THINKING ABOUT BEING A GP?

Guiding you through the GP recruitment process and helping you prepare at each stage
Foreword

General Practice remains one of the most popular of all the specialties, with about a quarter of all candidates ranking it as their top choice, and more than half likely to apply for it as one of their choices for specialty training.

There has been an increase in the number of GP training posts available over the last few years, with most areas increasing capacity. Places in popular areas remain very competitive. Recruitment is co-ordinated centrally via the General Practice National Recruitment Office (GPNRO), with applications processed through ORIEL, the national specialty training portal.

This guide will help you understand the application and assessment process and help you plan your preparation.

I hope that you will find this guide helpful during the GP recruitment process, and I wish you every success in securing a suitable rotation.

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Medical Director
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Introduction

4 main stages in the process to secure a place on a GP training rotation. They are:

1. Online application and longlisting
2. Computer based assessment – clinical and professional dilemma papers
3. Selection centre – written prioritisation and simulated consultations
4. Job allocation

We will look at each stage in detail throughout the rest of this guide. The guide has been split into 4 sections to cover each stage, with guidance and tips on successfully getting through the whole process and securing a GP training rotation.
The basic eligibility criteria include:

- 12 months post full registration (or equivalent) experience by the start date of the training rotation – i.e. 2 years post-graduation
- Eligibility to work in the UK
- Evidence of English language proficiency
- Evidence of Foundation Year 2 competences
- Evidence of Advanced Life Support (ALS) certification before start date

Doctors currently in an approved FY2 post do not need to submit any evidence of Foundation competence at the time of application – they will need to submit their completed FACD 5.2 just before they start their post. Doctors that have recently completed FY2 just need to scan a completed FACD 5.2 into the application. Doctors that do not meet either of these options will need to get a consultant that has recently supervised them for at least 3 months to complete an alternative certificate to prove they have achieved the Foundation competences.

Some common errors at the application stage include:

- Not explaining any career gaps longer than 4 weeks – having gaps is not usually a problem as long as you explain the reason – e.g. time off sick, travelling, preparing for exams, maternity leave etc.
- Not providing the correct evidence of Foundation competences – incomplete alternative certificates, or FACD forms that are out of date will not be accepted.
- Not having enough post-graduate experience to be eligible – e.g. someone with only 12 months post-graduate experience.

As long as you meet these criteria, your application will usually be longlisted to Stage 2, and you will be sent confirmation and asked to book an assessment date.

Make sure that you have completed every section carefully. Double check every page before you press the final submit button, as changes cannot be made after this. Pay particular attention to the dates in the experience section, to make sure you have not created a career gap by mistake (e.g. by putting in the wrong year or month as a start date).

Further information and guidance for applicants is available at: gprecruitment.hee.nhs.uk/
STAGE 2
Assessment and Shortlisting

There are 2 papers in the Stage 2 assessment — a clinical problem solving paper and a professional dilemma paper. The assessment is now known as the Specialty Recruitment Assessment, and is being used for GP, Psychiatry, Ophthalmology and Clinical Radiology as part of the shortlisting process. Candidates applying to more than one of these specialties will only need to sit the assessment once.

Shortlisting for GP ST entry is done SOLELY on the basis of your ranking after the specialty recruitment assessment. Your work experience, publications, audits and references will NOT contribute at all to your score. There is no way to have a “good” application (as they are not scored). You either meet the eligibility criteria, and are accepted to sit the assessment, or you do not meet the criteria and will be rejected. This differs to many other specialties where the application or your CV may play a large part in shortlisting.

As long as you meet the basic eligibility criteria (including evidence of F2 competencies) and submit a completed application by the deadline (usually in early December) you should be invited to attend for the Stage 2 assessment at the beginning of January.

These dates are the only ones available, and if you are unable to attend, then you CANNOT be shortlisted for GP ST. If you will be out of the UK for this entire period, it is possible to sit the Stage 2 assessment in some other countries – you will need to contact the NRO to request this.

The exam will be done entirely on computer, and will consist of two sections or papers lasting a total of 3 hours 5 minutes, and you will be ranked according to your score. Doctors that rank well will be shortlisted to Stage 3. Candidates that score above 575 as a combined score will be made an offer directly, without having to sit the Stage 3 assessments.
Stage 2
Specialty Recruitment Assessment Basics

**Date:** Early January – usually spread over 1 week.

**Venue:** The assessment will be offered at various Pearson Vue testing locations throughout the UK. You will be able to book a place at the centre closest to your home address (not necessarily near your first choice Deanery).

**Papers:**
- Professional Dilemma Paper – 110 minutes
- Clinical Problem Solving Paper – 75 minutes

**Time:** 3 hours 5 minutes total

**Booking:** Online booking for the Stage 2 assessments will be offered to doctors that submit complete applications and meet the basic eligibility criteria. You will be able to book your place early in December if longlisted.

*Both papers are equally weighted, and you need to reach a minimum standard in BOTH papers to be considered for shortlisting.*

*There are around 100 questions in the Clinical Problem Solving Paper.*

*There are around 55 - 60 questions in the Professional Dilemma Paper.*
This is a 75 minute paper assessing your clinical knowledge and ability to apply it in the diagnosis and management of patients. This paper is set at the level of knowledge expected for a Pre-registration House Officer or Foundation 1 doctor at the END of their first year. The paper is very broad, covering almost all the medical and surgical specialties. It does NOT require any specific knowledge of UK general practice.

Subject covered include:

- General Medicine
- Endocrinology and metabolic disease
- General Surgery
- Ophthalmology
- Cardiovascular medicine
- Gastroenterology
- Musculoskeletal medicine
- ENT
- Respiratory
- Infectious disease
- Obstetrics and gynaecology
- Haematology
- Renal medicine and urology
- Pharmacology and therapeutics
- Immunology and allergies
- Dermatology
- Neurology
- Psychiatry
- Paediatrics
- Genetics

There are two main types of questions – **Extended Matching Questions**, and **Single Best Answers**.

