

Straight from the horse's mouth

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NOW that the summer papers of the membership examination of the College are over, thoughts turn to the autumn papers. Courses are organized to prepare candidates in examination technique, and these are helpful in improving performance, but not everyone can attend a course, even if they want to. There is no recommended book list. On the assumption that the people who know best how to pass the examination must be the recent successful candidates, a simple questionnaire was sent to 20 alphabetically consecutive successful candidates in a recent examination in order to draw up some guidelines on how to pass the MRCGP. The questionnaire asked what courses the candidates had been on, how much and what sort of preparation they had done, which books and journals they had found most useful and what advice they would give to other doctors preparing for the MRCGP. The College does not reveal the names of unsuccessful candidates so it is not possible to compare them with the successful ones.

Nineteen candidates responded; 16 were trainees or recent trainees and three were established principals. This good response may have been due to the euphoria of success or may reflect the good organization and punctuality of the successful candidates.

Courses and preparation

Thirteen of the 19 respondents had attended an examination preparation course; only four candidates had worked for the examination with their peers other than at a course. Almost all (17) had done practice papers. When asked what help the half day release course had been in preparing for the examination the replies were: knowledge of practice management; practising with a mock examination; various opinions of 'hot chestnuts'; opportunity to explore problems; working on difficult cases. Seven said it had been no help at all.

One candidate claimed to have done no work for the examination, four prepared for four to six weeks, the majority (eight) prepared for two to three months, four did four to six months preparation and two candidates worked for over 12 months. When asked about preparation time per week one candidate claimed none, five did two to six hours per week, eight did six to 10 hours, three did 12 to 16 hours and two did 23 hours per week. By coincidence there was a pair of twins in this small series: one twin did a total of 24 hours work for the examination, the other — who got a distinction — did 150 hours. The moral of this is clear.

Useful books

Books rated essential by one or more candidate, in order of popularity, were:

1. *British national formulary*. London: British Medical Association and the Pharmaceutical Society of Great Britain.
2. *Running a practice: manual of practice management* (3rd edition). Jones RVH, Bolden KJ, Gray DJP, Hall MS. London: Croom Helm, 1985.
3. *Pulse handbooks for MRCGP examinations*. (Write for copies to Lorex, Old Bank House, 39 High Street, High Wycombe, Bucks HP11 2AG.)
4. *MRCGP study book*. Hayes TIAB, Fry J, Gambrill E, *et al*. London: Update Publications, 1981.
5. *Tutorials in general practice*. Meade M, Patterson H. London: Pitman, 1983.
6. *Present state and future needs in general practice* (6th edition). Fry J. Lancaster: MTP Press, 1983.
7. *Oxford general practice series*:
 - a) *Womens problems in general practice*. McPherson A, Anderson A (eds). Oxford University Press, 1983.
 - b) *Continuing care: management of chronic disease*. Hasler J, Schofield T (eds). Oxford University Press, 1984.
 - c) *Preventative medicine in general practice*. Gray M, Fowler G (eds). Oxford University Press, 1983.
 - d) *Paediatric problems in general practice*. Modell M, Boyd R (eds). Oxford University Press, 1982.
8. *The doctor, his patient and the illness* (2nd edition). Balint M (ed). London: Pitman Medical, 1968.
9. *Common diseases, their nature, incidence and care* (4th edition). Fry J. Lancaster: MTP Press, 1985.
10. *Common dilemmas in family medicine*. Fry J (ed). Lancaster: MTP Press, 1983.
11. *RCGP members' reference book*. London: Royal College of General Practitioners.
12. a) *Lecture notes on clinical medicine* (3rd edition). Rubenstein D, Wayne D. Oxford: Blackwell Scientific, 1983.
 - b) *Lecture notes on psychiatry* (6th edition). Willis J. Oxford: Blackwell Scientific, 1984.
 - c) *Lecture notes on paediatrics* (4th edition). Meadow SR, Smithells RW. Oxford: Blackwell Scientific, 1981.
 - d) *Lecture notes on respiratory disease* (3rd edition). Brewis RAL. Oxford: Blackwell Scientific, 1985.
13. *Towards earlier diagnosis* (5th edition). Hodgkin K. Edinburgh: Churchill Livingstone, 1985.

