The Royal College of Psychiatrists

CASC Masterclass

Brochure

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Introduction

The Clinical Assessment of Skills and Competencies (CASC) examination is the final stage of a series of examinations that are required to obtain membership of the Royal College of Psychiatrists in the UK. This examination is organised and conducted by the College. The CASC assesses a candidate's ability to apply their knowledge and understanding of the concepts of day-to-day clinical practice to a series of simulated and varied scenarios in quick succession. This is to enable the candidate to demonstrate essential and basic patient-centred skills, needed in the delivery of safe and effective patient care.

The Masterclass is not the CASC examination. Its design replicates the CASC and it aims to assist candidates in their preparation for the CASC. The Masterclass emphasises the importance of individualised feedback given to the candidates by experienced examiners. It is anticipated that candidates use the feedback judiciously to help increase their chances of success in the CASC.

The RCPsych CASC masterclass is a joint endeavour by RCPsych, GMC and HEE to provide training to psychiatry trainees to improve CASC examination pass rates. It is an effort to make the process transparent, support trainees to focus their effort effectively and help showcase their clinical skills best, in a way which does justice to their knowledge, experience and professional skills. This 2-day masterclass focuses on ‘technique’ rather than learning content by rote. It is facilitated by experienced CASC examiners. The aim is to prepare our trainees to perform at any station irrespective of the content and not to simply depend on ‘knowing’ an old station. Due to conflict of interest the masterclass cannot use actual CASC material but we need to remember that real CASC material is protected and confidential. What may be projected as actual material by any trainer can only be assumptive and a CASC examiner would be facing probity issues if CASC stations were leaked. New stations are being constantly re-written and the same scenario can lend itself to different questions and the same questions can be framed on

different scenarios. We want our trainees to think logically and approach any station with confidence, logical thinking and key principles.

Meet the Organisers

Prof Nandini Chakraborty

Consultant Psychiatrist, Leicestershire Partnership NHS Foundation Trust

Honorary Professor, University of Leicester

Prof Nandini Chakraborty is a consultant in early intervention in psychosis services in Leicester and an Hon Prof with the University of Leicester. She is Associate Dean of Equivalence in the Royal College of Psychiatrists and works closely with the specialist registrations applications team of the GMC. She sits on the College education and training committee, quality revision committee and international advisory committees. She is currently member of the curriculum revision working group which has submitted new psychiatric curricula to GMC. She is a CASC examiner and external advisor of the College. Nandini is also a PLAB 2 examiner and member of the PLAB 1 panel. She has a special interest in psychopathology and phenomenology, and is currently secretary of the WHO SCAN international panel. She also has interest in mhGAP and global mental health. As Associate Dean of equivalence, she bears responsibility for CESR dialogues with GMC and has been keenly interested in the recent changes to CESR-Combined pathways.

Dr Israel Adebekun FRCPsych

Consultant Old Age Psychiatrist & Guardian of Safe Working Hours, Oxleas NHS Foundation Trust

Honorary Senior Lecturer, King's College London

Dr Adebekun is Associate Dean for Trainee Support and a Deputy Chair of the Clinical Assessment of Skills and Competencies (CASC) Examination Panel in the Royal College of Psychiatrists. He is also a member of the Royal College of Psychiatrists Board of Examiners. As a previous Acting Director of Medical

Education (DME) and member of the Medical Education Board in Oxleas NHS Foundation Trust, he has been actively involved in medical education, teaching, mentoring and promoting better working conditions and welfare for doctors at all levels of their training.

Dr Abdul Raoof

Director of Medical Education, Essex Partnership University NHS Foundation Trust.

Lead for Member Training, CALC (Centre for Advanced Learning & Conferences), Royal College of Psychiatrists.