Each question provides a clinical scenario and then asks a question relating to:

- **Disease factors** – e.g. risk factors, exacerbating factors, prognosis
- **Making a diagnosis** – diagnostic criteria, signs and symptoms, red flag symptoms etc.
- **Investigations** – choice of test, need for testing, most appropriate modality, urgent vs routine investigation, sensitivity and specificity, interpreting blood results / ECGs etc.
- **Management plans** – immediate and long-term management, supportive or drug treatment, conservative / surgical management, risks and side effects etc.
- **Prescribing** – choice of drug, side effects, contraindications, dosages, controlled drugs, analgesia etc.
- **Emergency care** – ABC, immediate management of common emergencies – Myocardial infarction, rupture / dissection of AAA, acute severe asthma, pancreatitis, diabetic ketoacidosis etc.
Extended Matching Questions

Most of you will be familiar with this type of question as it is common in medical finals and membership exams for most specialties. You are presented with a range of possible options, and then given 3 scenarios. For each scenario, you have to select the most suitable option from the list. The list may consist of different investigations, diagnoses, drugs, actions or statements.

Each option can be used once, more than once, or not at all. This sometimes catches people out – if they have used an option to answer a question, they tend to assume that the same answer could not be used again.
Extended Matching Question example:

Investigations for back pain

A  X-Ray of the lumbar spine  E  Routine MRI scan lumbar spine
B  X-Ray of sacro-iliac joints  F  Urgent MRI scan lumbar spine
C  Routine CT scan lumbar spine  G  DEXA scan
D  Urgent CT scan lumbar spine  H  No investigations needed

For each of the following patients, select the MOST suitable investigation from the list above.

You can use each answer once, more than once or not at all.

1. A 25 year-old man involved in a road traffic accident. He was on a bike and hit from the side. He did not want to attend the hospital, and was taken home by his friends. He now complains of severe pain in his lower back and cannot pass water. He has tingling in his legs below the knee.

   A   B   C   D   E   F   G   H

2. A 68 year-old woman with known osteoporosis. She has had a fractured neck of femur in the past after a fall in her garden. She now complains of pain in her lower back, but does not have much muscular tenderness. She has no bowel or bladder symptoms. She has no neurological symptoms.

   A   B   C   D   E   F   G   H

3. A 40 year-old labourer who attends complaining of severe low back pain after finishing his shift. He does not have any bowel or bladder problems, and on examination has a straight leg raise of 90 degrees in both legs. He has no other significant medical history.

   A   B   C   D   E   F   G   H
Extended Matching Question example:

**Answers**

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For each of the following patients, select the MOST suitable investigation from the list above.

You can use each answer once, more than once or not at all.

1. A 25 year-old man involved in a road traffic accident. He was on a bike and hit from the side. He did not want to attend the hospital, and was taken home by his friends. He now complains of severe pain in his lower back and cannot pass water. He has tingling in his legs below the knee.

   **The correct answer is F: Urgent MRI Scan.** In cases where there is any suspicion of cord compression, urgent MRI is the investigation of choice, and these patients should be referred to the neurosurgeons or orthopaedic surgeons. A Computed tomography (CT) scan is not commonly used except where MRI is not available.

2. A 68 year-old woman with known osteoporosis. She has had a fractured neck of femur in the past after a fall in her garden. She now complains of pain in her lower back, but does not have much muscular tenderness. She has no bowel or bladder symptoms. She has no neurological symptoms.

   **The correct answer is A: X-Ray lumbar spine.** In a case of known osteoporosis like this woman, a plain x-ray of the lumbar spine may identify collapse fractures. Doing a DEXA scan is of no benefit as we already have a diagnosis of osteoporosis.
3. A 40 year-old labourer who attends complaining of severe low back pain after finishing his shift. He does not have any bowel or bladder problems, and on examination has a straight leg raise of 90 degrees in both legs. He has no other significant medical history.

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**The correct answer is H: no investigations needed.** This is a description of mechanical back pain. Simple mechanical low back pain can typically be managed with non-steroidal anti-inflammatory drugs (NSAIDs) and analgesics, without need for referral or further investigation.

There are more examples of EMQs for you to practice later on in this study guide.
Single Best Answer Questions

This type of question offers a scenario and five possible answers. You have to select the SINGLE most appropriate response.

**Single Best Answer example:**

A 35 year old man has a severe allergic reaction while in hospital. He has no history of past allergic reactions. Which ONE of the following commonly causes a reaction WITHOUT prior exposure or sensitization?

*Select ONE answer only.*

a) Peanuts  
b) Hymenoptera stings  
c) IV Penicillin  
d) IV Contrast media  
e) Latex

**ANSWER:** A  B  C  D  E

**The correct answer is D: IV Contrast Media**. *IV contrast media causes a reaction in 1-2% of cases, although it only causes death in about 0.9 per 100,000 cases. It can cause an anaphylactoid reaction, and does not require previous exposure to sensitise the individual.*

There are more examples of SBAs for you to practise in Section 2.
Other Question Types

Other question types which have been used in the past, and may be used again include algorithm questions, questions where you have to fill in the blanks from a paragraph with the most suitable word, data interpretation questions, and drag and drop questions. It is likely that these questions will only make up a small part of the paper (usually less than 10%).
Prefering for the Clinical Problem Solving paper

This section covers a broad range of subjects across both medical and surgical specialties. As the level is set at PRHO / F1 level, it is better to cover a broad range of subjects briefly than to bog yourself down with any one specialty at Membership level.

Useful books include:

**Oxford Handbook of Clinical Medicine**
You should already be familiar with this, so reading it quickly will be good revision.

**Oxford Handbook of Clinical Specialties**
This handbook is well written, and covers most of the specialties in the CPS paper in enough depth at this level.

**BNF**
Reading the introductory chapter on pain management, prescribing in palliative care, and then revising the introduction to each chapter (covering all the disease areas) is a useful way to prepare for the therapeutics questions in the exam.