Additional useful books were:

1. *Safer prescribing* (1st edition). Beeley L. Oxford: Blackwell Scientific, 1983.
2. *Emergencies in general practice* (2nd edition). Moulds AJ. Lancaster: MTP Press, 1985.
3. *Doctors talking to patients*. Byrne PS, Long BEL (eds). London: Royal College of General Practitioners, 1984.
4. *Games people play: psychology of human relationships*. Berne E. London: Penguin, 1984.
5. *The consultation: an approach to learning and teaching*. Pendleton D, Schofield T, Tate P, Havelock P. Oxford University Press, 1984.
6. *Statement of fees and allowances paid to general medical practitioners in England and Wales*. (The red book).
7. *National Health Service databook*. Fry J. Lancaster: MTP Press, 1984.
8. *The medical annual*. Gray DJP (ed). Bristol: Wright.
9. *Notes for the DRCOG*. Kaye P. Edinburgh: Churchill Livingstone, 1983.
10. *ABC of ENT* (articles published in the *British Medical Journal*). Ludman H (ed). London: British Medical Association, 1981.
11. *The normal child: some problems of the early years and their treatment*. Illingworth RS. Edinburgh: Churchill Livingstone, 1983.

12. *Fundamentals of obstetrics and gynaecology*
 - a) *Volume 1: Obstetrics* (4th edition)
 - b) *Volume 2: Gynaecology* (4th edition).
 Jones DL. London: Faber and Faber, 1986.
13. *Dermatology, an illustrated guide* (3rd edition). Fry L. Kent: Butterworth, 1984.
14. *Beecham manual for family practice* (3rd edition). Fry J (ed). Lancaster: MTP Press, 1985.

Useful journals

The journals which candidates found useful (with the numbers recommending them) were:

1. *General Practice Update* (14).
2. *British Medical Journal* (especially leading articles) (14).
3. *Practitioner* (11).
4. *Journal of the Royal College of General Practitioners* (10).
5. *Pulse* (6).
6. *Prescriber's Journal* (5).
7. *Medicine in Practice* (general practice supplement to *Medicine International*) (5).
8. *Drugs and Therapeutics Bulletin* (5).
9. *General Practitioner* (4).
10. *RCGP Occasional Papers* (4).

Useful advice to candidates

General

- Start early, and plan revision early.
- Do a few MCQs to find your weak points, and concentrate on them.
- Read journals, and know what is going on in general practice research.
- Read the leaders in the *Journal of the RCGP* for a year before the examination, to understand the way the College is thinking.
- Be inquisitive about everyday events, patterns of work and forms encountered in practice.
- Get past papers from RCGP to practise.
- Keep a box file of torn out articles from general practice magazines on useful topics. This is excellent resource material, especially for topical conditions like AIDS, but is also very useful for employment law, costs rents, and so on.
- Important to know Mental Health Act, sick note certification, DLVC fitness to drive guidelines.

Multiple choice questionnaire

- Work through the paper once, marking the ones you are sure of, then go through again, working out the answers that you know with a bit of thought. Leave the rest. Do not guess.

Practice topic question

- Use artistic presentation with headings, coloured underlining, good handwriting, and introduction/summary.

Modified essay question

- Practise timed MEQs as the lack of time can be quite a shock.
- Try to arrange thoughts in order, keep outlook broad, and have structured plans to help. Write plans on blotter while waiting to begin, for example:

Knowledge	Physical
Skills	Psychological
Attitudes	Social
Advantages to patient	
Disadvantages to family, practice, society	

- Remember some jargon, for example:
 - Invite discussion.
 - Opportunistic health education.
 - Involve patient in decision making.
 - Explore request.
 - Involve health care team.
 - Respect patient's autonomy.
 - Discover patient's health beliefs.

Vivas

- Remember that examiners are real general practitioners and will not be impressed by answers that cannot be put into practice in real life.
- Do not get flustered if the viva is quite fierce.
- Present the log diary neatly, typed if possible, but do not spend too much time on it; no one has been asked about a specific case but only about topics more or less distantly related.
- Know basic statistics about practice today off by heart, for example, infant mortality, average list size, referral notes and so on.
- Pay particular attention to practice organization.
- A rehearsal viva can be helpful.
- Do not lose sight of the value of commonsense.

Acknowledgements

Sincere thanks to all the candidates who responded so generously to the questionnaire.

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Oral contraceptive use and the risk of breast cancer

To investigate the effect of individual formulations of oral contraceptives on the risk of breast cancer in women, data were analysed from 4711 women aged 20–54 years old with newly diagnosed breast cancer who were selected from eight population based cancer registers. The controls were 4676 women selected by random digit dialling of the population of each area covered by a register. As compared with women who had never used oral contraceptives, women who had used them had a relative risk of breast cancer of 1.0. Among women who used only one oral contraceptive formulation, this estimate of relative risk did not change appreciably according to the formulation used. Neither the type of oestrogen nor the type of progestogen contained in oral contraceptives used was associated with an increased risk of breast cancer. The duration of oral contraceptive use and the time since last use did not influence the risk.

These findings provide further support for the contention that oral contraceptive use does not increase the risk of breast cancer in women.

Source: The Cancer and Steroid Hormone Study of the Centers for Disease Control and the National Institute of Child Health and Human Development. Oral-contraceptive use and the risk of breast cancer. *N Engl J Med* 1986; 315: 405-411.