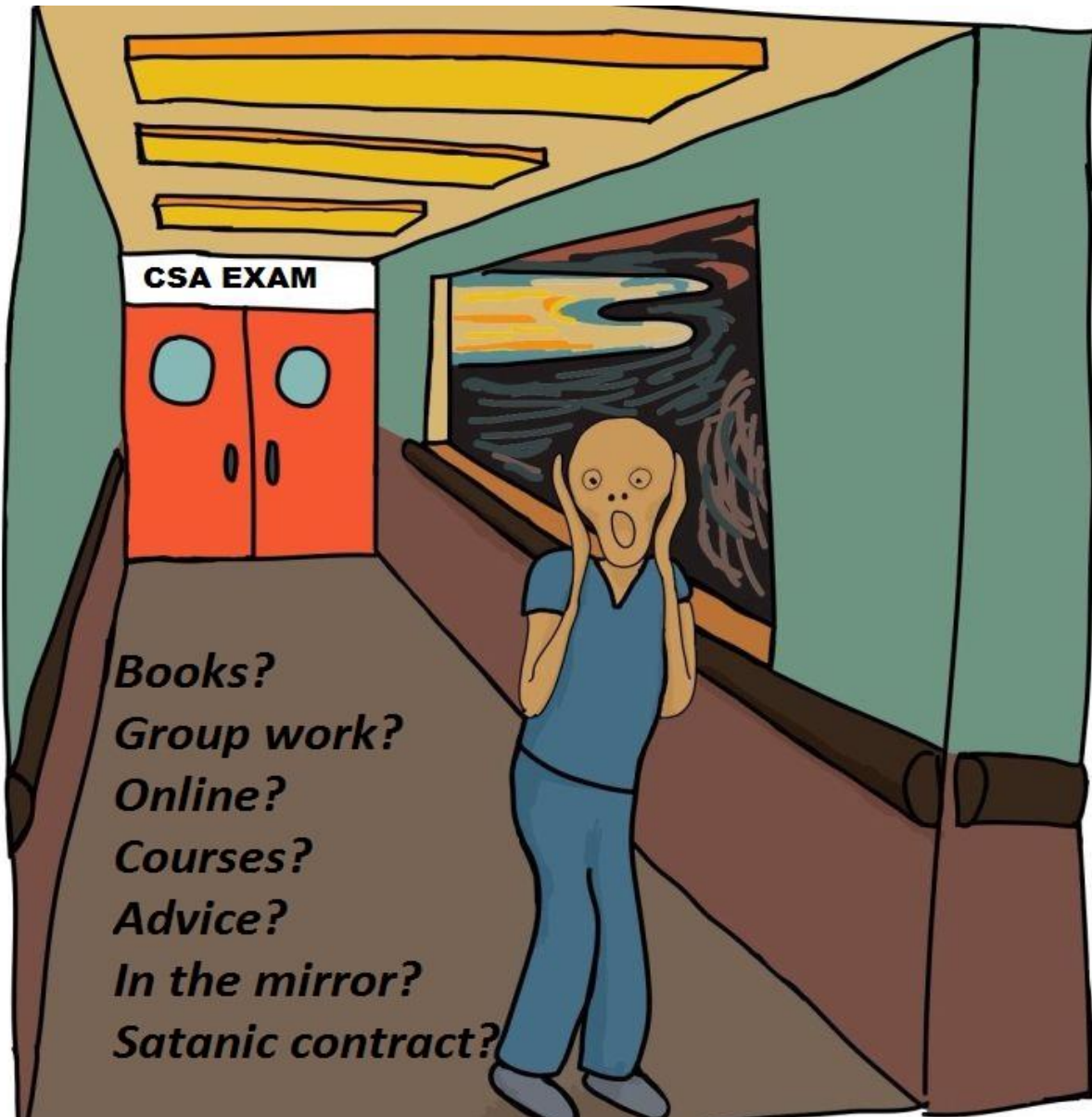


MRCGP CSA examination - what preparation works?



**Dr C. Targett, Dr A. Makoni, Dr V. Dravid, Dr P.
Shantakumar, Dr S. Iqbal & Dr A. Shamim,
GPST2s Health Education East Midlands
March 2016**

Abstract

Targett, C et al. MRCGP CSA – what preparation works?

MeSH: Education, Medical [I02.358.399], General Practice [H02.403.340]

The aim of this study was review current evidence for which resources best aid CSA preparation and also to undertake a new survey to provide further evidence.

Via an online survey 252 GPs and GPST3 trainees who had sat the CSA exam responded to a small variety of open and closed questions.

Outcomes of note were that attendance at a CSA preparation course is not associated with better exam performance, that group study is the by far the most valued resource and starting preparation of the exam more than two months before is associated with significantly better pass rates.

The conclusions of this study are that the best evidenced advice for CSA preparations are 1) Start revision early; at least more than two months before the exam, 2) Study in small groups (3-5 varied people) and give frank honest feedback, 3) Use books and the Bradford VTS website to facilitate this, 4) If you want to attend a course go on the RCGP CSA revision course, 5) Relax and don't worry.

Background:

The Clinical Skills Assessment (CSA) exam was introduced in its current form in 2007 as part of a new system of assessment for General Practice trainees linked to the recently published new GP curriculumⁱ. This exam has been taken by GP trainees usually in the last of their three years of training and is commonly seen as the greatest hurdle to obtaining a CCT in general practice.

Whilst there are many books, courses and much folklore advising trainees the best ways to prepare themselves for the exam there appears to be little in the way of well evidenced freely available information to guide them. As a trainee may spend many hours a week for months before the exam revising and preparing it is essential for them to know that they are employing this time on the optimal revision methods.

Aim:

To research for any evidenced advice for GP trainees on how to best revise for the MRCGP CSA exam and if this is lacking then to undertake to gather such evidence in a cost neutral way (no budget).

Background research:

RCGP Websiteⁱⁱ:

- Much advice and information but no obviously pooled or evidenced advice.
- “Top Tip: when you are practicing for the CSA, do so with your colleagues in small groups”^{xiv}
- An analysis of passing and failing candidates of the MRCGP by Drs Rendel & Hawthorn at the 2009 CSA gave great insight into effective consultations and the skills required to pass but did not address the resources those candidates had used to hone those skills for the examⁱⁱⁱ.

Google Scholar^{iv}:

- ‘MRCGP preparation’ limited to 2007 onwards – 1540 results; first 100 returns reviewed
- ‘MRCGP CSA’ limited to 2007 onwards – 209 results; first 100 returns reviewed
 - “Study groups were perceived to be of greater value than vocational training schemes or trainers for the MCQ written and oral components of the examination.”^v

Pubmed^{vi}:

- 'MRCGP preparation' limited to 2007 onwards – 2 results
- 'MRCGP CSA' limited to 2007 onwards – 14 results
 - No additional studies relevant to CSA exam preparation identified

Method:

As both prospective and retrospective studies would not meet the budgetary or time frame limitations a broadly distributed self-completion online survey was chosen as the likely most effective and efficient method of gathering data from trainees and GPs across the United Kingdom. As the author's local hospital's library^{vii} had a subscription to SurveyMonkey.com^{viii} this was chosen as the vehicle for collecting responses.

A variety of open and closed questions, but mostly closed, were chosen to elicit the desired data but also to facilitate a responder to complete the survey within one minute thereby keeping the detail simple, focussed and more likely to encourage response.

Screenshots of the online survey can be seen in appendix 1.

The distribution of the survey's web link (<https://www.surveymonkey.co.uk/r/CSAprep>) was undertaken via as broad a range of free of charge and open access methods as possible including:

- An email requesting email dissemination to all recent graduates and current ST3s was sent to every GP training deanery in the UK. The following responded: (see appendix 2)
 - Durham & Tees Valley GP training programme
 - Northumbria GP training programme
 - Northern Ireland deanery
- A wide variety of medical online services were emailed requesting help to publish the survey's link. The following responded: (see appendix 3)
 - GPonline^{ix}
 - Pulse^x
 - Doctors.net^{xi}
- Various Twitter^{xii} accounts were tweeted with a request to re-tweet a link to the survey. The following responded: (see appendix 4)
 - @GPonlinenews
 - @NHS_GP
 - @Pulsetoday
 - @TheGPDoctor
 - @BeingaGPintheUK

- As only a limited number of GP practices could be contacted due to time constraints 36 GP practices local to the author were emailed directly requesting dissemination to their practice's doctors. Whilst it is known that some responded it is not known how many.

Results:

The survey was live on SurveyMonkey.com© from 3/2/2016 to 25/2/2016 which encompassed the results coming out for the January 2016 sitting of the CSA exam. The survey was closed on 25/2/2016 as the project's predefined end point of <3 responses/day for 3 days had been met. A total of 258 doctors responded but 6 responses were excluded because they had not answered question 3 (Did you pass the CSA first time?) thereby leaving a total of 252 responses remaining for analysis.

Questions 4 & 5 (What resources did you use revising for the exam the first time? & Please rank what you felt are the 3 most useful CSA study methods? (top 3)) contained an 'other' response with free text explanation. 22 'other' responses were logged but during analysis it was evident that all of these responses did fit into one of the predefined response categories. Therefore all of these 'other' responses were re-categorised into the appropriate predefined response and the 'other' option for questions 4 & 5 were removed as they now no longer contained any data.

It must be stressed that any evidence from this study only suggests associations and not correlations.

