
A Guide to the MICGP MEQ Examination

Academic Year - 2019



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Foreword from the MEQ Convenor

Welcome to 'A Guide to the MICGP MEQ Examination'.

This text has been written as an aid to candidates who are sitting the Modified Essay Question module of the membership examination for the Irish College of General Practitioners.

How should I prepare for the MEQ?

The best way to prepare for the MEQ examination is to see patients in an Irish general practice setting and reflect on what you have learned, reflect in your personal learning journal, with your trainer and on your day release programme. What did you do? Why did you do it? What else might you have done? What are the implications for the patient, for the practice, for society? Are there ethical or legal issues? Then see more patients and reflect more. There is no textbook, journal or lecture which will give you the preparation for this examination that the day to day experience of working in Irish general practice will give you. Remember, examiners are practicing GPs who write questions based on real cases that have presented in their surgeries. Examiners write marking schemes based on how they would manage cases that present in their surgeries. If you see cases in general practise and develop the habit of reflecting on your management and the reasons why you have chosen the management plan that you have, you will have no difficulty in answering the questions posed on the MEQ paper. Don't forget to also participate in practice management issues while in your training practice, these too will come up as questions on the MEQ paper because after graduation not only will you be a qualified GP but you may also be an employer and small business owner.

How do I answer an MEQ question?

Read the question and answer the question that is asked. State what you would do if this patient arrived in to you for a consultation and why. Contrary to what seems to be a popularly held belief, there are no trick questions. If the question is about a 45 year old woman who makes a complaint about the practice nurse, then write about the management of a patient complaint, not an essay on the management of the menopause. Avoid the use of meaningless phrases such as 'I would explore the patient's ideas, concerns and expectations'. This could apply to anything and does not demonstrate any knowledge specific to the question asked. Marks are allocated according to the candidates demonstration of clinical knowledge, their ability to apply that knowledge to manage the problem posed, to identify what the management options are and to state what management option they would choose and why. Marks are not awarded for writing particular words and phrases and writing random lists of actions (for example- I would inform the public health nurse, I would contact the MPS, I would do an audit, I would do a significant event analysis, all listed even if it would make no sense to take these actions in response to the scenario posed). This conveys the impression that the candidate does not know anything about the topic and is just writing random things down in the hope of accidentally mentioning something for which they will be awarded a mark. There must be a reason given for why you would call the public health nurse and it must be relevant to the scenario.

There must be a reason given for doing an audit and it must be relevant to the scenario. Otherwise your answer makes no sense *and there are no marks awarded for nonsense.*

Some words of advice

Unlike the CKT examination; there is often no single correct answer to an MEQ question, just as there are often many ways of managing a problem in clinical practice. Candidates are often worried about giving the 'right' answer, however, in many scenarios, the marks are not just awarded for the decision that the candidate makes, but for the decision making process and the justification of the decision made. Many candidates leave a lot of marks behind by not making a decision, out of fear of making the wrong decision, when in fact two candidates could embark on different courses of action for the same problem and both score the same marks-*once they have demonstrated that they know the management options and can justify the option they have taken.*

Some words of caution

The sample answers contained in this text are just that-sample answers. They are not intended to be the **ideal** answer. Please avoid the temptation to learn off the answers contained in this document and reproduce them in the exam setting. The examiners have also read the sample answers and will not be awarding marks merely for recall of the sample answers from the handbook.

Some words of thanks

My sincere thanks go to the Examinations Manager Muriosa O'Reilly, without whose expertise and insight this handbook would never have been written. Candidates owe her much for her advocacy for a handbook for preparation for the MEQ module. I also wish to thank my colleagues on the MICGP examination committee, in particular Molly Owens and Triona Marnell for their work in proof reading this text.

I hope that you will find it helpful in your exam preparation and wish you every success in the MEQ module.

Dr Marie Hogan

MEQ Convenor 2018.

An Introduction to the Modified Essay Question (MEQ) Module

The MEQ examination paper contains eight questions that deal with problems typically encountered in general practice 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. All questions will link to areas covered by the GP Training Core Curriculum and will be relevant in the context of current Irish General Practice.

The MEQ paper is designed to test decision making skills. Its primary aim is to assess the candidate's ability to identify the issues involved in the question and logically resolve them, using their own skills and those of others. The questions are based on real life situations, which have occurred in everyday general practice.

Questions and answers, including marking schedules, are produced annually by a group of experienced examiners, supported by an MEQ convenor. All questions are reviewed by a separate group of content experts, prior to use in an exam setting.

As a GP trainee, you can present for the MEQ module as soon as you have accrued six months GP Registrar experience within your GP training programme.

What Type of Paper is the MEQ?

The MEQ is laid out in a construct based modified essay question format. Each question will consist of a statement or “stem” and will directly pose a question, or questions, to the candidate.

While the information included in the stem is relevant to the required answer, there is no inclusion of misleading content. Don’t extrapolate from the persons’ age or gender that there are issues that need to be addressed, unless you are asked to address them in the question.

For each question, we develop a comprehensive marking scheme. This road map to “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.

What is an MEQ Construct?

The “MEQ Construct” can be best described as a sub-heading which helps to identify the different issues to be addressed in the answer. Identifying the constructs is not required and there are no marks for listing constructs. Marks are awarded for the degree to which you demonstrate your knowledge and ability to manage the situation in question. The main function of the constructs is as a tool for the examiners to organise the marking scheme. While identifying constructs may be helpful in organising your thoughts and your answer, this is not necessary to pass the MEQ exam. It is the **CONTENT** of your answer that attracts marks, not the way in which you structure it.

The main constructs used within the MEQ are as follows:

- Clinical Issues
- Management issues
- Management plan
- Information gathering
- Quality in practice issues
- Primary care team Issues
- Legal issues
- Consultation skills
- Decision Making skills
- Doctors issues

- Ethical issues
- Administrative issues
- Patient issues
- Patient education
- Practice issues
- Societal issues

IT IS VERY IMPORTANT TO NOTE THAT FORMULAIC ANSWERS ATTRACT NO MARKS. YOU MUST STATE WHAT YOU WOULD DO IN THE ACTUAL SCENARIO POSED IN THE QUESTION AND WHY.

Time Management

Time Management is of key importance within the MEQ examination. Obviously, you need to complete the paper fully to have the best chance of passing the paper. It is important to practice answering MEQ, and MEQ style questions, in the run up to your examination day. Decide on your allotted time in advance of the day and try to stick to that schedule under examination conditions.

When you present for the MEQ, your identifying details, in this instance your ICGP ID number, will be pre-printed on your exam paper. You will be required to fill out a “Declaration of Fitness to Sit” on the first page of your exam booklet, and you will be instructed to do this prior to the exam commencing.

The MEQ is a two and a half hour exam (150 minutes). In order to demonstrate your acquired competency, you need to maximise your use of time.

The following is a suggested schedule that you can use when planning your approach to the paper:

ACTIVITY	TIME ALLOTTED
Read through the full paper and rank questions in the order you will answer then. Highlight the main areas in each question.	10 minutes
First Question Answered: Commence with your strongest question as you will complete it quickly and it will assist in settling exam nerves	15 minutes
Second Question Answered	15 minutes
Third Question Answered	15 minutes
Fourth Question Answered At this point take a drink and/or have a quick snack to maintain focus and energy levels	15 minutes
Fifth Question Answered	15 minutes
Sixth Question Answered	15 minutes
Seventh Question Answered	15 minutes
Eighth Question Answered	15 minutes
Review and revise answers Focus in particular on weaker questions	20 minutes

Approaching Each Question

When approaching each exam question, it is recommended that you take the following three steps:

1. Read the questions and mark, or highlight, each section of the question that must be addressed through your answer.
2. Identify the main issues (or constructs) that you need to consider. These should help you structure your answer.
3. When you have finished, please re-read your answer. Ensure you have sufficient time to add in any missing information/constructs.

MEQ Marking

It is important to stress that the MEQ is anonymously marked. The only identifier on your script is your ICGP ID number. Your name appears on the first page of your examination booklet for administrative purposes, and this is removed prior to the commencement of marking.

All exam scripts are reviewed following the examination, to ensure that candidates have not written their name on any of the material passed for marking.

Scripts are marked via an online assessment platform and are scanned for this purpose. Therefore, each examiner marks a clean pack of material and is not party to comments or observations of their co-marker.

The MEQ is double marked by two independent but calibrated examiners. Each question has two assigned examiners, meaning that in total 16 examiners review and mark your paper.

If an issue with a candidate response is flagged, this is then referred to the Chair of the Examinations Committee and the MEQ convenor for review.

This process is in place to ensure fairness to the candidate and it protects against bias, which cannot then become an issue within marking. All marking is centrally monitored to ensure the maintenance of calibration and consistent application of the mark scheme for each question.

Negative marking does not apply.

MEQ Grade Award

Your total MEQ mark is made up of all 16 awarded marks, which is then divided in two to give your final average percentage grade. All questions are weighted equally and the passing standard (i.e. pass mark) is achieved through the borderline regression method. All candidates just below the passing standard are double checked, prior to the release of results, to ensure they are truly below the required level for a PASS award.

Common reasons for failing

The biggest single reason for failing the MEQ is a clear lack of demonstrated clinical knowledge within the context of both general practice and within the demands of the question.

You must have six months GP registrar experience before you present for the MEQ exam. This is because the questions are based around the management of clinical presentations in a general practice setting, rather than in a hospital setting.

Reviewing the last five sittings of the MEQ, the following common issues appear within the answers of candidates who failed to meet the passing standard.

