

Irish College of General Practitioners
Coláiste Dhochtúirí Teaghlaigh Éireann



MICGP Examination Handbook 2015





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SECTION ONE: Examination Eligibility, Application Procedures and Regulations

Introduction

The Irish College of General Practitioners

The Irish College of General Practitioners (hereafter referred to as the ICGP) is the recognised specialty body for general practice in Ireland. The primary aim of the ICGP is to encourage, foster and maintain the highest possible standards of care in general practice.

Membership of the ICGP

Membership of the ICGP is the end point qualification for specialist training in general practice in Ireland and is recognised by the Irish Medical Council.

Membership of the ICGP can be achieved through:

1. The MICGP Examination route – (i) passing the MICGP Examination and (ii) fulfilling the criteria for GP training (including a Certificate of Satisfactory Completion of Training (CSCT)).
- Or
2. Application to the ICGP Postgraduate Training Committee on the basis of Equivalent Qualifications (Separate criteria – for further details refer to the membership section of the College website: www.icgp.ie/membership).
3. MICGP- AR (Alternative Route). For further details please see www.icgp.ie.

MICGP Examination

The MICGP Examination is a criterion-referenced examination. It consists of the following modules:

- Core Knowledge Test Module (CKT)
- Modified Essay Question Module (MEQ).
- Clinical Competency Test (CCT)

The passing standard for each module is set using module appropriate, internationally recognised, standardisation procedures. All candidates who reach that standard will be awarded a pass.

Examination Entry Requirements 2015

For 2015, the various exam modules are restricted to candidate's relevant years of GP training as follows:

- the CKT module is available to candidates in all years of training
- the MEQ module is available to candidates in second, third or fourth years of GP training only.
- the Clinical Competency Test is available only to candidates in their third or fourth year of GP training

The MEQ and CCT modules are available only to candidates in their later years of GP training as they require a significant level of general practice experience to reach the required competency level. Candidates in their first year of GP training will not have accumulated sufficient experience and competency within general practice to successfully complete these modules.

You are advised to read this handbook in its entirety. It is divided into three sections.

1. Section I of the handbook contains general information regarding the MICGP examination, including the application procedure for the MICGP Examination 2015.
2. Section II of the handbook contains information regarding the examination modules.
3. Section III of the handbook contains reports from the convenors on the relevant 2014 modules.

The examination is subject to review and development. Details of its format, content, marking and regulations may be subject to change from year to year.

This handbook contains information on all aspects of the Membership Examination of the ICGP. The information contained within this handbook is valid for the MICGP Examination 2015 only.

If you are considering sitting (or re-sitting) the examination at any subsequent stage, you must ensure that you have access to the relevant/up-to-date information on www.icgp.ie.

Eligibility Criteria to Apply and Sit the MICGP Examination 2015

Please read in conjunction with the criteria for membership

Applications will be accepted from doctors who hold

General Specialist or Trainee Specialist registration with the Irish Medical Council

And

- Hold/are completing/or have completed a training post on an accredited general practice training programme recognised by the ICGP

Or

- Who have completed an approved programme of 'self-structured' general practice training

And

- Who meet the requirements regarding the current year of training

*Note: where applicants have not completed formal training in general practice recognised by the ICGP, the prospective applicant must in the first instance seek ICGP approval of his/her training for general practice. Approval requests should be submitted in writing to the chairperson of the Certification Committee. For further information, contact muriosaoreilly@icgp.ie

Applications from doctors who do not have prior approval will not be accepted.

Applicants should note that passing the MICGP Examination does not confer an automatic right of election to membership of the ICGP. Refer to Eligibility Criteria for Membership of the ICGP.

The college reserves the right to refuse an MICGP Examination application.

Overall Aims and Objectives of the MICGP Examination

Aims

To assess the performance of the candidate in the field of general family practice by assessing in three domains: cognitive, psychomotor and affective. The examination will assess knowledge relevant to general practice in Ireland. Candidates will be assessed in problem solving and communication skills. Candidates who pass the MICGP Examination are judged to be competent to provide a high standard of care in unsupervised general practice in Ireland.

Objectives

To measure competence in general family practice. The examination will assess competence in the following areas:

1. The understanding and willingness to accept the many responsibilities of a general practitioner/family doctor.
2. Understanding the individual, the family and the community, and the legal framework underlying medical practice in Ireland.
3. Defining, analysing and managing health problems;

integrating the physical, psychological and social factors in all age groups in health and disease.

4. Adopting a preventive approach to health care.
5. Cooperating appropriately with colleagues, primary care workers and other caring agencies.
6. Practice management.

The MICGP Examination is administered in accordance with the decision of the Council of the Irish College of General Practitioners, and is subject to the regulations and procedures issued by the ICGP.

Passing the MICGP Examination

In order to pass the overall MICGP Examination, a candidate must:

1. Achieve the required passing standard in each module. Note: There is NO compensation between modules.

And

2. Demonstrate to the satisfaction of the examiners that he/she possesses sufficient knowledge, clinical skills and the decision-making ability to ensure that he/she is capable of practising safely and competently as a general practitioner in an unsupervised setting.

The above requirement at (2) will be assessed on the basis of the written and CCT examinations, but candidates should note that any answer or series of answers in any of the examination modules may lead to a failure to satisfy the requirements at (2) even under circumstances where the requirement at (1) is met.

Time Limitations for Completion of the MICGP Examination

Candidates must complete all modules of the MICGP Examination within a five-year period dating from the first year of presenting for an examination module. In addition, candidates must successfully complete all modules of the MICGP Examination within two calendar years of achieving their Certificate of Satisfactory Completion of Training (CSCT). Exceptions to this rule will only be considered in most exceptional circumstances and only following application to and approval by the Postgraduate Training Committee.

Eligibility Criteria for Membership of the ICGP by Examination

Candidates must satisfy the following criteria before they are elected to membership of the Irish College of General Practitioners (following the MICGP Examination):

1. Registration with the Irish Medical Council, to the Trainee Division, the Specialist Division and the General Division as applicable.
2. Those undertaking recognised training in general

practice in the Republic of Ireland will be required to hold a Certificate of Satisfactory Completion of Training (CSCT) from an accredited training programme in general practice.