Another way to revise is to practise questions. The Emedica online revision service for the Stage 2 assessments have over 2000 questions covering both papers, with coverage of all the key curriculum areas. There are also complete mock exams for both papers.
PREPARING FOR YOUR SPECIALITY RECRUITMENT ASSESSMENT?
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- Over 2000 questions covering the entire curriculum
- Timed mock exams in realistic exam layout
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- Situational Judgement Test
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“Excellent service, Thoroughly covered all the necessary material require for all stages. Revision with Emedica has allowed me to get my first choice hospital.”

“Very useful in preparing for the Stage 2 instead of reading textbooks. Allowed for focussed examination preparation. Easy to navigate and I liked the separation into the different specialities so I could see where my gaps were”
The second paper in the Stage 2 assessment is the Professional Dilemma paper. This paper uses Situational Judgement questions, and is also known as the Situational Judgement Test. You will have 110 minutes to complete this part of the computerised test.

**Background to Situational Judgement Tests (SJTs)**

SJTs have been used for decades by employers, usually as part of multiple recruitment assessments. They date back to the 1940s, and have evolved to become a popular tool in various industries. They are used by the Canadian Civil Service, the Federal Bureau of Investigations (FBI), the Department of Works and Pensions, the NHS Graduate Management Training Scheme amongst others.

They are used to assess “soft skills”, and non-academic, practical intelligence. They have been adopted by many organisations because they are seen to be better predictors of actual job performance and offer a way to test candidates more broadly than knowledge based exams. They are machine markable so are much easier to administer and mark, and more cost effective than essay based assessments. This is one of the key reasons they have been adopted for GP ST entry selection – the short timescales between the assessment date and shortlisting make it impractical to mark thousands of essays.

The SJT / Professional Dilemma paper will test you against some of the criteria in the National Person Specification for GP ST entry.
Core criteria assessed by the SJT from National Person Specification

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<th>Description</th>
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<tr>
<td>Empathy &amp; Sensitivity</td>
<td>Capacity &amp; motivation to take in others’ perspectives &amp; to treat others with understanding</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Capacity to adjust behaviour &amp; language as appropriate to needs of differing situations</td>
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<tr>
<td>Conceptual Thinking &amp; Problem Solving</td>
<td>Capacity to think beyond the obvious, with an analytical and flexible mind</td>
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<tr>
<td>Coping with Pressure</td>
<td>Capacity to recognise own limitations and develop appropriate coping mechanisms</td>
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<tr>
<td>Organisation &amp; Planning</td>
<td>Capacity to organise information/time effectively in a planned manner</td>
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<tr>
<td>Managing Others &amp; Team Involvement</td>
<td>Capacity to work effectively in partnership with others</td>
</tr>
<tr>
<td>Professional Integrity</td>
<td>Capacity &amp; motivation to take responsibility for own actions and demonstrate respect for all</td>
</tr>
<tr>
<td>Learning &amp; Personal Development:</td>
<td>Capacity &amp; motivation to learn from experience and constantly update skills/knowledge</td>
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It also tests your capacity to apply the guidelines in the GMC’s Good Medical Practice.

There are two sections to this paper, both present you with a scenario that a junior doctor might face. The scenario could be related to an ethical dilemma, a difficult patient, teamwork, or involve prioritising demands on your time.
Professional Dilemma
Paper Section 1: Ranking questions

This section offers a scenario with 4 or 5 possible actions or options. You have to rank the options from 1 to 4 (or 1 to 5 where there are 5 options). You should rank the best option as 1, the next best option 2, and so on. In a scenario with 5 options, you should rank the worst possible option 5th. You cannot have tied ranks (i.e. joint second or joint last).

Sample question Section 1:

You have just started a job as a medical F2 in a new hospital. Your wife has a chest infection, and is not yet registered with a GP and has asked you to prescribe antibiotics.

Rank the following options 1-5, 1 being the most effective / best option, 5 being the least effective / worst option:

a) Prescribe the medication as a private prescription, and arrange for her to register with a GP the following week.

b) Tell her to register with a GP locally.

c) Prescribe the medication on a hospital take home prescription with her details on it.

d) Prescribe the medication on a hospital take home prescription with one of your patient’s details on it. Collect the medication from the hospital pharmacy.

e) Ask one of your work colleagues to write a prescription on a hospital take home script without seeing your wife.
Ranking SJT Answers:

1.  b) Tell her to register with a GP locally.

Your wife could be seen as a temporary resident and register with a local GP. The GMC Good Medical Practice guidance states that “Wherever possible, you should avoid providing medical care to anyone with whom you have a close personal relationship.”

2.  a) Prescribe the medication as a private prescription, and arrange for her to register with a GP the following week.

The GMC guidance does allow for you to prescribe for those close to you if absolutely necessary, or in an emergency, but your wife still needs to register with a GP for her future care. This is not an emergency, but this is option is better than C, D, or E.

3.  c) Prescribe the medication on a hospital take home prescription with her details on it.

Take home prescriptions are for patients being seen in the hospital only. You should not abuse your position of responsibility – this is an inappropriate use of a hospital prescription.

4.  e) Ask one of your work colleagues to write a prescription on a hospital take home script without seeing your wife.

This is unfair to your colleague – he has not seen the patient, yet he would be responsible for any adverse events. It is worse than option C as you are putting a colleague at risk.

5.  d) Prescribe the medication on a hospital take home prescription with one of your patient’s details on it. Collect the medication from the hospital pharmacy.

This is fraudulent, and dishonest. This could lead to you losing your job, and potentially your GMC registration. This makes it the worst option.
Professional Dilemma

Paper Section 2: Selection questions

This section offers scenarios similar to Section 1, but with more possible options. There may be 7 or 8 options for each scenario, and you must choose the 2 or 3 options which combined make the most appropriate response. This is very different to Section 1 as you are not being asked to assign ranks to all the options, nor are you being asked to just select 2 or 3 options that seem sensible. The options you choose have to be looked at together to make up the most appropriate overall response.

