

## **REPORT**

# **Explanatory notes for the MRCGP examination**

## **FROM THE BOARD OF CENSORS OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS**

The college examination is in two parts. Part I consists of:

- A. A multiple choice question paper.
- B. A modified essay question(s).
- C. Traditional essay questions.

Part II is normally taken three weeks after Part I and consists of three different structured oral examinations.

The subjects of the examination are based on:

### *1. Areas of knowledge*

The papers *The Educational Needs of the Future General Practitioner* (1969) and *The Report from General Practice* No. 14 (1971) indicate the areas of knowledge which are set out there as follows:

1. Clinical practice—Health and disease
2. Clinical practice—Human development
3. Clinical Practice—Human behaviour
4. Medicine and society
5. The practice

In addition the new book *The Future General Practitioner—Learning and Teaching* (1972) gives much greater detail of the content of required knowledge.

### *2. Clinical Skills:*

In managing patients

In teamwork

In delegation

In relating to other colleagues

In collecting information by:

- (a) history taking
- (b) examination
- (c) the use of investigations or procedures
- (d) recording information
- (e) interpreting information

In decisions

In early diagnosis

In preparation of a plan for management and therapy

In the selection of therapy

In emergency treatment

In long-term care—periodic assessment of plan

In interventive medicine in relation to:

the patient

the family

the community

In the organisation of his practice and himself

In business methods

In communications

3. *Attitudes to:*

Patients

Colleagues

Special aspects of professional life including disciplines and techniques

A candidate may elect to sit Part I papers in any one of five centres—i.e. London, Manchester, Edinburgh, Cardiff or Belfast.

The oral examinations of part II are held at present at the Royal College of General Practitioners Headquarters, 14 Princes Gate, Hyde Park, London, SW7 1PU.

The examination is constructed as a whole to cover appropriately the knowledge, skills, and attitudes listed above.

The following notes on the examination are provided to assist candidates in their preparation.

**PART I***A. Multiple Choice Question paper—MCQ*

Three hours are allowed for completion of the paper which consists of 200–220 questions. Each question is of the ‘one out of five’ variety, where of five possible answers only one is considered to be correct. The speciality areas covered in this paper include:

General medicine

Psychiatry

Paediatrics

Obstetrics and gynaecology

Infectious diseases

‘Specials’—e.g. ophthalmology, dermatology, ENT, venereology

Surgery—diagnosis and after-care

Therapeutics

Social medicine

In constructing the paper the following five principles are applied to the General Register Office/Royal College of General Practitioners (1958) and other morbidity studies. (Byrne).

The general practitioner should:

1. Be able to recognise early, treat and manage acute illness threatening life—for example, acute appendicitis.
2. Be able to detect the early signs of illness which may be aborted or of which the complication rate may be reduced—for example, the acute eye, the cretin, phenylketonuria, depression, and other emotional disorders.
3. Be able to recognise early dangerous complications of conditions not otherwise dangerous—for example, toxæmia of pregnancy.
4. Be able to recognise and treat a wide range of often common conditions which will not then require referral or hospitalization.
5. Be able to recognise the important factors in conditions of a chronic nature requiring continuing care.

The balance of questions or Table of Specifications (2) is at present represented as follows:

<i>Subject</i>	<i>Number of questions</i>
General medicine and basic medical science ..	40
Psychiatry .. .. .	36
Obstetrics and gynaecology .. .. .	24
Therapeutics .. .. .	24
Paediatrics .. .. .	24
Surgical diagnosis and after-care .. .. .	20

<i>Subject</i>	<i>Number of questions</i>
Social medicine .. .. .	20
ENT	
Ophthalmology } .. .. .	16
Dermatology }	
Infectious diseases .. .. .	16

The MCQ paper seeks to measure the candidate's 'clinical factual recall' with only a small section—'Social Medicine' related to factual recall of National Health Service situations and social medicine. It is concerned mainly with AREA 1 (q.v.) and in part with AREA 4.