3. Have successfully completed all modules of the MICGP Examination to the required standard.
4. In relation to applicants trained in other EU States, a Certificate of Specific Training/Acquired Rights in General Medical Practice (CSTAR) (issued by the appropriate Competent Authority under EU Directive 2005/EC and/or be eligible for this certification) is required.
5. Be elected to membership by the Council of the ICGP.

*Note:

- Eligibility of applicants with Limited Certification issued by a competent authority in an EU State, will be reviewed on an individual basis.
- Eligibility of applicants with training obtained outside the EU will be reviewed on an individual basis.

Note: Applicants are advised to read the criteria for membership before proceeding with their application to sit the MICGP Examination.

- Acceptance to sit the membership examination, and passing this examination, does not equate to eligibility to apply for election to membership.
- The use of the MICGP qualification is permitted only following election to membership of the ICGP.

Election to Membership of the Irish College of General Practitioners

Applicants should note that eligibility, acceptance to sit or passing the MICGP Examination does not equate to eligibility to apply for election to membership of the ICGP. Applicants are advised to read the criteria for membership before proceeding with their application to sit the MICGP Examination.

It is the responsibility of each applicant to ensure that they fully understand the terms and conditions under which they apply to sit the MICGP Examination. The ICGP accepts no responsibility where applicants ignore or do not fully comply with the terms/criteria for membership, having sat or passed the MICGP Examination.

Applicants who are not undertaking training on accredited general practice training programmes in the Republic of Ireland are advised to obtain Certification of Specific Training/Acquired Rights in General Medical Practice, issued under EU Directive 2005/EC from the relevant Competent Authority, prior to applying to sit the MICGP Examination.

* Examination applicants who submit a programme of 'Self-Structured' training for consideration must provide evidence of registration with the Irish Medical Council with regard to the Trainee Division, the Specialist Division and the General Division as applicable.

Examination Regulations and Procedures

Please read these regulations carefully as failure to comply may result in expulsion from the examination process. Candidates must provide photographic evidence of identity such as a driver's licence or passport when attending MICGP examinations.

1. Rules For Conduct at the Examination

- 1.1. Candidates must attend at the examination centre at the arrival time indicated.
- 1.2. It is the responsibility of candidates to ensure that they are on time for the examination. Candidates who arrive up to 30 minutes late may be admitted to the examination centre at the discretion of the examination supervisor. Candidates who arrive more than 30 minutes after the commencement of the examination will NOT be admitted to the examination centre under any circumstances. Candidates who are not permitted to sit the examination due to their late arrival will NOT receive a refund of their examination fee.
- 1.3. All candidates will be required to sign an attendance sheet upon arrival.
- 1.4. Candidates must not bring paper, notes, books or bags into the examination room.
- 1.5. Candidates are not permitted to have any electronic device including, but not limited to calculators, mobile phones, smart phones, pagers, personal digital assistants, data storage devices etc. on their person at any time during any module of the MICGP examination. Candidates who are found to be in possession of any such device, even if switched off, after the commencement of the examination, risk expulsion from the examination centre and automatic failure of the module in which the infringement occurred. The ICGP is not responsible for the safe keeping of such devices during the written examinations. See Page 13 of this Handbook, (CCT, Mobile Phones and Electronic Devices) for regulations regarding the CCT examination. The ICGP accepts no responsibility for the loss of candidates' personal property in or around the examination centre.
- 1.6. Candidates should bring pens, however, they will be supplied with pencils, erasers, rulers and answer scripts. Candidates may request additional paper if required. Examination supervisors may inspect anything that a candidate brings into the

examination centre.

- 1.7. Candidates must use blue or black ink in answering questions in the MEQ module. Note: The CKT answer sheet must be completed in pencil. Do not complete the CKT answer sheet in pen/ink.
- 1.8. Candidates must be seated in the place allocated. This will be indicated by the examination number
- 1.9. When the answer books are distributed, the examination supervisor will give instructions on completing name, numbering and identification. Please follow the instructions given. Time will be given to complete the task. Question papers will be distributed and placed downward facing on desks. Candidates must not commence reading the paper until instructed to do so.

2. Conduct During the Examination

- 2.1. Candidates must obey all instructions given by the examination supervisor.
- 2.2. Candidates must not communicate with or attempt to communicate with or provide assistance to any other candidate during the examination.
- 2.3. Candidates must not seek or accept assistance from any other candidates during the examination.
- 2.4. Candidates must not permit any other candidate to read or copy from his/her answer book.
- 2.5. Candidates must not disturb any other candidate during the examination.
- 2.6. Candidates must cease writing when instructed to do so and hand up their answer book when requested. Failure to do so may result in their paper not being examined or marked.
- 2.7. Candidates are not permitted to remove question papers from the examination centre; these will be collected with the answer books. If a candidate removes the CKT question book from the examination centre, he/she may not be allowed to proceed with the examination and may be debarred from sitting future examinations.
- 2.8. Candidates must remain seated until all answer scripts are collected and they are instructed that they may leave the examination centre. Candidates who finish early may NOT leave the examination centre during the first 30 or last 30 minutes of the examination.
- 2.9. Candidates who wish to query any matter relating to the general conduct or conduct of examiners/ invigilators during the examination and/or the application of the rules of the examination, must do so in writing within seven days upon completion of the examination.

- 2.10. Candidates who leave the examination centre during the examination without invigilator supervision will NOT be permitted to re-enter the examination centre for any reason.
- 2.11. Special Arrangements - Any candidate who may require special assistance during any module of the examination should make their needs known to the ICGP at point of registration for the examination.
- 2.12. Candidates arriving late for the Clinical Competency Test will not be permitted to progress with the assessment.

3. Penalties for Misconduct During the Examination

- 3.1. If the examination supervisor has reason to believe that a candidate is in breach of the examination regulations, he/she will immediately warn the candidate. He/she will usually permit the candidate to complete the examination. However, the supervisor may request that the candidate leave the examination centre if he/she has reason to believe that the candidate will continue to disrupt the conduct of the examination.
- 3.2. The examination supervisor may confiscate any material that the candidate brings into the examination centre in breach of the regulations.
- 3.3. After the examination, the supervisor will provide a written report to the Chairman of the Examination Committee on the incident. Where the Chairman of the Examination Committee decides to take action in relation to the alleged offending conduct, he/she shall notify the candidate in writing, specifying the penalties which may be imposed on the candidate if found guilty, and attaching a copy of the supervisor's report as well as any other relevant information. The Chairman of the Examination Committee will inform the candidate that he/she may make a written submission within 14 days of receiving the notice disputing or otherwise commenting on anything contained in the supervisor's report or any other material which will be considered, setting out any mitigating circumstances. In making a decision relating to the alleged offending conduct, the Chairman of the Examination Committee will consider the supervisor's report, any written submission by the candidate and any other relevant facts relating to the alleged offence.
- 3.4. The penalties that the Chairman of the Examination Committee may impose include:
 - No penalty.
 - Awarding a zero mark for the component part of the examination during which the alleged offence took place.