- **Failure to answer the question asked.** While this may seem simple enough, it is a recurring issue. For example, a question on crisis pregnancy is not looking for a social commentary on crisis pregnancy in Ireland. Rather, it is asking you how you would manage a patient in your practice experiencing a crisis pregnancy. Candidates, through their answers, often forget to address the patient and the presentation outlined in the question. If you go down this path you will not meet the passing standard for the question/questions.
- **Only addressing one part of the question.** It is important to remember that all questions will have 3/4 issues that have to be addressed through your answer. If you only answer based on one issue (or construct) you will be unable to meet the passing standard, as you will not have addressed the other issues in the question.
- **Use of short statements and bullet points.** It is important to remember that it is not sufficient to make short high level statements such as “I would put a management plan in place”; “I would safety-net”; “I would refer to the emergency department”. When you state an approach, you must expand and elaborate as to *why* you selected that particular pathway. Statements, without explaining *why* you would embark on a particular course of action, attract no marks.
- **Use of “empty phrases”.** Each year, candidates waste time using a scattergun approach to their answers, possibly in the hope of attracting marks simply for stating something like ‘I would explore the patients ideas, concerns and expectations’. There are no marks available for this. If you wish to discuss a patients’ fears it must be in the context of also stating what it is the patient may be afraid of. 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.

- **Lack of Structure.** It is important to have structure to your answer and a clear plan. This helps keep you on track and provides you with the best platform in terms of writing a suitable answer.
- **Poor Handwriting.** We are aware of the stress and pressure of sitting a high stakes exam. However, if your writing is illegible and the examiners cannot read it, they will not be able to mark it.
- **Failure to Finish the Paper.** It is very important to manage your time and keep to the point. If you fail to answer all eight questions you will put yourself at a disadvantage and you will struggle to meet the passing standard.

Above all, remember that this is an examination taken during your registrar years for a higher specialist qualification in general practice. 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. Put on paper how you would approach the scenario if it presented in a normal morning/afternoon surgery.

Past Papers and Sample Answers

This section of the MEQ Guide will focus on past papers and sample answers. The answers included in this section are based around the mark scheme requirements for each individual question. They represent a constructed high scoring answer, for that paper, at that time.

Please note that, while all included content was correct at time the examination was set, examination candidates should always be appraised of current guidelines and best practice in respect of clinical case management. Do not reproduce answers that are written here in current exams, as the guidelines may have changed. These examples of high scoring answers are for illustrative purposes only.

For each sample answer, you will see outlined in red the constructs required in the answer.

Questions and Answers are structured by sitting rather than topic.

MEQ Paper 2014

Question 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.

Question 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?

Question 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?

Question 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?

Question 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.

Question 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?

Question 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.

Question 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.

MEQ 2014 Question 1 – Sample Answer

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.

Constructs: Consultation Skills; Patient Education; Management Plan; Practice Issues

I would welcome Pat to the surgery and establish a good rapport. I would take a history of any current illness and also check his past medical history for underlying illnesses like asthma, immunosuppression or diabetes which may be a factor in his request. I would ask about his history with the antibiotic he requests also.

I will also ask about his experience in accessing medical facilities abroad before. If his request is due to having had a bad experience before while abroad, such as a language barrier or not being able to access the medication he needed, it may inform the consultation process. Finally, I will inquire about allergies he may have in relation to medication, and a past history of medication interactions.

Before making a decision to prescribe or not, I will discuss the issue of antibiotic resistance with him. If he is using and relying on antibiotics frequently, he may build up a resistance to their effectiveness, making it more difficult to eradicate an infection in the future. I will inform him of this in a non-judgmental manner. I will also inform him that if he gets ill abroad, a pre-prescribed antibiotic might not be the correct treatment to help him.

I will inform him that a lot of respiratory tract infections are air transmittable, viral and self-limiting. I will explain why they do not require antibiotic treatment. The danger of prescribing him antibiotics may also lead to a delay in diagnosis of an illness. If he falls ill, it would be best for him to see a doctor abroad, to ensure that he is prescribed the correct medication and diagnosed properly. I will also inform him of the risk of side effects from the antibiotics including diarrhoea and nausea. I will utilize this opportunity to inform him on how to seek help in relation to prescription and diagnosis when abroad. Asking for antibiotics without being ill is not the appropriate way to seek help.

I will negotiate with Pat for a shared management plan on how to deal with his request. By achieving this balance, I hope that Pat will not be angry with me for declining his request for antibiotics. I hope he will understand that it is for his benefit, in order to ensure that a correct diagnosis is made for him if he falls ill abroad. I will encourage him to get travel insurance, if he has not done so already, and to look at getting the European Health Insurance Card, which can be used in Spain. I will encourage him to utilize these options and to seek medical attention if he needs it.

Once the consultation is complete, I will review our advance prescribing policy and update it accordingly. I hope that refusing the prescription will not affect future decisions within our doctor/patient relationship.

MEQ 2014 Question 2 – Sample Answer

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?

Constructs: Patient Issues; Management Plan; Clinical Issues

The first thing I will do is reassure Jane about doctor/patient confidentiality and that no one outside the practice or the hospital will be able to access or see this information. I ask if her family is aware of the termination of her pregnancy and if she has had support in relation to this in the past. I will also try to determine if her current partner is aware of the previous TOP.

I also discuss the place of her medical record. I discuss with her about her antenatal card, referral letter and practice notes. Each of these, whether recorded on the computer or hand written, have been recorded. I discuss this carefully and sympathetically with her. I approach the topic sensitively and ask about the termination of her last pregnancy. I do not ask direct or insensitive questions, in case reason for TOP was incest or rape, for example.

I listen to her in a non-judgmental manner and encourage her to talk about it. I try to determine whether it is out of feeling shame or fear that she does not want it recorded on her file, and support her accordingly. Not having this recorded will probably provide a minimal risk to her future, but I will explain the reason for having a full medical record of her obstetrical history, in case of complications, such as infection.

I assure her of my role in upholding confidentiality and also her obstetrician’s duties to her. I try and encourage her to have professional trust in us, as confidentiality is one of the key aspects of our profession. I also respect her autonomy, however, and encourage her to help me in creating a joint management solution to this.

I offer to password protect her file, so that only I can access it and I assure her that disclosure will only occur in the unlikely event of a clinical imperative. I inform her that there will be no written record of the termination on her antenatal card or in the practice notes, both hand written and on the computer. I also suggest that, if the need arises, that she verbally tell her doctor or the hospital in the future. I hope that hearing these options will put her mind at ease. Also, if a good rapport is established, I hope that she will trust me in our ongoing doctor patient relationship.

MEQ 2014 Question 3 – Sample Answer

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?

Constructs: Clinical Issues; Administrative Issues; Practice Issues

Once Jack is settled into the new nursing home, I arrange to go and meet him. I introduce myself to him and welcome him to the area. I ask him how he is and how he is settling in. After establishing a rapport, I inform him how our practice works, how I can be contacted and how our practice interacts with the nursing home. I ask him to sign a change of doctor form to transfer onto my GMS list and an STC for today, if he is not already on my GMS panel.

I take a medical history and conduct a physical exam to establish his current health, and get a full picture of all clinical issues that require consideration. I examine his mental health for depression and screen for dementia. I discuss his feelings about being in a nursing home. I also review what medication he has had to date and conduct a treatment review. If it is possible, I ask him if he has an enduring power of attorney in place and explore his wishes re transfer to hospital and his wishes re DNR orders.

I also ask him if I can talk to his family with his full consent. Once this has been established, I discuss his treatment with the nursing staff. I inform them of my findings and also liaise with them about his current treatment and health needs. I ask to see his past medical record, if they have it, and review it in relation to his past and current needs. I ask if Jack has had his flu and Pneumococcal vaccines. If not, I will bring both of these with me on my next visit to the nursing home or arrange for him to attend the practice, if this is possible.

Once I return from visiting Jack, I create a file for him within the practice system. I review his current medications and record the doses he is currently taking. I contact his previous general practitioner to ensure that his medical files are also transferred to my practice and add his past medical practice details to his file also, in case of future reference needs. I also review his GMS, to ensure it is correctly filled in and coded for a nursing home resident. I discuss accepting this patient with my partner in practice and arrange nursing home cover within the practice. I will also ensure that we review our practice protocol for interactions with the nursing home and our policy for accepting new patients.

MEQ 2014 Question 4 – Sample Answer

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?

Constructs: Clinical Issues; Practice Issues; Patient Issues; Doctor Issues; Legal Issues

The first thing I do is to consider the request. I need to research what it means to be their named doctor and check what it would entail for me, the crèche, the practice and my current patients. I inquire whether I would need additional training in order to meet the needs of this role and whether my practice staff would also need to undergo additional training. I would also inquire about the medico-legal implications of the role. I need to discuss this at a practice meeting, as this has implications for the practice also and I would need my partner's agreement. I would also need to consider the workload involved and my time availability to manage this task. I need to establish how much extra workload would come from being their named doctor, to compare with my current workload, and consider the effect it may have on my existing patients if it reduces my availability in the practice. I need to check my insurance cover with my medico legal provider to ensure we would be covered to take on this role. I also need to consider how it would affect my current relationship with my patient if I refuse?