Cohort demographics:

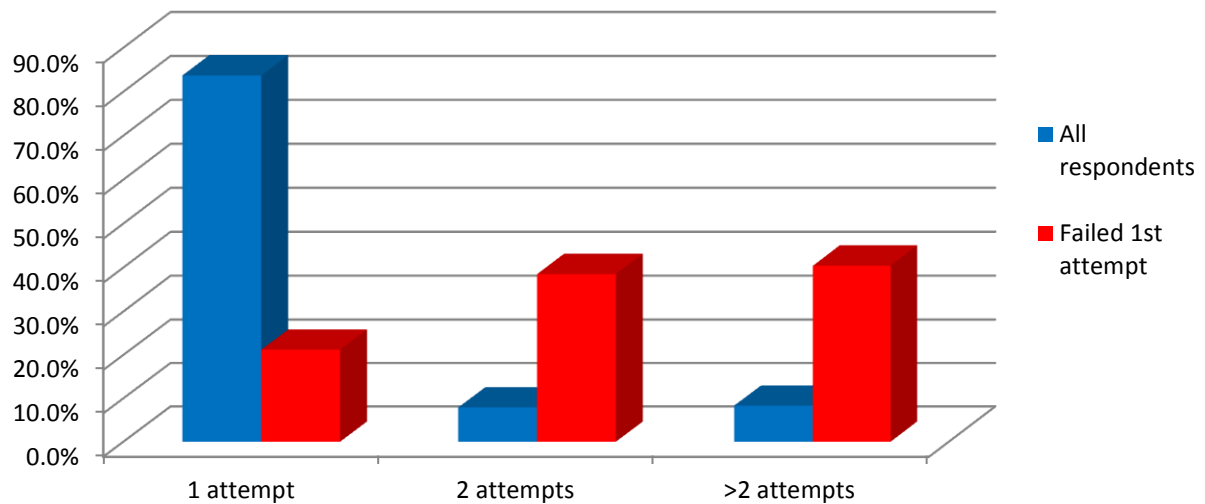
Whilst no specific demographic data for respondents was collected it was noted that there were a broad range of responders evidenced by:

- Responders: GP = 146 (57.9%), ST3 = 106 (42.1%)
- CSA attempts: 1 = 211 (83.7%), 2 = 20 (7.9%), >2 = 21 (8.3%)
- First CSA attempt result: Pass = 200 (79.4%), failed = 52 (20.6%)

As a measure of the responders being a fair representation of those who sit the CSA exam the CSA first attempt pass rate for the survey's responders was 79.4% compared to the actual averaged results over the last three years of 80.5%^{xiii} (see appendix 5) which shows good concordance.

CSA attempts:

CSA attempts	1 attempt	2 attempt	>2 attempts
All respondents	83.7%	7.9%	8.3%
Failed 1st sitting	21.2%	38.5%	40.4%

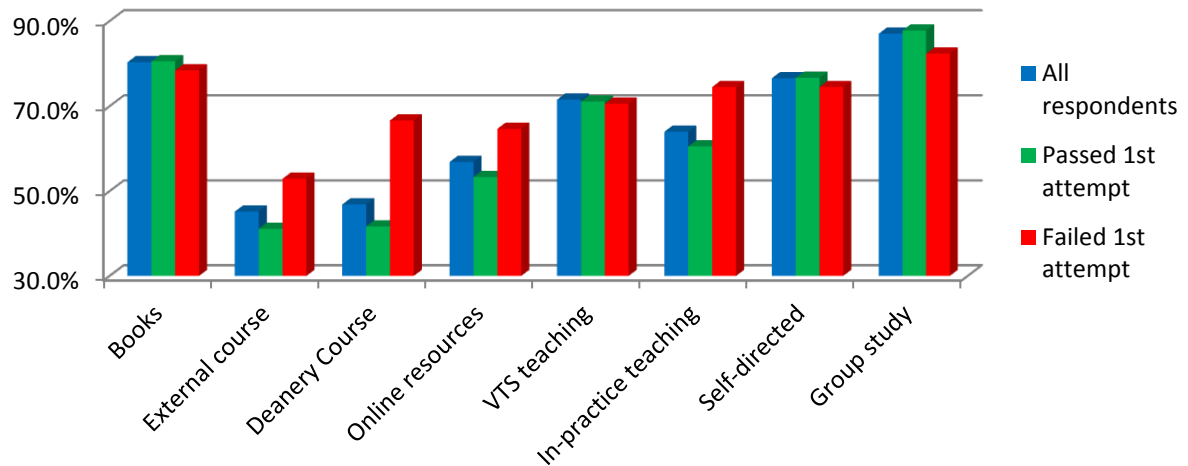


As mentioned above the majority of candidates passed the exam at their first attempt but it can be seen from the data above that if a candidate fails the exam once they subsequently have an approximately 50:50 chance of failing it again.

Resources used:

Resources used	Books	External course	Deanery Course	Online resources	VTS teaching	In-practice teaching	Self-directed	Group study
All respondents	80.3%	45.2%	46.9%	56.9%	71.5%	64.0%	76.6%	87.0%
Passed 1st attempt	80.6%	41.1%	41.7%	53.3%	71.1%	60.6%	76.7%	87.8%
Failed 1st attempt	78.4%	52.9%	66.7%	64.7%	70.6%	74.5%	74.5%	82.4%

Resources used medal table	
1 st	Group study
2 nd	Books
3 rd	Self-directed



As might be expected considering received wisdom and RCGP advice^{xiv} the most common CSA preparation resource is group study (87.0%) closely followed by books (80.3%).

Whilst attendance at VTS training is compulsory across the country only 71% of responders recorded they received CSA exam preparation via this forum.

Analysis of the responses to the question ‘What resources did you use revising for the exam the first time?’ are similar between cohorts with the exception of the use of CSA preparation courses:

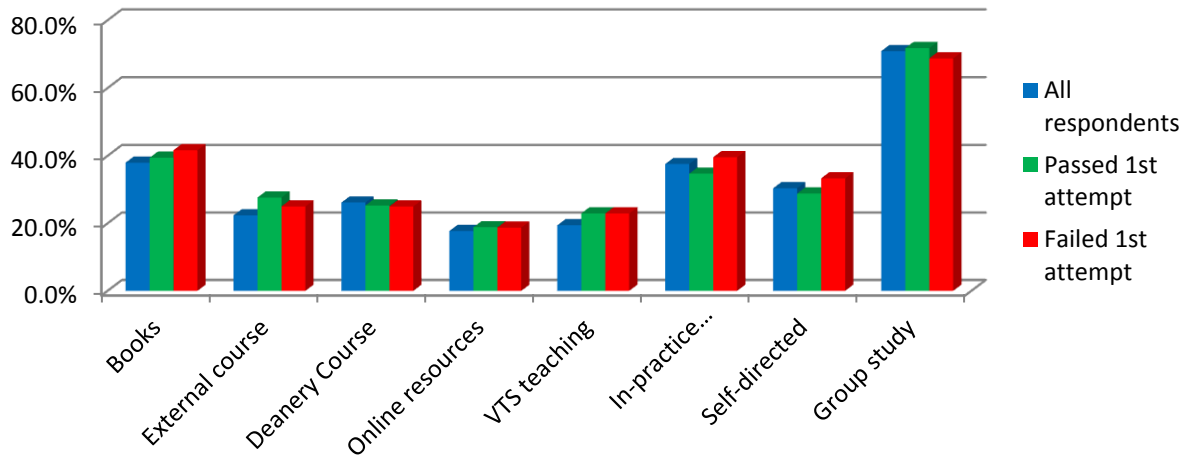
- Responders who used an external (paid for) CSA course: Passed first attempt = 41.1%, failed first attempt = 52.9%
 - Attending an external CSA preparation course has an association of making it 1.3 times more likely that a candidate will fail at their first CSA exam attempt
- Responders who used a deanery CSA course: Passed first attempt = 41.7%, failed first attempt = 66.7%
 - Attending a deanery CSA preparation course has an association of making it 1.6 times more likely that a candidate will fail at their first CSA exam attempt
- Combining the above shows that attending a CSA preparation course has an association of making it 1.25 times more likely that a candidate will fail at their first CSA exam attempt

Ranking of resources:

Resources ranked in top 3	Books	External course	Deanery Course	Online resources	VTS teaching	In-practice teaching	Self-directed	Group study
All respondents	38.0%	22.4%	26.2%	17.7%	19.4%	37.6%	30.4%	70.9%
Passed 1 st attempt	39.4%	27.6%	25.3%	18.8%	22.9%	34.7%	28.8%	71.8%
Failed 1 st attempt	41.7%	25.0%	25.0%	18.8%	22.9%	39.6%	33.3%	68.8%

Top 3 valued resources medal table

1 st	Group study
2 nd	Books
3 rd	In-practice teaching

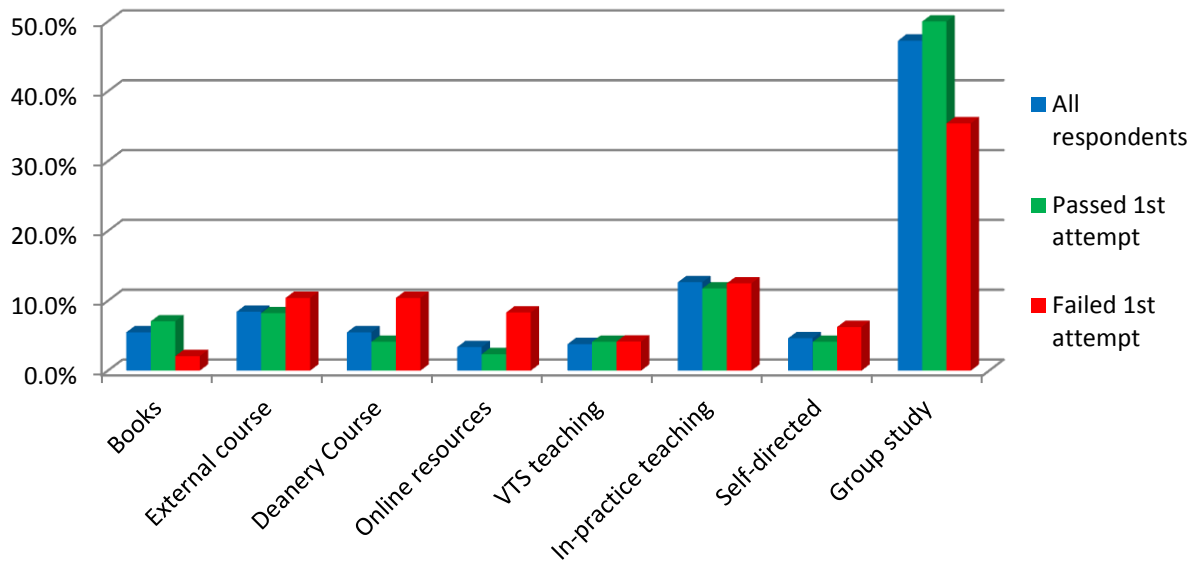


In question 5 respondents ranked the resources that they had indicated they used in question 4; indicating what they felt had been the 3 most useful. From the data it can clearly be seen that group study is by far the most valued CSA preparation resource with 70.9% of responders ranking in the top three; almost double the next most ranked resource of books at 38.0%. From this data there are no significant differences between those who passed or failed the CSA at first attempt.