- Require the candidate to sit the examination at another date.
- Expulsion from the examination process.

3.5. The Chairman of the Examination Committee will notify the candidate of his/her decision in writing specifying the following:

- Whether or not the candidate is considered guilty of the alleged offending conduct.
- If the candidate is considered guilty, the reasons for the decision.
- Where a penalty is imposed, the reasons for the penalty.

4. Arrangements

A candidate who has difficulties before or during the examination, for example, with an illness, accident, etc., should inform the examination coordinator. The ICGP will attempt in so far as possible to accommodate the candidate in sitting the examination.

5. Recording at CCT Examinations

Candidates are asked to note that CCT examinations may be recorded. This recording is for the purposes of examiner training and is not concerned with the performance of the candidate.

6. Property of the Irish College of General Practitioners

A condition of entry to the examination is that examination answer scripts and CCT recordings (if applicable) become the property of the ICGP.

7. Result Recheck

The calculations of the marks of each candidate are rigorously checked before results are issued. Where a candidate wishes to have the calculation of his/her results rechecked, they must request the recheck in writing. All such requests should be addressed to the chairman of the Examination Committee within 14 days of the issue of the results.

8. Appeals

An appeal process is available to candidates in the following circumstances:

- Where a candidate wishes to appeal a decision of the Examination Committee regarding an alleged breach of the examination regulations.
- Where the candidate believes that there was a substantive error or irregularity in the conduct of the marking of the examination, and is dissatisfied with the decision and response of the Chairman of the

Examination Committee. The candidate is required to specify the grounds for his/her appeal.

Pre-Appeal Procedure

A candidate must, in the first instance, write to the Chairman of the Examination Committee outlining his/her concerns and formally request detailed feedback on his/her examination results. Where the candidate is dissatisfied with the response of the Chairman of the Examination Committee, he/she may lodge an appeal in accordance with the following procedures:

Appeal Procedures

All appeals must be formally addressed to the Chairman of the MICGP Examination Appeals Board and accompanied with the appropriate fee. Examination appeals will not be accepted unless on the MICGP Examination appeals application form.

Applicants must complete and return the formal appeal application within 14 days of follow up correspondence from the Chairman of the Examination Board. Applicants must clearly indicate on the application form the specific grounds on which the appeal is submitted.

The Chairman of the MICGP Examination Appeals Board will notify the candidate in writing of the decision of the Board. The decision of the MICGP Examination Appeals Board is final.

Note: It is not acceptable for any candidate or representative of a candidate to contact any examiner or officer of the ICGP about the examination, except in the manner described in these regulations. Such contact may jeopardise the appeal process.

9. Candidate Performance in the Examination

Where a candidate's performance in the examination gives rise to concern on the part of examiners, the Chairman of the Examination Committee may communicate directly with the candidate's training supervisor in relation to performance in any or all modules of the examination.

Appropriate recommendations may be made regarding remedial education and training.

Where a candidate's examination performance is deemed to be substandard and remedial training is advised, candidates will be prohibited from presenting for any future examination module in the absence of clear written evidence of satisfactory completion of remedial training.

Candidates will have the right to appeal as specified in paragraph 8 above. Candidates will be notified in writing of

any action taken in the context of the above conditions.

Examination Application Procedure

Application is by online registration on the ICGP website: www.icgp.ie.

Failure to fully complete the application form may result in applications being refused. Should you require assistance in completing the application form online, please contact: micgpexam@icgp.ie

Closing date for the receipt of applications is Monday 1 December 2014. This deadline is absolute.

Examination Fees

The fee for the 2015 MICGP Examination is €625 for the MEQ and CKT modules respectively. The fee for the CCT module is €1300 Please see the online application form for details.

The fee to repeat the MEQ and CKT modules is €500 per module. Candidates withdrawing after the closing date will forfeit 50% of the total fee paid. The examination fee is non-refundable in the event of failing to pass the MICGP Examination and in the event of non attendance or late attendance as per Clause 1.2 in Section One.

Payment

Payment in full

Applicants may pay for the full examination fee at the time of application.

Deferred payment option

Applicants have the choice to pay a part payment/deposit at the time of online application but defer the payment of the balance.

Note:

- The balance must be paid on or before 1 February 2015. Applicants who do not complete full payment of the examinations fees due will not be registered to sit the MICGP Examination.
- The deposit amount is non refundable.
- The initial (deposit) payment is mandatory and must be paid on application.

How to pay online

This facility is part of the online application page and the balance can be paid via the ICGP website. When you log in with your ID number and PIN, go to the section 'My ICGP'.

This facility is intended to be of assistance to GP trainees in the context of the time taken in getting a reimbursement of examination fees from trainee grants.

MICGP Examination 2015 - Important Dates

Opening Date for MICGP Application 2015	Monday 13 October 2014
Closing Date for MICGP Application 2015	Monday 1 December 2014
MICGP Examination Written Modules *	Tue 24 March 2015
MICGP Clinical Competency Test *	Thur 28& Fri 29 May 2015

*Examination Venue: Croke Park Conference Centre, Dublin

Examination Results

A list of successful candidates will be posted on the ICGP website – www.icgp.ie. Candidates will be identified by candidate number and module only. Results will be issued in writing in July 2015. While all results are issued at the same time and every effort is made to ensure that all candidates receive their results on the same day, this cannot be guaranteed.

After the issue of results to each candidate, results (i.e. grade: pass/fail) will also be issued to the directors of each of the general practice training programmes for their respective trainees.

Note: Candidates who are unsuccessful may request feedback on their performance from the Chairman of the Examination Committee. All requests must be made via email to micgpexam@icgp.ie within 14 days of issue of the MICGP Examination results and addressed to the Chairman of the Examination Committee.