The labour of constructing, validating, and continuously updating questions is considerable and hence it is undesirable that questions be 'compromised' by publication. Twenty questions (with the answers in March, 1972) are shown as examples of types of questions which have been used (see appendix).

The minimum pass mark is 55 per cent and the papers are marked by computer. Instructions are printed on the paper, and an experienced invigilator is present at the examination. Marks will be deducted for wrong answers.

#### *B. Modified Essay Question—MEQ*

These questions are an original college development of the *patient management* 'erasure' type of question used in the ECFMG (United States) and the Canadian and Australian Colleges' examinations.

A clinical situation is developed and the candidate is required at each stage of the development to write down a number of answers to stated questions. He does not, as he would in the overseas examinations quoted, have to select from listed options, he must select and write down his own.

The paper examines clinical management, the definition and solving of a patient's problems, and also displays some of the candidate's attitudes to patients, to colleagues and staff. The MEQ may be concerned with any or all of the five AREAS (q.v.) (a fuller description of this question is available in the paper—*Modified Essay Question* (1971).

#### *C. Traditional Essay Question—TEQ*

This paper contains three or four essay-type questions demanding discussion of patient management in broadly defined areas, or of more general topics such as 'contraception' or 'screening'.

The traditional essay question presents the candidate with the opportunity to display knowledge and to indicate skills and attitudes. It examines in any or all of AREAS 1–5 inclusive. At present two hours are allowed for each traditional essay question paper.

Past TEQ questions are available from the examination secretary.

### **Part II—The oral examination**

#### *Oral A*

In this oral one of a pair of examiners presents as a patient. Brief demographic and clinical details of the patient, together with his presenting complaint are presented to the candidate. The latter then behaves as the 'patient's' doctor. He will take a history as he normally would. He is given instructions as to the method of 'conducting an examination' or 'requesting investigations'. He will then make diagnoses, advise, propose the treatment for, and the management of the patient.

The second examiner will provide only the information requested by the candidate, and will also score the candidate's performance.

This oral examines the candidate's practical skills of gathering information, defining

and refining the patient's problems—i.e. making diagnoses, and proposing solutions to the problems, i.e. proposing therapy and management. He will be expected to demonstrate his practice of 'whole-person' medicine.

This oral examines primarily clinical skills, and to a lesser degree, any or all of the AREAS 1–5. The time allowed for this is 30 minutes.

### *Oral B*

As candidates come from many different types of practice and from widely different geographical and social areas, this oral seeks to examine the candidate's daily performance in his own practice.

A structured form is provided for each candidate, to be completed and returned to the 'examination secretary' about three weeks before the examination. In addition to providing certain basic practice details of list size, number of partners (if any), type of practice, e.g. urban or rural, the candidate is required to provide brief notes on patients seen during a specified period of his normal work—usually several days.

This 'diary' is not itself marked. It provides the examiners with an opportunity to explore the candidate's management of his patients. The candidate may expect to be challenged and to have to defend, with reasons, his management, including his chosen therapy and referral, of several patients indicated in his own 'diary'.

This oral examines some of the skills of patient management, prescribing and referral. It also displays attitudes towards the patient, to colleagues, to general practice and to the profession of medicine. It is less directly concerned with AREAS 1–5.

The time allowed for this oral is 30 minutes.

### *Oral C*

Candidates may or may not be required to undertake this oral. It will be based on 'talking points' such as slides, instruments, or results of investigations. It seeks to make a broad assessment of overall competence by an almost random sampling of knowledge and skills. The areas of knowledge involved may be 1–5. The time allowed is 30 minutes.

The letters A, B and C used in relation to the oral examination do *not* imply a set chronological order.

