



WORKED EXAMPLE: Orals

EXAMPLE 1

What would you do in the situation of an unreasonable out of hours call from a mother requesting a visit for her five year old son who has a sore throat?

Wrong answer: "this is the college examination and I must give the gold answer that I would visit without hesitation in case he had meningitis"

Correct response: would look at the available options and weigh up the pros and cons of each before justifying the decision. So for example in this visit

- Why is she asking for the visit?
- What are your local on call arrangements?
- How well do you know her?
- How experienced are you as a GP? Any advice from anyone else?
- Etcetera

EXAMPLE 2

Putting it all into context

(Adapted from Pulse 2000 Melanie Wynne-Jones)

"Your partner breath tested positive in hospital following an RTA while on-call. What issues does this raise?"

You should start off broadly and think as laterally as possible. Try and form a structural framework on which you can hang things:

E.g. "Well, this would have issues for patients, me, other colleagues and society in general. For instance, for patients one would have to check that the partner was providing safe care and correcting any lapses found. It might result in the doctor having to take sick leave and one would have to explain that to patients in a suitable way. The partner's case load would have to be managed and maintaining the practice services in the partner's absence (which could be prolonged or indefinite) could prove a difficult task. Then there are issues for me...."

Because the question is initially posed in a broad manner, you could go on and on for ever! Expect the examiner to interrupt you. They'll want you to start off like this so that they get a feel for your thinking processes and ability to think laterally. The examiners need to test your performance in several areas and that is why they cannot allow you to simply "roll on". When they interrupt you, they will do so either to

- a) seek clarification of what you have said
- b) seek an example of what you have just said
- c) alter the scenario/provide more information to push you OR
- d) navigate you to a particular area they want you to talk about.

So, in this example, they could navigate you to any one (or more) of the following 12 areas:

(see next page)

	Communication	Professional Values	Personal and Professional Growth
Care of Patients	<p>Explaining Dr X will be on sick leave</p> <p>Practical follow-up</p> <p>Arrangements for Dr X's caseload</p> <p>Maintaining practice services in Dr X's indefinite and possibly prolonged absence</p>	<p>Checking Dr X has been providing safe care to his patients</p> <p>Correcting lapses in care</p> <p>Conflict between duty to patient and support for colleague</p> <p>Informing individual patients of any problems uncovered and reassurance that they will be resolved</p>	<p>Review practice care and record keeping- are they robust enough to identify and correct a similar problem in the future?</p> <p>Review practice behaviour – can changes be made which support staff and doctors without compromising patient care?</p>
Personal Responsibility	<p>Awareness of, and willingness to discuss, signs of stress or distress in self, colleagues and staff</p>	<p>Implications of "shopping" a sick colleague</p> <p>Awareness of own health and stress levels; duty to act</p> <p>Practice policy for monitoring use of controlled and other drugs</p>	<p>Stress management strategies</p> <p>Mentoring</p> <p>Sabbaticals</p>
Working with colleagues	<p>Will Dr extra return to work and when?</p> <p>What to say to staff, other team members about Dr X.</p> <p>Relationship when Dr X returns</p> <p>Strategy for maintaining services</p> <p>Liaising with PCG/ Health Authority</p> <p>LMC Confidential advice</p>	<p>Who is Dr X's GP? Issues relating to being a patient in one's own practice</p> <p>Dr X is right to confidentiality as a patient</p> <p>Attitudes to sick doctors</p> <p>Partnership agreement</p> <p>Continuation of partnership</p>	<p>Teambuilding and adequate training to prevent stress</p> <p>Health and safety policies – workloads, support structures etc</p> <p>Managing change – effects on those involved</p>
Society	<p>Dr X's reputation</p> <p>The practice's reputation</p> <p>Handling the media</p>	<p>Drink and driving</p> <p>Whistle blowing</p> <p>GMC - Duties of a Dr</p> <p>Sick doctors schemes/help lines</p> <p>Medical defence societies</p> <p>Legal redress for patients</p>	<p>Selection and training of doctors</p> <p>Occupational health service for GPs</p> <p>Dope testing for GPs</p> <p>Redefining the GP job description to reduce stress</p>

It could be argued that in real life, any of the three competencies might be needed in any one of the four contexts. However the way the question is phrase should indicate the main area under scrutiny.