

# MRCGP PAST PAPERS

## MEQ

**MAY 1995**

Books offering advice to trainee GPs include the following: "Make diagnoses in physical, psychological and social terms", and "Explore the patient's ideas, concerns and expectations."

1. What do you think of such advice?

Toby Johns, a 70 year old man, consults you in the surgery asking for his left ear to be syringed as his hearing seems to be reduced on this side. On examination you find no wax.

2. How might you help him?

Norman Griffiths is an introspective 47 year old man who suffers from long standing fatigue. He tells you he has seen a television documentary suggesting that the mercury in amalgam dental fillings is toxic. He is wondering whether to have his fillings removed, and asks you for your views.

3. Describe your thoughts.

Andrea Batchelor, 26, presents with a vaginal discharge.

4. How do you arrive at a diagnosis?

Tracy Brown, a 28 year old mother of two, tells you she is interested in having "the new contraceptive injection that lasts five years" (Norplant).

5. What would you wish to cover during this consultation?

A 30 year old man, Errol Jackson, attends your surgery worried about his wife's violence towards their 3 year old daughter. The wife has apparently brandished a knife.

6. What would you do?

7. Describe the factors to be taken into consideration when you contemplate removing a skin lesion in a practice minor surgery session?

Your health visitor is thinking of starting a group for parents of young children, and asks for your advice on how she might run it and what she could include.

8. What other areas would you discuss with her?

Your practice manager tells a partners' meeting that your receptionists no longer wish to wear name badges.

9. Speculate on why this may have happened?

Proposals for a new housing and shopping development being built within your usual practice catchment area include plans for a small surgery, suitable for use as a branch surgery or by a single-handed practitioner.

10. What may be the implications for your own practice?

11. In what ways might ideas or techniques taken from *Family Therapy* be useful for a general practitioner in the course of his or her consultations?

12. What makes a partners' meeting a success?

<b>MEQ</b>
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**OCTOBER 1993**

Assume you are working in a practice of five partners in fully staffed and equipped premises.

Christine Ryan, a patient of yours, works as a practice nurse in a nearby practice. She brings her 11-year-old daughter Carla. Carla has recently become very thirsty; her mother has tested a sample of Carla's urine and found marked glycosuria.

1. How would you manage this situation?

Jenny O'Mahony, aged 14, attends alone. yesterday her mother told you in a telephone call that, although Jenny denies it, she believes Jenny may be pregnant. Today Jenny says that she has come because her mother thinks she needs a check-up. She has

The practice's patients' charter specifies your responsibilities and aspirations to your patients.

9. Discuss the obligations and responsibilities patients might be considered to owe to their doctors.

The published literature on the doctor-patient relationship in general practice includes the following concepts:

1. the doctor as 'drug'
2. the collusion of anonymity
3. 'parent-child' transactions
4. 'house-keeping'
5. patients' ideas, concerns and expectations
6. the 'flash'.

10. Select three of these and, for each of the three, describe in 50-100 words a clinical situation to show your understanding of the principle and its application.

<b>MEQ</b>
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**MAY 1993**

This paper consists of 10 questions. For questions 1 to 9 assume you are working in a practice of 5 partners, in a fully staffed and equipped premises.

Alicia Brooks, aged 7, has persistent threadworm infection in spite of several courses of usually effective anti-helminthic drugs. Today her mother asks you for a doctor's note to keep Alicia off school until the end of term, which is in two weeks time.

1. Describe your response to this request.

Belinda Keene, a 24 year-old housewife, asks for your help. Apparently she feels sick every time she leaves the house or whenever someone visits her at home. She recently had a miserable holiday because she could not go into a restaurant and her husband is losing patience.

2. Outline the approach you might adopt to Mrs. Keene's problem.

brought a urine sample with her; this was her mother's idea, and Jenny says she does not know why.

2. List the dilemmas you face and describe how you could resolve them.

Your heart sinks as you note that Maud Temple, aged 76, is consulting you for the 18th. time in six months with some minor symptom. This now seems to be an established pattern of behaviour.