Sample question Section 2:

You are an F2 in Orthopaedics. An 80 year old lady has an intracapsular fracture of her right neck of femur. You have been asked to consent her prior to surgery but on talking to her she seems confused. Her daughter tells you she has dementia and this is confirmed in the notes. She is first on the morning list. Do you:

a) Ask her daughter to sign the consent form and state that she is the daughter.
b) Inform your consultant she has dementia and ask him to complete the consent form.
c) Encourage the patient to sign the form as the procedure is in her best interests.
d) Exclude any acute causes that could be worsening her confusion.
e) Discharge the patient as she will be unable to have surgery without consent.
f) Cancel the patient’s operation.
g) Ring the theatre to rearrange the list so this lady is lower down on the list.

Underline the three options that make the most appropriate combined response. (Answers are on the next page)
The most appropriate combined response is:

d)  Exclude any acute causes for her confusion.

g)  Ring the theatre to rearrange the list so this lady is lower down on the list.

b)  Inform your consultant she has dementia and ask him to complete the consent form.

If the patient is confused and cannot understand the risks and benefits of the procedure, then she does not have capacity to consent for the procedure. No other adult can consent on her behalf. Treatment is lawful if it is in her best interests and this decision should be made by someone senior (ideally the consultant) who should also sign the consent form. Often two senior doctors will discuss this. This lady may have an infection, or pain making her confusion worse. There is no mention of the severity of her dementia in the scenario – someone with mild dementia may be able to consent if you deal with any other problems. Rescheduling this patient will allow time for the consultant to discuss the case and sign the consent form without rushing. It will also ensure that another patient can be properly prepared for surgery.
Preparing for the Professional Dilemma Paper

The best way to prepare for this paper is to make sure you are familiar with all of the competencies in the National Person Specification for GP ST entry. This will help you understand the attributes being tested. Another useful publication to read is the General Medical Councils Good Medical Practice. This provides the material and concepts that are assessed in many of the questions (there is some overlap with the National Person Specification).

Use the SJT section of the online revision service to practise answering Professional Dilemma questions.

One of the key things to remember in the exam is to keep an eye on the clock – many doctors were unable to finish this paper in the allotted time last year. You have to answer around 55-60 questions in 110 minutes – this is 2 minutes or less per question to read the scenario, assess the options, decide on an answer and check the relevant boxes on screen!
Extended Matching Questions examples
Endocrine emergencies:

For each of the following scenarios, select the SINGLE most likely diagnosis. You can use each option ONCE, more than once, or NOT at all.

1. A 14 year-old boy presents with nausea, vomiting and night sweats. He feels faint on standing. On examination he has right basal crackles, and deeply tanned skin. His blood pressure is 90/55 mm Hg.

   | A | Diabetic ketoacidosis (DKA) | B | Hypoglycaemic coma | C | Addisonian crisis | D | Acute hypocalcaemia | E | Acute hypercalcaemia | F | Hypophosphataemia | G | Thyrotoxic crisis | H | Phaeochromocytoma |

2. A 10 year-old boy presents with a two-day history of vomiting, abdominal pain, headache, thirst and polyuria. On examination he is hyperventilating, drowsy and has a capillary refill time of three seconds.

   | A | B | C | D | E | F | G | H |

3. A 35 year-old woman presents with headache that has persisted for three days. She has recently had an endoscopy to investigate her dyspepsia. She has been vomiting, become very sweaty and is having palpitations. She describes feelings of intense fear and anxiety. On examination she has a pulse of 120 beats per minute, BP is 180/108 mm Hg, she has a tremor and a temperature of 38.4°C. You also notice several brown cutaneous macules over her body.

   | A | B | C | D | E | F | G | H |
### Drug side effects:

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<td>Isotretinoin</td>
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<td>Dermovate</td>
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<td>D</td>
<td>Celecoxib</td>
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<td>Oxytetracycline</td>
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**For each of the following patients, select the drug most likely to be causing the side effects mentioned.**

**You may use each option ONCE, MORE than ONCE, or not at all.**

4. A 19 year-old girl with severe acne presents to accident and emergency after taking an overdose of alcohol. She says she does not want to live and has been feeling this way for the last two weeks.

5. A 55 year-old man with known heart disease presents with severe muscle pains. He reports feeling “weak”. Creatine kinase (CK) is 1,000 U/L.

6. A 40 year-old patient with systemic lupus erythematosus (SLE) presents with severe upper abdominal pain radiating to the back. Her medication was recently increased after a flare up of her Lupus (SLE).
Single Best Answer
Question Examples
1. A 54 year old woman is admitted with extensive bruising and bleeding gums. She is on Warfarin and various other drugs. Her INR is raised. Which ONE of the following is most likely to have contributed to her raised INR?

**Select ONE answer only.**

- a) Carbamazepine
- b) Orange juice
- c) Azathioprine
- d) Cranberry juice
- e) Nystatin

**ANSWER:** A B C D E

2. A 44 year-old woman presents with sudden onset of shortness of breath and palpitations. On examination she has a tanned appearance to her skin, white nails and extensive bruising. She also has an irregularly irregular pulse and swollen ankles. Her blood glucose is 13.8.

**Which ONE of the following is the most likely diagnosis?**

- a) Primary sclerosing cholangitis
- b) Haemochromatosis
- c) Hepatocellular carcinoma
- d) Viral hepatitis
- e) Primary biliary cirrhosis

**ANSWER:** A B C D E

3. A 26 year old man attends A and E on the weekend. He has just returned from a safari holiday in Africa. He complains of diarrhoea, vomiting, and abdominal pains for the last 2 days. It started shortly after his last meal on holiday.

**Which ONE of the following is the most likely cause of his symptoms?**

- a) Campylobacter
- b) Escherichia coli
- c) Clostridium difficile
- d) Salmonella
- e) Shigella species

**ANSWER:** A B C D E
4. You see a patient in clinic in General Medicine. A 55 year-old man with ischaemic heart disease attends for review. His chest pains are well controlled but he is complaining of severe constipation. He says this has been going on for several months, but he was too embarrassed to seek treatment before. He is taking Verapamil, which commonly causes constipation.