Each part of the examination carries equal marks. The numerate marks of PART I A–MCQ and the marks of each of the other sections are expressed as a *grade*, denoted by the letters, A.B.C.D.E. The grades are interpreted as follows:

- A. DISTINGUISHED
- B. GOOD PASS
- C. PASS
- D. EQUIVOCAL
- E. FAIL

Any candidate scoring two Es or three Ds will fail the examination. A candidate scoring four As and no worse than one or two Bs may be considered for a pass with distinction.

At the examiners' meeting following the oral examinations the full results of all candidates are discussed before a corporate decision is made. These examiners' decisions are final.

The results of the examination will be published on the Monday following the last oral examination, i.e. 48 hours after the completion of the whole examination.

The Fraser M. Rose gold medal will be awarded annually to the candidate who, in the opinion of the examiners, achieves the highest overall scores in the examination for membership of the Royal College of General Practitioners.

## APPENDIX

## EXAMPLES OF MULTIPLE CHOICE QUESTIONS

The correct answer is in bold type

1. *One of the following is true of glue ear:*
  - 1 Due to external otitis
  - 2 A common cause of deafness in children
  - 3 The cause of irreversible damage
  - 4 Never present if penicillin given
  - 5 None of the above

1 2 3 4 5
  
2. *A ten month old infant who has been in good health suddenly cries out with obvious abdominal colic and vomits. The attacks recur regularly, Blood is passed per rectum. Signs of ileus develop. The most likely diagnosis is:*
  - 1 Ruptured appendix
  - 2 Ruptured Meckel's diverticulum
  - 3 Volvulus
  - 4 Acute intussusception
  - 5 Foreign object perforation

1 2 3 4 5
  
3. *Atropine poisoning may cause all of the following EXCEPT:*
  - 1 Strabismus
  - 2 Flushing
  - 3 Fever
  - 4 Tachycardia
  - 5 Visual disturbances

1 2 3 4 5
  
4. *In young children, cough which is noticeably worse at night is characteristic of:*
  - 1 Tonsillitis
  - 2 Measles
  - 3 Bronchiectasis
  - 4 Nasal catarrh
  - 5 Habit spasms

1 2 3 4 5
  
5. *Which of the following applies to psychopathic personalities?*
  - 1 Failure to learn from experience
  - 2 Abnormal EEG in 60 per cent
  - 3 Liable to compulsory admission to hospital under the Mental Health Act after the age of 25
  - 4 Respond satisfactorily to behaviour therapy
  - 5 Usually of subnormal intelligence

1 2 3 4 5
  
6. *Which of the following is least frequently used in self poisoning:*
  - 1 Barbiturates
  - 2 Salicylates
  - 3 Coal Gas
  - 4 Amphetamines
  - 5 Antidepressants

1 2 3 4 5
  
7. *Lack of restraint in behaviour is a common accompaniment of:*
  - 1 Narcolepsy
  - 2 Amphetamine addiction
  - 3 Parietal lobe tumours
  - 4 Parkinsonism
  - 5 Depressional states