3. What are the possible origins of this pattern and how might it be changed?

Norma Delgardio is married to Nick, a bisexual HIV-positive who has recently converted to AIDS and is recovering from his bout of pneumocystis pneumonia. Norma is distraught because she feels she won't be able to cope with his illness.

4. How can you help her?

One of your partners, Dr. Patricia Wells, tells you and the other partners that after much heart-searching she no longer feels that she can be involved with terminations of pregnancy, IUCDs, the progesterone-only pill or post-coital contraception.

5. What may be the implications of Dr. Wells' stance?

Three days ago a partner in the practice prescribed amoxycillin to Robert Lewis, a 30-year-old accountant, failing to notice the "HYPERSENSITIVE TO PENICILLIN" warning on the medical record envelope. Today, Mr. Lewis consults you with a florid rash.

6. How might you handle today's consultation and its aftermath?

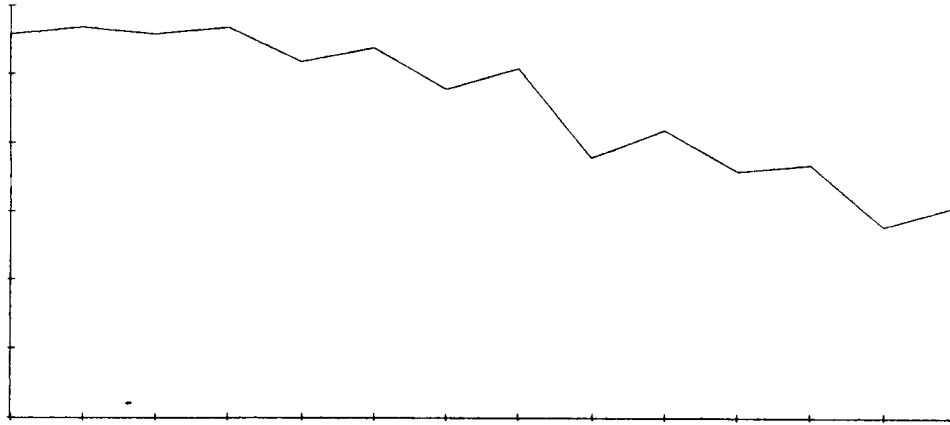
Your FHSA/ Health Board writes to inform you that it intends to make changes in the reimbursement of staff wages which will result in a short-fall of £15,000 a year to the practice, which is not fund-holding.

7. How could the practice respond to this situation?

A university-based research department has approached the partnership with a request to pilot a programme of genetic screening for cystic fibrosis using your practice population.

8. What dilemmas do you see?

Kevin Armitage, a 25 year old teacher, is an asthmatic maintained on inhaled beclomethasone 200micrograms b.d. and inhaled salbutamol p.r.n. He attends with a 12 hour history of worsening bronchospasm. He shows you a chart of his recent peak flow readings:-



3. Evaluate these peak flow readings, and describe your management.

Douglas Weaver, aged 60, has advanced inoperable carcinoma of the rectum with widespread secondaries. A private "holistic" clinic which he attends and has great faith in wants him to have injections of mistletoe extract as well as his existing therapy. The mistletoe preparation is not listed in the British National Formulary or in MIMS.

4. Describe the issues this request raises, and how you would address them.

Linda Jarmin brings her 6-month old son Leon, who was conceived by *in vitro* fertilisation, for advice about his "snuffles". Linda frequently presents him with major symptoms. On every occasion, you have been struck by Linda's eagerness to give you the baby to hold, and your health visitor has remarked on the same thing.

5. Speculate on the reasons for her behaviour.

Fay Stirling, a young married patient of yours, consults you "on a non-medical matter". Fay is a friend of the new receptionist you have recently appointed and who will soon be starting in post. Fay has had two terminations of pregnancy and asks you to keep her notes away from the general storage area so that her friend shall never learn of them.

6. What dilemmas are raised and how would you resolve them?

A regular partnership meeting is in progress. The meeting considers a petition addressed to the senior partner signed by 20 patients asking for the surgery to extend its opening hours to 8.00pm to accommodate patients who are at work all day.