Which ONE of the following is a stimulant laxative suitable for this patient?

a) Isphagula husk  
b) Senna  
c) Lactulose  
d) Movicol  
e) Co-danthramer

**ANSWER:** A B C D E

5. A 31 year-old manager complains of upper abdominal pain. It is worse after food or when lying down. He has no haematemesis or malaena, and has not had any treatment in the past. Examination is unremarkable. Which ONE of the following is the most suitable initial management option?

Which ONE of the following is a stimulant laxative suitable for this patient?

a) Routine endoscopy  
b) 13C urea breath testing  
c) Admission to hospital.  
d) Triple therapy (amoxicillin + clarithromycin + lansoprazole) for one week  
e) Urgent endoscopy

**ANSWER:** A B C D E

6. A 60 year old man complains of a gradual loss of his central vision.

Which ONE of the following is the leading cause of visual loss in patients over 65 in the Western world?

a) Glaucoma  
b) Diabetic eye disease  
c) Cataract  
d) Age related macular degeneration (AMD)  
e) Retinal detachment

**ANSWER:** A B C D E
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Extended Matching Questions Answers and Explanations
Endocrine emergencies:

| A | Diabetic ketoacidosis (DKA) | E | Acute hypercalcaemia |
| B | Hypoglycaemic coma | F | Hypophosphataemia |
| C | Addisonian crisis | G | Thyrotoxic crisis |
| D | Acute hypocalcaemia | H | Phaeochromocytoma |

For each of the following scenarios, select the SINGLE most likely diagnosis. You can use each option ONCE, more than once, or NOT at all.

1. A 14 year-old boy presents with nausea, vomiting and night sweats. He feels faint on standing. On examination he has right basal crackles, and deeply tanned skin. His blood pressure is 90/55 mm Hg.

   The correct answer is C. Addison’s disease results from destruction of the adrenal cortex. Patients may present with symptoms of nausea, vomiting and feeling faint on standing. Acute crises are often triggered by an infection or other stress on the body. Clinical findings include hypotension and deep pigmentation of the skin.

2. A 10 year-old boy presents with a two-day history of vomiting, abdominal pain, headache, thirst and polyuria. On examination he is hyperventilating, drowsy and has a capillary refill time of three seconds.

   The correct answer is A. This is a classic presentation of DKA. DKA is a common and potentially fatal condition that ALWAYS needs urgent assessment and management.

3. A 35 year-old woman presents with headache that has persisted for three days. She has recently had an endoscopy to investigate her dyspepsia. She has been vomiting, become very sweaty and is having palpitations. She describes feelings of intense fear and anxiety. On examination she has a pulse of 120 beats per minute, BP is 180/108 mm Hg, she has a tremor and a temperature of 38.4C. You also notice several brown cutaneous macules over her body.

   The correct answer is H. Phaeochromocytomas are functional tumours that arise from chromaffin cells in the adrenal medulla. They are a rare cause of hypertension, but should be considered in any hypertensive patient, within any hypertensive with orthostatic hypotension and tachycardia, or with ‘cafe au lait’ spots. They often present with hypertensive crisis, with symptoms as mentioned..
Drug side effects:

A Ramipril
B Prednisolone
C Methotrexate
D Celecoxib
E Simvastatin
F Isotretinoin
G Dermovate
H Oxytetracycline

For each of the following patients, select the drug most likely to be causing the side effects mentioned.

You may use each option ONCE, MORE than ONCE, or not at all.

4. A 19 year-old girl with severe acne presents to accident and emergency after taking an overdose of alcohol. She says she does not want to live and has been feeling this way for the last two weeks.

The correct answer is F: Isotretinoin. Although is an uncommon side effect, suicidal ideation is a well recognised side effect of Isotretinoin, which is used for treating severe acne. Patients who develop suicidal tendencies on Isotretinoin may need follow up even after the medication is stopped.

5. A 55 year-old man with known heart disease presents with severe muscle pains. He reports feeling “weak”. Creatine kinase (CK) is 1,000 U/L.

The correct answer is E: Simvastatin. Rhabdomyolysis/myositis is a well known potentially serious side effect of most statins. Many patients are started on a statin after a myocardial infarction (MI) or if at risk of heart disease. Patients often improve once the drug is stopped, and this can be monitored using CK levels.

6. A 40 year-old patient with systemic lupus erythematosus (SLE) presents with severe upper abdominal pain radiating to the back. Her medication was recently increased after a flare up of her Lupus (SLE).

The correct answer is B: Prednisolone. This presentation is in keeping with acute pancreatitis, which can be caused by steroid treatment. Prednisolone is a commonly used treatment for flares in SLE.
Single Best Answer questions – Answers and explanations
1. A 54 year old woman is admitted with extensive bruising and bleeding gums. She is on Warfarin and various other drugs. Her INR is raised. Which ONE of the following is most likely to have contributed to her raised INR?

   Select ONE answer only.

   a) Carbamazepine
   b) Orange juice
   c) Azathioprine
   d) Cranberry juice
   e) Nystatin

   The correct answer is D: Cranberry juice. Warfarin interacts with many drugs, but be careful of no drug interactions!

2. A 44 year-old woman presents with sudden onset of shortness of breath and palpitations. On examination she has a tanned appearance to her skin, white nails and extensive bruising. She also has an irregularly irregular pulse and swollen ankles. Her blood glucose is 13.8.

   Which ONE of the following is the most likely diagnosis?

   a) Primary sclerosing cholangitis
   b) Haemochromatosis
   c) Hepatocellular carcinoma
   d) Viral hepatitis
   e) Primary biliary cirrhosis

   The correct answer is B. Haemochromatosis is a condition in which excessive iron is deposited into organs. It can be inherited in an autosomal recessive manner or acquired. In the hereditary form symptoms usually occur after the age of 40. Symptoms include skin pigmentation, shortness of breath and palpitations, swollen ankles, bruising and white nails. Treatment is by regular venesection.
3. A 26 year old man attends A and E on the weekend. He has just returned from a safari holiday in Africa. He complains of diarrhoea, vomiting, and abdominal pains for the last 2 days. It started shortly after his last meal on holiday.