Dr Raoof is a consultant psychiatrist and Director of Medical Education at Essex Partnership University NHS Foundation Trust (EPUT). He is Hon. Senior Lecturer at Norwich Medical School, University of East Anglia and Anglia Ruskin Medical School, Chelmsford. He is the Vice Chair of the NHS Midlands & East Mental Health Act approvals panel.

He has developed and delivered multiple training courses for consultant psychiatrists and trainees nationally within the field of Clinical & Educational Supervision, Assessments and Mental Health Practice

RCPsych Staff

Helen Mitchell, Events Development Manager

Isabel Brinsden, Event Development Manager

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Contributors

Dr Srideep Mallick

Dr Ipsita Chakrabarti

Dr Nusra Khodabux

Dr Hayley Andrews

Dr Christina Evans

Dr Olusola Ladokun

Dr Prathamesh Kulkarni

Dr Nduka Nzekwue

CASC Masterclass Programme

THURSDAY – DAY ONE	
09:00-09:10	Welcome and overview
09:10-09:55	Whole Group: Introduction to Masterclass and main principles of CASC
10:00-11:25	Vignette Session 1: Breakout room 1-4 X six participants with 1 simulator and one trainer
11:25-11:35	**Coffee break**
11:35-13:00	Vignette Session 2: Breakout room 1-4 X six participants with 1 simulator and one trainer
13:00-13:45	**Lunch break**
13:45-15:10	Vignette Session 3: Breakout room 1-4 X six participants with 1 simulator and one trainer
15:10-15:30	**Coffee break**
15:30-16:55	Vignette Session 3: Breakout room 1-4 X six participants with 1 simulator and one trainer
16:55-17:00	End of day 1 closing
Breakout room 1- scenario A Breakout room 2- scenario B Breakout room 3- scenario C Breakout room 4- scenario D	

The scenarios in the rooms remain same throughout with the delegates rotating throughout the day. There will be 3 questions each tried twice each, giving all 6 delegates a chance to interview the simulator. This is an introductory day to principles. Hence each scenario will be played for 5 minutes each, followed by feedback from the trainer.	
FRIDAY – DAY TWO	
09:00-09:05	Welcome and recap 1 trainer
09:05-09:50	**Whole group** • Explain marking • Role playing with participants marking as an examiner (single CASC scenario played twice) 1 simulator, 1 examiner playing examinee, 1 trainer
09:55-11.20	CASC Scenario 1: Four breakout rooms x 6 participants each 1 trainer and one simulator in each room – 3 participants get a chance to directly interview, others observe
11:20-11:35	**Coffee break**
11:35-13:00	CASC Scenario 2: Four breakout rooms x 6 participants each 1 trainer and one simulator in each room – 3 participants get a chance to directly interview, others observe
13:00-13:45	**Lunch break**
13:50-15:15	CASC Scenario 3: Four breakout rooms x 6 participants each

	1 trainer and one simulator in each room – 3 participants get a chance to directly interview, others observe
15:15-15:35	**Coffee break**
15:35-17:00	CASC Scenario 4: Four breakout rooms x 6 participants each 1 trainer and one simulator in each room – 3 participants get a chance to directly interview, others observe
17:00-17:10	End of day 2 closing
Total number of CASC scenarios throughout the day: one in first session, two more before lunch, 2 after lunch.	

Preparing for the CASC exam

What is the format for the CASC exam?

The CASC format is like an OSCE (Objective Structured Clinical Examination), and is made up of two circuits (morning and afternoon) of individual stations which will test your clinical skills.

In total there are 16 stations. The sixteen CASC station exam is made up of:

- 5 stations focused on History Taking, including risk assessment
- 5 stations focused on Examination - both physical and mental state, including capacity assessment
- 6 stations focused on Patient Management.