7. How should the practice react?

A private residential home for the elderly is about to open near your surgery. The owner has written asking to meet the doctors and to ask whether the practice would accept the residents onto the lists. This letter is being discussed at the partners' meeting.

8. What issues would you expect to be raised during today's discussion?

The local Community Health Council is organising a public meeting to discuss whether "the recent NHS changes have improved the nation's health". You have accepted an invitation to speak at the meeting.

9. What points will you make in your contribution?

The literature of general practice includes the following books and papers:

- A. The exceptional potential of each primary care consultation, by Stott & Davis
- B. The Doctor, his patient and the illness, by Michael Balint
- C. The Doctor-Patient Relationship, by Freeling & Harris
- D. The Consultation: an Approach to Learning, by Pendleton, Schofield, Tate & Havelock
- E. On Learning from the Patient, by Patrick Casement
- F. The Symptom Iceberg, by DR Hanney
- G. The Inner Consultation, by Roger Neighbour
- H. The exceptional potential of the consultation revisited, by JF Middleton
- I. The Future General Practitioner, by a working party of the RCGP
- J. Games People Play, by Eric Berne
- K. Doctors Talking to Patients, by Byrne & Long
- L. Six Minutes for the Patient, by Balint & Norell
- M. Culture, Health & Illness, by Cecil Helman
- N. The Ailment, by TF Main

10. Match each of the following descriptions to the appropriate title listed above by writing one identifying letter in the space provided. NB. each title may appear once, more than once or not at all.

- (i). Identifies six questions patients ask of themselves when faced with an episode of ill-health  
Title letter \_\_\_\_\_
- (ii). Is based on the analysis of taped consultations  
Title letter \_\_\_\_\_
- (iii). Distinguished between "curtain raisers" and "gambits"  
Title letter \_\_\_\_\_
- (iv). Describes "the collusion of anonymity"  
Title letter \_\_\_\_\_
- (v). Describes human behaviour in terms of Parent, Adult and Child  
Title letter \_\_\_\_\_
- (vi). Describes features of 12 patients who proved very difficult to manage in a hospital setting  
Title letter \_\_\_\_\_
- (vii). Stresses the importance of addressing the patients' ideas, concerns and expectations  
Title letter \_\_\_\_\_
- (viii). Suggests encouraging "appropriate help-seeking behaviour"  
Title letter \_\_\_\_\_
- (ix). Describes "the flash"  
Title letter \_\_\_\_\_
- (x). Discusses the doctor's "apostolic function".  
Title letter \_\_\_\_\_

<b>MEQ</b>
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## **OCTOBER 1992**

You are in practice in a small market town working from fully equipped staffed and equipped premises. There are six doctors in the partnership. A partners' meeting is due to be held at the surgery this evening.

During morning surgery you see Mrs. Fiona Watt. You confirm she is seven weeks pregnant after trying to conceive for two years. All appears normal. She tells you she wants to do "all the right things", and asks what sort of food she should eat.

1. How would you respond?

64-year-old Mr William Silver consults you about generalised pruritis which he attributes to termites burrowing under the skin. The notes reveal that he has seen many other doctors about this problem. No evidence of infestation has ever been found and in the past he has angrily refused psychiatric help. Today you examine under the microscope particles which he says are the termites, but which prove to be amorphous skin debris.

2. How would you attempt to bring this consultation to a satisfactory conclusion?

George McPherson, a middle-aged man, comes and asks you to do something to help his wife Agnes. He says she spends most of the day in bed, neglects her personal care and is often found in tears. Mr. and Mrs. McPherson are both registered with you.

3. What could you do?

After morning surgery one of your partners announces that he refuses point blank to offer over-75 checks to his patients.

4. What are the implications of this?

During the course of the morning you have seen a newly registered patient to whom you have issued a repeat prescription for one month's supply of a lipid-lowering drug which had been prescribed by her previous GP. The drug is not currently included in your own practice formulary

5. What factors should you take into account before recommending the drug's inclusion in your practice formulary?



During evening surgery Cyril Clarke, who has not seen a doctor for four years, attends for a routine health check at your invitation. Mr. Clarke is aged 51 and is 5 feet 9 inches (175cm) tall. He weighs 25 stones (160kg) and has done so for at least the last 15 years.