Which ONE of the following is the most likely cause of his symptoms?

a) Campylobacter
b) Escherichia coli
c) Clostridium difficile
d) Salmonella
e) Shigella species

The correct answer is B. Traveller’s diarrhoea is transmitted via contaminated food or water and usually presents with diarrhoea vomiting and abdominal symptoms. E. coli species are the most common cause, and the symptoms typically begin shortly after ingestion of the contaminated food.

4. You see a patient in clinic in General Medicine. A 55 year-old man with ischaemic heart disease attends for review. His chest pains are well controlled but he is complaining of severe constipation. He says this has been going on for several months, but he was too embarrassed to seek treatment before. He is taking Verapamil, which commonly causes constipation.

Which ONE of the following is a stimulant laxative suitable for this patient?

a) Isphagula husk
b) Senna
c) Lactulose
d) Movicol
e) Co-danthramer

The correct answer is B: Senna. Constipation is the most common side effect of verapamil leading to it being stopped. Patients started on verapamil should be warned about this, and a laxative considered. Senna and co-danthramer are the only 2 stimulant laxatives on the list, and co-danthramer should only be used in terminally ill patients.
5. A 31 year-old manager complains of upper abdominal pain. It is worse after food or when lying down. He has no haematemesis or malaena, and has not had any treatment in the past. Examination is unremarkable. Which ONE of the following is the most suitable initial management option?

**Which ONE of the following is a stimulant laxative suitable for this patient?**

- a) Routine endoscopy
- b) 13C urea breath testing
- c) Admission to hospital.
- d) Triple therapy (amoxicillin + clarithromycin + lansoprazole) for one week
- e) Urgent endoscopy

The correct answer is B: 13C urea breath testing. The NICE guidance on management of dyspepsia recommends empirical treatment with a proton pump inhibitor (PPI) or testing for H. pylori as options for initial management in patients with no alarm signs. Routine endoscopy is not recommended for these patients. Triple therapy is only recommended once H. pylori has been confirmed.

6. A 60 year old man complains of a gradual loss of his central vision.

**Which ONE of the following is the leading cause of visual loss in patients over 65 in the Western world?**

- a) Glaucoma
- b) Diabetic eye disease
- c) Cataract
- d) Age related macular degeneration (AMD)
- e) Retinal detachment

The correct answer is D. AMD usually has an insidious onset, and affects central vision. There are two main types - ‘wet’ AMD and ‘dry’ AMD. There are no treatments available for dry AMD. Photodynamic therapy (PDT) has been shown to be useful in the treatment of wet AMD.
Professional Dilemma Paper – Situational Judgement Test
Question 1
While working on the medical wards as a foundation year two doctor you are asked by a nurse to complete the discharge paperwork for a patient you are not familiar with. This includes a summary of the admission as well as drugs to be taken home when discharged. You are in a hurry and on the post-take ward round. The rest of the team is about to start discussing the next patient that was admitted overnight.

**Rank in order the following actions in response to this situation (1=most appropriate; 5=least appropriate)**

- **a)** Ask the nurse what drugs the patient needs and the diagnosis, so you can quickly note this on the discharge paperwork and keep up with the ward round
- **b)** Explain that you are busy at the moment but that you will come back and do it as soon as the ward round is complete
- **c)** Sign the paperwork and ask the nurse to complete the summary and medication while you join the rest of the team
- **d)** Check the patient’s notes and complete the paperwork with a summary of the admission and all required medication—you can catch up with the ward round later
- **e)** Ignore the request. The nurse knows you are on the post take round and can ask you later

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*Answers are on the next page*
**Answers:**

**Best response: BDEAC**

This question is about effective communication with colleagues, working effectively as part of a team and ensuring patient safety.

1. **B. Explain that you are busy at the moment but that you will come back and do it as soon as the ward round is complete**

   This is the best option as it shows good communication with your colleague – so they are aware that you are currently busy, while still reassuring her that you will give the job priority once the ward round is complete. This means that the nurse will not have to chase you, or someone else, while at the same time ensures that you are able to participate in the ward round, which is part of your job, but also ensures you are aware of the status of your patients from the ward round. By returning to do the discharge paperwork when you are less busy, you will be able to complete the paperwork without being rushed or pressured.

2. **D. Check the patient’s notes and complete the paperwork with a summary of the admission and all required medication — you can catch up with the ward round later**

   While this will help your nursing colleague get on with their work and allow the patient to be discharged, it may mean that you rush to finish the job (so increase the chance of making errors) or that you miss the details of the next few patients from the ward round. This is not ideal as this is a post-take ward round, so these will be new patients, and knowing the details of their diagnosis and the plans is important. This may also mean a senior colleague has to take notes on your behalf.

3. **E. Ignore the request. The nurse knows you are on the post-take round and can ask you later**

   At first reading, ignoring the request sounds rude and unhelpful - it does not demonstrate good communication with colleagues. It does mean that the nurse can either contact you again later, or contact someone else to complete the paperwork correctly, reducing the risk of mistakes, and also means that you will be fully aware of what is happening with the newly admitted patient.
4. **A. Ask the nurse what drugs the patient needs and the diagnosis, so you can quickly note this on the discharge paperwork and keep up with the ward round**

Quickly noting the drugs and the diagnosis based on the nurse’s suggestion may put the patient at risk - the nurse may provide incorrect information, and as this option suggests that you will “quickly note” the diagnosis and medication, you will not have time to double check the information is accurate. Just providing the diagnosis and drugs is also not ideal in terms of communication with the patient’s GP - as this option does not mention a summary of the admission or any other key information such as tests to be followed up in the community after discharge.

