that learning in an applied setting would be helpful and increase confidence in prescribing. A recent review demonstrated that current undergraduate prescribing education neglects important factors such as the social context of the workplace and the patient, hindering a real-life integrated approach to prescribing.[4]

Some medical schools have introduced a prescribing exam, and the British Pharmacological Society and Medical Schools Council are currently working together to introduce a national prescribing skills assessment for all graduating medical students in the UK. Having just undertaken my final exams I feel that existing assessments, including the prescribing exam and objective structured clinical examinations, mainly assess safe prescribing. I believe there is a place in the medical school curriculum for training to help students appreciate the 'real-world' applicability of clinical guidelines, including patient refusal, patient demand, and conflicting priorities. For example simulated training with actors and then with real patients on general practice attachments, acquiring feedback in the process, may be particularly beneficial. GPs who tutor students can also provide feedback on their progression in this domain across the attachment.

The art of negotiation and adopting a patient-centred approach to prescribing while practising safe evidence-based medicine is one that takes many years to acquire. Early training may be invaluable particularly for those with future aspirations in primary care.

Trisha Sivaraman,

Final Year Medical Student, St George's, University of London, Cranmer Terrace, London, SW17 0RE.
E-mail: trishal@cantab.net

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In preparing for the MRCGP[INT]

We congratulate Dr Ariffin on passing the MRCGP[INT] Brunei examination. She identifies the problems of an international assessment in family medicine; although there is a universal core to the specialty there are important differences between countries in patient's expectations of their doctor, communication styles, and ethical issues, such as consent and confidentiality, and the legislative framework of health and social care.[1]

We would like to take this opportunity to respond to the issues that she has raised and to clarify the purpose of the assessment.

We collaborate with local examination boards to develop an assessment that we accredit as being of equal rigour to the MRCGP UK examination.

Rather than being a generic international examination, each MRCGP International exam is set locally to reflect the particular epidemiology, population needs, culture, and healthcare system of that country. Our aim in doing this is to assist that country in strengthening both the role of family medicine within it and also local 'continuing medical education' institutions. Successful candidates become international members of the College.[2]

The purpose of the examination differs between countries; in Oman, Brunei, Kuwait, Egypt, and Malta it is an end-point assessment of vocational training. Additionally in Brunei the examination may be taken by candidates who have either worked or trained in family medicine elsewhere.

In Dubai, where many family medicine doctors are graduates from countries without postgraduate training schemes in family medicine, it offers an opportunity to demonstrate the quality of their work and further their career.[3]

The South Asia examination is a consortium representing India, Pakistan, Sri Lanka, and Bangladesh. Preference is given to family doctors across South Asia, as well as expatriate South Asian doctors working in neighbouring countries who intend to return to work in the South Asia region.[4]

Dr Ariffin highlights the challenge of taking the examination in regions where family medicine is undeveloped and there is little provision of vocational training or continuing medical education in family medicine. For many candidates the MRCGP[INT] examination has acted as a stimulus for learning where one did not exist before. Success often comes after a long period of self-directed preparation and international membership enables the College to support these outstanding colleagues in their continuing professional development.

Alistair Howitt,

MRCGP[INT] International Development Advisor, MRCGP[INT] Examination Development Assessor, MRCGP International Board, Royal College of General Practitioners, 1 Bow Churchyard, London, EC4M 9DQ.
E-mail: ajhowitt@warders.co.uk.

On Behalf of the MRCGP[INT] Advisory Board.

Competing interests

All authors are members of the MRCGP International Board and have been employed by the RCGP when acting as International Development Advisors and Examination Development Assessors.

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Correction

In the print version of the following article, the year is incorrectly published as 2011 instead of 2012:

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