Top ranked resource	Books	External course	Deanery Course	Online resources	VTS teaching	In-practice teaching	Self-directed	Group study
All respondents	5.5%	8.4%	5.5%	3.4%	3.8%	12.7%	4.6%	47.3%
Passed 1st attempt	7.1%	8.2%	4.1%	2.4%	4.1%	11.8%	4.1%	50.6%
Failed 1st attempt	2.1%	10.4%	10.4%	8.3%	4.2%	12.5%	6.3%	35.4%

Most valued resource medal table

1 st	Group study
2 nd	In-practice teaching
3 rd	External course



Contrary to the top 3 ranking above ranking by single most useful resource produced a difference between those who passed and those who failed the CSA at their first attempt in how group study was valued:

- Group study ranked most valuable: Responders who passed at first attempt = 50.6%, responders who failed at first attempt = 35.4%
 - Finding group study the most valuable CSA preparation resource has an association of making it 1.4 times more likely that a candidate will pass the CSA exam at their first attempt

Following on from the previously noted negative association between attendance at a CSA preparation course with passing the CSA exam at one's first attempt the valuing of this resource follows a similar pattern:

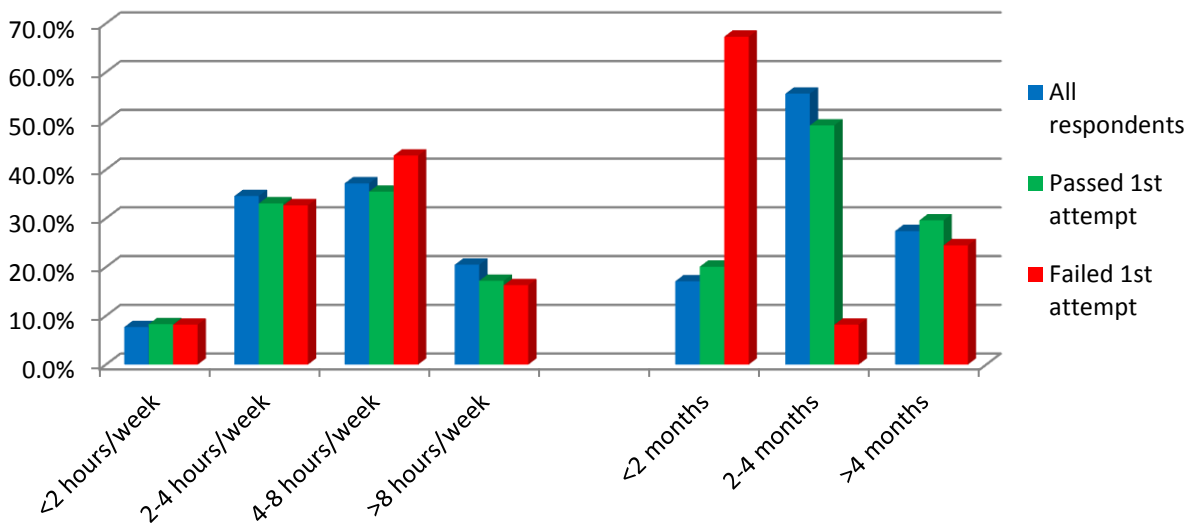
- Responders who valued an external (paid for) CSA course highest: Passed first attempt = 8.2%, failed first attempt = 10.4%
 - Valuing an external CSA preparation course most highly has an association of making it 1.3 times more likely that a candidate will fail at their first CSA exam attempt
- Responders who valued a deanery CSA course highest: Passed first attempt = 4.1%, failed first attempt = 10.4%
 - Valuing a deanery CSA preparation course most highly has an association of making it 2.5 times more likely that a candidate will fail at their first CSA exam attempt

- Combining the above shows that valuing any CSA preparation course most highly has an association of making it 1.7 times more likely that a candidate will fail at their first CSA exam attempt

Responders failing the CSA at their first attempt also appeared to have an association to value online resources over books whereas those who passed the CSA at their first attempt appeared to have an association to value books over online resources.

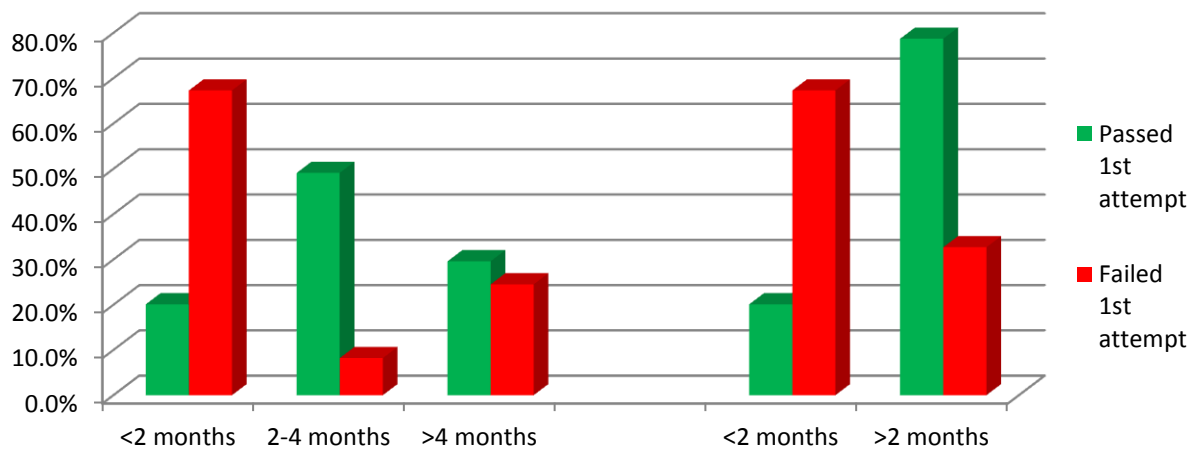
Time spent preparing for the CSA exam:

Time preparing	<2 hours / week	2-4 hours / week	4-8 hours / week	>8 hours / week	<2 months	2-4 months	>4 months
All respondents	7.7%	34.6%	37.2%	20.5%	17.1%	55.6%	27.4%
Passed 1st attempt	8.3%	33.1%	35.5%	17.2%	20.1%	49.1%	29.6%
Failed 1st attempt	8.2%	32.7%	42.9%	16.3%	67.3%	8.2%	24.5%



From the responses there is clearly a tendency for CSA candidates to spend a significant amount of time preparing for the exam regardless of the eventual outcome but differences emerge when comparing those who passed at their first attempt compared to those that failed at their first attempt.

Time preparing	<2month	>2months
Passed 1st attempt	20.1%	78.7%
Failed 1st attempt	67.3%	32.7%



There is a significant difference between the 'passed at first attempt' and 'failed at first attempt' cohorts with respect to the amount of time before the exam preparation was started. Longer preparation is associated with a better chance of passing first time but only up to a point; there is no significant difference at > 4 months:

If comparing preparing for <2 months against preparing for 2-4 months:

- Preparing for <2 months has an association of making it 3.3 times more likely a candidate will fail the exam at the first attempt
- Preparing for 2-4 months has an association of making it 6.0 times more likely a candidate will pass the exam at the first attempt

But if comparing preparing for <2 months against preparing for >2 months:

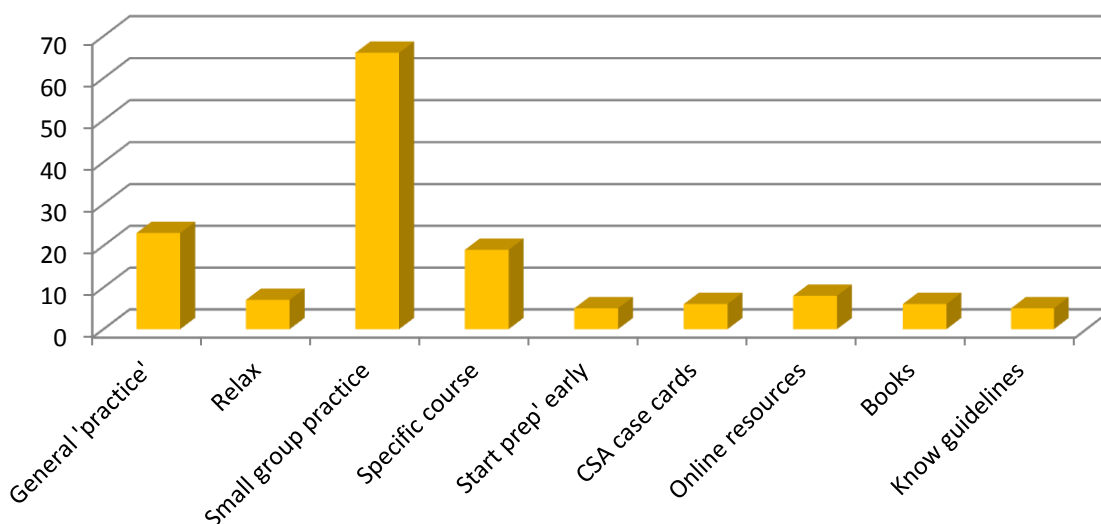
- Preparing for <2 months has an association of making it 3.3 times more likely a candidate will fail the exam at the first attempt
- Preparing for >2 months has an association of making it 2.4 times more likely a candidate will pass the exam at the first attempt

Free text recommendations & reflection:

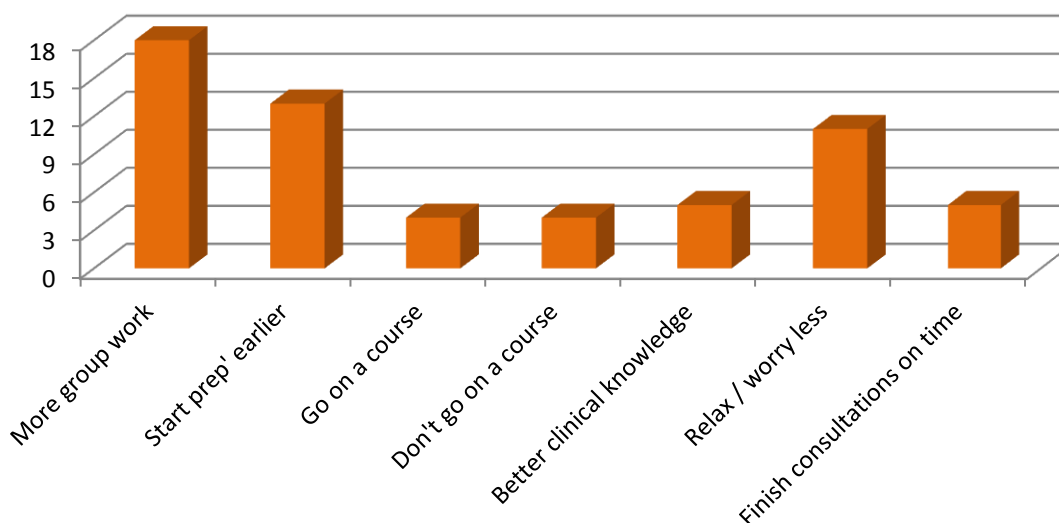
A full list of the responder's recommendations and reflections are listed in appendixes 6a and 6b.

