

Current involvement of university departments of general practice in the final qualifying examinations of medical schools in the UK

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Introduction

THE first part of this paper summarizes data obtained from university departments of general practice or primary care in the UK about their current involvement in the final Bachelor of Medicine (MB) qualifying examinations in their respective medical schools. In the second part of the paper, the role of the Department of General Practice, at the Queen's University of Belfast, is discussed at greater length because its clinical contribution differs in structure and quality from most other comparable departments in the UK, or indeed elsewhere. Information from the less well-resourced general practice units without established chairs of general practice is provided but no reference is made to the British postgraduate departments of general practice, because they have no role in the qualifying examination.

The Universities of Liverpool, Nottingham and Sheffield are also excluded — the former two have newly created chairs of general practice and need time to develop their plans and resources; Professor Eric Wilkes has recently retired from the Chair of Community Care and General Practice at Sheffield and the post has not yet been filled. General practice staff at Sheffield are involved in setting and marking a part of the final examination; there is no clinical component.

The University of Birmingham, where Professor M. Drury holds a chair, has no formal MB examination except a clinical examination for borderline and distinction candidates. However, general practice attachments count in the continuous assessment process of the Birmingham Medical School.

Data from less well-resourced general practice units without chairs

The following information was obtained:

<i>Cambridge</i>	General practice has no formal place. Questions are accepted for written papers.
<i>Leeds</i>	General practice has no formal place. There are fourth year general practice assessments (written and oral).
<i>Oxford</i>	General practice has no formal place. Questions can be submitted.
<i>Charing Cross Hospital (London)</i>	General practice has no formal place.
<i>King's College Hospital (London)</i>	General practice has no formal place.
<i>Royal Free Hospital (London)</i>	General practice is integrated with clinical epidemiology and social medicine and its formal place in the London MB examination is limited at present to the external

examiner in general practice who participates in clinical and oral examinations. No written questions or general practice cases are accepted.

St George's Hospital (London)

Dr P. Freeling is a member of the collegiate board of examiners. He is an examiner in medicine and participates in the final oral examinations.

The Middlesex Hospital (London)

Questions may be accepted. The senior lecturer in general practice participates in the oral examinations.

Data from medical schools with chairs of general practice/primary care

Table 1 summarizes the current involvement of 12 university departments of general practice in the final MB qualifying examinations in their respective medical schools. Table 2 provides information on the three medical schools where general practice is assessed as an independent subject in the qualifying examination.

Table 1 shows that only Belfast, Newcastle, Southampton Universities and the University of Wales have an appreciable clinical presence in the final MB examination. At these schools, and at Guy's (London), Sheffield and St Mary's (London) general practice course marks are part of continuous assessment. At Belfast, Newcastle, Southampton, St Bartholomew's (London) and the University of Wales students must pass general practice assessments before being allowed to sit the final examination.

Table 2 shows that Aberdeen, Edinburgh and Leicester have independent written and oral examinations in general practice, but none has a clinical examination. In all, seven medical schools have appointed external examiners in general practice/primary care — Aberdeen, Belfast, Edinburgh, Newcastle, Royal Free Hospital (London), Southampton and the University of Wales.

The role of the Department of General Practice, Queen's University of Belfast in the final MB part II examination

Good continuous assessment in all clinical subjects including general practice may save a borderline student in the final MB qualifying examination at the Queen's University of Belfast. The content and format of the final integrated medicine/surgery examination of which general practice is a part has already been described in the literature.¹ The Department of General Practice's past contributions to the written papers and clinical examinations in the qualifying examinations at Queen's are well known.^{2,3}

New developments

The opening of Dunluce Health Centre, Belfast, the base of the University's Department of General Practice, in January 1980 heralded a new era of clinical learning and assessment for general practice. Closed-circuit television facilities and one-way mirror systems are used at the Centre for teaching the basic clinical skills of diagnosis and management in general practice. Such experience is mandatory for all fourth and fifth year medical

Table 1. Current involvement of university departments of general practice in final MB qualifying examinations in medicine, surgery and midwifery.

Name of school ^a	GPs take part in		GP cases for clinical examinations	GP questions for written examinations	GP part of continuous assessment	Must pass GP assessment to sit final examination	External examiner in general practice
	clinical examinations	oral examinations					
Belfast	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dundee	No	No	No	No	No	No	No
Glasgow	No	No	No	No	No	No	No
Guy's (London)	Yes	No	No	No	Yes	No	No
	(medicine)						
Manchester	No	No	No	No	No	No	No
Newcastle	Yes	Yes	No	Yes	Yes	Yes	Yes
Sheffield	No	No	No	Yes	Yes	No	No
Southampton	Yes	Yes	No	Yes	Yes	Yes	Yes
St Bartholomew's (London)	No	No	No	No	No	Yes	No
St Mary's (London)	No	No	No	No	Yes	No	No
St Thomas' (London)	Yes	No	No	No	No	No	No
	(medicine)						
University of Wales College of Medicine (Cardiff)	Yes	Yes	No	Yes	Yes	Yes	No

^aAll have established chairs of general practice/primary care.