Circuit 1 (Morning)

Total of 8 stations - 6 stations focused on Management, 1 station focused on Examination, 1 station focused on History Taking

The morning circuit will allow you 4 minutes to read the instructions (PDF) and 7 minutes to complete the consultation task

Circuit 2 (Afternoon)

Total of 8 stations - 4 stations focused on Examination and 4 stations focused on History Taking

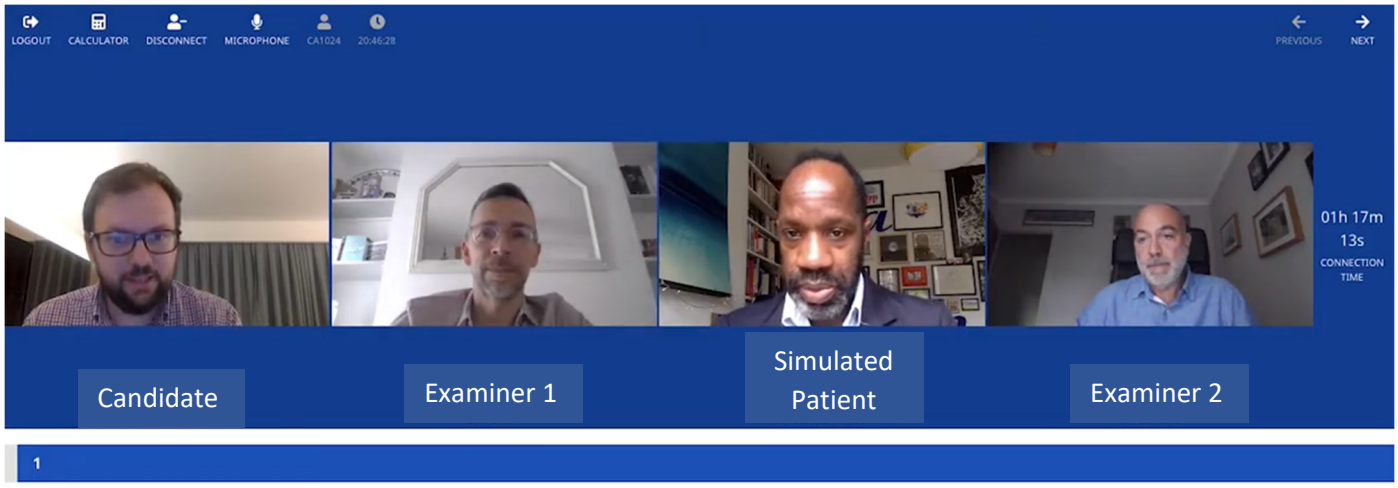
The afternoon circuit will allow you 90 seconds to read the instructions and 7 minutes to complete the consultation task.

The College reserves the right to change the order in which the circuits are presented.

Please note the circuit of eight 'link stations' which used to take place during the morning session has ceased to exist.

Elements of the CASC Exam

Stations consist of several elements. There is a **construct** that is used by the examiner to assess candidates' performance, **instructions to candidates**, **instructions to the role player** and **marksheets**. At each station there will also be an examiner and a role-player.



Candidate Instructions

This is an example of a station of the online CASC Exam from the perspective of a Candidate.

Examiners and role-players

Examiners will be there to assess the performance of candidates, whilst role-players are there to simulate a patient in a real-life consultation according to the instructions in each station.

All role players are professional role-players and have been thoroughly trained in the specifications of their roles.

Please note that following successful piloting of stations involving learning disabilities played by role-players with a learning disability, such stations are active and may appear as part of the examination.

Constructs

The purpose of the construct is to define what the station is set out to assess in such a way that the examiner is clear as to what constitutes a competent performance.

These have a standardised format with elements in common between stations of a similar type. For example, a history taking station may include directions such as:

Construct

The candidate is able to elicit a history from a patient with alcohol dependency.

Domain Based Marking Guidance

The core task at this station is to elicit the features of alcohol dependence syndrome.