Before rejecting or accepting the request, I do some research about their crèche. I check where it is located in proximity to my practice. I ask about how many members of staff they have and the average number of children they mind per day. I check what infrastructure they have. I check what services they provide and the quality of care of their service. I request the result of their most recent HSE inspection and report. I find out who the proprietor is, if it's not my patient (he/she may be a manager). I review any past experiences with them. If I have a good relationship with them and find them to be dependable, honest and trustworthy, I will give the request greater consideration. If I don't, however, it may be grounds to deny the request due to issues it could cause for the practice. I would talk to the patient and ask what she expects that I would do for the crèche. Would she bring the children to see me in the practice or would I have to visit them? Would I have to make regular contact with them, or would it be a case of when needed they'll contact me? Would they get priority booking or be included in the appointments system like other patients? Also, if I am unavailable, could my partner in practice see them, we would need to discuss cover arrangements. I would also inquire about urgency, as if it is an urgent situation, should they be brought in immediately or would I have to travel to them?

I would need to inquire about payment. Would an annual retention fee be paid to me? How would I charge the crèche and the patients? Will the crèche pay directly or do they expect GMS capitation to cover this? And if the patient is registered with another doctor, how can I access their history or treat them? Would I have to forward the history of the consultation to their current registered doctor? What about parental consent, particularly if a child is brought to the practice by one of the crèche employees? Would parents have an issue with their child being brought to see me, if they were registered with another practice in the locality.

I hold a practice meeting to discuss it formally with my practice staff and partners to get their input on the request and determine whether the practice itself is in a position to accept. Before accepting or declining, I would also ask that the patient/crèche owner come into the practice to discuss this with me. After this meeting, I would let her know promptly if I can accept it or not. If I accept, I will set a 6-month window to assess if I can continue fulfilling the role or not and also determine if the workload required is sustainable or not. I would also establish a formal protocol and agreement with the crèche to ensure that my responsibilities are clearly established between us and written receipt/evidence of this is recorded.

MEQ 2014 Question 5 – Model Answer

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.

Constructs: Management Plan; Doctor Issues; Practice Issues

The first thing I would do is show sympathy for him and ask what supports he currently has. I ask if he is staying with family or friends and if they know what happened to him. I listen attentively to everything he says and assess his level of trauma, post-traumatic stress, shame, fear of retribution. I also assess whether he is at immediate risk of self-harm as a result of his experience. I establish whether he reported this to the police in Morocco and if he has seen any doctor since this happened or am I his first port of call. I determine whether he has a current partner. I also assess how this event is putting stress on his current relationship and whether he is receiving the support he needs. I assess his ability to work also and suggest he may need to take some time off work if he feels the need.

I take a history of the incident and assess his current risk level. If appropriate, I examine any injuries resulting from physical assault that he may have and treat or prescribe for these accordingly (mindful of forensic implications). I also refer him to the nearest sexual assault unit for him to have an examination, counselling, support and help. Once assessing his current mental state, I approach the area of STI's sensitively. It is likely that he is worried about this himself. I discuss the risk of him having contracted HIV, Hep B or C, gonorrhoea, Chlamydia or syphilis. I discuss HIV post exposure prophylaxis with him to ensure his understanding. I encourage him to attend the sexual assault unit to have an examination and STI screening done and HIV prophylaxis and I advise him to have safe sexual intercourse in the aftermath window to ensure that if he has an STI he does not pass it on to others. I assess whether his current partner is at risk. I arrange a follow up appointment for two weeks' time to reassess his current mental state and needs. I also write down the contact details for rape crisis clinics and helplines in the area in case he needs immediate advice or support. I assure him of confidentiality in this consultation and that if he needs anything to contact the practice. I encourage him to talk to his friends, partner or family about the incident if he needs to. I encourage him to see a counsellor who has experience working in this area.

I am aware that this is a difficult case and I recognise that I need to be aware of my own limitations in this area. If necessary, I will upskill to the appropriate level in respect of rape crisis management. Finally, I check the practice policy in respect of patient confidentiality as a whole and specifically in relation to sexual assault management.

MEQ 2014 Question 6 – Model Answer

Mr Jones is a 58 year 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?

Constructs: Clinical Issues; Management Plan; Consultation Skills

Firstly, I would welcome him to the practice and establish a good rapport. I would take a past medical history including previous illnesses and treatments. I would ask about medications he was taking, in particular whether he is taking an ACE inhibitor.

I would ask about his social history and whether he has family or not. I would determine whether he smokes or drinks alcohol frequently. I would also ask about his occupation, as it may be a contributing factor, e.g. asbestos exposure. I would ask about his past psychiatric history also. I would offer my sympathy about his father and take a history of his father's illness and other family member's medical history.

I would ask him about the nature of his cough, how long he has had it and the conditions within which it arose. I also need to determine if he has significant dyspnoea or haemoptysis. I ask if he has had sweating, shortness of breath or weight loss since the start of the cough. I ask if he has had a fever.

I would ask to do a physical examination to listen to his chest to see if that reveals anything about the nature or reason for the cough. I would check his current weight. I would look at his hands and fingers for clubbing. I would also check for lymph nodes. I try establishing why he is reluctant to have any investigations and what he was hoping I would do for him today. If he is a smoker, I suggest that he should stop smoking or try and quit to ensure his condition gets better. If he refuses, I will try again in two weeks. I provide him with information on products and guidelines he can consult to help him quit. I assess his understanding of the possible diagnoses, such as lung cancer or TB or COPD. I try to persuade him to allow me to refer him to the Rapid Access Lung Clinic, or at least to have a chest X-Ray and spirometry carried out, particularly if I am suspicious of lung cancer or TB. I reassure him that most things are treatable, if diagnosed early, and there have been advances in treatment since his father was diagnosed, if that is what is worrying him.

As he is uneasy, I ask to have a follow up consultation with him, to reassess his condition, and to give him time to consider the options I have put to him. I consider whether to give him a prescription for an antibiotic, depending on my clinical findings, if I suspect infection. I ask him if he would like to bring a family member with him for the next appointment, if that would make him feel more comfortable. I ask him if he has any questions he would like to ask and once I have clarified and agreed a plan with him, I record this in his notes and arrange a follow up visit.

MEQ 2014 Question 7 – Sample Answer

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.

Constructs: Consultation Skills; Management Plan; Practice Issues

I would welcome Lucy and her parents, making them comfortable in the consultation room. I would take a look at Lucy's past history-birth and developmental milestones and any previous illnesses. Next, I would address her parent's concerns. I would take a full dietary history. I would ask about eating habits and try to determine what they are referring to as 'fussy eating'. Is their daughter eating only select foods? Is she unwilling to try new foods? I determine what they mean and then discuss normal dietary habits and requirements for a child of her age. I will try to determine what their parental beliefs are, in relation to their child, and what they perceive as normal eating habits. Is there a lot of snacking between meals? I enquire about their home environment and their careers. By doing so, it can help determine whether there are issues in the home environment, or stress, leading to this presentation. I also ask if she is displaying any behavioural problems, such as being irritable or not sleeping. I ask if they have any other children and ask for a family history. I specifically ask if they, their other children or anyone in the family has had a past history of weight loss or dietary issues. I ask whether Lucy has had any symptoms such as diarrhoea, fever, abdominal pain or vomiting. I would do a full physical examination, including height and weight and plotting them on the centile chart.

I would reassure them that their daughter's height and weight are normal for her age and explain her position on the centile chart and what that means; i.e. that her height and weight are average, that they have been average since birth, and there has been no drop in her weight or height in spite of what they perceive to be her poor eating habits.

I would also arrange a follow up meeting for around 3 months' time to reassess their daughter and her development in this time. Again, I would reassure them that she is a healthy 3 years old and her development is not an issue. I would also suggest that they contact the public health nurse who will have additional information on child development and children's dietary needs and would have additional support materials available. I would also suggest parent support services, if they require them for any behavioural issues. If necessary, I will refer them to a dietitian in the community. If necessary I may arrange bloods for FBC and ferritin if I am concerned about anaemia, depending on her dietary history.

MEQ 2014 Question 8 – Model Answer

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

Constructs: Practice Issues; Doctors Feelings and Awareness; Legal Issues

First of all, I hope the patient has not overheard what they are saying. If possible, I will indicate to the staff concerned that I wish to speak to them at the end of the day and that I am aware of what has happened. There are patients still present in the waiting room and I do not want to engage in potential conflict in front of them. Also, as this is a breach of confidentiality, making other patients aware of this may alarm them about their own privacy.

I need to talk to both receptionists in a private setting to discuss their conversation, and the fact that it had occurred in a public space in the practice. I arrange to have a formal meeting with both of them. Ideally, I want to talk to them separately to get their individual sides of the story. I will arrange to meet them before the end of the week, while the event is still recent.

If my partner in practice is present and available, I will convene an emergency meeting and I will discuss with him/her to see what their opinion is on the matter, before we agree on any disciplinary actions and assess if the incident is serious enough to warrant disciplinary measures. Before meeting the receptionists, I will review each of their contracts and check if similar instances of this have occurred in the past. I will also check our confidentiality clauses and disciplinary procedures in the contracts. I will also check their previous employment history to see if they have had any previous issues. I will consult guidelines on practice management and consider consulting the ICGP management in practice programme or similar advisory body for advice on this and consider contacting the MPS also.

Once I meet with the receptionists, I will ask what happened, what was discussed and how it came about, in a non-confrontational manner. I will ensure there is a second person in the room (practice manager/colleague) as well. I will get both receptionists side of the story. I will carefully document what is said. If it is a confidentiality breach, assuming it has not happened before, I will give them both verbal warnings, and also inform them if it happens again, it could be grounds for dismissal, depending on what is in their contract. I will also emphasize the importance of confidentiality, while encouraging team work and the need to work effectively together.

I will organise a critical incident analysis to look at the factors giving rise to this incident and how it could be avoided in future. I need to consider the layout of reception and whether we need some soundproofing. I will then review our contract clauses for confidentiality and disciplinary action and update them accordingly, in case such an event occurs again. I will also consider whether retraining all staff in the practice is appropriate.