6. Discuss the problems which confront you?

Roger Hare, 26, tells you that for the last six months he has been unable to sustain an erection and this is causing problems for him and his girlfriend.

7. How might you be able to help?

20-year old Jimmy Graham has been on antiepileptic medication since the age of eight but has had no recorded fits for the last six years. He tells you that he now believes himself to be free of epilepsy. He has discontinued medication and has come "just to tell you this good news".

8. What issues does this raise?

During the evening partners' meeting one partner, who has been in the practice for four years, discloses that she has been asked to consider standing for election to the Local Medical Committee. She asks for the partnership's view in order to help her decide whether or not to accept nomination.

9. What issues are raised by this suggestion?

Towards the end of the meeting a gas explosion two streets away from your surgery demolishes several homes. It transpires that an elderly lady has been killed and four other people seriously injured, one of them seriously.

10. Describe the GP's role in the community response to this disaster?

## MEQ

**MAY 1992**

You work in a partnership of four doctors. The practice has a full compliment of ancillary and attached staff and is not fund-holding.

During morning surgery 20-year-old Debbie Tombleson brings her only child Craig, aged three and a quarter. Debbie says that Craid "doesn't eat a thing!" the child appears well-nourished but slightly withdrawn, and there are no obvious features to suggest he is unwell.

1. Describe your approach to this problem.

The very next patient is 4-year-old Kylie Southgate, accompanied by her mother Elaine, aged 22. Elaine says "I'm worried about Kylie. She is such a picky eater and doesn't eat enough to keep a sparrow alive."

2. Describe how and why your response to this presentation might be affected by the previous consultation with Debbie Tombleson and Craig.

Your practice nurse has tested the urine of 68-year-old Mrs. Helen Gates, who thought she had cystitis. The only abnormality is marked glycosuria, and a spot test of capillary blood glucose has shown a level of 12mmol/litre. At the nurse's request you see Mrs. Gates between two of your booked appointments.

3. What are your priority aims for this consultation with Mrs. Gates?

Stephen Biddell, aged 19, consults you in some distress. The previous day the car he was driving was involved in a road accident. He escaped with cuts and bruises but his passenger, a close friend, was killed.

4. How can you help Stephen.

Your morning's post includes a letter from a consultant physician about a patient of yours, 76-year-old Mr. Arthur Davies, who is anaemic due to chronic renal failure. The consultant recommends treating him with erythropoietin and asks you to prescribe this drug for Mr. Davies.

5. Describe the factors which will influence your response.

During evening surgery you are consulted by Mr. Windsor Keating, a bus driver in his early thirties who suffers from recurrent infections in a pilonidal sinus. For nine

months he has been on a National Health Service waiting list for surgical treatment. Today he asks you whether you would advise him to "go private" even though he does not carry private health insurance.

6. What issues are raised by Mr. Keating's enquiry?

A regular patient of yours, 26-year-old Simon Street, brings his fiancée Ilse, aged 24, to consult you. She has come to stay with him from Germany where she has been treated for low blood pressure. She asks you to prescribe more of her tablets, but does not know the name of them. Today her blood pressure is 100/55.

7. How would you respond?

Mark Rhodes is a 21-year-old medical student. He and some friends (who are not medical students) are going on a four-week expedition to Thailand in two months time. He asks for your advice.

8. What topics will you want to discuss with him?

During the day the practice's secretary enthusiastically suggests that the practice should invest in a Fax machine.

9. How should any decision on this matter be taken?

Your practice operates a shared rota for out-of hours calls with another nearby practice. You are on call. At 9.30pm you are telephoned by Mr. Patrick Patterson, a patient of the other practice, regarding his eight-year-old asthmatic son Oliver, who has been wheezing for an hour.

10. Explain what dilemmas confront you?

<b>MEQ</b>
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**OCTOBER 1991**

You are one of four partners in a city practice with a total list of 8,600 patients. One health visitor and one district nurse are attached to the practice. It is a weekday morning.