5. **C. Sign the paperwork and ask the nurse to complete the summary and medication while you join the rest of the team**

This is the worst option for many reasons. First, this shows a lack of professional integrity as you would be signing a document that you had not completed or checked. This also creates work for the nurse that is not part of her role and puts them in a difficult situation, and may lead to risks to the patient - if the nurse entered a dose incorrectly, or the wrong diagnosis, the GP may then act on this and this could lead to harm. This risk is greater in this option than in option A as if the nurse suggested a dose that sounded incorrect, you may pick this up and have an opportunity to ask for it to be checked.
Professional Dilemma Paper – Situational Judgement Test Question 2
You are an FY2 doctor working in obstetrics and gynaecology. You see a woman on the labour ward who is having a massive postpartum haemorrhage. In the last few minutes she has become unresponsive and is continuing to bleed. From reading her notes you know she is a Jehovah’s Witness and has signed a form in antenatal clinic stating she declines all blood products even if her life is threatened. The midwife looking after her states that she asked the lady a few minutes before she became unresponsive if she would accept blood products if her life was threatened and again she said no. Her husband is holding his new born daughter and states you must do everything you can to save her even if that means giving her blood.

Choose the three most appropriate actions to take in this situation

a) Give blood products as this is an emergency and they may be lifesaving  
b) Do not give blood products even if it means she comes to harm  
c) Put aside the patient’s wishes as her decision suggests a lack of capacity  
d) Explain to the husband that you have to respect the patient’s decision  
e) Ask the husband to give formal consent on behalf of his wife to give blood products  
f) Do everything else you can to save the patient’s life  
g) Do nothing else as she will inevitably die without blood products  
h) Contact your consultant and ask them for permission to give blood products in the best interests of the patient

Answers are on the next page
**Answer: BDF**

b) Do not give blood products even if it means she comes to harm

d) Explain to the husband that you have to respect the patient’s decision

f) Do everything else you can to save the patient’s life

This question is about coping with pressure, being focused on the patient and communication with relatives and colleagues.

d) Explain to the husband that you have to respect the patient’s decision

Explaining to the husband that you have to respect the patient’s decision ensures that he is informed of your decision and that he understands the basis of your actions.

b) Do not give blood products even if it means she comes to harm

In this scenario, you have both a written confirmation of the patient’s advanced directive not to have blood products in exactly this scenario, as well as confirmation from a colleague involved in the patient’s care that they had not changed their mind. In this situation, you should respect the patient’s wishes and not give blood products even if she comes to harm. This is based on GMC guidance that states “If a patient lacks capacity and information about a written or verbal advance refusal of treatment is recorded in their notes or is otherwise brought to your attention, you must bear in mind that valid and applicable advance refusals must be respected.” (GMC guidance on end of life care).

f) Do everything else you can to save the patient’s life

Although this patient has refused blood products, you should still do everything else you can to save her life as part of the core duties of a doctor include “You must make the care of your patient your first concern” (GMC Good Medical Practice).

Although giving blood products as “they may be lifesaving” may seem like a sensible option (A), in this scenario you have a written advanced refusal as well as verbal confirmation from a colleague that the patient had not changed their mind, and so it would be wrong to go against the patient’s wishes. It is important that doctors respect patients’ beliefs and decisions even if they may not seem logical to us - it would be wrong to infer a lack of capacity simply due to the fact that the patient’s choice is different to a doctor’s own beliefs (C). A husband cannot give consent on behalf of his wife (E) - where a patient is unable to make a decision, doctors should consider evidence on their wishes (e.g. the written advance refusal) or consult with a senior member of the team to consider the patient’s best interests. In this case, as there is clear evidence of the patient’s wishes, asking permission of your consultant (H) would not be helpful as they would also need to act on the advanced refusal. This patient has not refused resuscitation, or any other form of help except blood products, so it would be negligent to do nothing else (G).
If you score well in the Stage 2 assessments, you will be shortlisted to attend a Stage 3 assessment day, also known as the selection centre. The stage 3 assessments are organised locally by each deanery, however they use a consistent format nationally. The score is transferable across deaneries, so it is possible to receive an offer at your highest ranked preference based on your score.

The Stage 3 assessment consists of:
- Written prioritisation exercise – 30 minutes
- 3 different simulated consultations – 10 minutes each
  - With a simulated patient
  - With a relative or carer
  - With a workplace colleague

There is no formal interview, nor an assessment of portfolios or CVs.

The written task asks you to prioritise a series of tasks in either a hospital or GP setting. For each one, you need to give some justifications for your ranking, and describe the actions that you would take. There is also a section asking you to reflect on the exercise and what you have learned from it.

The simulated consultations can have a variety of scenarios. Your 10 minutes includes reading time – there is usually a brief scenario provided. Once you have read the scenario, you will need to call the simulated patient / relative / colleague in, and begin your consultation. The examiner will observe and mark your performance but they will NOT talk to you or engage in any discussion. It is important to take a holistic approach, to be person-centred, and to communicate using clear, understandable language. In some cases there may be an ethical dilemma, or a test of your professionalism.
Stage 3
Assessment sample tasks

The following sample tasks will give you an idea of the kind of information provided to you for each type of simulated consultation and the written exercise.

A detailed example of a high scoring response to this sample question is available on the Emedica online service at www.emedica.co.uk/s3.html
Stage 3

Domains being assessed

There are 4 domains being assessed at Stage 3.

They are:

- Communication skills
- Empathy and sensitivity
- Conceptual thinking and problem solving
- Professional integrity

Clinical knowledge is NOT assessed at Stage 3 – it has already been assessed in the clinical paper at Stage 2.

Candidates will usually be scored by a different examiner for each of the 4 parts of the Stage 3, with a grade for each domain of either strength (clear pass), satisfactory (pass), weakness (fail) or little or no demonstration (clear fail). Candidates with any clear fails, or multiple weaknesses would usually be deemed unsuitable for entry into training. If this happens, you may be able to re-sit the Stage 3 assessment in the second round of recruitment, which usually takes place from March – May each year.

