

The MRCGP examination

The following questions were set as part of the examination for membership, 6 May 1987.

Practice topic question paper

Time allowed two hours

All questions are to be answered

Question 1

A patient has been identified as having an alcohol problem. Discuss the general practitioner's role.

Question 2

Discuss the advantages and disadvantages of single-handed general practice.

Question 3

Write short notes to outline: (a) Your response to a married man, aged 30 years, who consults you to request a vasectomy. (b) Your management in general practice of irritable bowel syndrome.

Modified essay question (MEQ)

Time allowed one hour and thirty minutes

Instructions

1. *There are seven questions in this MEQ paper.*
2. *Answers should be legible and concise. Total time allowed is one hour and thirty minutes.*
3. *Answers should be written in the space provided. If more room is required use the reverse side of the question sheet.*
4. *You are advised not to alter your answers after completing the whole MEQ and not to look through the book before you start. This may distort your natural assessment of the case and cause you to lose marks.*
5. *The MEQ is a test of your practical approach to a developing general practice problem and as such you could gain more marks for your management of the problem than for your pure factual knowledge.*
6. *The available marks vary between one question and another; you are advised to work steadily through and not delay too long on any one question.*
7. *Each page of the MEQ is marked independently. You should therefore answer each question specifically, even if this answer involves repetition of part of an earlier answer.*
8. *As a rough guide, it is indicated when you have reached the mid-point of this paper.*

● For the past year you have been a replacement fourth partner in a practice with personal lists. It is a morning surgery in the group practice premises. Your patients are booked at 10 minute intervals.

Your first patient is Mrs A aged 68 years. Her husband died a year ago and you have counselled her through the bereavement. You note she seems to be bringing personal problems for your advice and believe she is becoming over-dependent.

- (a) Speculate on the origins of her dependence.
- (b) What options are open to you to deal with her dependence?

● Your next patient is Mr B, a single man of 32 years who is a travelling salesman. He attends for follow up after a chest in-

fection a week ago for which you prescribed antibiotics. He says he feels '90% better' but on examination you notice a tachycardia of 104/min. You find no other abnormal physical signs.

What likely areas of information should you now explore with Mr B?

● Mrs C, a divorced woman of 58 years, is your next patient. She states that during your recent holiday your partner gave her a prescription for insomnia (lorazepam 2.5 mg nocte) which was 'marvellous'. She requests a repeat prescription.

- (a) What conflicts and problems does this request pose?
- (b) How might they be resolved?

● Mr D is a 52-year-old self employed painter and decorator. He was married for 24 years to his first wife, by whom he had two sons. She died four years ago from abdominal cancer. He has recently met Mrs E, a 50-year-old widow and they attend together. Mr D sits down in the chair furthest from you, saying hesitantly 'I've come because I can't make love properly and we'd like to get it sorted out as we're due to get married in two weeks time.'

(a) What features of the problem would you like to know more about?

(b) You discover he has premature ejaculation. In the circumstances of this presentation how can you help him?

● Your consultation with Mr D and his fiancée is interrupted by your receptionist, who asks if you will accept a telephone call from the neighbour of Miss Hilda F, a lady of 78 years, who you know is becoming confused of late. According to your receptionist Miss F is wandering about outside her house incompletely dressed. This is the second such call this week.

What are your options? Name the advantages and disadvantages of each.

● You decide to go immediately to visit Miss F. By the time you return your surgery is running 40 minutes late. The next patient is Mrs Daphne G, aged 47 years. She complains of a sore throat and a 'funny feeling in the tongue' and says that she has consulted three other doctors about this problem in the last month, none of whom had helped her. Her records show your three colleagues found no abnormality; a throat swab was negative and a full blood count was normal. Her notes also include a reference to her impending redundancy from the school canteen where she works.

You decide to treat her yourself. What goals do you want to achieve by the end of this consultation? Outline your future management plan.

● Mr H aged 60 years, has active rheumatoid arthritis with grossly deformed hands, having had several operations on them. He has recently retired from the Post Office on the grounds of ill health, and lives with his wife in a small house. He has come for a repeat prescription of his medication initiated by the local consultant rheumatologist: sodium aurothiomalate (Myocrisin) injections 10 mg weekly; tabs naproxen 500 mg bd; tabs soluble aspirin 300 mg 2 qds.

Describe the roles of the general practitioner in looking after Mr H.