Mrs. Mollie May, aged 60, has received a routine invitation to attend for mammography as part of the national screening programme. She comes to you and

says "I don't understand all this. You've always done all right for me doctor - tell me what to do."

1. What factors do you take into account when replying?

Ralph Biggs, a fork-lift truck driver aged 41, complains of persistent pain in the neck. He attributes this to the effects of an accident at work six months ago when his truck collided with a pile of stacked timber. He is pursuing an action for negligence against his employers. He has no abnormal physical signs and X-rays of his cervical spine have been normal.

2. How could you help him?

Paul Littlejohn, aged 9, has been placed in the care of foster parents, Angela and Donald Mumford (who are patients of yours). Recently Paul's brother Mark, aged 13 and also placed with the same foster parents, died during an attack of asthma. Today Mrs. Mumford brings Paul for the required annual examination.

3. What opportunities exist during this consultation?

Desmond Buck, aged 63, is terminally ill with carcinoma of the bronchus and bony secondaries in the spine. He has expressed a wish to stay at home, where his wife looks after him and the district nurse visits daily. Today you pay your regular weekly visit and find him to be distressed and in pain despite taking MST Continus (sustained-released morphine sulphate) 200mg every 12 hours.

4. What further help can you offer?

Mr. Cedric Clarke, aged 78, lives with his unmarried daughter and suffers from generalised osteoarthritis. You visit him for his annual health check and find that his mental health check suggests he is moderately demented. Testing a sample of urine with a reagent strip reveals the presence of haematuria.

5. What factors do you take into account when planning the management of his haematuria?

Your health visitor is worried that Shirley Watson, an 18-year-old single mother, is uninterested in her two-month-old baby, John, and has arranged for Shirley to see you. John is poorly cared for and is often left with a neighbour while Shirley goes out in the evenings.

6. How can you make the consultation with Shirley effective?

7. Speculate, giving your reasons, on what John Watson's medical records might contain by the time he is ten years old.

The latest returns for the practice's child immunisation target figures are as follows:-

Total number of children aged 24-306 months	110
Number fully immunised against dip., tet. & polio	96 (87.3%)
Number fully immunised against dip., pert., tet. & polio	69 (62.7%)
Number immunised against measles, mumps & rubella	90 (81.8%)

8. What are the implications of these figures and how might you go about improving them?

In the past your practice has arranged a rota of all partners to provide out-of-hours cover. At a partnership meeting one of your partners asks to use a deputising service.

9. What issues does this raise?

Your correspondence in-tray contains a mounting number of leaflets and brochures advertising meetings and courses approved for the Postgraduate Education Allowance.

10. How do you decide which, if any, to attend?

**CRQ**

**OCTOBER 1993**

Patients with suspected myocardial infarction: effect of mode of referral on admission time to a coronary care unit. (RAS Ahmad, S Bond, J Burke, et al. BJGP (1992) 42, 145-147)

1A. What are the strengths and weaknesses of the methodology used in this study?

1B. To what extent are the authors justified in stating that the method of referral has had a substantial influence on delay in admission?

1C. In the light of this paper comment on the options for reducing the treatment interval for patients with suspected myocardial infarction

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2A. "Unemployment makes you ill". Evaluate the evidence to support this statement.

2B. To what extent does cervical screening satisfy the criteria for effectiveness?

2C. Write short notes on the evidence for the risks and benefits of HRT (hormone replacement therapy) in the prevention and treatment of osteoporosis in women.

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Dear Dr. Hart,

Thank you for sending Mrs. Bingley to see me for a second consultant opinion and I agree that she probably has uterine adenomyosis and would therefore benefit from a hysterectomy.

Before carrying out this operation I feel it is necessary to define that the cause of the problem is in fact adenomyosis. Buseralin is an LH/RH analogue and has been used extensively to down regulate the normal menstrual cycle, in that it suppresses any ovarian and secondary endometrial response. Therefore, a short course of Buseralin should bring Mrs. Bingley's cycle back to normal.

The hospital prescribing policy prevents me from providing this drug because of budget implications (current cost £81 per month).