Ellard W Eppel Trophy

The Ellard W Eppel Trophy is awarded annually at the MICGP Presentation Ceremony to the candidate who achieves the highest overall mark having completed the current sitting of MICGP Examination.

Contact Details

If you have any queries on the MICGP Examination, please contact: The Examination Office, The Irish College of General Practitioners, 4/5 Lincoln Place, Dublin 2. Telephone: 01 6763705. Fax: 01 6765850. Email: micgpexam@icgp.ie.

SECTION TWO: Examination Modules, Format and Content

Introduction

The MICGP Examination is a criterion-referenced examination. In a criterion referenced, competency-based examination, the pass standard is by recognised standardisation procedures. All candidates who reach this standard for the module pass the examination.

The MICGP examination consists of the following modules:

- Core Knowledge Test Module (CKT)
- Modified Essay Question Module (MEQ).
- Clinical Competency Test (CCT)

The passing standard for each module is set using module appropriate, internationally recognised, standardisation procedures.

Quality Control

The Examination Committee places marked emphasis on quality control of the MICGP Examination. In particular, every effort is made to maintain its fairness, validity and reliability. To this end, the following measures are taken:

- MICGP examiners are involved in active general practice.
- The questions used in the MEQ, CKT and CCT modules each year reflect current practice and are derived from the ICGP Core Curriculum for General Practice Training. Examiners participate in regular examination development and assessment workshops.
- Each question in the MEQ is marked by two examiners.
- The CKT is electronically marked.

- CCT examiners are recorded randomly. These recordings are peer-reviewed and analysed. These recordings are used in the context of examiner training.
- The results of all modules are subjected to detailed statistical analysis.
- The MICGP External Examiner provides objective, unbiased reporting on the examination process to the Postgraduate Training Committee.

Examination Entry Regulations

For 2014, the various exam modules are restricted to candidates in the different years of GP training as follows:

- CKT Module is available to candidates in all years of training.
- MEQ module is available to candidates in 2nd, 3rd or 4th years of GP training only.
- CCT Module is available to candidates in their 3rd or 4th year of GP training only.

The MEQ and CCT Modules are only available to candidates in their later years of GP training as a higher level of experience and exposure to general practice is required to successfully pass these modules. Candidates in their first year of GP training will not have experienced sufficient exposure to general practice to successfully attempt these later modules in year one.

Time Limitations for Completion of the MICGP Examination

Candidates must complete all modules of the MICGP Examination within a five year period dating from the first year of presenting for an examination module. In addition, candidates must successfully complete all modules of the MICGP Examination within two calendar years of achieving their Certificate of Satisfactory Completion of Training (CSCT). Exceptions to this rule will only be considered in most exceptional circumstances and only following application to and approval by the Postgraduate Training Committee.

Modified Essay Question (MEQ) Module

The MEQ Module has eight questions that deal with problems typically encountered in general practice that might present to a GP in Ireland. The content may vary from common clinical problems to conflict with members of the primary care team or an environmental issue which impacts on the community.

Candidates may view a presentation on MEQs via the online orientation programme on the ICGP website - www.icgp.ie.

It is designed to test decision making skills. It aims to assess the candidate's ability to identify the issues involved and logically resolve them using their own skills and those of others. The questions are based on real life situations which have occurred in every day general practice often in one of the examiner's practices.

Modified Essay Question

Questions and answers including marking schedules are produced by a group of examiners coordinated by an MEQ convenor. The question is then reviewed by another group of examiners before being submitted to the exam. The ideal answer is formed by the group of examiners who agree on a number of ideas and themes which they, as ordinary general practitioners, consider important to the issue at hand. For the purposes of marking, these are called constructs.

MEQ constructs include:

Clinical issues	Consultation skills
Management ability	Decision making skills
Quality in practice issues	Doctors feelings and awareness
Primary care team issues	Ethics
Legal issues	Administration issues

1. CLEAR LEGIBLE WRITING IS REQUIRED. IF THE EXAMINER CANNOT READ YOUR ANSWER THE EXAMINER CANNOT MARK IT.
2. It is important to read the questions carefully. Each year, some candidates score poorly because they fail to answer the question asked.
3. Divide your time between questions; do not spend too much time answering any single question.
4. It is important to keep to the point in your answers and deal with the problems posed in the question.
5. Try to structure your answer.
6. Candidates should identify the relevant constructs in

answering each question, and expand and develop these constructs. Note form is acceptable in answering questions. Bullet point lists without expansion and explanation are insufficient.

7. There are no trick questions. Candidates risk wasting valuable time by providing information which is not relevant to the question asked and will not attract marks.
8. Most questions test three or four constructs. Each construct has a number of points that have been identified as important to gain marks. Please see examples of constructs in the opposite table.
9. Each question is marked by a different examiner, therefore, do not refer to previous answers – you will need to repeat any item which you consider to be relevant.
10. In answering your question, imagine yourself working at a typical GP surgery. Outline how you might respond to a particular situation and justify your actions. Consider who else might help and how.
11. Negative marking does not apply. Irrelevant content will not be awarded a grade.

Common Mistakes

- Not allocating time equally between questions and therefore not completing the paper.
- Illegible writing.
- Failing to answer the question posed.
- Inclusion of irrelevant details, e.g. if you are told that clinical examination is normal, that means that you do not need to state what you would examine.
- Answering only part one of the question posed, e.g. What issues are involved and how would you manage them? If a question has two components, assume that half marks are allocated to each unless specifically stated otherwise.

Note: Total time for this module is 2 hours and 30 minutes.

Candidates who reach the set standard for the module will receive a passing grade.

Core Knowledge Test (CKT) Module

The CKT module will be composed of 200 single best answer questions.

The time allowed for the CKT paper is three hours. Candidates may view a presentation on single best answer questions via the online orientation programme on the ICGP website - www.icgp.ie.

This module tests factual recall and, in particular, the application of knowledge within the context of current best general practice.

CKT (Core Knowledge Test) Questions

These questions are in a Single Best Answer (select only one answer from five) format.

Each question will have an introductory stem which gives the relevant clinical information.

This will usually, though not always, be followed by a lead-in question. This is then followed by five answer options/responses. All five options may be plausible but only one of them is considered to be the single best answer.