All the free text recommendations & reflections were reviewed and the responses categorised by the most frequently occurring themes:

Recommendations (n = 152)	Frequency of comment	Notes
Non-specific 'practice'	23	
Relax	7	
Small group practice	66	
Specific course	19	RCGP course frequently recommended
Start preparation early	5	
CSA case cards	6	
Online resources	8	Bradford VTS website frequently recommended
Books	6	
Know guidelines	5	



Hindsight reflections (n=90)	Frequency of comment
More group work	18
Start prep' earlier	13
Go on a course	4
Don't go on a course	4
Better clinical knowledge	5
Relax / worry less	11
Finish consultations on time	5



Analysis:

Of the results reported several are notable and merit further consideration

1) 'If one fails the CSA once you have a 50:50 chance of failing it again'

- This result is notable only because, if a fair reflection of fact, it is not freely available via RCGP currently published material.
- The fact that this survey data may be skewed towards primary English speakers rather than IMGs may be a source of bias in this outcome as may be the size of the response; total number of responders = approximately half an average CSA exam sitting size over the last year (252 vs 539).

2) Resources used and their perceived value

- Resources combined medal table:

1 st attempt	Resources used		Ranked in top 3 resources		Most valued resource	
	Passed	Failed	Passed	Failed	Passed	Failed
1 st	Group study	Group study	Group study	Group study	Group study	Group study
2 nd	Books	Books	Books	Books	In-practice teaching	In-practice teaching
3 rd	Self-directed	Self-directed / in-practice	In-practice teaching	In-practice teaching	External course	External / Deanery course

- The core question asked by this study is answered by the above table that group study, in keeping with the RCGP advice^{xiv}, is the most valued CSA preparation resource.
 - Of particular interest is the evidence that the perceived value of group study is significantly higher in those responders who passed the CSA at their first attempt compared to those who did not.
 - Perceived value of group study could be down to engagement, confidence or one's ability level within the group leading to false or reinforced feelings of lower confidence
- The differences in pass rate depending on attendance of a CSA preparation course may initially seem spurious but when compared to the free text reflections it may be a finding of note.
 - Deanery courses received notable criticism in the free text reflections in comparison to the formal RCGP course and use of a Deanery course was much higher (1.6 times) in candidates who failed the CSA at their first attempt. The RCGP course received notable praise in the free text reflections.

- The potential bias here is that more confident or stronger candidates whose chances were always better for a first attempt pass may feel a preparation course is unnecessary whereas less confident or weaker candidates with poorer prospects for a first attempt pass may feel a stronger draw to such revision aids.
- It may be questioned why it would appear that some deaneries (71%) provide CSA preparation as part of VTS teaching and some (29%) seemingly do not.

3) Time spent preparing for the CSA exam

- This study shows a profound difference in a candidate's chances of passing the exam at their first attempt depending on how long before the exam preparation was started.
 - Preparing for <2 months compared to 2-4 months has an association of making it 3.3 times more likely a candidate will fail the exam at the first attempt
 - Preparing for 2-4 months compared to < 2 months has an association of making it 6.0 times more likely a candidate will pass the exam at the first attempt
 - There is no difference of significance for preparation > 4 months
 - This finding, as with all this study's findings, could be skewed by sampling/volunteer/non-responder bias, reporting bias, recall bias, exclusion bias due to the way the study's recruitment link was disseminated and the Hawthorne effect.

4) Recommendation and reflections

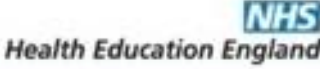
- This free text section returned clear evidence that this study's responders overall would advise the following:
 - Study in small groups
 - Start one's preparation early
 - Go on the RCGP CSA preparation course
 - Use books and the Bradford VTS group's website^{xv} to facilitate small group study
 - Relax, don't worry
 - This is in keeping the evidence from the closed responses but is subject to the same considerations of possible bias as above.

Summary:

This study's evidenced recommendations for CSA exam preparations are:

- Start revision early; at least more than two months before the exam.
- Study in small groups (3-5 varied people) and give frank honest feedback. Use books and the Bradford VTS website to facilitate this.
- If you want to attend a course go on the RCGP CSA revision course.
- Relax and don't worry.

Appendix 1: Screenshots of online survey



CSA Preparation Survey

Page 1 of 5

Welcome to our 1 minute survey on CSA preparation. Honestly won't take long; there are only 9 questions!
This survey is for ST3s and GPs who have sat the CSA exam in recent years.
Thank you so much for your time and effort to help guide the training of future GPs.
Kettering GPST2 Trainees

1. What level are you in your training?

ST3

GP

2. How many attempts have you had at the CSA?


1

2

more than 2

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CSA Preparation Survey

Page 2 of 5

3. Did you pass the CSA first time?

- Yes
- No

4. What resources did you use revising for the exam the first time?



- books
- external courses (paid for)
- courses run by the deanery
- online resources
- VTS teaching
- In-practice teaching/tutorials
- self-directed
- group study
- Other (please specify)

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CSA Preparation Survey

Page 3 of 5 - half way

5. Please rank what you felt are the 3 most useful CSA study methods? (Only your top 3 please)

<input type="checkbox"/>	<input type="checkbox"/>	books
<input type="checkbox"/>	<input type="checkbox"/>	external courses (paid for)
<input type="checkbox"/>	<input type="checkbox"/>	courses run by the deanery
<input type="checkbox"/>	<input type="checkbox"/>	online resources
<input type="checkbox"/>	<input type="checkbox"/>	VTS teaching
<input type="checkbox"/>	<input type="checkbox"/>	in-practice teaching/tutorials
<input type="checkbox"/>	<input type="checkbox"/>	selfdirected
<input type="checkbox"/>	<input type="checkbox"/>	group study
<input type="checkbox"/>	<input type="checkbox"/>	<i>[insert text from Other]</i>

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CSA Preparation Survey

Page 4 of 5 - nearly there

• 6. How many hours preparation did you do a week for your first C SA exam?

- Less than 2 hours
- 2-4 hours
- 4-6 hours
- 6+ hours

• 7. How many weeks before the exam did you start practising for the C SA exam the first time?

- Less than 2 months
- 2-4 months
- more than 4 months

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CSA Preparation Survey

Page 5 of 5 - last 2 questions. Thank you so much :)

8. Any recommendations/advice?

9. With hindsight would you do anything differently?

Previous

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Appendix 2 – Email requesting dissemination help – All deaneries:

Subject: Re: Survey request from HEEM

Dear GP training deanery colleague,

We are a group of ST2s from Kettering trying to help GP trainees improve their revision for the RCGP CSA exam. Would you please consider circulating the below email to your GPST3s and recently qualified GPs requesting them to complete a 1 minute survey to help us hopefully help all GP trainees in the UK.

We promise we will share the findings of this project with you and are happy to return the favour of survey completion for your deanery in the future.

Thank you so much for you time and efforts. Please contact chris.targett@nhs.net if you have any questions or concerns.

Yours gratefully,

Dr Chris Targett GPST2 on behalf of Kettering GPST2 VTS group

Email to your deanery's ST3s & recently qualified GPs

Re: 1 minute survey to help GP education

Dear GP/GP trainee colleague,

We are a group of ST2s trying to help trainees improve their revision for the RCGP CSA exam. Would you please complete a 1 minute survey for us please to help us hopefully help all GP trainees in the UK.

We promise we will share the findings of this project with you and are happy to return the favour of survey completion for your deanery in the future.

The survey can be found at <https://www.surveymonkey.co.uk/r/CSAprep>

Thank you so much for you time and efforts. Please contact chris.targett@nhs.net if you have any questions or concerns.

Yours gratefully,

Dr Chris Targett GPST2 on behalf of Kettering GPST2 VTS group

Appendix 3 – Online services publishing survey link:



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GP training CSA

Survey seeks GPs' views on CSA learning resources

10 February 2016 Be the First to Comment

GP trainees from East Midlands Deanery are undertaking a survey to find out which resources have proved most useful for GPs sitting the CSA exam.

[Discuss on Facebook](#)



Dr Chan Targett, one of the trainees involved with the research, said: 'We are hoping to reach anyone who has taken the CSA in the last four or five years – both those who passed first time and those who didn't.

'We will be sharing the findings with trainees from every deanery to help them understand which resources are of most use for CSA practice and revision.'

Click here to take part in the survey

Read these next



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10 November 2011

Just published

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Limb pain in children

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Across the Country

GP Partner Vacancy
Wallace House Hertfordshire

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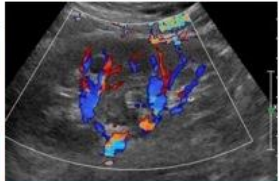

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Survey seeks GPs' views on CSA learning resources

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Limb pain in children

Illustrated: scans and X-rays

Your profile is GP In training (years 1 & 2) in General Practice

Help

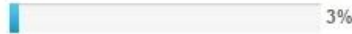
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Is your profile up to date? Update



Your status is
MEMBER



Watch out for special offers to earn extra credits

Market research status
What is this?



eSR points: 0



Learning Record credit: 8.25

Market research

Your market research status is:



Opt in >

Gain entry to the monthly prize draw for 10,000 eSR points. [What is this?](#)

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- James Berry - Research Fellow, General surgery
- Damian Clark - Foundation 2, General surgery

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Have you done the GP CSA exam (MRCGP)?

