

# **MRCGP [INTERNATIONAL] DUBAI**

## **ADVICE TO CANDIDATES**

### **MULTIPLE CHOICE PAPER**

#### **AIMS OF THE MODULE**

The purpose of a multiple choice item is to measure candidate ability with regard to a specific content area. The purpose of the Content Guide is to provide a detailed summary of the knowledge base that is likely to be tested in the Applied Knowledge Test (AKT) and is provided as an aid to candidates and educators when preparing for the AKT.

#### **INTENDED OUTCOMES**

The multiple choice paper is the machine-marked written module which is designed to test both your core and emerging knowledge about general practice (family practice) and, more importantly, the deeper understanding and application of that knowledge. Each question in the paper is intended to explore a topic of which an ordinary general practitioner (family practitioner) or GP (family practice) Resident could be expected to have a working knowledge. The paper will last three hours and half and is offered one day after the written paper.

The paper can be described in terms of its content, and its question format.

#### **CONTENT**

The paper comprises questions of relevance to general practice (family practice) from the following key areas distributed approximately as follows:

**Medicine, which is tested under the following areas, in approximately equal proportions:**

- Cardiovascular
- Dermatology / ENT / ophthalmology
- Endocrinology / metabolic
- Gastroenterology / nutrition
- Infectious diseases / allergies / genetics
- Haematology./ immunology
- Musculoskeletal
- Pediatrics

- Pharmaco-therapeutics
- Psychiatry / neurology
- Reproductive / renal
- Respiratory

### **Research, epidemiology and statistics, including:**

- Assessing the quality of care
- Principles of audit
- Understanding and application of the terms used in inferential statistics and evidence-based medicine
- Knowledge of statistics and research methodology, sufficient for the critical appraisal of published papers.

The number of items in each of these main headings areas is constantly under review and inevitably, there is some overlap between them.

Questions are derived from accredited and referenced sources, including review articles and original papers in journals readily available to all general practitioners and family physicians: primarily from *Clinical Evidence*, *British Medical Journal*, *British Journal of General practice*, *Drugs and Therapeutics Bulletin*, *American Family physician*, *Australian & Canadian family medicine journals* or *Cochrane Reviews*.

The current edition of the British National Formulary is the reference source for therapeutics questions, including the general information on prescribing. Some questions may refer to the unlicensed but widely accepted use of specific drugs.

Some of these questions relate to current best practice. They should be answered in relation to published evidence and not according to an individual's local arrangements.

Calculators are NOT necessary for statistical questions, and so are NOT allowed in the examination.

### **FORMAT**

The paper contains only a **Single Best Answer (SBA)** questions in which a statement or stem is followed by a variable number of five items, only one of which is correct.

*For example:*

A 17-year-old boy comes to see you about his recurrent attacks of urticaria. Over the years he has tried excluding possible triggers but is now getting regular attacks. These involve itch and rash but he has no signs of angioedema. He has not tried any prescription medications yet.

Which one of the following would be appropriate as the next step in his treatment?

- A Issue an EpiPen with advice on how to use it
- B Loratadine tablets
- C Montelukast tablets
- D Prednisolone to use orally when he develops attacks
- E Topical steroids to use for short periods

**The maximum number of items in the paper will be 200.**

### **USE OF CONVENTIONAL TERMS**

Every effort is made to ensure that the wording of questions is as clear and unambiguous as possible. It is important that candidates understand the meanings of certain conventional terms which appear frequently:

**Pathognomonic, Diagnostic, Characteristic and in the vast majority** imply that a feature would occur in at least 90% of case.

**Typically, Frequently, Significantly, Commonly and In a substantial majority** imply that a feature would occur in at least 60% of cases.

**In the majority** implies that a feature occurs in greater than 50% of cases.

**In the minority** implies that a feature occurs in less than 50% of cases.

**Low chance and in a substantial minority** imply that a feature may occur in up to 30% of cases.

**Has been shown, Recognized and Reported** all refer to evidence which can be found in an authoritative medical text. None of these terms makes any implication about the frequency with which the feature occurs.

These definitions are reproduced in the introduction to the examination paper.