The candidate is requested to choose the single best answer in each question.

If more than one response is selected, a ZERO mark will be recorded for that question.

The topic areas from which the questions are derived are listed below. All questions are based upon topic areas and learning outcomes contained within the Core Curriculum for Irish General Practice, which is available from the ICGP website – www.icgp.ie/curriculum.

Topic Areas:

- Clinical Surgery
- Consultation Skills
- Dermatology
- Emergency Medicine
- ENT
- General Medicine
- Infectious Diseases
- Obstetrics and Gynaecology/Women's Health
- Ophthalmology
- Paediatrics
- Palliative Care
- Practice Management
- Psychiatry
- Rheumatology
- Sexual Health
- Therapeutics

There is no negative marking in this module.

Marks will be awarded as follows:

+1 = Correct answer.

0 = Incorrect answer/more than one answer recorded

- The question paper is in book form and candidates are required to record their answers on the answer sheets provided which will be double sided. These answer sheets are computer marked.
- Candidates are not allowed to remove the question book from the examination centre.
- Any candidate who removes the question book from the examination centre will be disqualified from sitting this and subsequent examinations.
- The time allowed for this module is three hours.
- The final pass mark will be determined by standardisation procedures similar to those employed in other modules of the examination.

Examples:

Sample CKT Questions (Single Best Answer format):

1. In a patient suspected of suffering from osteomyelitis, which of the following organisms is the most important one to cover with antibiotics?

- A. Streptococcus
- B. Staphylococcus
- C. Proteus
- D. Haemophilus
- E. Tuberculosis

Answer is B = Staphylococcus

2. ACE Inhibitors must be avoided in patients with:

- A. Adult polycystic kidney disease
- B. Pregnancy
- C. Recent myocardial infarction
- D. Sarcoidosis
- E. Spironolactone therapy

Answer is B = Pregnancy

3. A 34-year-old man presents with acute visual loss in his right eye. There is a dull ache in the region of the right eye, aggravated by its movement. What is the most likely diagnosis?

- A. Central retinal artery occlusion
- B. Central retinal vein occlusion
- C. Optic neuritis
- D. Retinal detachment
- E. Vitreous haemorrhage

Answer is C = Optic neuritis

4. A 50-year-old male smoker of 10 cigarettes per day with a history of COPD presents with a seven-day history of right sided pleuritic chest pain, cough and two small episodes of haemoptysis. He is afebrile. Chest exam is normal. Pulse rate is 100/min.

Choose the best and most appropriate course of action:

- A. Arrange for urgent CXR
- B. Arrange routine OPD appointment
- C. Arrange urgent OPD appointment
- D. Refer to hospital immediately
- E. Start antibiotics and review in 24 hours

Correct Answer is D = Refer to hospital immediately

5. A 28-year-old man with asthma presents with right sided chest pain and a sudden onset of dyspnoea. He smokes 20 cigarettes per day. On examination, there is a slight wheeze with good breath sounds on the left side but reduced on the right. An ECG T-wave inversion in the precordial leads. What is the most likely diagnosis?

- A. Acute severe asthma
- B. Myocardial infarction
- C. Pleuritis
- D. Pneumothorax
- E. Pneumonia

Correct Answer is D = Pneumothorax

6. In a study of 950 subjects, a new serological marker for coeliac disease was assessed against the gold standard test of jejunal biopsy. The following results were obtained:

Gold Standard Biopsy Positive Biopsy Negative

Test Positive 40 10

Test Negative 60 840

What is the sensitivity of the test?

- A. 80%
- B. 40%
- C. 99%
- D. 5%
- E. 67%

Correct Answer is B = 40%

7. A 32-year-old male has routine blood tests which reveal a mildly elevated AST and alkaline phosphatase. What would make you suspect haemochromatosis?

- A. Transferrin saturation <40% and normal Ferritin level
- B. High serum iron level and normal Transferrin saturation
- C. Transferrin saturation >50% and elevated Ferritin level
- D. Low serum ceruloplasmin
- E. High GGT

Correct Answer is C = Transferrin saturation >50% and elevated Ferritin level

8. A 30-year-old woman presents to you with lower abdominal pain that is relieved by defecation. She

also reports bloating and the passage of mucus. She has had these symptoms for about a year. Her weight is stable. What is the most likely diagnosis?

- A. Colorectal carcinoma
- B. Ulcerative colitis
- C. Simple constipation
- D. Coeliac Disease
- E. Irritable Bowel Syndrome

Correct Answer is E = Irritable Bowel Syndrome

9. A 45-year-old woman, previously well, presents with a two day history of rotational vertigo. The vertigo occurs mostly at night. When she turns in bed she feels nausea at the same time. You consider the diagnosis to be benign paroxysmal vertigo. Which of the following is most helpful in confirming this diagnosis?

- A. Webber Test
- B. Hallpike Manoeuvre
- C. Romberg's Test
- D. Finger pointing to nose co-ordination
- E. Gait assessment

Correct Answer is B = Hallpike Manoeuvre

10. A 55-year-old man presents with low back pain and difficulty in passing urine. He also complains of pins and needles in his perineum. Which answer is the most likely correct diagnosis?

- A. Severe coccydynia
- B. Cauda Equina Syndrome
- C. Mechanical low back pain
- D. L4/L5 disc prolapse
- E. Ankylosing spondylitis

Correct Answer is B = Cauda Equina Syndrome

Advice on Technique

It is vital that you follow the instructions given on the day and ensure that your answer on the answer sheet is the same as you have selected from the paper.

Write your name and candidate number clearly on the answer sheet. (ESSENTIAL)

- Read the question stem carefully.
- Consider each answer option carefully.
- Divide your time evenly between each of the 200 questions. Do not ponder over questions for too long.
- Quickly go through and mark all your certainties and then return to unanswered questions in order to make an informed selection.
- Transfer your answer selection to the answer sheet in a careful and systematic fashion, taking care to

shade the appropriate box on the answer sheet.

- Answer ALL questions. There is no negative marking. i.e. therefore there is no penalty for a wrong answer.
- In answering each question consider the published evidence and your own experience in clinical general practice.