There will be guidance about what particular areas of the history a competent candidate would cover followed by some general comments about interview/ communication skills that differ little between stations e.g.:

The candidate can be expected to (% mark allocation):

Elicit features of physical and psychological dependence (50%)

- take an alcohol history
- explore the duration and extent of the problem
- elicit features of alcohol dependence

- obtain a comprehensive and relevant physical history.

Explore physical, psychological and social consequences of alcohol dependence (30%)

- explore with the patient the effects of their excessive drinking
- explore how the patient's work, family life, marriage and social life have been affected
- explore potential mental health consequences of alcoholism.

Demonstrate good interview/communication skills (20%)

- show an appropriate mix of open and closed questioning
- demonstrate advanced listening skills
- elicit information in a structured, focused, fluent manner
- demonstrate empathy with the patient's experience
- avoid the use of jargon.

The instructions to candidates

Prior to each station, candidates will, in the preparation time, be given access to a series of instructions that detail what is expected of them in the station.

These will consist of some information required to set the scene followed by explicit instructions as to what candidates are expected to carry out.

These specific instructions will be in bold and bullet point format to assist clarity. Sometimes, negative instructions will be included e.g. “The candidate is not expected to obtain a risk history.”

This is to assist the candidate in establishing the focus of the station.

You can view a copy of Instructions to Candidates here (PDF).

The instructions to role-players

The instructions for role-players are designed to give role players sufficient information to play the required role and also to deal with eventualities when candidates stray from the defined tasks.

They are set up in such a way that the response to candidates will vary according to the degree of skill elicited by candidates.

An example would be that a candidate who is rude or abrupt may be met by irritability and/ or hostility just as would be the case in a real clinical setting.

Feedback

For overall failing grades, examiners will also mark against a number of detailed feedback statements to enable useful feedback to be given to candidates.

These are not part of a marking checklist and are to be used for feedback only.

Examiners can also mark against a number of detailed feedback statements during their examination of a station, if they are applicable.

These do not form part of the marking checklist, but purely to enable candidates to reflect on their performance in the station.

Please note, the CASC is designed for purposes of accreditation and not training, and as such, the feedback statements will inevitably be limited in informing this.

Only those candidates who were unsuccessful at the CASC will be sent this formative feedback, so it may assist them in preparing for the next attempt.

Classification of diseases

Candidates are reminded that they are expected to know the principles of classification and to have a working knowledge of both ICD-10 and DSM-IV.

CASC marking, exam criteria and grades

The CASC exam is a clinical assessment of skill and applied knowledge. The exam tests your skills and applied knowledge in: **consultation management; clinical assessment and management – including for risk; and effective communication.** Each CASC station will focus on more than one area of skill and/or applied knowledge.

Tips

- You are reminded that your day to day clinical activities are excellent preparation for the CASC exam and an excellent opportunity to refine and hone clinical skills.
- You should make full use of educational supervision to make sure you have effective clinical techniques and skills and that you're not reinforcing poor habits.
- Observing more experienced clinicians, using video, and encouraging feedback are useful ways to improve clinical skills.
- The CASC exam is also a test of applied knowledge so you should make sure you maintain up to date clinical knowledge.

CASC Pass Mark

To meet the minimum standard required in the CASC exam, you must meet or exceed the total borderline regression score and achieve the passing score in a minimum of 12 stations. You must meet both criteria to be successful.

The reason candidates have to meet both criteria is to make sure that they have demonstrated an acceptable level of performance across a broad range of stations that reflect the breadth of core training.

Candidates who score highly in some stations cannot use this to compensate for low performance in other stations.

How is it marked?

The Borderline Regression Method is considered to be the most objective way of setting the standard for practical exams.

Each CASC station is marked by an appropriately-trained examiner, who provides two sets of scores: (1) 5 point 'analytic' global domain scores ranging from 1 (Poor) to 5 (Excellent) for between three and five domains and (2) One 6-point overall global judgement which comprises Excellent Pass, Pass, Borderline Pass, Borderline Fail, Fail, or Severe Fail (refer to Grade Descriptors).