You might remember that there was very little evidenced advice to help you prepare for it therefore a small group of GPST2 trainees have undertaken to research this. If so would you please take one minute to complete a survey into the methods trainees used to prepare for it. [Read more](#)

Are there controversies in the new NICE type 2 diabetes guideline?

Read this review by Professor Steve Bain to learn more about the controversial targets for HbA1c and drug therapy for blood glucose control. [Read more](#)

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CSA Survey

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Forum: GP Registrars

1

Posted by Doctors-Mess >> 7 hours ago



CSA Survey

Have you done the GP CSA exam (MRCGP)? You might remember that there was very little evidenced advice to help you prepare for it. Therefore a small group of GPST2 trainees have undertaken to research this. Would you please take one minute (genuinely - only 9 questions) to complete a survey into the methods trainees used to prepare for it? Just click here to participate: <https://www.surveymonkey.co.uk/r/CSAprep>

Thank you so so much and we promise we will share the results with you soon via Doctors.net.uk.

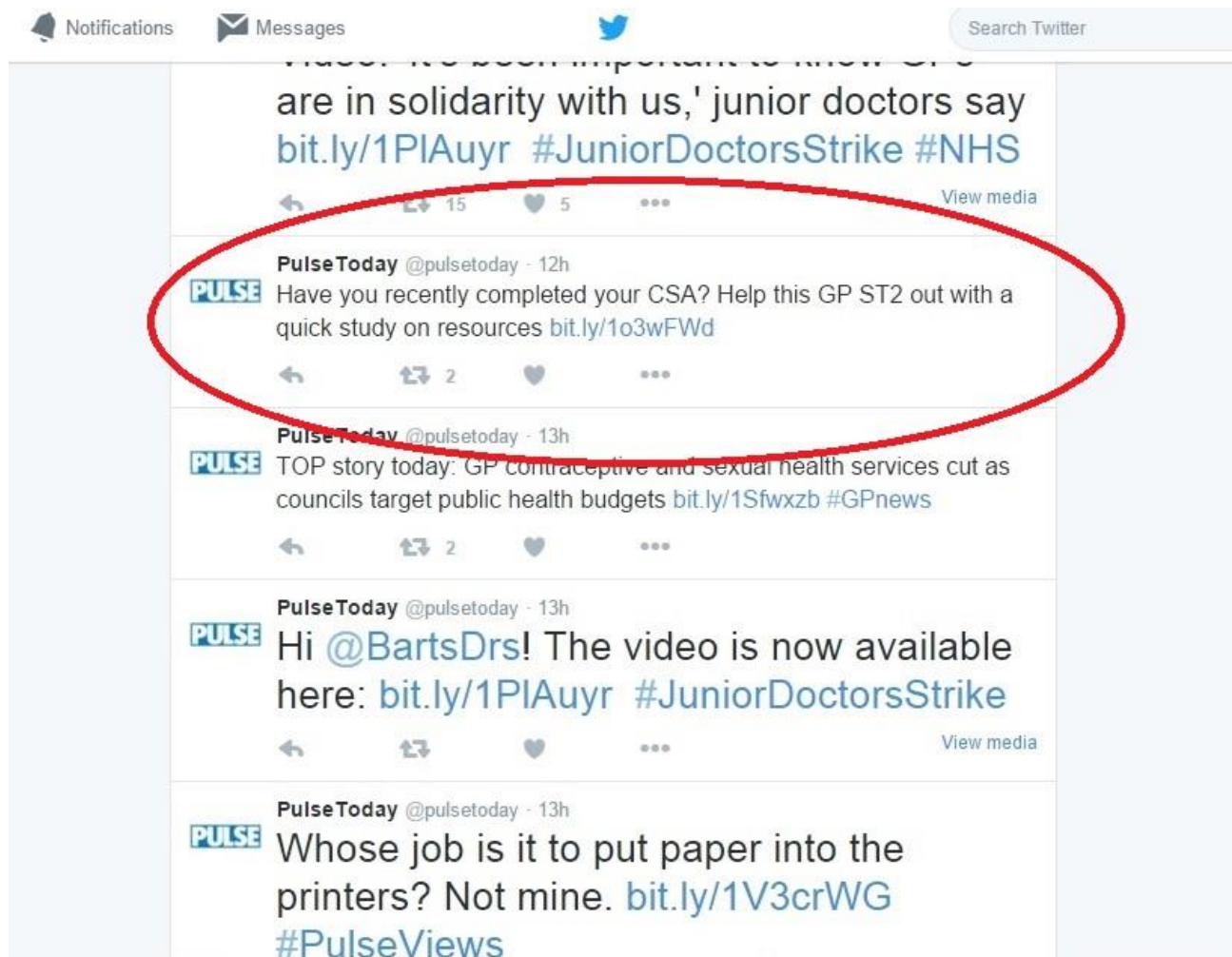
Yours very gratefully,

Chris Dr Chris Targett GPST2, HEEM

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Appendix 4 – Tweets:



PulseToday @pulsetoday · 3h



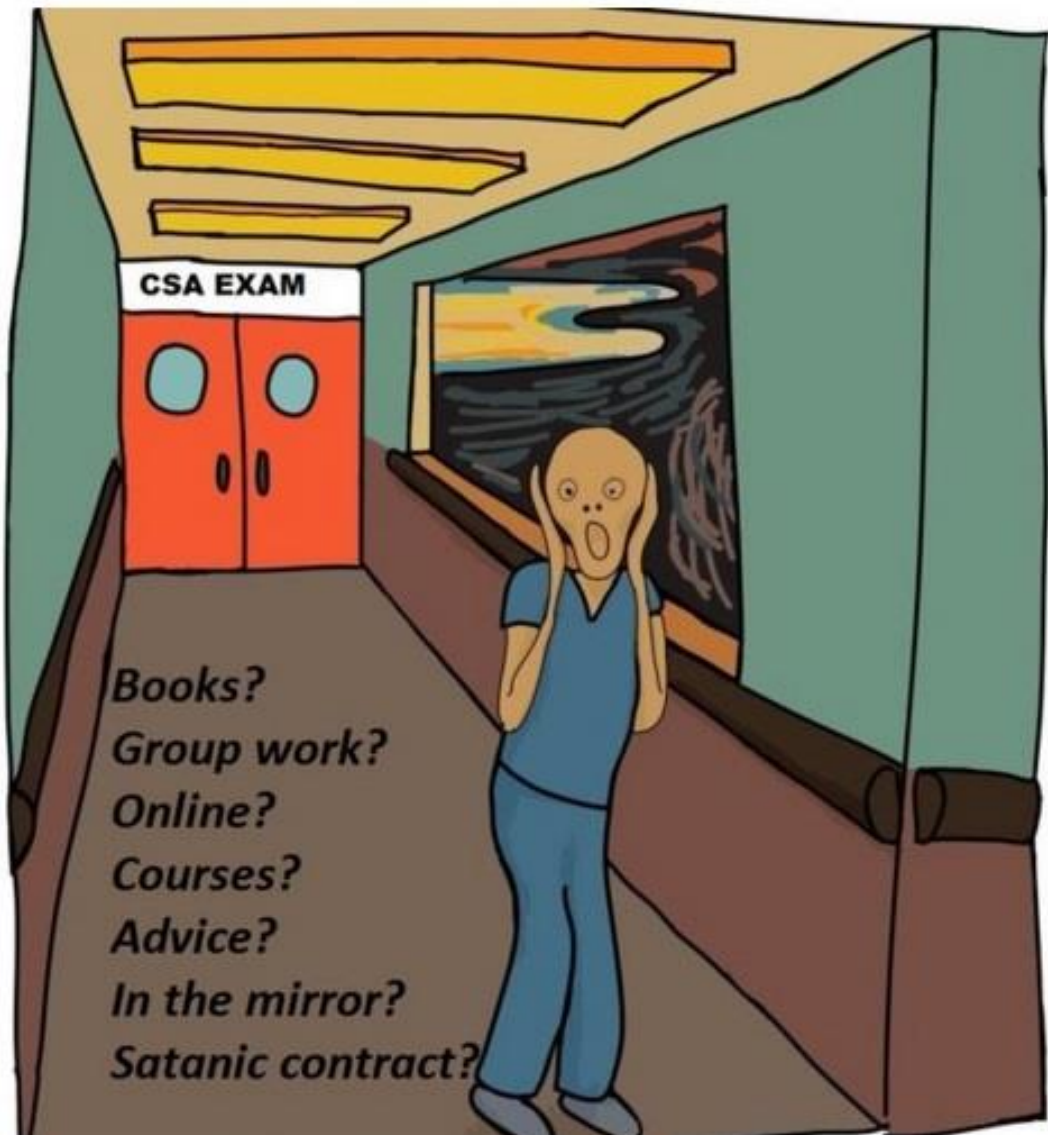
Completed your **CSA** recently? Dr Targett is doing a survey on revision resources. Help here: bit.ly/1o3wFWd