I will consider telling the patient that this has happened, if it is appropriate. I will review our current protocol for patient complaints. I need to consider whether the patient or others in the waiting room are aware that this breach happened, before discussing it with them. If they have, they might report me to the medical council. I am frustrated and angry at being put in this position but need to remain professional in how I deal with it.

MEQ Paper 2015

Question 1

A seriously ill, pyrexial, 7 year old child, Sarah, is brought into your surgery by her mother. Your clinical diagnosis is suspected bacterial meningitis. You decide to administer Intramuscular benzyl penicillin. While drawing up the injection, you notice that the vial is one month out of date.

What issues does this raise?

Question 2

The wife of a 76 year old patient informs you that he has stopped taking all his regular medication.

Outline your management.

Question 3

Justin, a 40 year old married lecturer, attends your surgery on Monday.

He bursts out crying, saying that he “can’t go on anymore.”

He says that, over the weekend, he admitted to his wife that he has been gambling heavily for the past 12 months.

He has lost a significant amount of money, including loans from family members.

How will you approach this consultation?

Question 4

A 46-year-old woman, Mary, attends your surgery in a distressed state. Her last period was over 2 months ago. She did a pregnancy test and it is positive. She states that there is no way she can go through with the pregnancy.

Outline your approach to this consultation.

Question 5

You discover that one of your patients is doing some painting and decorating work for a neighbour. The same patient has been in receipt of social welfare certificates, from you, for the last 12 weeks, stating that he is unfit to work due to back pain.

What issues does this raise?

Question 6

Rita, a 45 year old patient of yours, has been diagnosed with breast cancer and has been reluctant to have a mastectomy. Several months later, she attends you to discuss her deteriorating health. She still has not had any surgery and explains she is consulting an Alternative Practitioner.

Describe how you would proceed, outlining in broad terms, which areas you would like to cover and how you would feel about this situation.

Question 7

Mary Smith, a 70 year old lady, who has well controlled Type 2 diabetes mellitus, attends you for a consultation.

She informs you that, at her recent annual hospital diabetic clinic review, she was told to attend you for regular reviews of her diabetes management, at three monthly intervals. She has been discharged from the clinic.

What issues does this raise for you as her GP?

Question 8

Mr Jones, a 39 year old man, attends to say that he is considering booking an 'executive medical' in a private clinic. He asks your advice.

How will you respond and what issues does this raise?

MEQ 2015 Question 1 – Sample Answer

A seriously ill, pyrexial 7 year old child, Sarah, is brought into your surgery by her mother. Your clinical diagnosis is suspected bacterial meningitis. You decide to administer Intramuscular benzyl penicillin. While drawing up the injection, you notice that the vial is one month out of date.

What issues does this raise?

Constructs: Consultation Skills; Doctors Issues; Legal Issues; Practice Management Issues

After examining Sarah, and realising that I am dealing with suspected bacterial meningitis, I would explain my findings to Sarah's mother, cognisant of the need to act quickly and effectively, and also of the fear that this will generate for her. I ask my receptionist to call the ambulance.

I inform her that I should administer Intramuscular benzyl penicillin, once I have established that she does not have a penicillin allergy, and explain that it is the recommended antibiotic to use in this situation, as soon as possible if meningitis is suspected, so that treatment is started before transfer to hospital. As I notice that the vial is out of date, I tell her this as calmly as I can. I double check to see if we have any more vials that are in date. If not, I advise her that we can still use it but that it may not be as effective as if it was in date, however, it is all I have. As time is of the essence here, if we are waiting for the ambulance and there is no local pharmacy nearby to get an up to date vial in minutes, then I will seek her consent to use the out of date benzyl penicillin as it will not do harm, and may do good. I address all of her questions and concerns as she raises them while also ensuring to remain calm and empathetic.

I apologise to Sarah's mother and offer them to return for a full consultation for an open and frank discussion on the incident. I assure the mother that such an occurrence will not happen again and, as the GP, I assume responsibility for the incident.

After they have been transferred to hospital, I record the incident in detail in the patient notes. I also inform my medical defence organization of the event, so that they are aware in case a claim is made. I check the dates on all the emergency drugs in the surgery and my emergency bag, together with the practice nurse, and order new doses accordingly. I let my partner in practice know that this happened and that they should review their emergency bag also. I arrange a practice meeting to do a critical incident analysis and ensure practice protocols are updated and reflect appropriate safety measures around stock taking and drug management. I ensure that it is the responsibility of a named person in the practice to check the dates and stocks of emergency supplies and that they are given the time to do this.

I am embarrassed and upset that this has happened. I feel guilty and am worried that my patient will have an adverse outcome as a result. I need time to debrief before seeing my next patient and will discuss this with my practice partner or other colleague.

MEQ 2015 Question 2 – Sample Answer

The wife of a 76 year old patient informs you that he has stopped taking all his regular medication.

Outline your management.

Constructs: Clinical Issues; Patient Issues; Management Plan; Ethical Issues

At the start of the consultation, I need to clarify if her husband, who is my patient, is aware that she is telling me this. I make sure that she knows that I cannot discuss his medical situation without his consent, but that I can listen to her concerns. I need to consider the ethical issues around this and I need to clarify if I have her permission to disclose the content of her conversation to my patient. I am also aware of the need to consider the reliability of the statements made by the patients' wife, and consider the potential that the consultation may have been triggered by problems in the marriage or some other hidden agenda.

On hearing that her husband has stopped taking all his medication, I ask how she knows this and how long he has stopped taking it for. I also ask does she know which medications in particular he has stopped taking. I also ask if he has collected his prescriptions and is stockpiling them. I ask if she has noticed any changes in his behaviour or in his mental health or general disposition. I am thinking to myself about the possibility that he may be suffering from depression or dementia. I ask, in a sensitive manner, if she has noticed him losing enjoyment in his life. I ask if he has been drinking more alcohol or taking non-prescription drugs, to her knowledge. I inquire if she knows whether he might have stopped due to side effects from the medicines he was taking and concerns around the same. I wonder if he stopped taking them as he didn't understand their significance or if he believed they weren't working. I ask her, if possible, could she get him to come and see me.

I tell her that I will call the pharmacy to double check if he has collected his recent prescription and I also review his medical records from the last time he came to the practice, to compare the information she is giving me to what I know from his records. I review his past medical history to determine if any of the ongoing medications he is taking could have adverse effects on his health if he suddenly stops taking them. I assess the risk of consequences from stopping his medications, such as if he is taking warfarin. I take note of whether he is a GMS patient, over 70 GP visit card older, or a private patient at this point also, as I wonder if cost of medications is an issue for him.

I arrange to meet with the patient (either through a scheduled visit or a prompted visit). I inform him of the dangers of stopping his current medications and the consequences it may have. I also assess his current medical state since he stopped taking them, including a mental state exam and cognitive assessment if necessary. I try and determine why he has stopped. If he is feeling better and thinks he doesn't need them anymore, we could consider weaning him off medication, if appropriate. If he is on medication for prevention, I will explain the reasons and the importance of taking this and I will continue to prescribe with his consent. I will involve him in management so that it will be more likely that he will be compliant with the plan. If he is becoming forgetful of current medication requirements, I will offer blister packs for him which the pharmacy can make up for him weekly with the required dosages on a day to day basis. I will also consider regular reviews to monitor his ongoing medical condition.

MEQ 2015 Question 3 – Sample Answer

Justin, a 40 year old married lecturer, attends your surgery on Monday. He bursts out crying saying that he “can’t go on anymore.” He says that over the weekend, he admitted to his wife that he has been gambling heavily for the past 12 months. He has lost a significant amount of money including loans from family members.

How will you approach this consultation?

Constructs: Clinical Issues; Management Issues; Doctor’s Feelings and Awareness

I welcome Justin to the surgery and ask how I can help him today. On his outburst, I offer him a tissue and listen attentively to what he says. I reassure him that everything he says is confidential and I will not share or disclose any information that he tells me.

I assess how he looks; if he is pale or tired, how he is dressed and if he is well kempt. I am sympathetic and empathetic in my approach. I ask him about his history of gambling; when it started, how much he is in debt and how much he gambled. I ask about his employment history. I ascertain if he is also drinking alcohol excessively or if he is abusing drugs. I assess his family and home environment. I ask if there is a history of gambling in his family.

I also perform a mental state exam to determine his “at risk” level. I assess whether he is suicidal or suffering from depression. I ask if he has had a history of mental health issues such depression. I also ask for more details about the past few days, about what prompted him to tell his wife and come into the practice today. I ask him if he has considered what he wants to do next. Does he want to start medication, or does he want to be referred for inpatient or outpatient help? I offer him a referral to see a counsellor, which may help his current mental state. I ask, after telling his wife, what her reaction was and how has his gambling affected the family. I ask him if any aspects of his life are at risk; his marriage, family life or career. I reassure him that he can get through this, with support, and that talking about how he is feeling is very important.

Depending on his response I will manage him differently. If he is at a risk of self-harm or suicide, I will refer him urgently to a psychiatric unit. If he is not at significant risk to himself or others, I may also give him the details for a gambling clinic and specialist counsellor. I also consider whether to prescribe him some medication for depression or anxiety. I arrange for him to come back and see me for a follow up appointment. I offer him emergency helpline numbers, if he needs to ask for advice or talk to someone. I consider whether I offer him this consultation for free to help alleviate his debt worries, and if he would be eligible for a medical card.