Be aware of the true meanings of certain terminology which is used in SBA questions:

1. Characteristic feature: A feature which occurs so frequently that it assumes diagnostic significance and its absence would place the diagnosis or outcome in serious doubt.
2. Recognised feature: A feature that occurs to a sufficient extent that a candidate should be aware of its importance.
3. Majority: greater than 50%.
4. Minority: less than 50%.
5. Typical feature: Expected to be present. Similar to characteristic.

In Summary

There are 200 questions in the CKT module for 2015.

- Time allowed is 3 hours.
- Answer all questions.
- There is no negative marking.

All questions are based upon the Core Curriculum for Irish General Practice, which is available from www.icgp.ie/curriculum. The core curriculum should be used as a roadmap for your learning, preparation and revision.

Clinical Competency Test

The Clinical Competency Test (CCT) is a test of clinical skills and ability which will replace the Oral Examination Module in 2015.

The CCT aims to assess the competence of general practice registrars when dealing with the situations that may arise in every day Irish general practice. In doing so it seeks to examine the knowledge, clinical skills (assessment, treatment and communication) and attitudes displayed by registrars as they manage patients or their representatives presenting in a simulated surgery, home visit or telephone consultation. It examines how they deal with clinical challenges, how they communicate with patients, their carers and others and whether they understand the principles of practice management as applied to the consultation.

The registrars must be able to place the challenge before them in the appropriate context for the patient, their family, the community and their culture, they must display appropriate attitudes based on their professional capabilities, values and ethics. Management decisions must

be based on sound scientific evidence where possible.

During the CCT registrars must show that they have achieved the core competences of Irish general practice as outlined in the core curriculum. They must display a comprehensive understanding of primary care management, the ability to provide person centred care, specific problem solving skills, the ability to adopt a comprehensive approach within the consultation, a good awareness of the community orientation of many consultations and the ability to use a bio-psycho-social consultation model taking into account cultural and existential dimensions. They must also show that they can reflect on their practice and recognise their own limitations.

Examination Entry Regulations

Entry to the CCT Module is limited to: (a) GP registrars (i.e. candidates who are in the third, fourth or later years of training).

or

Applicants who satisfy the criteria for membership in the year of the Examination. (Who would this cover)

Preference for registration will be given to fourth year trainees and repeating candidates as available places are limited for this examination. Other places for the examination will be allocated on a first come first served basis.

What format will the CCT take?

The candidate will be allocated a room which will simulate a consultation room. They will see 13 patients, played by actors, who will present 13 different clinical scenarios. In the remainder of this document, the term actor equates to patient and vice-versa.

At the start of the examination, the candidates will receive a short summary of each of the 13 cases that they will be presented with.

Each case will last 10 minutes, with a break of a few minutes between cases.

A bell will sound at the start of the first case and the patient will enter the room with an examiner. The candidate should then engage with the patient as if this was a real consultation and manage the case appropriately. At the end of the 10 minutes, another bell will sound and the patient and examiner will leave the room.

The role of the examiner is to observe the candidate and score their performance. There should be no verbal interaction between the candidate and the examiner.

There will be a break of about 15 minutes midway through the CCT, during which candidates will have access to refreshment and will be able to use the rest rooms.

The CCT is designed to reflect what GPs do in their day to day practice. As such, the more experience that candidates have in general practice, the better prepared they are likely to be in order to deal with the variety of cases that may arise.

Examiners' Tasks

An Examiner will accompany each patient and will play no part in the consultation, except possibly to hand the candidate information at appropriate points within the station. He/She will sit outside the candidates line of vision, and should be ignored. The Examiner will be looking at specific aspects of the candidates clinical abilities, marking based on a pre-defined marking schedule. It is possible that an additional observer may be present who may be performing a Quality Assurance exercise or observing the process as part of examiner training. They will take no part in the assessment. It is not permitted to enter into conversation or discussion in relation to a specific case with an examiner. If you do so you will be in breach of ICGP Exam Regulations and awarded a fail for that case.

Examples of CCT Topics

The CCT is designed to reflect what Irish GPs see in their day to day work. Think of an "average" surgery which may contain someone who has been newly diagnosed with a chronic disease, someone with an acute condition, someone requiring monitoring, a carer or other concerned individual presenting with third party concerns. All such cases may be represented in the CCT examination as may any other case that touches on the current core curriculum.

Preparation

CCT questions will be based on the core curriculum. The best preparation for the CCT will be gaining experience consulting in a General Practice setting. Extensive exposure over many months to a wide range of clinical cases and scenarios in the final years of their General Practice training should enable candidates to successfully address the challenges of the CCT.

It is recommended that candidates view the Online Orientation programme located on the ICGP Website.

Candidates are also advised that questions are based on the areas covered by the Core Curriculum.

Recording

Candidates should note that CCT Stations may be recorded. This is done to facilitate examination development and examiner training. The recordings are not and will not be used to judge the performance of the candidates. Candidates may not object to the recording of any station that they are completing.

Mobile Phones and Electronic Devices

It is recommended that you do not bring a mobile phone or other device for electronic or other form of communication to the examination area. If you do you will be required to hand these devices over at point of registration for safe keeping until the completion of your examination.

If you do bring any such device with you, you must ensure that it is completely switched off and unable to send or receive any voice calls, emails, texts, tweets or any other form of communication what-so-ever from the moment you arrive at the registration desk.

The college considers observation of the rule on mobile phone and communication devices to be a professional responsibility and will consider any breach of this regulation to be a most serious matter that is likely to result in disqualification from this exam and may compromise future membership of the college.

Do I need to bring any equipment with me to the CCT Examination?

You should bring your doctor's bag containing the usual diagnostic equipment with you, including:

- BNF/MIMs
- Stethoscope
- Ophthalmoscope
- Auroscope
- Thermometer
- Patella hammer
- Tape measure
- Peak flow meter and disposable mouthpieces (N.B. These must be EU standard)

Candidates should not bring any medicines or needles or syringes normally kept in their doctor's bag to the examination.

Reading Resources

There is a wide range of general practice literature available. It is recommended that candidates select his/her reading from a limited but representative and up-to-date range of textbooks, journals and ICGP publications. Please note that this list should only be used as a guide and is sufficiently comprehensive to offer choice.