Chris Targett @Doctor_Tigger · 6h

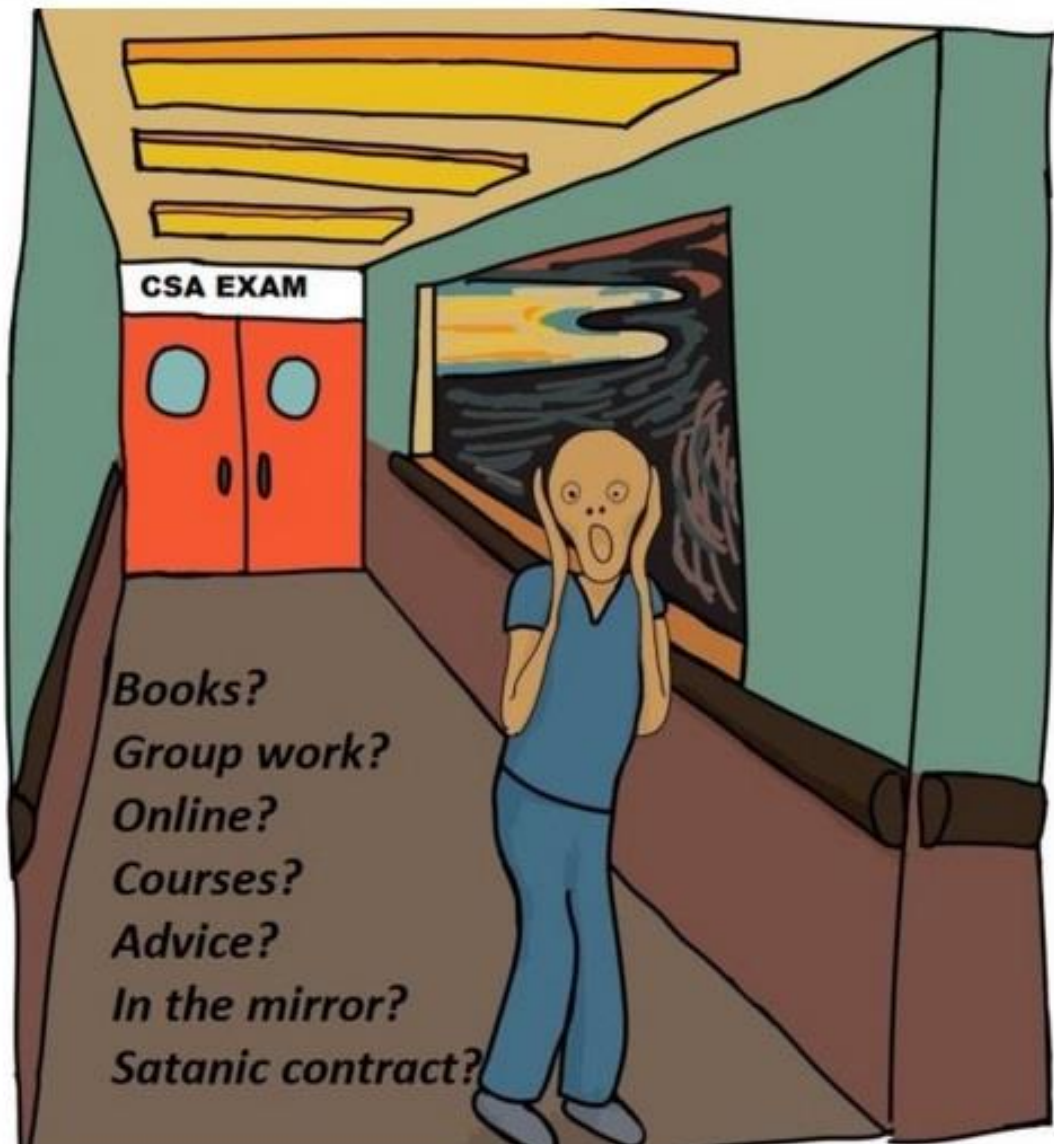
@NHS_GP Hi, would you tweet a link to an ST2 group's survey project please? surveymonkey.co.uk/r/CSAprep Takes 1 min only





Chris Targett @Doctor_Tigger · 2h

@GPonlinenews Done CSA? Can you spare 1min to complete a survey about revision and help us? surveymonkey.co.uk/r/CSAprep



Appendix 5: CSA pass rates

CSA examination's pass rates by sitting for the last 3 years^{xiii}:

Sitting	Overall pass rate	1 st attempt pass rate	Number of candidates
January/February/March 2013	71.8%	78.6%	2199
May 2013	59.4%	70.3%	1039
November 2013	70.3%	83.5%	860
January/February/March 2014	79.9%	83.3%	2217
May 2014	65.2%	76.2%	879
October 2014	67.2%	84.2%	177
November 2014	68.0%	84.8%	228
December 2014	75.2%	85.0%	326
Jan 2015	80.2%	86.4%	645
February 2015	89.0%	92.0%	454
March 2015	76.6%	80.8%	995
April 2015	75.0%	77.9%	324
May 2015	65.1%	73.1%	550
November 2015	69.9%	81.9%	292
December 2015	74.8%	80.7%	416
January 2016	78.9%	82.7%	744
Average – weighting corrected	73.3%	80.5%	12345

N.B. The above data includes results from all candidates (UK & international medical graduates) whilst the survey data was collected from UK of Great Britain and Northern Ireland only.

Appendix 6a: Recommendations & reflections

Question 8 free text answer – Any recommendations?

- CSA examination is not relevant to actual clinical practice after becoming a GP.
- I took the CSA like a game and this helped me relax on the day. I just had to learn to ask the right questions to unlock the next level of the consultation. I was fortunate enough to be a GPST3 in a surgery with patients that were like CSA cases.
- Practice practice practice
- practice and relax... easier said than done.
- Start group practice as soon as possible and then build it up towards the exam (minimum of 3months). I passed second time around. The Chris Marr course was very helpful and was the major change for me.
- No it was fairly straight forward
- Best bit of advice I was given was to treat it like a morning surgery and just be yourself. Pretend the examiner is your trainer sitting in. It is stressful given the time constraints but even though I over ran on several cases and did not finish, I was not marked down for this at all.
- Use GP update to keep abreast of changes to guidelines. Someone who has taken the exam recently and scored well can be a very useful examiner in practice runs and group study.
- Treat the exam like a normal day in GP. You need a good breadth of knowledge but don't need to know specifics so don't get bogged down in management details. Revise common conditions and guidelines eg T2DM, COPD, asthma, CKD. Work in study groups but need to be 'critical friends' rather than just saying you did great for every role play. Finally for many IMGs I think communication skills are the biggest barrier simply due to cultural differences - practice with non-IMGs if possible to pick up on subtle language use.
- Find a buddy to revise with. Max group of 2-3. No more. Practice cases with others but also go through guidelines yourself.
- role play is key. have a group of 3 and take turns being Dr patient and examiner. practice in surgery is good however real patients make things challenging. CSA patients are less likely to waffle /multiple issues
- Paid for the emedica course as it was local and they covered topics and cases that I wouldn't have thought about. It was good to do role-play with people I haven't worked with before. For CSA practice, we had a large group of 10 people that split into two subgroups. We tried to rotate round so we had different people each time in the group. It didn't work out that well and we ended up sticking in small groups of 5-6 people. It meant that by the end, the group knew each other almost too well and picked up on body language or similar that would give away the case. Other than that, we practised using cases from books and online. Often, there was spread by word-of-mouth of

previous cases encountered by passed CSA candidates. We started off with routine cases and built up from there. The "best" cases were the really hard ones where you had to sit and scratch your head. It made me more comfortable with dealing with "curveball" cases especially in the actual exam. As we went into the final two weeks before the CSA, we covered more of these cases.

- to form a group with your VTS friends and meet weekly to practice scenarios from various books, the RCGP CSA case cards were useful to practice explaining things to patients.
- Really identify your weak areas and focus on these. Read latest guidelines for chronic disease and learn red flag questions and 14 day referrals. Use every opportunity to practice whether with patients friends or tutor or colleagues. Keep reading and practising, get times down to around 15 mins in surgery, annotate and familiarise yourself with the bnf. Don't sit it until feel reasonably confident u will pass
- Group practise with practise cases from the Pennine VTS website worked well
- Try practising in pairs - use online practice cases (pennine vts gp training website is excellent)
- Group work invaluable. Best to organise with friends as a regular meet with lunch first to catch up over.
- Start early and form a practice group of 2-3
- hard work. Communication skills could be learnt!
- Do as many consultations as possible during the weeks leading up to the exam, get your consults down to max 15minutes (ideally 10mins) dont forget in the exam you dont have to wait for the patient to find your room, they dont come with multiple problems and you are not required to write notes, which means you actually have more time in the exam than in real life! Ask open questions to begin with - not forgetting the ICE, then ask more specific questions. Be prepared to probe quite deep - the actors rarely give away information for 'free' Maintain a structure to your consultation and stick with it - as long as it works for you and you feel comfortable look at the equipment on the table in the room - it will give you a clue on what you will need to use throughout the exam Dont look too hard for a hidden agenda, there isnt always one. Ask a few simple questions 'how is this affecting you?, Is there anything else you would like to discuss?' - this will normally get to the bottom of any underlying issues not already addressed. Treat it like a normal surgery (Be yourself!) - within 2 minutes of the consultation starting you forget the examiner is in the room with you anyway Dont panic if you dont finish / wrap up the consultation, you will still gain credit for what you have done As soon as the buzzer goes the actors will just leave, this can be disconcerting at first. When preparing - work in groups of 3 and rotate roles regularly (Patient/Doctor/Examiner), work with people you feel comfortable with who will give and receive honest, constructive criticism. Dont get overly worked up / anxious about the exam - you are simply showing the examiners what you have been doing for the past 3 years Stay close to the RCGP the night before - remember you cant always rely on public transport, and if you are delayed this will add to your stress.