After the consultation, I carefully write up the notes. I consider whether we should have a poster in the waiting room about gambling addictions and organizations that help those affected by it. I also reflect on my own learning needs on gambling addiction.

MEQ 2015 Question 4 – Sample Answer

A 46-year-old woman, Mary, attends your surgery in a distressed state. Her last period was over 2 months ago. She did a pregnancy test and it is positive. She states that there is no way she can go through with the pregnancy.

Outline your approach to this consultation.

Constructs: Clinical Issues; Consultation Skills; Doctors Issues; Management Plan

I welcome Mary to the surgery and ask how I can help her. I listen to her attentively and reassure her that everything she tells me is confidential. I try and find out why she is so distressed about her pregnancy - I ask if she is worried about her health or the baby's health. I ask if she is worried about who the baby's father is—if it is her partner or if she has a partner or is in a supportive relationship or are there relationship difficulties. I ascertain if she has had children before and if she has previously had an adverse pregnancy outcome and if she is afraid of something similar happening again. Is she worried about any increased risks of having a baby with a chromosomal abnormality at her age? Does she already have young children and feels another child is more than she could cope with, or are her children grown up and she can't face starting all over again with a new baby. I inquire about her employment history and financial situation and if she is worried that she cannot afford to have a child.

I suggest checking a pregnancy test in the surgery. If she agrees, I confirm the pregnancy. Depending on her past medical history, I may perform a physical examination, if needed. I also perform a mental state exam to ensure she is not at risk of self-harm. I discuss her options which are to continue with the pregnancy and keep the baby, continue with the pregnancy and give the baby up for adoption or to terminate the pregnancy. I give her some leaflets and information for organizations that provide crisis pregnancy support and counselling and encourage her to see a counsellor to discuss things further. I try and calm her. I do not prescribe her any medication. I discuss the option of antenatal screening, if she is concerned about the risk of chromosomal abnormalities. I advise her to take folic acid as she may decide to continue with the pregnancy. I discuss the options for ante natal referral if she does decide to continue on and reassure her that she is entitled to free ante natal care also, especially if she is worried about money.

I reassure her that she does not have to make any decisions today, she can return to see me to discuss things further and that she can bring someone with her for support, ideally her partner. I reassure her of my support, whatever she decides to do, and that she can have follow up post-partum or post termination care in the practice. I also reassure her that we can discuss contraception at a follow up appointment so that this situation does not arise for her again.

MEQ 2015 Question 5 – Sample Answer

You discover that one of your patients is doing some painting and decorating work for a neighbour. The same patient has been in receipt of social welfare certificates from you for the last 12 weeks, stating that he is unfit to work due to back pain.

What issues does this raise?

Constructs: Patient Issues; Practice Issues; Doctors Issues

I would contact the patient and ask him to come in for a consultation to reassess his back pain and ongoing management plan. I would maintain confidentiality at all times. Once he comes into the practice, I welcome him and ask how he has been since his last appointment. His response will determine the course of the consultation. If he is honest and says he has been working, I will say it is good that his back is getting better and discuss completing his claim for social welfare benefits now that he has returned to work. I will conduct an examination of his back and compare notes with his previous appointment to determine if it has improved. I will review his current medications with a view to weaning him off analgesia.

If, however, he denies any improvement, I will be prompted to let him know that I am aware that he has been working again. I will ask if he is under financial or family pressure that has led him to start working again. I ask whether he was avoiding work due to problems with colleagues or possible issues such as bullying. I examine his back to assess whether or not he is fit to be working again and, if I feel he is not, then I reiterate the risks working again may have for his recovery, and the increased chance he has of injuring himself by forcing himself to work before he is fit. If he denies working, I will try and assess his feelings of entitlement. If he is still claiming social welfare benefit or injury benefits, I will explain to him the legal implications of doing so. I advise him that while he is claiming State benefits that he cannot work and I cannot issue medical certificates if he is working. I will also ask him if he is aware that he can return to rehabilitative work once he has been off work for a defined period and continue to claim benefits for a while. I will advise him to seek advice from Citizens information or the Department of Social Protection about this option. I consider whether to contact the department of Social Protection to request an independent medical assessment for my patient and I advise my patient accordingly.

After the consultation, I think about the effect that this consultation has had on our patient/doctor relationship and whether I can continue as his doctor, if I feel that he was lying to me. I reflect on my own attitude to social welfare benefit fraud, if I think my patient has been fraudulently claiming. I reflect, not only on my responsibility to the patient but also on my responsibility to the State in this case. I also review the practice policy on social welfare certification. I arrange a practice meeting with all practice staff to discuss whether our current policy should be amended, to avoid similar issues from arising in the future. How often are we reviewing our patients on social welfare certificates? Should we do a practice audit on social welfare certs?

MEQ 2015 Question 6 – Sample Answer

Rita, a 45 year old patient of yours has been diagnosed with breast cancer and has been reluctant to have a mastectomy. Several months later she attends you to discuss her deteriorating health. She still has not had any surgery and explains she is consulting an Alternative Practitioner.

Describe how you would proceed, outlining in broad terms, which areas you would like to cover and how you would feel about this situation.

Constructs: Clinical Issues; Legal Issues; Ethical Issues; Doctors Feelings and Awareness

I welcome Rita to the practice and ask how she has been since her last appointment. I discuss her current symptoms and ask why she has come to see me today- is it that she is reconsidering the option of mastectomy or other medical treatment or is she looking for symptom relief only? If her health is deteriorating, is she reconsidering the decision to consult an alternative practitioner? I review the notes from our previous consultation and also review any hospital letters to see what the exact diagnosis was and the treatment plan that she was offered. I try to determine the reason why she rejected the hospital's treatment plan and why she decided to consult an alternative practitioner- is it a disfiguring surgery she is worried about, or is it side effects from chemotherapy? Is she afraid of dying and did she go into denial about her disease? Or has she alternative health beliefs that alternative treatment could offer her a cure?

I also ask about her home and work environment of late. I ask if she has discussed her condition with her family and if they are aware of her current health and her decision not to pursue conventional medical treatment. I also ask what support structures she currently has.

I would encourage her to have the mastectomy and try to reassure her about the risks and benefits of this- she will die from her disease without treatment and we can treat any side effects that she experiences. I ask about the alternative practitioner she has been seeing in a non-judgmental manner, but I am also wondering if they have advised her against conventional treatment and if they present a danger to the public in their approach. I ask why she has chosen alternative medicine over conventional medicine. I will listen to her reasons and health beliefs and gently comment on the likely effectiveness or lack of effectiveness of these. I explore the possibility of her adopting a complementary approach by combining her alternative treatments with conventional treatment. I discuss the option of referring her back urgently to see her specialist to discuss treatment options again. I discuss taking bloods or referring her for further tests to see what stage her disease is at now. If she refuses to go for further investigation or specialist assessment, I outline the adverse effects it will have and the inevitable continued deterioration of her health. I will make her aware that I accept her autonomy to determine her own treatment (once I am sure that she has the capacity to do so), but that I need to be absolutely certain that she knows the consequences of her decision and that if she is sure that she does not want to go for treatment, that I will continue to care for her as best I can.

If she rejects conventional medical treatment, I will be frustrated but I recognise her autonomy to choose her own treatment. I reflect on my own attitudes to alternative medicine and also hope that I didn't scare Rita away from taking a conventional route by anything that I said at the previous consultation.

MEQ 2015 Question 7 – Sample Answer

Mary Smith, a 70 year old lady, who has well controlled Type 2 diabetes mellitus, attends you for a consultation.

She informs you that, at her recent annual Hospital Diabetic Clinic review, she was told to attend you for regular reviews of her diabetes management at three monthly intervals. She has been discharged from the Clinic.

What issues does this raise for you as her GP?

Constructs: Consultation Skills; Doctors Feelings and Awareness; Quality in Practice; Administrative Issues

I welcome Mary to the clinic. Once I hear that she has been discharged, I go over her medical history and medication history and review any correspondence I have received from the hospital. Have I been advised that this is the plan for Mary? While doing this, I will also check her understanding of her diagnosis and treatment and her understanding of why she has been discharged from the hospital clinic. I ask her how she feels about the hospital request. I establish if there are any acute issues that need to be addressed today- any visual problems or foot ulcers for example? I also check if she had BP and bloods checked at the clinic and if her eye exam and foot exams are up to date. I then check that her vaccines are up-to-date. If they are not, I will administer them for her. I explain to her that I was not aware of the hospital plan to discharge her and that we do not have an arrangement in place to monitor her chronic condition, and that she should still be attending the hospital clinic until a shared care arrangement has been agreed. I advise her to re-attend the hospital and write her a referral letter.

I feel very frustrated at the end of this consultation. As there is a specialist unit which is funded to treat Mary and I am not, I feel it is unfair that she has been discharged to my care. I discuss this with my practice partners at the next practice meeting to see if they have experienced similar issues. I discuss contacting the hospital to check their current policy and procedure for discharging patients who have diabetes. I discuss contacting my union for advice as the practice is already very busy. I discuss a practice policy on diabetic patient care with my partners-would we consider a shared care policy with the hospital in light of this? Could we cope with this workload? Would we have fewer appointments available for other patients if we took on this work? Would the practice nurse have an interest in upskilling to take on this work? Would she have the time to do it? I reflect on my own skills in managing patients with diabetes and whether I feel I need additional training if I were to take on this work. How would the training be funded? Do we have access to dietician or podiatry? Is it realistic to take on this work without adequate supports?

MEQ 2015 Question 8 – Sample Answer

Mr Jones, a 39 year old man, attends to say he is considering booking an ‘executive medical’ in a private clinic. He asks your advice.

