

# MRCGP [INTERNATIONAL] DUBAI EXAMINATION

## Advice to Candidates Written Paper

The written paper is a three-hour paper with additional half an hour, to read presented materials. It is marked by members of the Panel of Examiners. It consists of 12 questions, each of which makes an equal contribution to the result.

The main aim of the written paper is to examine your ability to integrate and apply theoretical knowledge and professional values within the setting of primary health care.

Questions can take a variety of forms. Sometimes you may be given a summary of a patient's presenting symptoms, followed by a direction how to respond. Other work-based scenarios may include a description of circumstances or developments within a practice.

Questions on Evidence Based Medicine (EBM) will take the form of a clinical scenario and you will be asked to comment on the treatment of the medical condition the patient presents with, supporting your answers with evidence.

Some questions are based on source material, which is provided. This material may be in the form of published papers or extracts from papers such as summaries or methods and results sections on their own. It may also include meta-analysis, structured summaries or journal leading articles.

You will have a combined question-and-answer booklet. There is typically one page for each question, and answers are to be written on the same sheet. If more space is required you may ask for extra paper. You should NOT use the reverse of the sheet.

The question booklet is split up and each sheet is sent to a different examiner. You should therefore not continue the answer to one question on a sheet designed for a different question. You should also answer each question fully, even if this involves repetition of part of an earlier answer.

You should answer all the questions. The questions may be attempted in any order, but in some cases the same source material may serve as the basis for more than one question. You are therefore advised to look through the whole paper if you are considering answering questions other than sequentially from the first.

Answers should be legible and concise. You may use short note format, and abbreviations, which are in common use in medical English.

You should:

- read each question carefully, and the question that is being asked;
- think in a wide-ranging way but realistically about how a competent and sensitive general practitioner (family physician) would deal with each scenario;
- avoid jargon, cliché and over-generalization;
- include illustrative details, explanations and relevant examples.

Where appropriate, you should justify your answer by making reference to the evidence base. You should not assume that only those questions which deal overtly with general practice (Family Medicine) literature should be approached in this way; it may be just as pertinent to cite evidence in a question on clinical management or dilemmas within the primary care team.

When referring to the evidence base, you should convince the examiner of your familiarity with that source. This can often be more effectively achieved by a short summary of the important features of a trial and its results rather than by a bibliographical citation. Indeed, precise citations are not required, and a mere list of references is unlikely to demonstrate that you have absorbed the messages from those sources.

Preparatory reading should be broadly based on reputable mainstream journals and books of relevance to general practice (Family Medicine); guidelines of international status; Systematic reviews and meta-analyses relevant to general practice (Family Medicine).

In order to best achieve the broad reading base required you are advised to study common clinical problems and general practice (Family Medicine) themes and familiarize yourself with the literature relating to these rather than reading recent consecutive back issues of journals. An effective method is to reflect on your clinical experience and then read about, and discuss with peers, the challenges encountered

The preparation can take place throughout your period of training and if related to problems encountered during training then most subjects likely to be asked will have been covered.

Specifically, the major themes of the written paper are:

- Consultation-based problem-solving, informed decision-making and clinical management
- Consultation and communication skills
- Evidence-based practice in the treatment and prevention of disease
- Critical appraisal
- Challenges and dilemmas in practice
- Values, sensitivity and empathy
- Responsibilities to colleagues, other health professionals, and society

The written paper tests your ability to:

- Demonstrate skills in problem-solving, prioritizing and decision-making in a wide range of clinical settings
- Display insight into the psychological processes affecting the patient, the doctor and the relationship between them
- Recognize the family, social, occupational, environmental and cultural contexts of ill-health
- Demonstrate communication and consultation skills, and show familiarity with consultation models and well-recognized consultation techniques
- Understand the principles of preventive medicine and the promotion of good health
- Demonstrate appropriate use of resources, including drugs, treatment facilities, referral agencies, other members of the health care team, ancillary staff and complementary practitioners show familiarity with the general practitioner (family physician)'s role in practice organization, administration and management
- Appreciate ethical principles and the general practitioner (Family Physician)'s terms of service
- Be aware of current or foreseeable trends and developments in primary care, and the political debate surrounding these

- Give an account of the current state of knowledge of a major topic relevant to general practice (family medicine) and support this account with reference to the literature
- Identify and discuss areas of controversy with a logical argument
- Analyze and interpret an audit, and apply the findings in practice
- Critically appraise presented material. This will include the ability to state the main types of study design and methodology, and to recognize the strengths and weaknesses of each; to identify the sources of bias and the efforts made to eliminate bias, including questionnaires; and to identify the validity and reliability of studies
- Interpret the results of presented material. This includes the ability to interpret (but not to calculate) commonly-used statistical measures such as power of studies, p values, confidence intervals, NNT, odds ratio, sensitivity, specificity and predictive value
- Apply the strength of evidence to a clinical scenario
- Apply an evidence-based medicine approach to a clinical scenario and application of evidence to the clinical problem

You will be required to demonstrate these skills in the following contexts:

- Common and/or important problems, both physical and psychosocial, which present to the general practitioner (Family Physician). The written paper tests your practical approach to general practice (Family Medicine) problems and does not require the detailed medical knowledge of common conditions or the knowledge of important but rarer conditions, which is examined in the multiple choice paper
- General practice (Family Medicine) as an organization in its various forms (single-handed, group practice) and in various locations (urban, rural), detailed knowledge of rules and regulations, and of variations in organization within Dubai, is not tested in the written paper
- General practice (Family Medicine) as part of the wider system of health care
- The practice of medicine in society, and its economic and political dimension.