Dont forget to claim the tax back on any exams that you do (and any expenses as a result of them)

- Practice practice practice
- Practicing at timed consultations in surgery and in study group especially helpful. RCGP course useful to alleviate anxiety by going to the venue before hand
- Stay positive. It's not an easy exam, but it's not impossible either.
- small group study based on common scenarios from CSA preparation books watching videos of 'CSA' type cases
- get down to 10 minute consultations as quick as you can in a real life gp surgery be yourself and don't follow a formular. Have no plans apart from your own style and knowledge
- Practice and see patients
- group practice invaluable and seeing patients in 'exam format ' i.e . 7 then 20mins break then 6 patients to get in to rhythm of 10min appt back to back.
- Practice and develop your consultation. Model. The ICE was the most important aspect when I took the exam. Work hard with each patient exposure and then forget it and move on to the next patient.
- training course with peer/examiner reviewed cases/role play - whilst horrid to do was really beneficial
- See the CSA as a normal surgery that you do every day. They are not expecting miracles.
- get a group of friends, ideally start with 3 per group for feedback and rotation. closer to the date try to find a qualified Dr to run a few cases back to back so it is similar to the real thing.
- Sat the exam shortly after it was first introduced. Only one book available and no other resources at that time. Very limited support in hindsight.
- Get a small group and practice cases. Don't pay for a course!!
- Try and complete the case as a whole in ten minutes, you will get more marks! Don't need to spend money on lots of courses Find someone in your vts to practice with, a good study group is more than enough! No more than 3 people
- Small group practice ++
- Work through lots of scenarios with someone observing and giving feedback. Do 10-min consultations for a few months before the exam, to get the timing 'programmed in' to your consulting style. Make sure you have covered the whole of the curriculum.
- see as many patients as possible in clinics. encourage your practice to run a mock CSA with your supervisors as markers use tutorial time to practice cases you have seen with other trainees.
- our self directed VTS group practice scenarios from books were the most useful with observed consultation and critique
- speak to peers and GPs
- Practice practice practice

- Group work really helps as you learn from each others, lots of free resources on line also - Pennine vts, bradford VTS, CSA pass few cases, also many of the online CSA courses websites have free video's and tips. Also paid online CSA resources such as CSArevision and CSA cases are good. Also really important to use the consultation skills for CSA in your day to day practice.
- Role play to time
- Be yourself in the exam
- allow 2+ months minimum for what was the then, MRCGP. It was in 2 parts - MCQ in Newcastle & viva in Edinburgh. I was doing a quiet residential 1:2 ENT SHO job at the time so had no choice to be in residence with time on my hands alternate days so - real life Practice was approaching so that time to me was a Godsend. Just got a bare pass though but a pass nonetheless!
- See lots of patients, consult effectively and don't change for the exam
- Practice scenarios in group of 3 the best
- Get a small group of 3/4 of you together several months before the exam and practice consulting / learning together.
- attend course organised by the college and study group.
- I found the course gave me confidence and practice run going up to London etc. But expensive!!!
- small groups - I wish I did more
- working with a fellow trainee spending time verbalising explanations. watching a lot of videos of myself in consultations
- Practice, practice , practice. The exam is not a test of knowledge!!!
- Develop a timetable that covers the curriculum topics and stick to it. Use a variety of techniques to study in order to maintain your focus and interest. Although more stressful, doing the AKT and CSA in the same year means that you essentially revise once.
- CSA cases online
- Group work ideally in 3s. Go through a lot of cases. The more the better I think that is what counts. Deanery run course will pick you up on the fine details. It is very much like doing a surgery. If you are on 15 minute appointments and thinking in terms of the consultation hill it should be fine.
- CSA revision books are useful and are the minimum baseline knowledge any candidate should have by the time of their exam. Group practice is invaluable and should be done as often as possible going over as many cases as possible.
- I think that everyone differs in the way that they revise for exams, and people have different areas of weakness and strength, but having said that, for this exam practice consultations are really important. I also found practicing explanations and linking these to patient information leaflets or websites really useful which I now use in every day practice.

- 10 minute consultations in practice and seeing as many patients as possible probably the most helpful and do some role play cases for confidence and in awkward things you don't see everyday like genetics/ethics etc.
- See more patients in surgery, Learn practical aspects of management.
- Bradford VTS websites. Find a core group of 3 friends who will reliably meet to practice together and can do so honestly.
- Communication! ICE Practice so you will ideally not be too flustered Appear confident
- Practise in everyday surgery ,in groups n get feedback from different people ,colleagues ,tpds ,supervisor n
- pitch group calibre correctly
- Do a lot of cases with friends/tutorials/VTS teaching
- Seemed more luck than judgement at times
- Learn guidelines, practice practice practice
- actually seeing patients and practicing methods so thye were natural before exam- everything else a waste of time. Im sure it helped that I was a white british woman statistically
- Start early, find a mixed study group, book in CSA course and do in December
- practice
- group study to role play situations best help available
- Do lots of practice cases with a group of motivated and critical (but fair) peers. Practice with other good candidates and avoid practicing with weak candidates.
- the exam is assessing socio- linguistic skills but 2/3 of the marks come from data gathering and management .
- Do a course at the RCGP so you can see what the exam rooms are like and hear from the course examiners. Practice/tutorials/role plays - you can't read how to do pass it in a book.
- frequent group practice- 3-4 times a week
- play the game. Let the patient give their opening statement then ask them about their ideas expectations and concerns early to ensure you are covering what they are attending for.
- RCGP course was good Most useful thing was just seeing lots of patients at my practice (average 30 per day)
- Practice with friends as much as you can Be up to date with nice guidance- they may test changes in guidance RCGP cards/ patient.co.uk are useful to improve your ability to explain conditions in simple language Do weekly joint clinics/ analyse videos with your supervisor to help improve you consultation style
- questions about how many hours preparations make little sense as the primary preparation needed is seeing patients in surgery.
- Lots of scenarios with friends and get to know the timing needed.
- Keep update with guidelines, I found GP update course and book very helpful. Self-directed study and group work was essential but depends on individual motivation and

the group working well. We had weekly group meetings so we were more comfortable at giving constructive feedback.

- Make sure you find a small study group that works well for you, not too big. 2 or three people worked really well for us. It meant plenty of time in roles and a comfortable feedback environment.
- Treating each work consultation as a CSA case is the best practice, then no matter what they throw at you. The RCGP course was excellent and gave you a very clear way to look at the exam. I found the RCGP practice cards helpful and not too much hassle to look at - can be done on the loo etc.
- I worked with two different peer groups which was useful.
- practice lots with different people, in 3's - observe, dr, patient and swap.
- Form a good study group with peers early on. Later, everyone has formed a group and gets rather difficult to find like-minded trainees to practice with. Practice as many cases as you can - from books, real cases you have had, or make them up.
- Start thinking CSA the minute you start st3, practice techniques with your patients. OOH is a good source of unknown patients with one problem. I finished my hours before my exam this was helpful.
- Practice as much as you can with your fellow trainees. Be honest with feedback - point out positives and negatives.
- Group study is key and a supportive trainer helps
- Role play in peer groups with someone being an observer and feeding back was really useful. And for the exam itself - try to finish the case otherwise you can't get all the points.
- no advice as exam is subjective. i work in nelson where 99% of my patients speak urdu. with no english. CSA exam doesnt prepare non urdu speaking doctors for this type of work
- Be interested in the patient in front of you, Find out ICE early in the consultation Be safe, be honest, be yourself. Use all of your skills, check for patient's understanding, examine when necessary, arranged for appropriate tests, agree a plan and safety net. Above all be yourself.
- Speak to people that have taken it to get a feel for cases within rules. Attend the centre prior to the exam if possible
- can never have too much practice
- Practice with timer-aim to finish case 1 minute before actual exam time.
- Most stressful exam I have ever done and I have done my MRCP and numerous diplomas. Just relax and be yourself.
- lots of practice questions ensure know current guidance for long term conditions
- Nike principle - just do it. Enter the first sitting you're eligible for, and get ready. Wait to long exam prep fatigue sets in.
- In groups, practice by each doing 3 scenarios,1 after the other with 2 minute break + no feedback/talking between.

- Watch tv soaps. For IMGs this is the best way to understand the pretence and drama of csa acting.
- Do tutorials with your trainer, force yourself to do group study, eg. Saturday afternoons, practice on the VTS training, do a mock exam & ask if any more are available, time yourself so that you finish within the 10 mins, & try to ensure that you have finished data-gathering by 5 mins, so that you finish management by 9mins, 45 secs. If you don't know something, say that you will endeavour to find out within a defined time period, eg. 1-2 weeks & arrange follow-up.
- Pennine GP/BArdford GP websites
- Doing clinical scenarios in small groups & providing feedback on each other is excellent, even better if you have a GP trainer prepared to be present. - The NICE CKS website is excellent for learning the management of common GP conditions, & importantly the ORDER you should try different types of treatment, I feel they look for this in the CSA. - Get down to 10min appts in ST3 year as quickly as possible, video as many consultations as you can and watch them with your GP trainer. Be prepared to take on board any criticism! - Make consultation plans/structures for how you will deal with a standard consult, but also 'special' consults eg the angry patient, the patient who wants to deal with 5 problems, etc. Then PRACTICE them! - Be prepared to deviate from your normal consultation structure in the CSA if the scenario demands it. - On the day dress smart, then relax and just treat it as you would a normal day at the surgery!
- RCGP course- I found this helpful as it was held in the same building at the CSA exam- hence familiarity with the building and setup allayed some of my anxieties. choose 2-3 currently published books rather than hundreds of different ones.
- Small group work + vts mock exams are excellent if getting good feedback from trainers experienced at CSA preparation. Book work also helps, as long as you watch out not to get too bogged down in akt-style revision
- Patient.co.uk good resource for explanations about conditions to patients
- Stick to your own style. Don't try and adopt a new CSA style. Know the management of common scenarios inside out. Don't be fooled that its only about communication! Practice in structuring the consultation within 10 minutes is the most important.
- none, wish all other prospective candidates best of luck
- Work with a good group of trainees who are at your level. Treat it as any other morning in surgery
- Rcgp course in London is good
- Practice with your supervisor. Video yourself to look for errors
- <http://medimaps.co.uk/gp-trainee-resources/>
- Practice- and be brutally frank with feedback
- practice in a small group of people with a mix of skills, backgrounds, personality types and ethnicity. make sure that you are strict with timing especially towards the end and that you aren't too soft on each other in the group

- To always safety net in the consultation
- group practice in 3-4 only. See enough cases in real life GP.
- role play until you are sick of it Flash/case cards were useful to nail explanations
- Structure. Timing. Practice examination and with parts replaced by information
- Practice within small groups, get feedback from supervisor, know your guidelines
- Study group with 5 other ST3s was absolutely brilliant for peer support as well as consultation practice / knowledge
- Trusted group of colleagues from VTS to share and consolidate your learning. Brave and honest role play was really helpful, working together in order to help each other to get through.
- Group work with peers is extremely useful. It builds confidence and generally is a less stressful environment to learn. Towards the exam it is useful to start running 'mock' sessions with a few cases 'back to back' and then doing feedback, to give some of the feeling of pressure that you experience with the exam. Many of the mock CSA books are very good for cases and also things to think about with varying cases.
- Group practice with people who you aren't necessarily your friends as friends can be either too nice or overly critical.
- work hard
- Group practice and tutorial with trainers most helpful.
- practise in a group and be real with one another, be harsh if you have to be
- Concentrate mainly on group practice and bread and butter cases.
- A combination of group role play and individual study of guidelines works best
- Get a study group started early with a focus on practice cases against the clock
- be careful with study groups as one might pick up wrong consultation skills, by the other trainees.
- Una coles course taught me the method. Nothing like a normal consultation. just a formula.
- I was worried about the obscure conditions coming up but everything was fair "bread and butter" GP cases in the actual exam.
- Practice, practice, practice! (Role play) Be aware of the time! Don't underestimate it - it will be more difficult than expected Take your time reading the case/ instructions and make bullet points of important things to ask or address during the consultation so you don't forget
- GP VTS Bradford website is very useful resource English is not my first language, so I started practising for exam as soon as I started my third year of training and took the exam in February. practice is the key.
- stop CSA and start know the person. Assess each person and stop generic testing
- Do lots and lots of role play and get a more experienced doctor to observe and critique. Do as many different types of cases and characters as possible. Time all your consultations to see how easy you find keeping to 10mins.
- Know your guidelines very well because stations are usually on the newest guidance
- Don't be tempted to take it too early. A lot of experience is gained in ST3