How will you respond and what issues does this raise?

Constructs: Doctor Issues; Practice Issues; Patient Issues; Quality in Practice Issues

I welcome him to the practice and ask how I can help. On hearing his query, I ask about his beliefs and motivation for attending the private clinic in an open and non-judgmental manner. I take a personal and family history to see if there are diseases that he is concerned about and wants to have screening for, such as heart disease or diabetes. I assess his current risk factors accordingly. I ask him about his career and take a career history, asking if work is offering him the screening or if he is worried about a loss of income or financial worries. I also gauge his perception of his own health and if he is afraid there is something wrong with him? I ensure he is aware of the full range of services available to him in my practice, including physical examination, blood tests, urinalysis and ECG. I wonder what screening the private clinic are offering and how much they are charging him for it. I wonder if his health insurance policy is offering it and paying for it. I am uneasy at the idea of him attending a private clinic, as I am unsure what the quality of care will be like from the unit and also the financial cost of it might be very high. I also wonder about the follow up of abnormal results and whether they will fall back to me? I ask him if the practice offered these screenings would he be more inclined to have them done here.

After the consultation, I discuss the possibility of offering health screening with my partner in practice to get his/her opinion on it. I am aware that this type of screening does not meet Wilson’s criteria and also that studies have shown that it does not reduce morbidity or mortality. I consider the risk of generating patient anxiety by getting false positive results and the risk of over diagnosis. I think however it is worth considering adding to the practice as it would potentially generate income for the practice and would be cheaper for the patient if he was determined to get it done anyway. We would have to consider the extra workload and requirements we would need developing a new service and the cost associated with this. We would need to consult with practices that already offer this service and make sure the service we are offering conforms to current guidelines.

MEQ Paper 2016

Question 1

James Flynn is an 84 year old patient in your practice. He has recently been diagnosed with metastatic lung cancer. Today you are informed by the local hospice that he has returned home following a short stay for analgesia optimization. He appears to be in the final days of his illness. Both he and his family are aware of his diagnosis and are reconciled to this.

What aspects of his care do you need to address?

Question 2

Paul, a 10 year old boy, attends the surgery with his mother. His mother says *“we want help to get Paul to lose weight”*. His height is 147cm and weight is 44Kg (BMI 91st centile).

How would you manage this initial consultation?

Question 3

Mark is 48 years old. He drives an oil tanker long distances, for a living. He is concerned that he may be drinking too much alcohol and asks for your help.

How would you conduct this consultation?

Question 4

A 36 year old man presents, having been at a stag party four weeks previously, when he had sexual intercourse with a sex worker. His wife is a patient of the practice also. He is remorseful and upset, but has asked that you do not disclose the event to his wife.

Outline your approach.

Question 5

Anne is a 35 year old woman, with a medical card, whom you referred to the local rheumatology clinic three months ago with probable rheumatoid arthritis. This was confirmed and she returns with a prescription for methotrexate 10 mg weekly. She hands you a standardised letter from the rheumatology team, requesting that her bloods to be checked every two weeks for the first month, and then monthly thereafter. She is due to be reviewed back in the rheumatology clinic in four months.

How will you proceed?

Question 6

You receive a solicitor's letter about your former patient who died from Alzheimer's disease in 2015. She moved from your practice in 2009, when she entered a local nursing home. The solicitor requests you sign an affidavit stating she was of sound mind in 2005 when she made her will, at which time she was your patient.

How would you manage this (50% mark allocation) and what legal and ethical issues are involved (50% mark allocation)?

Question 7

Under a recent EU agreement, 10 families of asylum seekers/refugees have been allocated to live in your area. The HSE has assigned these families to your panel.

What issues do you need to consider?

Question 8

You notice from co-op records that one of your GMS patients, Mary Ryan, age 46 years, has attended the service forty times in the last year. Inspection of the files reveals that the attendances were all for self-limiting illnesses.

Discuss the issues that this information raises.

MEQ 2016 Question 1 – Sample Answer

James Flynn is an 84 year old patient in your practice. He has recently been diagnosed with metastatic lung cancer. Today you are informed by the local hospice that he has returned home following a short stay for analgesia optimization. He appears to be in the final days of his illness. Both he and his family are aware of his diagnosis and are reconciled to this.

What aspects of his care do you need to address

Constructs: Clinical Issues; Management Issues; Administrative Issues; Ethical Issues

I arrange to do a home visit to James. I sympathise with his recent diagnosis and assess his current needs. I assess his appearance and mood and check a history of his illness and his current symptoms, including his hydration, nutrition and pain levels. I establish what medications he has taken to date and I ask if he is experiencing any side effects of his current medications, such as nausea, dizziness or constipation. I assess his current mental health and determine whether he is happy with his current care. I also assess his spiritual needs. I ask about his family's involvement in his current care and treatment, and about his current supports and discuss his home environment with him. Together with his family, I discuss a shared management plan to ensure that his wishes are met, while also providing the best standard of care and support for him. I discuss referral to the local palliative care team, if they have not already met him, and what he can expect, including the possibility of the use of a syringe driver, if needed. I ask if he or his family members have any questions. I sensitively ask if he wants to be resuscitated or if he would wish to be transferred to hospital, in case of emergency situations. I respect his autonomy and explain to his family that it is his choice. I advise that his choice can be changed at a later date, if he so wishes. I ask if he has any questions about this. I also give them information for cancer support services.

I advise them of the out of hours arrangements that the practice has and the contact numbers for this. I consider giving them my mobile phone number, in case they have an urgent problem. I discuss with him and his family the arrangements for after his death occurs, including contacting the doctor to pronounce death. I also explain the death certificate process to them.

On my return to the practice, I highlight the case to my partner and practice staff. I ask that if James or a member of the family call, that they be put straight through to me, if possible. I apply for the palliative care grant for looking after James. I arrange a follow up meeting with James for two weeks time to see how he is coping.

MEQ 2016 Question 2 – Sample Answer

Paul, a 10 year old boy, attends the surgery with his mother. His mother says “we want help to get Paul to lose weight’. His height is 147cm and weight is 44Kg (BMI 91st centile).

How would you manage this initial consultation?

Constructs: Consultation Skills; Clinical Skills; Management Skills

I welcome Paul and his mother to the practice. Due to the nature of the situation, I approach this consultation in a sensitive manner, so as not to upset Paul. I also ask what prompted the mother to bring Paul in today. I ask Paul if he has had any trouble or problems in school or at home, such as bullying. I encourage Paul that he will “grow into his weight” and that at his age he is still growing. I emphasise the importance of regular exercise and ask Paul if there are any sports he enjoys playing.

I take a full history of Paul’s dietary habits and any previous illnesses and ask his mother about his siblings and family history, focusing on their previous illnesses, growth and weight loss or gain. I also review Pauls previous consultations and investigations .I ask Paul about his development in relation to puberty. I ask in a sensitive manner, in case he is embarrassed. I also check his weight and height, calculate his BMI and plot his height and weight centiles. I consider taking his blood pressure and if we will need to arrange bloods to check TFTs, glucose and HbA1c.

I ask his mother about, not just Paul’s, but the family’s daily diets. I advise her that the whole family might need to change their dietary habits to encourage healthy eating. I advise her to have smaller portion sizes and avoid snacking or eating in front of the TV. I advise her to regulate meal times each day. I also ask if the family is active. I give her the information for Get Ireland active.ie. I give her leaflets on healthy eating and consider referring to the community dietician if available.

I create a joint management plan with them and set a review consultation for one month’s time.

MEQ 2016 Question 3 – Sample Answer

Mark is 48 years old. He drives an oil tanker long distances, for a living. He is concerned that he may be drinking too much alcohol and asks for your help.

How would you conduct this consultation?

Constructs: Consultation Skills; Clinical Skills, Management Plan; Legal and Ethical Issues

I welcome Mark to the consultation and ask how I can help him. I listen to his concerns before asking what prompted him to attend today- has he been arrested for drink-driving for example? I ask when his drinking became a problem. I check a full history of his alcohol consumption. I ask the CAGE questions-has he been told to cut down on his drinking, does he get annoyed when people criticise his drinking, does he feel guilty about his drinking, does he take an eye opener in the morning, to establish the extent to which he has lost control over his drinking and if he is alcohol dependent. I also ask what effect his drinking has had on his home life-is his partner or family aware of his problem drinking? Is he having relationship problems because of it? I ask if his job is at risk or if he is under financial pressure from spending on alcohol. I also ask if he has abused drugs. I also perform a mental health exam to determine if he is suffering from depression or is at risk of self-harm. I offer to perform a physical exam, focussing on his cardiovascular risk and also examining his abdomen for epigastric pain (if he has gastritis) and for hepatomegaly. I offer to take blood tests for liver profile.

I ask if he has been driving while drinking? I tell him that he must stay off work until he has his drinking problem treated, both for his own safety and that of others. I strongly advise him not to drive his own car either and also to inform his family or partner of his drinking, if he has not already done so. I provide him with information on the NDLA and tell him that he is obliged to tell them that he has been misusing alcohol. I advise him that if he continues to drive and put other people at risk, then I would have to disclose this to the Gardai and breach his confidentiality, in the interest of public safety (I would contact my medical indemnity provider before doing this.)

I ask Mark how he would like to deal with his drinking problem. I offer him the names and details of some community based help groups such as Alcoholics Anonymous and also provide him with some leaflets on how to overcome addiction. I ask him if he would like to talk to someone in a more private space and offer him a referral for a counsellor or specialist addiction counselling service. I establish when he last had a drink and determine whether he is alcohol dependent and needs a detox regime and if there are any risk factors, such as previous seizure, which would make it necessary for him to be admitted for a detox.