If you are deemed suitable for training, you will be ranked using a combination of your Stage 3 and Stage 2 scores (Stage 3 makes up the bulk of the weighting).
Sample patient case

SIMULATION A

Candidate Instructions:

Context:

In this exercise you will be consulted by a patient in a general practice setting. The role of the patient will be taken by someone not directly involved in the assessment process, although their written evaluation of your performance may be used for reference during final discussions.

Your Task (10 minutes including reading time)

You have a total of 10 minutes to complete this exercise which includes reading time. When you are ready to begin the consultation, please invite the relative to enter the room.

The patient is 40 year old Alex Carter and has no significant medical history. He was recently seen by one of the partners in the surgery.

Last entry into the medical record:

1 week ago:

Complaining of non-productive cough 2 days, with runny nose. Feeling tired last few weeks. On examination: Afebrile, no lymphadenopathy, ENT clear, chest sounds clear – good air entry bilaterally, no creps / crackles. Likely viral upper respiratory infection. Advice given re: no need for antibiotics, paracetamol for symptomatic relief.

Examination of the patient is not necessary. Please assume that any physical examination would not add any further information to that already provided.
Sample relative / carer case

SIMULATION B
Candidate Instructions:

Context:
In this exercise you will be consulted by a patient’s relative in a general practice setting. The role of the relative will be taken by someone not directly involved in the assessment process, although their written evaluation of your performance may be used for reference during final discussions.

Your Task (10 minutes including reading time)

You have a total of 10 minutes to complete this exercise which includes reading time. When you are ready to begin the consultation, please invite the relative to enter the room.

You are a GP trainee in a small practice.

You are seeing the adult child of one of your elderly patients. The patient, Mr. James Butler, is 70 years old and has been at the surgery for over 50 years. He is normally fit and well, and was last seen in surgery 2 years ago for a flu jab.

You have Mr. Butler’s permission to talk to his daughter about his care.
Sample colleague case

SIMULATION C
Candidate Instructions:

Context:
In this exercise you will be consulted by a colleague in a hospital setting. The role of the patient will be taken by someone not directly involved in the assessment process, although their written evaluation of your performance may be used for reference during final discussions.

Your Task (10 minutes including reading time)

You have a total of 10 minutes to complete this exercise which includes reading time. When you are ready to begin the consultation, please invite the relative to enter the room.

You are a Foundation Year 2 (FY2) doctor working in acute medicine. It is a busy unit and you work with 4 other F2 doctors and 2 registrars (one of the registrars is fairly new).

One of your nursing colleagues from the main ward you work on has asked to speak to you. You are meeting your colleague nurse in your 10 minute coffee break after finishing a ward round.

Your colleague wanted to ask you something about work.

These sample consultations are taken from the Emedica online Stage 3 revision package, which includes lectures on consultation and communication skills, sample tasks for all 4 parts of the assessment and video examples of high scoring consultations.
Sample Written Prioritisation exercise

Context:
You are a Foundation Year 2 doctor on your Cardiology rotation. Your team have completed the ward round and the Consultant has taken the Registrar with him to clinic, leaving yourself and the Foundation Year 1 doctor to carry on with the ward jobs. The various issues below remain outstanding and need to be prioritised for action.

Your Task: (30 minutes)

1. To rank each issue in the order in which you intend to deal with it.
2. To justify your decisions and describe what action you will take.
3. To reflect on the challenges posed by this exercise

The issues are:

A. You receive a call from the Cardiology secretaries to remind you that there are a pile of ECGs in Outpatients that need reviewing ahead of tomorrow’s clinic.

B. Mr. Patel’s family have asked to speak to you about his DNAR status.

C. You receive a text message from your wife asking you to call her immediately.

D. The sister on the ward informs you that the patient in side room 1 accidentally received ‘azathioprine’ instead of ‘azithromycin’.

E. One of the ward nurses tells you that Mr. Smith’s drug chart has gone missing, and wants another one written up.
1. Issue Chosen:

Explanation for ranking and suggested action:

2. Issue Chosen:

Explanation for ranking and suggested action:
3. Issue Chosen:

Explanation for ranking and suggested action:

4. Issue Chosen:

Explanation for ranking and suggested action:
5. Issue Chosen:

Explanation for ranking and suggested action:

4. Issue Chosen:

Explanation for ranking and suggested action:
5. Issue Chosen:

Explanation for ranking and suggested action:
What was the most challenging aspect of completing this exercise and why?

What did you learn or demonstrate about yourself in completing this exercise?

How could you apply what you have learned or demonstrated about yourself in your future work?
Job allocation is usually done at deanery level based on your ranking after Stage 3. The exception to this is those candidates that get a direct offer after the Specialty Recruitment Assessment — they are offered posts before the main allocation.

You will have the opportunity to rank as many different GP training programmes throughout the UK at the application stage (there are 195 different programmes). In most cases, places are allocated by rank and preference, however some deaneries do allocate a small proportion of candidates to ensure that there is a spread of candidates within different areas. It may be possible to upgrade your offer to a higher programme based on your initial application choices.

Full details of your specific programme and rotations are usually provided a couple of months after you accept the initial offer. You will need to provide pre-employment information prior to your start date, including proof of Advance Life Support (ALS) provider certification. As ALS courses tend to get booked months in advance, it is worth looking at suitable dates even before you accept an offer.
Summary

GP recruitment remains competitive, especially for popular areas. It is important that you allow enough time to adequately research areas you wish to apply to, to complete the application carefully, and to prepare for the different assessments. As shortlisting and selection are based on performance at the Stage 2 and Stage 3 assessments, it is an objective, evidence based and equitable process.

Remember that as you are competing with others, the higher your overall scores, the greater your chance of being shortlisted and then getting an offer.

Now that you know what to expect, please do make sure that you dedicate enough time to prepare effectively for each part of the process.

I wish you all the best in your preparation, and every success in securing a place on a GP ST programme.

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