The main possible side effects are that:

1. Some patients find the nasal spray rather irritant.
2. It is best avoided in patients prone to depression.
3. There is a theoretical risk of osteoporosis and this is currently being researched at several hospitals using bone scans.

If you are willing to prescribe Buseralin for your patient then the diagnosis can be established and I shall place her name on the waiting list for hysterectomy. If, however, you feel unable to cooperate in this matter there is nothing more I can do and I shall discharge her back to your care.

Yours sincerely

Mr Edwards  
Consultant Obstetrician & Gynaecologist

3A. You receive this letter from a local consultant. What issues does it raise?

Dear Partner,

After much thought I have decided to stand for a place on the negotiating team of the General Medical Services Committee. If I were to be elected this would have major implications for the practice and I feel that at this stage I should ask your permission to go ahead. I have received a number of requests from members of the Committee to stand and believe there is a real body of support for me.

The time commitment of the post would be a minimum of two full days a week (Wednesday - Thursday) with something like three or four weekends a year. I would expect to serve for a minimum of three years. In return I would be paid £130.00 per day worked.

I would be grateful if you would let me stand as a negotiator, and let me have your decision before the next GMSC meeting in three weeks time.

With Kind Regards

Yours sincerely

Ben Perks

3B. You receive this letter from your partner. Discuss the issues raised.

<b>CRQ</b>
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## OCTOBER 1992

Diagnostic and therapeutic efficacy of barium meal examination in general practice. (BG Conroy, AM McLean, MJG Farthing, BMJ [1989] 229, 1443-1445).

1A. Comment on the recruitment of patients for this study.

1B. List the conclusions drawn by the authors. To what extent is each justified by their results?

1C. This paper raises some important points concerning the use of radiology services by general practitioners. Comment briefly on the issues involved.

2A. Summarise current thinking on the use of drugs in the management of chronic asthma.

2B. Summarise current thinking on the management of a patient following recovery from an uncomplicated myocardial infarction.

2C. Discuss evidence concerning treatment of high blood pressure in patients over 60 years of age.

The figures in the table below are taken from the prescribing data for a semi-rural group practice (not dispensing) of seven partners and two trainees.

Practice items and total cost by major therapeutic group for the quarter ended April 1992			
	No. of items	Average cost per item	Total Cost
CVS	-19%	+11.9%	-9%
GI system	-1%	-5%	-6%
RS	+10%	+4%	+15%
MS system	-9%	-0.7%	-10%
CNS	+3%	-3.7%	-1%
Infections	+53%	-2.8%	+49%
Percentage variation from local average			(+) above (-) below

3A. What factors might account for this prescribing pattern?



You receive a solicitor's letter (reproduced below) about your patient. Your records include a report from the A&E department and your own consultation records.

**Solicitor's letter:**

Crochet, Quaver & Quirk  
Solicitors, 12 High Street, Inglethorpe  
13/10/92

Dear Doctor,

Re: Mr. James Brown (aged 34 years), 28 George Street, Inglethorpe.

This client is pursuing an insurance claim for personal injuries sustained in a road traffic accident on 21 May 1992. His neck was damaged when the car he was driving was struck from behind while stationary at a pedestrian crossing.

He attended Inglethorpe Casualty on the same day and has consulted you on a number of occasions since.

We would be grateful if you would furnish a medical report on his injuries, progress and prognosis.

**Hospital Letter:**

Accident & Emergency Department  
21/5/92

Dear Doctor

Re: Mr. James Brown, 28 George Street, Inglethorpe.

Your patient attended today for:- RTA. Painful neck. ?whiplash. X Ray cervical spine normal.

Soft collar. Co-proxamol.

He is for your further care.

**Your General Practice Records:**

22/5/92	RTA yesterday. Rear ender whilst stationary. Says "whiplash". Pain in neck and right arm. Wearing collar. Neck movements all restricted by spasm. Arm normal. Continue collar and co-proxamol. Med 3, 1 week. R 1 week.
29/5/92	Some improvement. Med 3, 1 week.
5/6/92	Wants to go back to work, can't afford to stay off (self-employed plumber). Still some pain. Closed Med 3 8/6/92.
1/7/92	Bronchitis - Amoxil. Says neck still painful but can't stop working.