The total weighted domain scores are regressed onto their global scores to produce a linear equation for each station for all candidates.

The total domain score for borderline candidates, determined through this line of best fit becomes the pass mark for that station.

The pass mark for the whole exam is the average of the station pass marks for that day. It is important for reasons of policy and patient safety only to pass candidates who are clearly competent.

All examinations are therefore subject to a 'standard error of measurement' (SEM). So, for the CASC exam, the initial indication of a standard is raised by an estimate of measurement error. Passing a station is dependent on the station score.

Station pass marks

Overall judgements for each station are used only to set the pass mark via the regression equation e.g. an examiner can give an overall judgement of Borderline Fail but a candidate can still pass the station.

Therefore, the secondary passing criteria of 12 stations is based on station cut scores and not the overall judgement of examiners.

The minimum of 12 stations has been set on the basis that the five history taking and five examination stations cover basic clinical skills (information gathering, mental state examination, communication, etc) and that a borderline candidate should be expected to pass eight out of these ten stations.

The six management stations are intended to test higher level clinical management skills (clinical analysis, reasoning, decision making, etc) and that a borderline candidate should be expected to pass four out of six stations.

Stations in both circuits are not all of equal difficulty. In recognition of this the Examinations Sub Committee has set a minimum total number of stations to pass across the whole exam rather than separate thresholds for history, examination and management stations.

Reviews by the sub-committee

In addition, any candidate who receives two or more marks that indicate a severe fail in a station will have their overall performance reviewed by the Examinations Sub Committee (ESC) and may fail the examination, irrespective of their total test

score or whether they have achieved the passing score in a minimum of 12 stations.

The ESC sets the final pass/fail criteria based on due consideration and analysis after the examination, taking account of station difficulty, candidate and examiner performance and other relevant considerations.

Examination results will need to be ratified by the Education and Training Committee (ETC) prior to publication. The MRCPsych Exam Regulations and exam standard settings are subject to change from time to time and candidates are advised to check the Examination pages of the College website for up to date information.

Criteria for assessment

Professional attitude and behaviour

- Behave in a professional manner
    - The doctor should always behave in a professional manner, showing respect and behaving in a manner that does not exacerbate any emotional or physical distress.
    - The doctor can be assertive but must not be rude, arrogant, flippant or dismissive of the role player's concerns.

- Develop an appropriate professional relationship
    - The doctor should develop an appropriate professional relationship with the patient. The doctor should be aware of the patient's feelings when taking a history, collecting information or conducting an examination.
    - The doctor be aware of the patient's agenda, health beliefs and preferences. The doctor should use this understanding to guide their interaction. This lies at the heart of patient-centred consulting.

Consultation management

- Have a systematic approach to consultation
    - Consultations should be organised, focused and follow a logical structure demonstrating a clear and systematic way of thinking.
    - Any relevant issues should be followed through to their logical endpoint while issues irrelevant to the task should not be pursued further.
    - This requires active listening when taking a history, starting by asking open questions to explore the issues before focussing on specific details with closed questions.
    - Explaining what is happening or the purpose of the consultation/ interaction is a useful way of structuring the consultation and clarifying the issues.

- Manage time effectively
    - Consultations should be conducted fluently without excessive interruptions or allowing the pace of the consultation to be inappropriately dictated by the role player.

    - The doctor needs to be sensitive to the role players needs while taking responsibility for managing the pace and sequence of the consultation effectively.

- Prioritise tasks effectively
    - The doctor should recognise the focus of the CASC station and prioritise questioning and other tasks appropriately and to an appropriate depth.
    - They need to be able to recognise verbal and non verbal cues from the role player and follow these through appropriately.
    - The doctor should recognise whether there are any ethical issues (for example issues of confidentiality and consent) and deal with these in a professional manner.
    - The doctor should ensure that the role player has understood any issues raised in the consultation. Summarising can be a useful way of demonstrating that the doctor has collated and processed the information gained during the consultation.

