"MRCGP[INT] is a recognised postgraduate examination for primary care doctors in many parts of the world and has an important role in ensuring a high level of knowledge and care by those who carry its title."

In preparing for MRCGP[International]

I was rather apprehensive when I was preparing to sit the MRCGP[International]. My general practice training was in the UK but I missed out on completing the old style MRCGP video consultation module due to my growing family and having the misfortune of being caught during the transitional period between the old and new MRCGP exams.

However, resourcefulness is a trait of a GP and when I was given the opportunity to become a member of the Royal College of General Practitioners (RCGP) through MRCGP[INT], my main concern was the scope of MRCGP[INT] exams and would I be expected to know about worldwide practices in general practice? How should one prepare for such vast scoped international exams?

I had just relocated and started my work as a primary care doctor in a South Asian country. Although it was a country I grew up in, I had never worked as a doctor outside the UK. I did not know what to expect from the MRCGP[INT] exams and how different would it be from the more familiar MRCGP (UK). I was concerned about which guidelines to familiarise myself with, NICE guidelines or local guidelines, and whether I should be aware of local or UK health systems.

Having gone through the MRCGP[INT] exams from the point of view of UK postgraduate training, I believe it is important for me to share my views.

MRCGP[INT] represents a generic assessment that I believe is relevant to any primary health care in the world.¹ In preparation of MRCGP[INT], the RCGP have explained in detail the MRCGP curriculum and provided practice questions on its website.² The MRCGP preparatory books are useful in giving tips, advice, and practice questions. It is important to be familiar with NICE guidelines and to know the latest and published studies in chronic disease management.

However, in view of the lack of a comprehensive primary healthcare system in many South Asian countries, certain topics within the MRCGP[INT] may not truly be appreciated by candidates from this region.

In the UK, GPs are traditionally the gatekeepers to the health system. They look after a cohort of patients and manage all of their healthcare needs, referring patients for further secondary care only when needed.

The breadth of medical knowledge expected from GPs is immense and diverse. Hence, the curriculum of the MRCGP[INT] is as wide as all known medical conditions comprising acute, chronic, common, and rare causes. Where the gatekeeper role is absent, patients can opt to refer themselves directly to a specialist potentially minimising the role of the GP.

Another MRCGP[INT] topic is medical ethics which is becoming an important part of medical education worldwide.³ GPs are constantly exposed to various ethical dilemmas and need to be able to make a sound and ethical decision. Within the MRCGP[INT] exams, candidates are expected to answer several ethical scenarios based on the four ethical principles: respect for autonomy, nonmaleficence, beneficence, and justice.⁴

Communication skills and patient-centred care is an essential characteristic of a GP. This has been incorporated gradually into primary care teaching in some parts of the world within the last two decades. It is a new concept for many GPs and patients are still unfamiliar with such approaches in consultation. Hence, without proper training some candidates may find this difficult to demonstrate.

MRCGP[INT] is a recognised postgraduate examination for primary care doctors in many parts of the world and has an important role in ensuring a high level of knowledge and care by those who carry its title. However, it is important for those who intend to sit the exams to undergo a form of training to be able to put theory into practice. Many countries that offer MRCGP[INT] have developed their own GP vocational training programmes, but in countries where such programmes are unavailable and candidates wish to sit the exams there has to be an outlet for candidates to receive similar forms of training and coaching to appreciate the full implication of the MRCGP[INT] exams.⁵

Farnaza Ariffin,

Senior Lecturer and Primary Care Physician, University Technology MARA, Primary Care Medicine, Selangor, Malaysia.

DOI: 10.3399/bjgp12X649214

ADDRESS FOR CORRESPONDENCE

Farnaza Ariffin

University Technology MARA, Primary Care Medicine, Selayang Campus, Jln Prima Selayang 7, Selangor, 68100, Malaysia.

E-mail: farnaza@salam.uitm.edu.my

REFERENCES

1. Heath I. The MRCGP International — imperialistic tosh, or blow for freedom? *Br J Gen Pract* 1997; **47**(424): 761.
2. Coombe MD, Leach AJ. Preparing for the MRCGP examination — membership of the Royal College of General Practitioners. *J R Army Med Corps* 2002; **148**(1): 80–86.
3. Manson H. The need for medical ethics education in family medicine training. *Fam Med* 2008; **40**(9): 658–664.
4. Beauchamp TL, Childress JF. *Principles of biomedical ethics*. 6th edn. New York, NY: Oxford University Press, 2008.
5. Shah N, Akhtar H, Anwar Abro M, et al. Continuing medical education as a tool for postgraduate qualification for family physicians. *Pak J Med Sci* 2011; **27**(1): 236–238.