## **Marking of the Written Paper and standard setting**

Each of the twelve questions will be marked independently by two different examiners. This ensures fairness of the exam and increases the exam reliability.

The pass marker is set by the examiners using the Limen reference. Every examiner who marks an individual question also submits a recommendation for the pass mark on that question. These are coalesced into an overall pass score for the paper. Each candidate's raw scores are scaled to compensate for minor variations in marker performance and to ensure that all questions make equal contributions to the outcome.

## **Notification of results**

The pass list (including those gaining merit or distinction) will be published in the examination center no later than 14:30hrs ten working days after the last module of a particular session. Candidates will be individually notified by post of their result. The notification will be posted within 20 working days of the results being published.

Results will not be given over the telephone, but candidates may be notified through the email address given on their application form.

## **Appeals and complaints process**

Any complaint concerning the conduct of the Written Paper must be notified in writing to the general co-ordinator of the examination board no later than 24 hours after completion of the module. Anonymous complaints will be accepted, considered and taken seriously and, although of course no individual feedback can be given, they will contribute to the quality improvement of the examination.

Any appeals against a result must be in writing and received by the examination general co-ordinator no later than 2 weeks after the date that the individual results were notified to the candidate. Appeals must be made by the candidate; appeals by third parties will not be considered. Appeals must be accompanied by a fee equivalent to the application fee for module appealed. In the event of the appeal being successful, this fee will be returned to the candidate. Appeals will be decided by a committee comprising the Chairman or vice Chairman of the Examination Board, the International Development Adviser of the RCGP, the General Co-ordinator of the Examination Board and the Coordinator(s) of the Written Paper, who are empowered to ask for evidence from the examiners concerned.

Examples of questions that appeared in previous exams:

- 1. Omar, a 22-year-old university student, requests some sleeping pills. How might you respond to his request?**

The question covered a common challenging problem in primary health care which is the assessment and management of a patient who present with sleep problems. Most candidates performed well in this question.

Candidates were expected to discuss how to manage this consultation keeping in mind the possibility of addiction or mental problems, reviewing the patient's history in a biopsychosocial manner and the differential diagnosis for this case. Candidates were also expected to choose an intervention and discuss the problem of inappropriate use of drugs and consider the possibility of diversion.

Some candidates did not give a definite answer on how to deal with this case, or gave too many options that the physicians might choose from which are not applicable to this case. Some responses were very general answers and focused on one area only and left other important aspects of the case or mentioned areas related to the patient problem only without mentioning other important aspects related to choosing an intervention an drug misuse.

- 2. In your clinic, incident reports are submitted to the Quality Coordinator without being signed by the staff. What issues are raised with anonymous reports?**

This problem requires candidates to think about the pros and cons of anonymous reports in areas related to staff and quality improvement. Overall, this question was handled well by some candidates mentioned issues related to staff in terms of confidentiality and job security in addition to improving incident report writing and create a "blame free culture" in order to encourage staff motivation when writing an incident report.

Some candidates did not give consideration to the previous points and focused on irrelevant issues such as the steps of audit cycle, steps of an incident report and other irrelevant administrative issues. Some candidates were very specific to one part in their answer and failed to address what is asked from them on the question.

## Glossary

**COMMENT:** *write notes to explain, critically*

Example: “The data (shown below) came from drug company promotional literature that was being presented to GPs at an educational meeting.

*Comment* on the study method.” This requires the candidate both to explain what the study method is, as well as to do so critically, by considering its appropriateness for the problem under consideration.

**DISCUSS:** *consider and debate*

Example: “Your new partner asks for help in persuading the other partners to change to longer appointment times. *Discuss* in terms of the new partner and partnership.”

A good answer would both consider the views of the new partner and the partnership and a debate about the value of longer appointments, including some reference to relevant literature.

**IMPLICATION:** *something that is suggested or hinted at*

Example: “What are the *implications* of revalidation for general practitioners in the United Kingdom?”

The question invites the candidate to consider a wide range of issues – including practical, political, ethical and attitudinal ones – suggested by revalidation. Implications in this and other cases might include past, present and future dimensions of the issue or problem.

**ISSUE:** *a topic of interest or discussion or one requiring a decision, an important subject*

Example: “Cameron Murray has at last got a job on an oil rig subject to a satisfactory ‘medical’. The employer requires a routine drug screen. It is reported to you as positive for cannabis. What *issues* does this raise?”

In this question there are some more obvious issues, such as the safety of a drug user working on an oil rig, and some less obvious ones – the “at last” implies that Cameron has been searching for a job for some time.

**MANAGE(MENT):** *in a medical context, management usually includes relevant history taking, examination, treatment, investigation and referral.*

In answer to a question explaining management in general practice, it may be relevant to address the use of appropriate consultation skills.

**RESPOND:** *act or react*

Example: “Reports have given you serious concerns about nursing standards in the local hospital. How might you *respond*?”

A good answer would include a wide range of responses including the gathering of evidence and a number of possible ways in which the identified problems can be addressed.

**PROCESS:** *the method of doing or producing something*

Example: “A woman aged 75 has fallen and fractured her hip in a local nursing home. Discuss a ‘significant event analysis’ ... in terms of *process*, prevention and outcome”

The process of a significant event analysis in this example would include the ways in which the meeting was introduced, a discussion of who would be invited, and the way in which the meeting was run.

**FACTOR:** *a contributing element or cause*

Example: “Comfort Tetsola, a 45 year old Afro-Caribbean woman, has a BMI of 45. What *factors* would influence your management.”

Relevant elements in this case would include factors relevant to the individual patient (for example, her motivation to address the problem); to you the doctor (for example your skill and knowledge) and other issues such as medical causes and the availability of resources.