- No, very biased examination, had no life while preparing, despite very few criticism, still scored low marks
- Forget niceties and focus on clinical medicine
- Poor guidance from the college on revising. Much harder exam than expected and overpriced.
- Took the course at the RCGP to reduce the anxiety of finding the building, what the rooms looked like etc so was great for that but the course content wasn't worth the money. Our VTS scheme hired in medical role players for a couple of sessions - this is probably a better use of money if the schemes can afford it or people chip in and contribute. Found book work helpful between group practice sessions.
- Group study and regular practice of cases within the exam prescribed time among the group is the best and surest way to pass.
- Start from ST1
- do lots and lots and lots of practise watched by as many different doctors as possible.
- do the RCGP course as you know how it is marked Just follow pendletons model Don't over think it. Do your AKT similar time to CSA - knowledge from AKT same for CSA
- Make sure you take feedback
- deanery course, tutorials
- Remember its a performance, try and believe the actors are real patients
- RCGP CSA course
- Know current guidelines eg NICE. Practise consultations with peers eg using examples in CSA books. Know the format of the exam. Give yourself enough time to prepare - eg 3 months.

Appendix 6b: Recommendations & reflections

Question 9 free text answer – With hindsight would you do anything differently?

Answers of 'no' not reproduced below.

- more group practice
- Yes. What I did differently the second time was: 1. I started group practice 3 and half months prior to exam and met regularly for 2 hours 3 times a week. Finished all the cases online we could find. 2. I attended the Chris Marr course! This was brilliant. 3. I had directly observed surgeries with my trainer, helped me get used to coping with the examiner in the room!
- Attend CSA courses (paid for)
- No. Please don't make it easier, MRCP is already devalued compared with the other specialities. Are we really discussing allowing candidates 5 attempts?
- I did 2 CSA (free) practice sessions via the Deanery which were run the same way but with different cases and were definitely the best training and help - plan to do these well ahead of time.
- probably wouldn't have gone on course. expensive and felt didn't gain much. what was useful was doing mock consults in the exam suite.
- If we had started a little bit earlier eg a month it would have meant more practice. We ended up meeting daily in the last week before sitting the exam. Starting earlier would have reduced the pressure a little. We arrived at the exam centre the night before and stayed in a hotel. It was then a few minutes' walk away. The night before and the morning of the exam, don't read anything or try to study - you either know it or don't. Remain relaxed and calm. Once the exam is underway, by the second or third case, you'll find your feet and it'll seem like a normal surgery.
- Was easier than I thought but only because revised so thoroughly and at least 6 months before. Try forget the previous case and focus on case your doing to give best chance of passing each case
- Practice more in a pair
- I could have started earlier
- More clinical knowledge revision
- I would have taken more time to prepare for my first resit (2nd attempt) as I hadn't really ironed out the mistakes that I made in my 1st attempt.
- I do think that trainees who are not as confident or may not have strong personalities need to have clear support from their deaneries/TPDs to form study groups
- just say what comes naturally rather than mentally box ticking it's a stupid exam
- not sitting exam as an ST2! i wasn't experienced enough in retrospect and had no friends to practice with as was out of sync after taking time out
- Practice explanation of conditions

- not sit an exam on the 19th floor!
- concentrate on timings a bit more during the practice sessions
- Sat the CSA early sitting as was getting married in May . Too soon. Ended up sitting it 2nd time before wedding!
- Role-play
- I sat CSA first time maybe too soon after AKT Remember time management is important and examine appropriately
- Maybe started revision a bit earlier
- Choose a career with a fairer exit exam
- Don't waste money on expensive courses - lots of free resources available and just as good.
- more role play scenarios
- learn rcgp curriculum
- tried to worry less
- I don't think you need to attend CSA courses to pass CSA exam
- Not have been so worried about it
- Relax more
- be more well rounded, read further apart & develop a specific clinical interest to pull the examiners towards
- Not worry as much! I was better prepared than I thought I was
- No. Was very lucky to have had sound advice from previous year groups which worked!
- I would have done the above two at my first attempt and put in more time and effort .
- Yes. Would not worry or stress so much about the exam. The more relaxed you are , the better your chances of passing .
- Start preparing around 6 months before the CSA exam rather than 3 months. Good luck to all those about to sit their exams.
- Worry less
- No. Maybe focus a bit better on relaxation techniques for the day.
- No, aced it first time! BTW the exam should not be this expensive and would be very interested to hear the outcome of your research.
- Do more practice and video more consultations
- Be more practical and specific, use common sense.
- Prepare more ,for the unseen unusual cases
- No- pity people who dont have english as a first language as they may tend to form similar groups
- Less group work and more reading to update clinical knowledge
- Be less worried
- nothing. worry less about it
- get my training in London, Oxford or KSS deaneries
- I would have practiced clinical examinations more.

- already had people in the group who had failed multiple time- their experience was valuable
- The main thing is to ensure you finish each consultation giving a plan to the patient even if you are not quite sure what is going on. Its amazing how many marks you lose even when you are doing a good consultation if you don't get to complete your management plan. ensure you keep to time..try and move on so you complete a little of each section to maximise your marks.
- Spend less time preparing - it was not that useful and time relaxing would have been more beneficial to me overall.
- Only on the day!
- I wish VTS teaching had been more helpful for our year group, it felt like we were left to our own devices.
- I would not have gone on my local deanery course (Mersey) as it undermined my confidence and was not similar to the CSA
- I think I found a good balance.
- more small group practice
- Practice with another trainee in the presence of a newly qualified GP. Start early.
- Found people to group work
- I'd do it earlier
- Practice "practicalities" - having patient on other side of you, clock counting down not up, examinations - including getting people onto/off bed + undressed etc
- For males, gender reassignment will definitely help. And put on some make up to whiten up your skin if it's not of pure Anglo-Saxon pedigree.
- more group study
- Start earlier the right way with the right people.
- Yes: would not have spend hours debating how to introduce ones self etc - it doesn't matter!
- Stress less about it. Don't waste money on course due to peer pressure.
- Courses
- would be cool if there was an online network of CSA practice sessions from trainees all over the UK, so you log in and can practice with a few other people for free.
- Ask colleague to be more critical of areas i can improve on
- trained in a different speciality?!
- I would have been more relaxed
- I would be less formulaic and try to treat is as though it was a real surgery i.e. let the consultations flow a little better
- I would have started the group work earlier, we left it a little too close for comfort
- be honest with yourself group work helped the most if what you do doesnt work then look at changing how you do it

- I think my nerves on the day would have been better if I'd been more familiar with the set up at the college, I know they do a revision course which I would probably do for that reason if I had to do it again.
- Double the efforts!
- Try not to focus on the case just finished in the exam, hard if you feel that you could have attempted it differently.
- More bread and butter simple cases.
- Feedback to VTS teaching to do more actor/practice sessions from the start of ST3 teaching.
- At the time of the CSA I was still doing 15min appointments at the surgery. I am not sure whether going down to 10min earlier would have helped. However, our patients are NOT the typical CSA patients and often do not speak English, so sticking with 15min at least made me less stressed during my normal working day, which can only have been beneficial I guess.
- I passed first time so not sure anything else would have helped. however, I found video recording consultation and then watching with trainer very useful exercise.
- The part I found most challenging was knowing when to do an examination and when to just take a history. More guidance on this would have been helpful. Do they always want you to examine or is it ok to leave this out sometimes? I recall the headache station being a bit tricky.
- I failed the exam by two marks and the mistakes were to do with not being updated on new guidance. A lot of people say this exam was communication mainly but I felt the clinical knowledge was more important as I didn't have any errors with the communication bit and I am an IMG
- Yes, may be never should have enrolled for GP training if i had known it was going to be like that, the most agonizing years of my life, better forgotten than to think about it. I was under the illusion that i was going to be trained by unbiased people in a fair setting, how wrong i was
- Done it earlier in my training and started revising in ST2. Arranged for supervisor to focus on CSA earlier.
- Attend a good CSA course six months prior to exam and start practising cases for at least 6 months before the exams.
- Read all the NICE CKS topics Started preparing earlier and adapting my consultations to the CSA model earlier
- I would have tried to get to more group studies on top of the VTS sessions.
- I would not have gone to any thursday afternoon teaching - it's a waste of time!

References:

ⁱ Training curriculum – a submission to the postgraduate medical education and training board, December 2005.

ⁱⁱ <http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx>

ⁱⁱⁱ <http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx>

^{iv} <https://scholar.google.co.uk/>

^v Candidates' views of the MRCGP examination and its effects upon approaches to learning: a questionnaire study in the Northern Deanery. H. Dixon, Education for Primary Care . May2003, Vol. 14 Issue 2, p146-157. 12p.

^{vi} <http://www.ncbi.nlm.nih.gov/pubmed>

^{vii} Kettering General Hospital's library – part of Kettering General hospital NHS Trust

^{viii} <https://www.surveymonkey.com/>

^{ix} <http://www.gponline.com/>

^x <http://www.pulsetoday.co.uk/>

^{xi} <http://www.doctors.net.uk/>

^{xii} <https://twitter.com/>

^{xiii} <http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx>

^{xiv} <http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/~media/8835BE542A854D14B2DDEBD128138A7F.ashx>

^{xv} <http://www.bradfordvts.co.uk/>