3B. List the problems facing you and then write a report as requested by the solicitor.

**CRQ**

**MAY 1992**

Dipstick haematuria and bladder cancer in men over 60: results of a community study.  
(J Philip Britton, Anthony C. Dowell, Peter Whelan, BMJ, 1989, 299, 1010-1012.)

1A. Comment on the strengths and weaknesses of the design of this study.

1B. Discuss the results.

1C. What factors would you consider before introducing the screening test into your practice?

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2A. Outline current thinking on first-line drug treatment for mild-to-moderate hypertension.

2B. Outline and evaluate recent evidence supporting longer consultations in general practice.

2C. Discuss the evidence concerning the role of antibiotics in treating otitis media in children.

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3A. Diabetic Protocol.

The following is the practice's protocol for diabetic care:

Annual visits to include:	Weighing Blood pressure Inspection of feet Visual acuity Measurement of glycosylated haemoglobin
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How might you improve on this protocol?

## CRQ

OCTOBER 1991

1A. What questions did the authors ask? What answers did they report?

Reference: The inflammatory cervical smear: a study in general practice. BA Kelly, AS Black. BJGP 1990; 40: 238-240

1B. Critically assess the methods of the study.

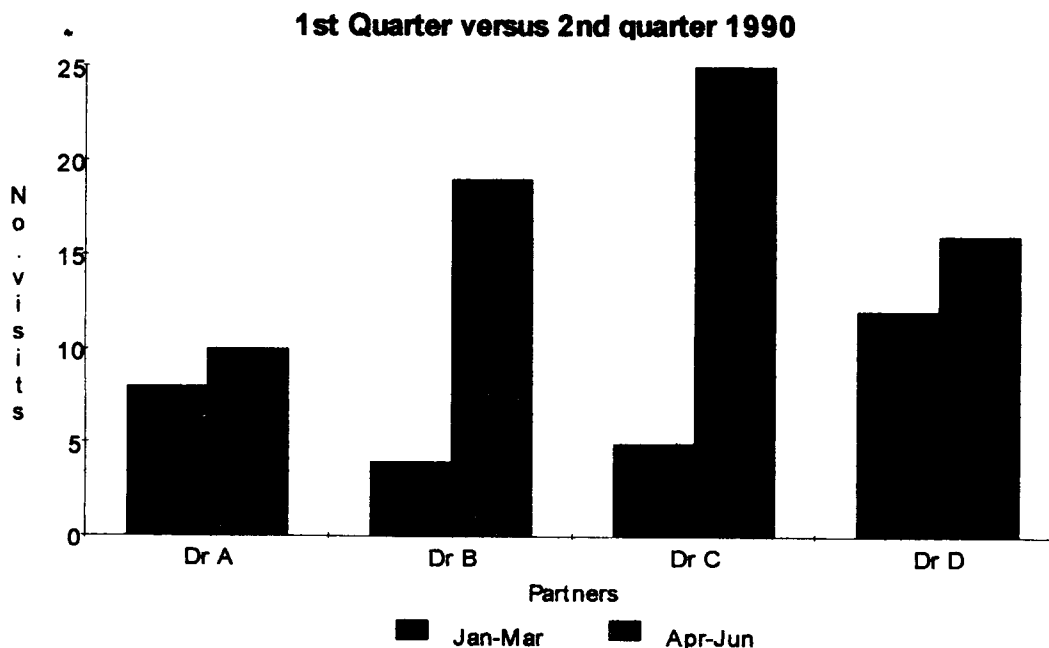
1C. The authors suggest that "all women whose smears are reported as *severely inflamed* should be treated with metronidazole and anti-fungal pessaries. Comment on the authors' evidence for this statement. What are the implications for general practice?

2A. How might you reduce the prescribing of benzodiazepines? Justify your answer with reference to your reading.

2B. Comment on the health problems of the inner-city homeless with reference to the appropriate literature.

2C. Is cholesterol screening worthwhile? Summarize the current thinking with reference to the literature.

3A. What conclusions may be drawn from this audit of night visits done by a partnership of four doctors?