Communication skills

- Be fluent, reactive and demonstrate active listening skills.
    - The doctor should use effective verbal and non-verbal communication during the interaction. They should demonstrate effective and active listening skills, being structured and logical but reactive and responsive to verbal and non verbal cues.
    - The doctor should be able to use communicating strategies for example summarizing, clarifying or rephrasing questions appropriately. Avoid in-appropriate use of stock phrases.

- Demonstrate an effective questioning style:
    - The doctor should use an effective communication style using open and closed questions appropriately. The level of complexity of the questions should be tailored appropriately.

- Demonstrate effective use of language and/or explanations:
    - The doctor should communicate relevant information using language that is appropriate to the person with whom they are communicating. They should be able to recognise when simpler or more technical language and explanations are required. Jargon should not be used.

Applied clinical knowledge

- The doctor should demonstrate an ability to apply clinical knowledge effectively and appropriately: identifying and recognising significant findings in the history, examination or data from information provided; interpreting these correctly; acting upon them appropriately; ensuring all the essential issues are identified and that there are no significant omissions.

- The doctor should demonstrate an appropriate range and depth of knowledge appropriate to the task.

Clinical assessment skills

- Explore symptoms and signs competently:
    - The doctor should be fluent and systematic when communicating, using the appropriate questions, techniques and / or instruments in a way that does not distress patients.
    - The doctor should recognise which of their findings are relevant and/ or significant and prioritise these areas for further and more detailed questioning or investigation.
    - The doctor should tailor his or her systematic approach to the specific task or tasks in questions rather than undertake a superficial one size fits all assessment process.

- Demonstrate skills in risk assessment:
    - The doctor should be able to identify potential high risk issues. The doctor should be able to explore risk in a systematic way and with sufficient depth so that an adequate management plan can be developed.
    - In certain clinical scenarios, the risk may be unclear, in this situation the doctor will be expected to develop a clear formulation that recognises this uncertainty and the reason for it.

- Recognise the importance of physical health issues:
    - The doctor should be able to recognise the interaction between physical and mental health and understand the effects medication they prescribe can have on physical health.
    - The doctor's knowledge and skill base needs to be up to date and in line with current UK best practice.

- Identify and use appropriate psychological or social information relating to the problem:
    - The doctor should recognise how a patient's psychological state and social circumstances can effect their physiological and biological functioning when undertaking an assessment.
    - They should recognise the influence that for example social networks, occupation, gender, age, ethnicity, sexuality, religion, culture and other issues of diversity can have on their presentation and mental state.

- Develop an appropriate formulation of the problem and/ or make the correct working diagnosis:
    - The doctor should use be able to use information available to her or him to undertake the appropriate questions or examination to come to an evidence based opinion on diagnosis and /or to be able to formulate the issues in a structured and clear manner with the appropriate level of detail identifying where appropriate those findings that support the diagnosis and those that may support a different diagnosis.
    - In certain clinical scenarios, the diagnosis may be unclear, in this situation the doctor will be expected to develop a clear formulation that recognises this uncertainty and the reason for it.
    - The doctor should reach appropriate differential diagnoses and most likely diagnosis based on their findings being aware that common conditions occur commonly.
    - This requires the doctor to have a good knowledge base and to be able to apply that knowledge to a specific clinical situation.
    - In certain clinical scenarios, the diagnosis may be unclear in this situation the doctor will be expected to develop a clear formulation that recognises this uncertainty and the reason for it.

Clinical management skills

- Develop a management plan reflecting knowledge of current best practice:
    - The doctor should be able to demonstrate that she or he has developed an adequate evidence based management plan that is safe, coherent and feasible and in line with current UK best practice.
    - The doctor should be aware of up to date national guidelines such as those published by NICE (National Institute of Clinical Excellence) and SIGN (Scottish Intercollegiate Guidelines Network)
    - The management plan should reflect the natural history of the condition, and be appropriate to the level of risk.
    - The management plan should take into account possible risks and benefits of different approaches including medication and other physical treatments, psychological approaches and social interventions.