I emphasise that it is important for him to talk to others about how he is feeling and accept help and support. I ask him if he has considered taking medication to help. If suitable, I discuss the option of prescribing Selincro. I explain to him what it does (reduce the craving to drink) and the side effects it may have (nausea or difficulty sleeping). I arrange for him to return in two weeks for follow-up .

MEQ 2016 Question 4 – Sample Answer

A 36 year old man presents having been at a stag party 4 weeks previously, when he had sexual intercourse with a sex worker. His wife is a patient of the practice also. He is remorseful and upset, but has asked that you do not disclose the event to his wife.

Outline your approach.

Constructs: Clinical Skills; Ethical Issues; Legal Issues; Doctors Feelings and Awareness

I start by taking a full sexual history from the patient as sensitively as possible, especially as he is distressed and remain non-judgemental. I ask the gender of the sex worker (male or female) and if a condom was used. In the time that has passed since the incident, I ask how his overall health has been. Has he had any itch, penile discharge or dysuria? Any skin lesions? I ask him if he has had sexual intercourse with anyone else since the encounter with the sex worker, including his wife? (I need to consider the issue of contact tracing if he proves to have an STI). I also perform a mental health assessment, to see if he is in danger of self-harm or if he is suffering from depression, given his distress and remorse. I ask about alcohol or drug misuse which may have contributed to risk taking behaviour.

I discuss screening for sexually transmitted infections with him and advise him about the free anonymous screening service available in the local Genito-Urinary Medicine clinic.(I am thinking about the insurance implications for him in the future if he has STI screening in the practice). If he prefers to have STI screening done in our practice, then I examine his genitalia, looking for swellings, lesions, warts or any other abnormalities. I take swabs for chlamydia and gonorrhoea and bloods for hepatitis screen, HIV and syphilis. Until I receive the results, I emphasise that he should refrain from sexual activity. I arrange for him to attend for a follow up appointment with me next week for his results. I explain to him what will happen if his results come back positive, and provide him with the information for the local GUM clinic.

I state that I can assure him of confidentiality until the results come back, but that it is not absolute. I tell him his wife is also a patient of mine and it will be my obligation to inform her if she is at risk of contracting a sexually transmitted disease or infection, if he has a positive result and refuses to tell her himself. This will only apply if her health is at risk, otherwise the consultation is confidential.

I document the consultation carefully in the notes and I also contact my medical indemnity provider to discuss my obligation to break confidentiality if this becomes necessary.

MEQ 2016 Question 5 – Sample Answer

Anne is a 35 year old woman with a medical card whom you referred to the local rheumatology clinic three months ago with probable rheumatoid arthritis. This was confirmed and she returns with a prescription for methotrexate 10 mg weekly. She hands you a standardised letter from the rheumatology team requesting that her bloods be checked two weekly for the first month and monthly thereafter. She is due to be reviewed back in the rheumatology clinic in four months.

How will you proceed?

Constructs: Clinical Issues; Management Issues; Doctors Feelings and Awareness; Quality in Practice Issues

I welcome Ann in and read the letter she gives me. I ask her what she was told in the clinic and if she understands what she was told. I ask about her current symptoms such as joint pain and stiffness and if these are getting worse since her last visit to me. I ask if she is aware of the long term problems for her joints if she is not started on treatment with disease modifying drugs and I also ask what the doctors have told her about the medication that they have prescribed. I check if she is taking any other medications already.

I explain the potential side effects of methotrexate including oral ulceration and pneumonitis, and explain that it is very important that she see a doctor if she develops a cough or fever. I discuss her plans for having children, if she does not yet have a family, and advise her that she must use reliable contraception while taking methotrexate, and for six months after she stops it, as methotrexate can cause birth defects, and it is very important that she does not get pregnant while taking it. I discuss contraceptive options with her also. I discuss the fact that methotrexate may affect her liver and advise her against drinking alcohol while she is taking it. I explain that is one of the reasons why she has to have blood tests done while taking methotrexate-that it may affect the liver and that it may suppress her immune system, so she needs regular blood tests for fbc, renal and liver profiles. I explain that this is why they have asked her to attend me, to discuss the possibility of having regular blood tests in our surgery, but that unfortunately these blood tests are not covered by her medical card, and would incur a charge, but would be free if done in the hospital. I advise her that I will discuss her situation with her hospital consultant and see what arrangements can be made for her ongoing monitoring.

I need to give her a GMS prescription for the methotrexate and so I prescribe the 2.5mg tablets and advise her to take 4 every Friday. I highlight the fact that the tablets are taken once weekly and not daily. I also emphasise the importance of her returning before she runs out of the current prescription. I prescribe her folic acid and explain that she will need to take this, as her folate levels will be low from taking methotrexate. I ask her to return in two weeks to have her bloods done and to see me and that I will have contacted her consultant in the meantime to discuss the issue of her blood monitoring. I arrange for her to get a flu vaccine and pneumonia vaccine if needed.

After the consultation, I read the letter again. I am frustrated at the increased workload coming from secondary care, for which we are not resourced. I discuss with my practice partner the approach that we need to take to this and if we should contact our union about it, if it is a new policy emanating

from the hospital without consultation. I am particularly frustrated at the implications that this has for my relationship with my patients, if I am constantly saying no to these type of requests. I also reflect on the fact that the prescriber is legally responsible for the monitoring of drugs they prescribe, and as I am writing this on the GMS prescription, I have a duty of care to ensure that she is properly monitored. However, I will still contact the consultant concerned about the situation to see if she can attend the hospital phlebotomy clinic. I will flag in her notes that she is on methotrexate in case she attends another doctor in the practice.

MEQ 2016 Question 6 – Sample Answer

You receive a solicitor's letter about your former patient who died from Alzheimer's disease in 2015.

She moved from your practice in 2009 when she entered a local nursing home.

The solicitor requests you sign an affidavit stating she was of sound mind in 2005 when she made her will, at which time she was your patient.

How would you manage this and what issues are involved?

Constructs: Clinical Issues; Legal Issues; Ethical Issues

When I receive the request, I will need to access the patient's medical file first. In order for me to be in a position to sign this document, I need to assess whether she was of sound mind at the time she made her will. To have testamentary capacity, she must

- understand that she is making a will
- knows that it will dispose of her assets
- know the nature and extent of her estate
- be aware of who will benefit from the estate and who would expect to have a claim on the estate
- be able to communicate her decision

I will check if there is any mention of an assessment of testamentary capacity having been done in 2005, prior to making her will, either by me or by a hospital colleague, if she was attending a geriatric clinic. If there was no formal documentation of her testamentary capacity, I will check when the diagnosis of Alzheimer's disease was made. I will also review whether she was diagnosed with any other diseases which could affect her cognition, such as Parkinson's disease. I will review her prescriptions and medications to check if she was on anything that would impact on her cognition. I will check if she had any alcohol or drug dependency/addiction issues. I note if there are any examinations on mental health or cognitive impairment documented in her notes. However, even if she had a diagnosis of Alzheimer's disease prior to making her will, she may still have had testamentary capacity at the time that she made the will, it is just difficult to state that with certainty without an assessment having been done. Equally, it is likely that she had testamentary capacity if she did not have Alzheimer's disease or any other cognitive issues at the time she made the will, but again, without a formal assessment it is difficult for me to state that in a legal document.

I will contact my medical indemnity provider and seek their advice.

I must remember that my duty of confidentiality to the patient continues beyond death and confirm that I can release medical information to the solicitor in question.

If I am not sure that she had testamentary capacity at the time that she made her will, then I cannot sign the affidavit.

MEQ 2016 Question 7 – Sample Answer

Under a recent EU agreement, 10 families of asylum seekers/refugees have been allocated to live in your area. The HSE has assigned these families to your panel.

What management do you need to consider?

Constructs: Doctor Issues; Patient Issues; Practice Issues; Societal Issues

Firstly, together with my practice partner, we need to assess the workload implications associated with this allocation of refugee families to our list and how we can prepare for this. We need to know how many people the ten families represent and how many are adults and how many are children. We need information on the ages, gender and country of origin of the refugees. As well as acute medical needs, they are likely to have chronic health care needs too, and depending on where they are coming from, there may be tropical diseases that I am not familiar with to be screened for. Will I be treating patients who have suffered torture, rape and genital mutilation and do I need to upskill in this? I need to establish if they have already been screened for communicable diseases when they arrived in Ireland, and what the role of Public Health has been in their care to date, and will they continue to be involved? Is there a vaccination catch up programme required for the children?

I also need to know whether there will be a language barrier during consultations and how this might be addressed. Will the HSE provide an interpretive service? It may be possible that one of the refugees will have a high enough standard of English to act as interpreter for others, but this raises the issue of confidentiality for the patients. The language barrier is likely to lead to the need for longer consultation times and we will need to plan for that. We also need to ensure that this does not reduce our availability to our current patients.

I consider the need for a practice meeting to discuss the likely issues that may arise and how we deal with them. Do we need to consider how our current patients will accept them in the waiting room? Will there be staff resentment at the increase in workload? Do we need to have an integration programme in the community?

I will access the ICGP information pack on GP care in a multicultural society for further information. We need to have posters and information leaflets available in their language also.

MEQ 2016 Question 8 – Sample Answer

You notice from co-op records that one of your GMS patients, Mary Ryan, 46, has attended the service 40 times in the last year. Inspection of the files reveals that the attendances were all for self-limiting illnesses.

Discuss the issues that this information raises.