### 3B. Diabetic Audit.

The following are the results of a diabetic audit in your practice:

**Method.** Computer search used to identify all patients diagnosed as diabetics. Key features are recorded from clinical records. Bracketed features relate to the previous year.

<b>Results.</b>	<b>1991</b>	<b>1990</b>
<i>Total list size</i>	6002	(6028)
<i>Diabetics:</i>		
Insulin dependent	11	(9)
Non-insulin dependent	49	(40)

<i>Where treated:</i>	<b>Practice Clinic</b>		<b>Hospital Clinic</b>	
	<b>1991</b>	<b>1990</b>	<b>1991</b>	<b>1990</b>
<b>Total:</b>	50 83%	(35) (71%)	10 17%	(14) (29%)

*Records of examinations done in past year:*

	<b>Practice Clinic</b>				<b>Hospital Clinic</b>			
Weight recorded	50	100%	(35)	(100%)	10	100%	(14)	(100%)
BP recorded	48	96%	(34)	(97%)	8	80%	(12)	(86%)
Feet inspected	50	100%	(35)	(100%)	0	0%	(0)	(0%)
Visual acuity	48	96%	(34)	(97%)	10	100%	(14)	(100%)
Fundoscopy	30	60%	(20)	(57%)	10	100%	(14)	(100%)

*Quality of control as measured by glycosylated haemoglobin:*

	<b>Practice Clinic</b>				<b>Hospital Clinic</b>			
Satisfactory*	20	50%	(14)	(40%)	7	70%	(8)	(57%)
Mediocre*	15	30%	(14)	(40%)	2	20%	(4)	(29%)
Inadequate*	10	20%	(7)	(20%)	1	10%	(2)	(14%)

\* As defined by your local laboratory

What conclusions can be drawn from this audit?

3B. These are immunisation figures from a practice of four full-time principals who operate a personal list system. Calculate the overall percentage uptake of immunisation for children aged 2-3 years, and comment on the significance for NHS target payments. Comment on the immunisation rates achieved by Dr B and Dr C.

Doctor	A	B	C	D
Children aged 2-3 years	16	26	34	24
Complete course of:				
Tetanus / Polio / Diphtheria	16	25	33	22
Pertussis	14	13	32	21
Mumps / Measles / Rubella (MMR)	16	24	32	22

**MAY 1991**

1A. Write a concise summary of the presented paper by Jacobs and Pringle as you might for a journal abstract.

Reference: Referral letters and replies from orthopaedic departments: opportunities missed. LGH Jacobs, MA Pringle. *BMJ* 1990; 301: 470-3

1B. Comment on the assessment of the information content of referral letters in this study.

1C. If this study had taken place in your area, what actions might you wish to take to improve the referral process of the orthopaedic department?

2A. Evaluate the evidence concerning surveillance of the elderly in general practice.

2B. What available evidence might influence your management of acute myocardial infarction in general practice?

2C. List the arguments for and against mammographic screening for breast cancer as currently recommended.

3A. You are presented with this draft practice protocol (see below). What are the good points about it and why?

3B. List recommendations for improving the protocol, giving your reasons.

#### ACUTE ASTHMA PROTOCOL

1. Word Asthma is to be written on top of notes.
2. Indexed in disease register.
3. Receptionists to regard asthma as medical emergency.
4. Treat energetically in the chronic phase with fenoterol (Berotec).
5. Encourage patients always to have medication in reserve - Rx cards.
6. Encourage use of O<sub>2</sub> before using nebuliser if asthma severe.
7. Allow practice sister to use nebuliser before seen by the doctor. Most have pre and post PFRs, oxygenate if necessary and appropriate doctor notified.
8. Nebuliser not to be used more than four hourly by parents and not longer than 24 hours without review by doctor.
9. If little or no response with nebuliser and asthma severe - admission to hospital.
10. If in doubt, use crash course of steroids early.
11. Practice sister to give leaflet re asthma and nebulisers.
12. NB. Beware (1) cardiac asthma, (2) beta-blocker / aspirin induced wheeze.
13. One nebuliser must stay on surgery premises.