ICGP Publications

<http://www.icgp.ie/library>

Go to the library Catalogue to search for:

- ICGP Clinical Guides
- ICGP Non-clinical Guidelines
- Forum Articles
- All publications of Irish Medical Council
- A Guide to Ethical Conduct and Behaviour – Irish Medical Council
- ICGP Publications List – available from the College

General Clinical, General Practice & Specialist Areas

- British National Formulary
- Oxford Handbook of General Practice – Chantal Simon et al.; OUP GP series
- Doctors Dilemmas Decisions – Ben Essex; BMJ Publishing Group
- General Practice Medicine – Berber JH; Churchill Livingstone
- Handbook of Emergencies in General Practice – Lawrence et al.; Churchill Livingstone
- Common Sense Geriatrics – MK Thompson; Clinical Press Limited. 1990
- Terminal Care at Home – Roy Spilling; OUP
- Geriatric Problems in General Practice – Wilcock, Groy and Prichard; OUP GP series
- Continuing Care: The Management of Chronic Disease – Hasler JC; OUP
- The Child Surveillance Handbook – Hall, Hill & Elliman; Radcliffe Medical Press
- The Normal Child – Illingworth R.
- Paediatric Problems in General Practice – Modell; OUP GP series No.36
- A Guide to Psychiatry in Primary Care – Patricia R Casey; Wrightson Biomedical Publishing Ltd.
- A Guide to General Practice – Oxford GP Trainee Group; Blackwell Scientific Publications
- Towards Earlier Diagnosis – Hodgkins K; Churchill Livingstone
- Research in General Practice – Howie J; Croom Helm
- Making Sense of Audit in General Practice – Irvine D&S; Radcliffe Medical Press
- Research Methods for General Practice - Armstrong et al; OUP GP series
- Women's Problems in General Practice – McPherson A; OUP GP series
- Men's Health – O'Dowd; OUP GP series
- A GP Training Handbook – MS Hall. 2nd Edition. Blackwell Scientific Publications
- Modified Questions for MRCGP; Blackwell Science
- Hot Topics in General Practice – Stacey; Bios
- Prescribing in Primary Care - Richard Hobbs & Colin Bradley; Oxford.
- Medical Ethics and the future of Healthcare - Kenneth Kearon, Fergus O Ferrall; Columba.
- Clinical Practice and The Law. Simon Mills; Butterworths.. NEW EDITION 2008.
- Narrative Based Primary Care: A Practical Guide. John Launer; Radcliffe Medical Press. 2003
- Differential Diagnosis in Dermatology. Ashton & Leppard. 3rd Edition. Radcliffe. 2005
- Atlas of Clinical Dermatology. Du Vivier. 3rd Edition. Churchill Livingstone. 2002
- Introducing Palliative Care. Twycross. 4th Edition. Radcliffe. 2003
- The Eye in General Practice – Jackson & Finlay. 9th Edition. Churchill Livingstone
- The ABC Series; B.M.J. Publications
- A Colour Atlas of ENT Diagnosis – TR Bull; Wolfe Medical Books
- Clinical Dermatology – Ronan Mackie; OUP
- Atlas of Dermatology – Lionel Fry; Butterworths. 1996
- Dermatology an Illustrated Guide – Lionel Fry; Butterworths. 1993
- Counselling in Primary Health Care – Keithley; OUP GP series 2nd Edition
- Notes for the MRCGP – Palmer KT; Blackwell

Evidence Based Medicine

- Evidence Based Medicine – W.B. Saunders; Risdale. 1995
- Evidence Based Medicine – Sackett et al.; Churchill Livingstone
- Clinical Evidence BMJ publications www.clinicalevidence.org/

The Consultation/Communication Skills

- The Doctors Communication Handbook - Peter Tate; Radcliffe Medical Press

- Teaching and Learning Communication Skills – Draper et al; Radcliffe Medical Press
- The Doctor-Patient Relationship – Browne K & Freeling P; Churchill Livingstone
- The Consultation: An Approach to Learning and Teaching – Pendleton D, Schofield, Tate & Havelock; Oxford University Press.
- The Inner Consultation – Roger Neighbour; Petroc Press.
- The Inner Apprentice – Roger Neighbour; Petroc Press.
- The New Consultation: Developing Doctor-Patient Communication – Pendleton, Schofield, Tate & Havelock; Oxford University Press.
- The doctor, his patient and the illness. Michael Balint; Churchill Livingstone.
- Skills for Communicating with Patients. 2nd Edition – Silverman, Kurtz & Draper; Radcliffe Publishing Ltd. 2005

Journals and Other Publications

Journals containing original and review articles relevant to contemporary general practice issues, including:

- Forum, journal of the ICGP
- Drugs & Therapeutics Bulletin
- British National Formulary BNF
- British Medical Journal
- British Journal of General Practice
- Evidence Based British Medical Journal
- Clinical Evidence Update (GP Edition)
- Modern Medicine of Ireland
- Publications of Irish Medical Council
- A Guide to Ethical Conduct and Behaviour – Irish Medical Council 1998
- ICGP Publications List: - list available from the College
- Health Statistics. Annual Publication. Dept of Health & Children.

Useful Websites

- www.nice.org.uk
- British Medical Journal: www.bmj.com – free access via ICGP website
- Department of Health and Children: www.doh.ie
- Irish College of General Practitioners: www.icgp.ie
- PubMed: www.ncbi.nlm.nih.gov/PubMed
- Royal College of General Practitioners: www.rcgp.org.uk
- St James Hospital: www.stjames.ie
- Cochrane Library: www.update-software.com/clibng/cliblogon.htm
- World Health Organisation: www.who.int

SECTION THREE: Module Convenor Reports 2014

Report from the MEQ Convenor on the Modified Essay Question module 2014

Preparation of the MEQ

All the questions in the MEQ paper go through a rigorous preparation procedure. Questions are submitted by examiners, these are then worked on by a different pair of examiners followed by review by the examination subcommittee and finalisation for the paper. The emphasis of the MEQ examination is concentrated on general practice issues. The topics picked reflect issues that arise in general practice. It is not primarily a knowledge test, rather it tests candidate's problem solving, decision making and management skills in all aspects of general practice including patient care, primary care team and practice management.

Marking of the MEQ

The questions were marked using a construct marking system. This involves the construction of the thoughts and concepts required for a good answer. Constructs vary in the mark they can score depending on their importance. A good answer does not require the constructs to be identified, just that the material in them is covered in the answer. Answers are double marked.