## SCORING

Candidates are awarded one mark for each item answered correctly. Marks are *not* deducted for incorrect answers nor for failure to answer; the total score on the paper is the number of correct answers given. You are therefore advised to attempt all items. For most questions you must give the single best answer. If you enter more than the required number of answers for a question, no marks will be awarded for that question.

Your answers are recorded on machine-marked sheets. If it is helpful, you may mark the question booklet as a preliminary before completing the answer sheets. If you do this, remember to leave sufficient time in which to transfer your answers. You will **not be allowed** extra time for this.

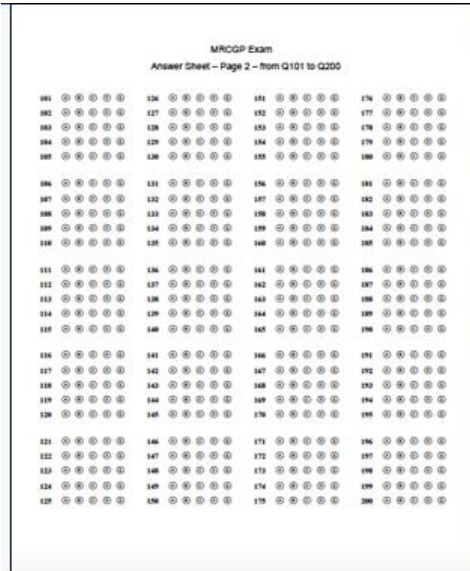
Use only the pencil provided. On each of the answer sheets:

- Write your name in the spaces provided
- Enter your candidate number in the five boxes provided and fill in the appropriate lozenges.

Record your answers on the appropriate answer sheet by making a heavy black mark that fills the lozenge containing the letter, which corresponds to your choice of answer. If you simply mark with a faint horizontal line, the mark will not be detected and you will receive no mark. You may erase answers using the rubber provided.

## ANSWERING THE MCQ

You will be provided with Opscan answer sheet with two pages, the first page is to answer first 100 question (1-100) and the second for second 100 (101-200) as shown below:



You should use only the pencil provided to you to complete the OPSCAN sheets.


Write your name & candidate number on OPSCAN sheets **IN PENCIL**.

You should fill only one box for each question. If you fill in more than one box the answer will be cancelled.

OPSCAN sheet before filling

**ANSWER SHEET** (use HB pencil to complete this sheet by darkening the appropriate bubbles)

Candidate Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9



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DUBAI HEALTH AUTHORITY

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_


MRCGP Exam  
Answer Sheet – Page 1 – from Q1 to Q100

1	A	B	C	D	E	26	A	B	C	D	E	51	A	B	C	D	E	76	A	B	C	D	E
2	A	B	C	D	E	27	A	B	C	D	E	52	A	B	C	D	E	77	A	B	C	D	E
3	A	B	C	D	E	28	A	B	C	D	E	53	A	B	C	D	E	78	A	B	C	D	E
4	A	B	C	D	E	29	A	B	C	D	E	54	A	B	C	D	E	79	A	B	C	D	E
5	A	B	C	D	E	30	A	B	C	D	E	55	A	B	C	D	E	80	A	B	C	D	E

OPSCAN sheet before filling after writing your name and filling your candidate number and trying answering the question

**ANSWER SHEET** (use HB pencil to complete this sheet by darkening the appropriate bubbles)

Candidate Number				
1	2	3	4	5

  
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 DUBAI HEALTH AUTHORITY

Date: 1 / Noy 2018

MRCGP Exam  
Answer Sheet – Page 1 – from Q1 to Q100

1	A	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	76	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	77	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	A	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	78	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	79	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	55	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	80	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **STANDARD SETTING**

We use the Angoff method for marking. The Angoff Method is a widely used standard-setting approach in test development. The Angoff Method is a process that determines how often a minimally qualified performer would answer a test item correctly. A panel of experts is chosen to review test items and estimate the probability that a minimally qualified performer would answer the items correctly. The estimates for each test item are averaged, and those averages are used to determine the cut score.

## **REFERENCES USED FOR THE EXAM**

NICE guidelines

Gina guideline for Asthma

American Diabetic Association (ADA) STANDARDS OF MEDICAL CARE IN DIABETES

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 8)

The U.S. Preventive Services Task Force

The Centers for Disease Control and Prevention (CDC)