1 2 3 4 5

8. *All the following are associated with temporal lobe epilepsy EXCEPT:*
- 1 Hallucination
  - 2 Epigastric sensations
  - 3 Generalised tremor
  - 4 Transient mood changes
  - 5 Automatic behaviour
- 1 2 3 4 5
9. *Conditions favouring the occurrence of angina pectoris include all of the following EXCEPT:*
- 1 Diabetes
  - 2 Hypertensions
  - 3 Phaeochromocytoma
  - 4 Chronic cholecystitis
  - 5 Familial hypercholesterolaemia
- 1 2 3 4 5
10. *Retrolbulbar neuritis may be associated with:*
- 1 Multiple sclerosis
  - 2 Motor neurone disease
  - 3 Oral hypoglycaemic agents
  - 4 Addison's disease
  - 5 Hypertension
- 1 2 3 4 5
11. *In a woman of 30 which of the following is likely to demonstrate premenstrual exacerbations:*
- 1 Psoriasis
  - 2 Migraine
  - 3 Diverticulitis
  - 4 Cholecystitis
  - 5 Eczema
- 1 2 3 4 5
12. *The most common peripheral sign seen with bronchogenic carcinoma is:*
- 1 Clubbing
  - 2 Migratory phlebitis
  - 3 Peripheral neuropathy
  - 4 Supraclavicular adenopathy
  - 5 Cyanosis
- 1 2 3 4 5
13. *Which of the following signs would help to differentiate between anxiety state and hyperthyroidism:*
- 1 Tachycardia
  - 2 Sweating
  - 3 Tremor
  - 4 Weight loss
  - 5 Lid lag
- 1 2 3 4 5
14. *A male aged 40 is particularly vulnerable to coronary thrombosis if he suffers from one of the following:*
- 1 Reflux oesophagitis
  - 2 Bronchitis
  - 3 Obesity
  - 4 Rheumatoid arthritis
  - 5 Ulcerative colitis
- 1 2 3 4 5
15. *The following may develop on the third or fourth day after a severe myocardial infarction:*
- 1 Leucocytosis
  - 2 Raised ESR
  - 3 Pleural friction rub
  - 4 All of these
  - 5 None of these
- 1 2 3 4 5

16. *The appearance of iron-deficiency anaemia in adult man in the United Kingdom usually indicates:*
- |                           |   |   |   |   |   |
|---------------------------|---|---|---|---|---|
| 1 Deficient dietary iron  |   |   |   |   |   |
| 2 Blood loss              |   |   |   |   |   |
| 3 A haemoglobinopathy     |   |   |   |   |   |
| 4 Poor absorption of iron |   |   |   |   |   |
| 5 Liver disease           | 1 | 2 | 3 | 4 | 5 |
17. *Of the following, the safest method for testing spontaneous allergies is:*
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 Intramuscular injection of pollen extracts  |   |   |   |   |   |
| 2 Subcutaneous injection of pollen extracts   |   |   |   |   |   |
| 3 Intracutaneous injection of pollen extracts   |   |   |   |   |   |
| 4 Scratch test  |   |   |   |   |   |
| 5 Intracutaneous injection of pollen extract combined with 1:1000 solution of epinephrine | 1 | 2 | 3 | 4 | 5 |
18. *All of the following may be used in the treatment of depression in the aged patient EXCEPT:*
- |                               |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|
| 1 ECT                         |   |   |   |   |   |
| 2 Imipramine ('Tofranil')     |   |   |   |   |   |
| 3 Phenelzine ('Nardil')       |   |   |   |   |   |
| 4 Barbiturates                |   |   |   |   |   |
| 5 Amitryptiline ('Tryptizol') | 1 | 2 | 3 | 4 | 5 |
19. *For which of the following types of seizure is tridione the drug of choice:*
- |                         |   |   |   |   |   |
|-------------------------|---|---|---|---|---|
| 1 Grand mal             |   |   |   |   |   |
| 2 Petit mal             |   |   |   |   |   |
| 3 Psychomotor           |   |   |   |   |   |
| 4 Abdominal             |   |   |   |   |   |
| 5 Infantile convulsions | 1 | 2 | 2 | 4 | 5 |
20. *Phenytoin ('Epanutin') may precipitate:*
- |                            |   |   |   |   |   |
|----------------------------|---|---|---|---|---|
| 1 Mononucleosis            |   |   |   |   |   |
| 2 Attacks of gout          |   |   |   |   |   |
| 3 Extra-pyramidal symptoms |   |   |   |   |   |
| 4 Cardiac arrhythmia       |   |   |   |   |   |
| 5 Megaloblastic anaemia    | 1 | 2 | 3 | 4 | 5 |

## REFERENCES

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## SEXUAL BEHAVIOUR IN THE YOUNG

Of every three teenage brides, one is pregnant.

About 70 per cent of children born to teenage parents are illegitimate at birth or conceived before marriage.

In 1970, over 9,000 teenagers suffered from gonorrhoea of whom 475 were under the age of 16.