The reasons candidates failed the MEQ included:

- Not answering the question asked
- Not answering from a general practice perspective
- Lacking detail on parts of the answers
- Answers with information not asked for or unmarkable material
- Writing being illegible

These issues come up year after year and this year was no exception. General remarks like "take a full history and examination" are insufficient to score marks. You must detail the items of relevance in the history and specify which examinations are relevant and necessary. Answer the question that is asked. Answer from the perspective of a general practitioner. Write clearly.

MEQ 1

Pat Maguire, a 30 year old patient, attends you this morning. He requests a prescription for antibiotics to bring with him on his upcoming holiday to Spain.

Describe your management of his request.

In general this question was answered well. Those who scored best were those who described a negotiation with the patient while recognising their reasons for the request. Following negotiation reaching a shared decision and justifying why this decision is made whether it be to prescribe as requested or not.

MEQ 2

You have just concluded Jane Murphy's first antenatal consultation. She then asks that you do not record that she had a previous termination of pregnancy.

How will you respond?

Candidates found this question challenging. Clear identification of clinical implications of previous TOP were rarely identified. Reference to support sources such as medical insurance agencies were frequently invoked as the main, and often only response. Patient autonomy was often not emphasised nor explored. Impact on professional and collegiate relationships rarely invoked. The question appeared to have a high discriminatory impact.

MEQ 3

You have accepted Jack, a 91 year old man, onto your GMS panel. He has recently become a resident in a nursing home in your community, having moved from another county to be closer to his family. He has well controlled, uncomplicated hypertension and no other medical problems.

How will you approach his care needs?

The question on the nursing home new patient was poorly answered in the majority of cases. Candidates largely did well on the clinical aspects, but poorly performing candidates had little appreciation for the wider

administrative side to this encounter. Some candidates were keen to investigate this 90 years old man with such tests as lipids and prostate specific antigen and this was alarming because one would expect a trainee general practitioners to have read and understood the lack of evidence for this. This question is a good example of candidates who have more General Practice experience achieving better scores by adopting a more complete approach to problems.

MEQ 4

A patient of yours who runs a crèche asks to put your name down on their insurance policy as their named doctor.

What issues does this request bring up for you and the practice?

This was a very relevant question for present day practice. Overall the majority of candidates has reasonable grasp of the main issues raised. Some candidates did not explore or understand in reality how this would work or what would be reasonably expected by a doctor in this case.

The core issues required were

1. What did the policy imply - medico legal implications?
2. The crèche, the owner, are they reasonable, is it a good facility.
3. The impact on your practice.
4. Making an informed decision, initially on a trial basis etc.

Some candidates talked about being the GP for all the children, responsible for all their care including primary vaccination, doing regular visits and review, getting involved in monitoring of milestones which in reality would not be the case.

Some candidates answered the question superbly, addressing all core issues with good insight how we as practicing doctors would assess and respond to such a request. A named doctor has implications; you cannot just sign on the dotted line.

MEQ 5

Tom is a 22 year old man who has returned from a holiday in Morocco.

He is homosexual and describes being assaulted and raped by a group of men. The incident was 48 hours ago. His records show he is hepatitis B immune

Outline your management.

Generally this question was answered well. Knowledge about post exposure HIV prophylaxis was important. However those that didn't mention this essential knowledge could pass by scoring marks in other areas.

Most candidates had knowledge of where and how to refer, consideration was made along psychological issues and forensic issues.

Some candidates did not know that this question was describing high risk sexual behaviour. The question was discriminating in that some candidates did not pass due to never having dealt with sexual assault and STI's.

MEQ 6

Mr Jones is a 58yr old new patient. He complains of having a persistent cough for months. He is obviously cachectic. He states that he is reluctant to undergo any medical investigation. He states that his father died of lung cancer and he is afraid that he may have this condition also.

How would you manage this patient?

The majority of candidates were comfortable with the question and answers were as scripted for. This was largely a clinical question and the clinical aspects were answered well. Those who scored best also addressed the late presentation and why this might have been and how to acknowledge this with the patient and manage his fears.

MEQ 7

Lucy is a well 3 year old who is brought in by her parents due to concerns about being a fussy eater. Her height and weight are on the 50th centile. All previous measurements were also on the 50th centile.

Outline your approach.

Candidates in general scored well on the initial assessment. Initial management in the main was covered to a reasonable level. Care beyond the initial consultation was not well answered in general. The question appeared to be discerning as better answers covered most areas appropriately. Some candidates were expecting more from the question and as a result a significant number expanded on the need to cover possible abuse/neglect, something that was clearly not asked about.

MEQ 8

You observe two receptionists joking about a patient whom you have just seen. They have clearly looked at your consultation note.

Outline your approach.

In general, this question was reasonably well answered. Successful candidates in this question displayed knowledge and attitudes consistent with time spent in practice, and time spent considering management in practice issues.

Those who underperformed adopted a superficial approach to the constructs, with specific deficiencies in the following areas: detail in terms of contracts and contract review; detail in terms of the doctor's personal approach.

Concerns re a possible Medical Council complaint, and potential conflict if the staff involved were family members were universally poorly addressed.

Dr Michael Joyce
MEQ Convenor 2014

Report from the CKT Convenor on the Single Best Answer module 2014

In 2014, the SBA (single best answer) examination became the CKT (core knowledge test) examination, the new name highlighting the fact that with the AKT examination being retired in this Diet of the MICGP examination process, we are now left with a single knowledge based written paper.

Reflecting the increased importance of the CKT examination, the 2014 CKT paper comprised two hundred questions in Single Best Answer format (one from five items), an increase of fifty questions from last year's SBA examination. Candidates answered all questions as there is no negative marking, with the correct answer being awarded one mark and an incorrect (or omitted) answer receiving no mark. The time allocated to complete the examination in 2014 was three hours.

As in previous years, all CKT question writing was mapped to the ICGP core curriculum document. Question writers were allocated specific curriculum areas and emphasis was put on subject areas and clinical presentations which occur more commonly in General Practice.

192 candidates attempted the CKT module in 2014. The pass rate for 2014 was 93%.

Overall the performance by the 192 candidates who took the module was similar to previous years.

Molly Owens
CKT Convenor 2014.