Table 2. Current involvement of university departments of general practice in medical schools which have independent assessments of medicine, surgery, midwifery and general practice.

Name of school	GPs take part in		GP cases for clinical examinations	GP questions for written examinations	External examiner in general practice
	clinical examinations	oral examinations			
Aberdeen	No	Yes	No	Yes	Yes
Edinburgh ^a	No	Yes	No	Yes	Yes
Leicester ^a	No	Yes	No	Yes	Yes

^aSchool has a chair of general practice with a professor in the post.

students.³⁻⁵ These clerkships have become the training ground for the final MB general practice clinical assessments, held since 1983 in Dunluce Health Centre.

The clinical part of the general practice course at Queen's teaches students about communication with patients and selective history taking in the consultation against a time constraint; between 10 and 20 minutes is allowed depending upon the type of problems encountered. The aims are to improve the students' perception of clinical cues and enhance clinical acumen.

The general practice cases selected for the long case section (history taking and management) of the final examinations offer multiple symptoms from less well-differentiated illnesses, commonly with psychiatric and social components. In May 1983 Professor David Morrell of St Thomas' Medical School, London, was appointed external examiner in general practice for a three-year period. In the 1983 qualifying examination 10 students out of 140 sat their examination of long case assessments in Dunluce Health Centre, the remainder sat their examination in the familiar hospital setting. The number of students sitting their general practice component at the Dunluce Health Centre in the May/June 1985 final MB part II examination doubled the 1983 level.

The Dunluce experiment proved so successful that the obser-

vation of history taking and physical examination of patients by students was extended to the hospital wards for all the remaining students taking the same examination. Registrars were asked to make two chairs available near the head of the bed for the examiners, preferably out of sight of the patient.

Observation of examinees at the Dunluce Health Centre

History taking and relevant physical examination of the patient by the student is observed for 20 minutes by a pair of examiners making use of the one-way mirrors in four of the consulting suites in Dunluce Health Centre. A senior academic from the Department of General Practice (either the author or one of three senior lecturers, each of whom is an appointed internal examiner in medicine at Queen's), is paired with a consultant surgeon or physician. After the initial 20 minutes observation period each student has 20 minutes to think and check any findings, before being questioned for a further 20 minutes by the examiners. Thus five students are examined in a morning in a single consulting suite. Using four consulting suites each morning for three days allows 60 students to be examined.

Experience has shown that the general practice cases test the students' perception and judgement to the full and the subject

is now highly rated by students. The Evelyn Boyd Scott Medal Examination in General Practice for final year students is organized on similar lines to the qualifying examination and is regarded as a trial run for the final examination. Well over 100 students chose to sit the April/May 1985 Medal Examination, which is a measure of how general practice is rated by students. General practice cases for the Medal Examination and final qualifying examinations are carefully chosen to pose a challenge to the students' perception and clinical reasoning. Cold cases, usually well investigated patients with obvious pathology are best avoided, as the cause of the physical disability may be too easily apparent to the student. The history taking examination must be seen to test the communication skills of the students.

The extent of the clinical involvement of general practice in the qualifying examination is a clear endorsement of the status of academic general practice in the medical curriculum at the Queen's University of Belfast.

References

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Gestational diabetes

Gestational diabetes is a disease of pregnant women that can lead to significant morbidity and mortality if untreated. An asymptomatic period exists in gestational diabetes during which a screening test can identify a high-risk population, and treatment can reduce morbidity and mortality. Screening only those patients with classical historical or clinical risk factors for gestational diabetes is not cost effective and misses many cases.

The costs per case detected can be worked out for various screening protocols. Whether this cost is reasonable depends on many factors including subsequent cost of treatment, rate of patient compliance with treatment, and values attached to perinatal and long-term mortality and morbidity.

Performing an oral glucose tolerance test on all pregnant patients is the most accurate means of detecting gestational diabetes, but is also costly per case detected. Performing a glucose screening test on all prenatal patients aged over 25 years will detect approximately 79% of the cases at the lowest cost per case detected.

Based on the data now available, screening for gestational diabetes is sensitive and cost effective. Future analysis of practice screening with a glucometer may allow costs to be reduced even further. Screening all pregnant women aged over 25 years for gestational diabetes with a one-hour, 50 g glucose test is recommended.

Source: Reed BD. Screening for gestational diabetes — analysis by screening criteria. *J Fam Pract* 1984; **19**: 751-755.

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‡ If ordered together, these two books can be obtained at the reduced price of £13.00.