINEE

- Consider updating practice clinical and administrative colleagues on the SCA, to help them to see they right kinds of cases to support their SCA preparation
- Consider practice systems for booking patients in with trainees and how they can be allocated **complex patients** with **co-morbidity** and **urgent cases**
- Consider trainee exposure to **safeguarding issues** and discussion about complex cases and their attendance at useful meetings regarding these

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- Consider an appropriate number of appointments for the trainee based on their competence and confidence, whilst ensuring as far as is appropriate good case exposure in terms of **numbers, curriculum coverage** and **blueprints** – paying particular attention to:
  1. < 19 years old
  2. Gender, reproductive and sexual health
  3. Long-term condition
  4. Older adults
  5. Mental health
- Consider the mechanism of appointment allocation within the surgery such as pre-triage or care navigation to help ensure an appropriate case-mix – *this will be different from those previously needed for the RCA!* This is not one problem done well within 12 minutes – the SCA includes comorbidity
- Consider the *types* of consultations the trainee is doing (video/telephone/face-to-face) and appropriate experience
- A good number of patients **new** to the trainee are likely to be helpful
- Ensure a clear mechanism for patient video recording – ensure your trainee is regularly videoing and reviewing their consultations. The **14Fish Consult App** is a great and secure way of recording for free. Ensure your trainee is familiar with Consent for video recording and adheres to guidance regarding dignity in recording (off camera if clinical examination in the swimsuit area).
- Some trainees might benefit from using a **stop clock** to help with **time management**

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## HELPING YOUR TRAINEE TO DECIDE WHEN TO TAKE THE SCA

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- In general trainee guidance is to take the exam a maximum of 2 attempts in their ST3 year, leaving a further 2 sittings for any extension period. It is important that following a failed attempt, the SCA is not retaken before a trainee has progressed in the areas of poor performance. Review the feedback statements with your trainee and ensure they have SCA SOX tutorials to support you both.
- Consider a holistic approach to exam timing – consider what is going on in the trainee’s life with the range of external factors that might impact on their exam preparation
- Consider if they might benefit from Health and Wellbeing support or a discussion with the training programme director/educator team
- There is a section on the RCGP website that allows trainees to apply for special exam adjustments if appropriate [Click here for guidance on reasonable adjustments](#)

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## SOX PROGRAMME AND UTILISING SOX THEMES LOCALLY

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- The Three Consultation Analysis (3CA) is a fantastic opportunity for trainees (ideally 3-4 months into their first GP post in ST1/2) who haven’t yet taken the RCA/SCA to submit 3 recorded consultations to a SOX educator and they will receive feedback on their consulting compared with their peers, relative to their stage of training. If consulting is felt appropriate for their stage of training, then an educator note will be put on the portfolio and if doctors in training are felt to need additional support they will be offered SOX tutorials. Trainees in GP posts are offered this opportunity by email. See Deanery website for more information <https://www.nwpgmd.nhs.uk/rca-resources>
- SCA SOX support will be offered to every trainee after every failed attempt at the exam (this is automatic – the GP school will email your trainee) and this is to help you as the trainer as well as the trainee. A fresh pair of eyes is often helpful as a supervisor and someone to support training is valuable. They will provide 3 triadic tutorials (you, the trainee and the SOX educator) online

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## USEFUL LINKS TO SCA RESOURCES

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The SCA is new and information is likely to be developed by the RCGP and so it is important for you and your trainee to be regularly reviewing their website:

[Main SCA page on the RCGP website](#)

[Guidance on consent](#)

[North West Deanery website with links to NW Consultation Toolkit](#)