Letters

Editor’s choice

How much do trainers know about the CSA exam?

Despite the MRCGP having three components, GP trainees spend a lot of time worrying about, and preparing for, the CSA. Anecdotal reports from them would suggest that there are significant differences in the amount and quality of support they get from their educational supervisors (ES) which is specifically aimed at this exam. Many ES assume that much of the preparation for it is done on the day release courses.

Despite the high pass rate for the exam in Severn (92% overall pass rate for all attempts in the latest statistics1) we thought it would be interesting to find out how much ES actually know about the CSA (most of whom will not have taken it). At a recent ES conference we did a brief quiz to assess knowledge of the structure, cost, and marking criteria for the exam. Forty ES answered the quiz.

The results showed that 25% did not know what the CSA cost, 50% knew what the CSA cost, but otherwise greatly underestimated the cost. This was particularly true for the cost of re-sits (65% underestimated), and only 15% appreciated that there is a maximum of four times that the CSA can be attempted.

Perhaps more worryingly from the trainees’ point of view, less than one-third knew about the marking domains and allocation of marks: obviously important to understand in order to give constructive feedback for CSA preparation.

Lastly, around 60% of ES thought that the pass mark was lower than it is, which was reflected in over-optimistic views about the percentage of candidates who pass the exam!

Overall, the above seems to reflect that ES are not aware of the high costs, lower pass rates, and limited number of re-sit attempts, all of which are obvious causes of concern to candidates, and why it looms so large in their ST3 year.

In terms of helping candidates with CSA preparation, lack of knowledge about how the exam is marked has implications for how effective ES feedback can be. The results of this mini-survey would seem to justify the anecdotal concerns of differences in support that candidates may receive from their ES, and is therefore an area that needs to be addressed.

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Should we charge for A&E?

I recently spent 3 weeks in Florence, Italy, in an emergency department at the regional trauma centre where, within a triage system of red, yellow, green, and white: white cases are non-urgent primary care complaints such as coughs, constipation, and earache. Patients over 14 years of age in this category are charged €25 when they have been seen, to discourage patients with non-urgent conditions, encouraging them to seek advice from their GP instead, and recouping the costs of unnecessary attendances.

With A&E attendances in the spotlight and NHS budget constraints such a topic of public debate, are we on the way to charging for some services? Would a charge for unnecessary attendances help to relieve pressure on A&E departments or...