Constructs: Patient Issues; Practice Issues; Quality in Practice Issues

First, I consider the patient issues that may be at play here- I review the variety of reasons why she has attended to see if there is a common theme or cause. What is her motivation for attending the co-op so frequently? Could she be dissatisfied with our care in the practice? Is she seeking out second opinions? I review her medical and psychiatric history, is there an underlying chronic illness that is not being well managed or could there be an undiagnosed illness? I wonder if she has any work or social stressors causing her to present so frequently? Is she using the out of hours service because she cannot access daytime appointments? Is it more convenient for her to go after work? Even so, forty visits in one year suggests more than just attending because the times are more convenient. Has she a history of addiction- is she getting scripts from different doctors in the co-op?

The issues it raises for our practice is frustration- she is taking appointments that acutely ill people could need and her over use of the system is worrying. Is she a frequent attender to the practice also? I am aware that we can only offer ten minute long consultations and she may feel that she is not being heard? Could this be an issue? Are we beyond capacity in the surgery and so daytime work is being pushed out to the evening?

From the point of view of the co-op, what is happening at triage, how is she getting appointments so frequently with minor issues? Is there financial pressure on the co-op to see more patients to generate more income and therefore no one is being triaged away?

Question 1

A 29-year-old married mother of two children attends to confirm her planned third pregnancy. She states that she wants to have a home birth and asks for your advice on this.

Outline your approach.

PLEASE NOTE THAT SAMPLE ANSWERS ARE NOT YET AVAIIABLE FOR THE FOLLOWING QUESTIONS

MEQ Questions – March 2017

Question 2

A mother attends with her 4-year-old son, Sean. She tells you that he soils his pants and will not use the toilet for “number two’s” for the past 3 months. He was fully toilet trained at 3 years of age and he has no current problem urinating in the toilet. He can go 7 days between bowel movements; he sometimes has diarrhoea.

How do you proceed with this consultation?

Question 3

A 37-year-old accountant attends your surgery. She says she is concerned as her 13-year-old daughter, who is not present, is due to receive a vaccine against HPV in school. She has read somewhere that this vaccine can cause serious side effects. She asks for your advice about the vaccine.

Outline your management.

Question 4

A 44-year-old pre-menopausal woman attends the surgery. Her sister is 50 and has just had a diagnosis of breast cancer (ductal carcinoma in situ) following a routine screening mammogram. She is concerned and asks if she needs to be screened.

Discuss how you would proceed.

Question 5

A 59-year-old lady attends your surgery. Her father is a patient of yours and resides in a local nursing home. He is 85 years of age. He suffers from Parkinson’s Disease and mild cognitive impairment. She requests that you sign a “Do Not Resuscitate” form in relation to her father.

How will you manage this request?

Question 6

During a consultation, one of your patients mentions that they overheard your practice receptionist talking about the practice, whilst out in the local shop. She says that your receptionist was complaining about the frequency of visits by some patients with medical cards. Individual patients were not identified. Your patient asks that you don't identify them to the receptionist.

How would you respond to this information?

Question 7

Your practice audit reveals that the overall practice rate of oral antibiotic prescribing is well above national average.

Outline how you would approach this issue.

Question 8

Your practice is considering offering remote consultations via audiovisual link to patients of the practice. Your partners have asked you to prepare a consultation document on all aspects of such consultations for discussion at the next practice meeting to help them with their decision.

What would your document contain?

MEQ Questions – September 2017

Question 1

An 89-year-old lady attends the surgery. She is currently well and lives independently, with the support of family, who live nearby. Routine bloods reveal an ESR of 90.

What issues does this raise?

Question 2

Sarah, a 32-year-old first time breastfeeding mother, attends you with her well 2-week-old baby, Jack, for a routine baby check. Baby Jack is 3.3kg and was 3.4kg at birth.

What issues does this raise (50%) and what advice do you give her (50%)?

Question 3

A 3-year-old boy attends with his mother, she is concerned that his speech is immature. During the consultation, he is opening drawers and presses, pulling at the curtains, pressing buttons on the computer, climbing up and down the chairs. He appears not to listen to his mother and pays little attention to you as you try to engage him.

How do you proceed?

Question 4

A 56-year-old patient attends you for a routine INR check. He has been prescribed warfarin for a Pulmonary Embolus for the past two years. You check the discharge letter from the time of his diagnosis. This states that he should remain on warfarin for a total of six months.

What issues does this raise?

Question 5

A 22-year-old man, who is a patient of your partner, attends looking for a replacement diazepam prescription. He is not due to get a prescription until next week, but says he has misplaced his tablets, and cannot find them. Your partner is not in the practice currently.

What issues does this request raise?

Question 6

An 82-year-old lady, who is the mother of a patient of yours, attends for consultation, wishing to change GP to your care, as she has heard that you are “the best doctor around”. She is taking ten medications for multiple medical conditions. Her daughter has said that “you will sort me out”. She feels her own GP “doesn’t listen to me”.

What issues does this raise?

Question 7

A 40-year-old lady attends the surgery. She presents with longstanding, fully investigated, medically unexplained symptoms. Towards the end of the consultation, she tells you that she has secretly voice recorded the consultation.

What issues does this raise?

Question 8

Patrick, a 53-year-old man, attends the surgery. You have received a request to complete a PMAR (Private Medical Attendants Report) for a Life Assurance policy. He asks you not to include a consultation about depression, which occurred three years previously.

Outline your approach to this consultation.

MEQ Questions – March 2018

Question 1

A 60 year old male smoker attends for review. He has a diagnosis of hypertension and has been prescribed 3 anti-hypertensive medications. His repeat prescription was due 5 weeks ago. At his last review his blood pressure was well controlled. His 3 blood pressure readings today are on average 170/105 mm/Hg.

Describe in detail how you would manage this consultation (70%).

Describe in detail the patient issues involved in this presentation (30%).

Question 2

Your next patient is a fit and well 20 year old first year college student. She attends with an unplanned pregnancy. She wants to explore her options.

What issues does this raise?

Question 3

A forty five-year old woman returns for repeat prescription for the combined oral contraceptive pill. She has now been on it for three months, following a consultation with your practice partner, and it is suiting her well. During the consultation, you note that she has a history of Ductal carcinoma of the breast treated with surgery and hormonal therapy in 2010.

What issues does this raise?

Question 4

A 70 YR old man attends for a medical review of his fitness to drive. He already has documented early cognitive decline (MMSE 23/30). You note he has missed a recent Elderly Medicine OPD appointment. Recent Bloods and ECG were normal.

Outline your approach to this problem.

Question 5

The Public Health nurse tells you at lunchtime that when she visited an 87 year old female patient that morning, she seemed confused. The patient lives 20 minutes away and has a history of angina and recurrent UTI. She is well known to the practice.

How do you manage this situation?

Question 6

A 24-year-old man requests that you prescribe finasteride for thinning hair for him. He has read up on it online and is very anxious to get started as soon as possible.

Outline your management.

Question 7

A practice receptionist who has been working in the practice for eighteen months comes to you to report that she feels bullied by your practice manager. Your practice manager has been employed in the practice over 10 years.

How do you proceed?

Question 8

A new nursing home is being opened in your locality, and your practice has been approached to provide GP care for the residents of the facility.

What issues does this raise?

MEQ Questions – September 2018

Question 1

A 42-year-old well man attends with localised neck pain for two weeks following moving furniture at home. He was reviewed in the emergency department when it initially occurred and was diagnosed with acute soft tissue injury following full investigation. He saw your practice colleague 10 days ago and was given diazepam for 5 days and paracetamol. He is in today to get more Diazepam as “they were the only things that worked.” His symptoms are unchanged. On examination, most neck movements elicit some pain.

Outline your management.

Question 2

A mother presents with her 12 year old daughter who is about to enter secondary school. She has been speaking with her friends and they have told her that it is absolutely unsafe for her daughter to get the HPV vaccine. She has come to you for advice as she has read “scary stories” online.

What issues does this raise?

Question 3

Your patient attends, upset following a recent diagnosis of inoperable metastatic pancreatic cancer. He feels that he should have been diagnosed sooner. Your records show 6 monthly abnormal LFTs since 2016 but no other investigations

What issues does this raise?

Question 4

When doing a Home Visit to an 80 yr old man, his daughter alerts you to a cupboard full of medications. He seems to be collecting his medications from the pharmacy but only taking some of them.

What issues does this raise?

Question 5

A patient, who has a history of bipolar affective disorder, comes to you late on a Friday afternoon. She has been feeling increasingly anxious over the past 48 hours. She has been prescribed olanzapine (Zyprexa) and lamotrigine (Lamictal) from the local mental health service for the past 12 months. She has been unable to contact the community psychiatric services all day.

Discuss in detail how you would proceed in this situation (80%)?

Discuss in detail the issues this raises for you (20%)?

Question 6

Your receptionist tells you during the morning surgery that a patient phoned demanding to be seen by you today without giving a reason. You are fully booked for the day; your partner in the practice has 2 free slots. The patient is refusing to see your partner as she “doesn’t go to see foreigners”.

Outline your approach to this request?

Question 7

The daughter of an 80 year old patient of yours telephones the practice receptionist and requests regular repeat prescription for her mothers’ 10 medications. However, when reviewing the medical records you note that your patient has not been seen in the practice for 12 months. You advise that she needs to attend for a GP appointment before any further prescriptions are issued. The daughter now requests to speak to you about this and informs your receptionist that her mother is “fine” and “has been getting her prescriptions for the past year from your practice without a problem”.

Discuss the issues that this request raises.

Question 8

At the practice meeting, your partner raises the idea of starting to offer Botox as a service in the practice.

What issues does this raise?