- Demonstrate an awareness of risk management:
    - The doctor should be able to demonstrate that she or he has developed an adequate evidence based risk management plan that

is safe, coherent and feasible and in line with current UK best practice.

- The management plan should reflect the nature, severity, frequency, likelihood and immanency of the risk.
- This requires the doctor to have a good knowledge base and to be able to apply that knowledge to the specific clinical situation.

CASC grade descriptors

The following grade descriptors are intended to give examiners a guide about what to look for in a candidate's performance when selecting the appropriate grade in the 'Overall Judgement' section.

They should be used in conjunction with each station's specific construct. Should a significant element of the candidate's performance fall into a 'failing' grade then that is the appropriate grade to award.

Excellent Pass

- The candidate demonstrates an excellent level of competence expected of a newly appointed ST4 with a clinical approach that is entirely justifiable, very well communicated and technically proficient.
- The candidate shows a logical approach that covers most of the key areas identified in the construct. Any minor omissions do not detract from the overall performance.

Pass

- The candidate demonstrates a clear level of competence expected of a newly appointed ST4 displaying a clinical approach, which whilst it may not always be fluent, is reasonably systematic, clinically justifiable, well communicated and technically proficient.

- The candidate covers all essential areas of skill identified in the construct but may omit a few relevant but less important points.

Borderline Pass

- The candidate demonstrates a level of competence expected of a newly appointed ST4, displaying a clinical approach, while not necessarily fluent, is clinically justifiable and technically proficient.
- Communication must be appropriate. The candidate adequately covers essential areas of skill in the construct, but some desirable ones may be omitted.

Borderline Fail

- The candidate fails to demonstrate an adequate level of competence displaying a clinical approach that at times is unsystematic or inconsistent with practice at the ST4 level. Technical proficiency may be a concern.
- The candidate fails to adequately cover the essential issues or makes too many omissions of less important factors.

Fail

- The candidate clearly fails to demonstrate an adequate level of competence displaying a clinical approach that is frequently unsystematic or inconsistent.
- Their approach lacks fluency and focus. Many essential and desirable components are omitted, not achieved, or inaccurate.

Severe Fail

- The candidate fails to demonstrate competence, with a clinical approach that is incompatible with accepted practice.
- Their performance may show inadequate reasoning and/or technical incompetence. The candidate may show lack of respect, attention or empathy for the patient, carer or other individual involved in the clinical interaction.

Additional Resources

Quality assurance and exam standards

Our CASC quality assurance process (PDF) details the measures we take to ensure CASC provides a valid and reliable assessment of your knowledge and clinical skills.

You can view what others had to say about the CASC exam in our CASC candidate questionnaire report, which all candidates are invited to complete as part of our ongoing evaluation of exam standards.

You can also read more about how the College ensures the CASC exam is fair for all candidates.

Applying for the CASC Exam

Find out if you are eligible for the CASC Exam.

Read more about how to apply for the CASC exam, as well as upcoming dates and fees on our website.

Taking the CASC Exam

View our CASC Blueprint (PDF) for an overview of the exam.

Find more information about results and appeals.

Online

You can read the College guidance to taking the CASC Masterclass online as well as video demonstrations of the CASC Exam Stations on our website.

You can also view device requirements (PDF) for taking the CASC exam online.

In person

To see a CASC station brought to life, watch videos of sample stations from a face-to-face examination.

CASC Exam Elements

Instructions to Candidates

View an example of Instructions to Candidates (PDF)

Marksheets

History Marksheet (PDF)

Management Marksheet (PDF)

Examination Marksheet (PDF)

FAQs

View our FAQ page for commonly asked questions about our exams.