Getting a life

Surviving the FRACGP and staying sane

BACKGROUND The Royal Australian College of General Practitioners Fellowship (FRACGP) examination remains the sole point of entry to Fellowship of the RACGP for registrars in the Australian General Practice Training Program. It is also used by 'practice eligible route' candidates. It may have been some time since candidates studied for any exam, and the prospect is often daunting. Like any examination, the FRACGP has its own attendant myths and legends on what you must do to pass.

OBJECTIVE This article recounts the study habits of a group of three general practice registrars who sat the FRACGP examination at the end of 2003. It attempts to give a light hearted account of their study techniques in the hope of dispelling some of the fear and mystery surrounding the exam.

DISCUSSION Despite the seemingly casual approach described below, all the authors passed without suffering grievous psychological injury, and most of their patients seem to have survived as well.

General practice registrars are, at heart, ex-medical students. Thus, when faced with an impending exam, we are experts at ferreting out exam 'tips', the more horrific and nightmare provoking the better. How else to feed the midnight panic attacks, stoke the paranoid feelings that we really know next to nothing, and generally make the prospect of even starting to study seem like a pointless torture?

Consequently, this article attempts to give a recent perspective on studying for The Royal Australian College of General Practitioners Fellowship (FRACGP) exam; in a group with Zen-like serenity, using calmly rational (almost evidence based) study techniques, while remaining generally sane and barely breaking into a sweat (almost!)

Why be in a study group?

With 3 months to go before the exam, none of us were doing anything on our own so we collectively decided we had better do something – and the best way to achieve that was to form a group. We very quickly discovered that you are much more likely to actually do something if you have to face other people who expect you to enlighten them on such things as holistic management of ingrown toenails, recent advances on wrestling holds – useful when attempting to examine a screaming child's ears – and whether anyone really knows when you should order a prostate specific antigen test.

We studied in a group of just three. Being with the same training provider we were already acquainted and thought we could work together constructively – we all felt we would work best in a small group. This is not to say that large groups are not advisable; we all knew people who enjoyed larger groups, we also knew of groups that had suffered from personality clashes. Consequently we did find it necessary to diplomatically say 'no thanks' a few times to potential extra members. Our advice would be to consider carefully how, and with whom, you want to study before committing.

How to study

Motivation (or lack of it) was the initiating factor that got us together, and the difference was immediate. We set ourselves a moderately ambitious regimen, meeting for 3 hours twice a week. This gave some much needed structure to our study week.

Getting started had been a major hurdle. General practice includes virtually every medical problem known, so attempting to formally study it can feel overwhelming. We each decided to summarise chapters of Harrison's[1] every night, cross reference what we found

S Mark Stewart, BMed (Hons), is a conjoint academic, Discipline of General Practice, School of Medical Practice and Population Health, University of Newcastle, and a general practice registrar, Port Macquarie, New South Wales.

Katerina Jancevski, BMed, FRACGP, is a registrar in sexual health, Canberra Sexual Health Centre, The Canberra Hospital, Canberra.

Timothy P Cocks, BMed, DipRANZCOG, FRACGP, is a general practitioner, Newcastle, New South Wales.

on Medline, and come up with suggestions for the next Cochrane review. Once that brief episode of psychosis settled (amazing what the stress of having to sit an exam for the first time since medical school can do) we devised a more viable plan of attack based on clinical presentations. Time being limited we needed to keep the list of problems we could look at to the most relevant. The RACGP's 'Common medical conditions' booklet was helpful, but we also shamelessly raided previous groups' lists and, most importantly, tried to pick problems we were seeing frequently in our clinical work, or problems we had no idea about but thought we should (not mutually exclusive categories!).

Our aim was to make our study into not simply preparation for a one-off, highly artificial event, but something that would actually be useful in our day-to-day clinical work.

For each meeting we planned to research several of the problems on the list, prepare a written summary and present it to the group. The summaries had to be 'work friendly'; a resource that could be referred to quickly and easily. Each summary was referenced and we traded paper and electronic copies by email and, eventually, CD.

Once we starting meeting we found ourselves spontaneously 'debriefing' from the previous few days work. This was probably as useful as anything else we did, as we actually ended up giving brief presentations on tough or unusual cases we had seen, then pooling our knowledge and experience on that particular topic. This collective approach to any problem was one of the greatest benefits of group study, as we each had different interests and experience to contribute. And venting the week's frustrations also helped our sanity!

As the exam neared we started to look more closely at exam technique. Using the clinical pictures from various general practice journals to 'grill' each other was a good start (and a nice option for those evenings where no one had written their summaries and we were feeling a touch brain dead). Past papers are always popular for paranoid exam candidates and there are always some floating around (we did not find the 1983 exam particularly helpful).

The practice papers the RACGP provides when you register were useful to get a feel for some of the peculiarities of the FRACGP exam. We spent some time talking about exam techniques, and pooling our recollections of the invaluable Pre-Exam Workshop the RACGP runs, especially recollecting that this was not one of those other specialist exams with a statistical cut off, regardless of how good you are, but a standards based exam.

Resources

The resources we used were those e[illegible]s on their shelf already; Murtagh[2] (aka *Australian Family Physician*, *check*, *Medici[illegible] Current Therapeutics*, Australian Prescriber and [illegible] out sections of Australian Doctor and Medical Observ[illegible] Our approach meant there was no need to sit down and read the past 5 years of our five favourite publications – a daunting and potentially brain numbing activity – but to use our energies in a selective, focussed manner, going through the available resources, finding those relevant to the clinical problem and then synthesising them into a succinct, useful summary. We also used various guidelines (such as the National Heart Foundation's 'Guidelines for hypertension') extensively. Most of these are available online, as are other useful resources such as the New South Wales Health Department's CIAP program (if you can wangle yourself a password!) The RACGP and local training providers also have a large range of resources available ranging from videos to CD-ROMS (the *check* up 2 program was particularly useful when studying solo, the structure of the questions appearing to reflect that of the exam itself).

It pays to be judicious in what resources you choose to use. There is a huge amount available and, again, it would be easy to drown in it all. Seeking out registrars who have recently sat the exam and finding out what they found useful is a good idea (although if someone starts telling you they had subscriptions to the *Lancet*, *New England Journal of Medicine*, did every *check* program for the past 15 years, and still only just got through, you might want a second opinion).

The clinical

First and foremost, go to the Pre-Exam Workshop run by the RACGP. This is where you find out the ground rules of the exam from the people who write and mark it. Then you can comfortably ignore the various myths – all designed to terrify – which are inevitably floating around the registrar cohort.

To us, the main focus seemed to be on safe practice, and having a solid grasp of the 'bread-and-butter' stuff of general practice, rather than knowing the minutiae of treating phaeochromocytomas.

Study group really came into its own for the clinical. We put each other through case after case after case. We prepared cases on the basis of content of previous exams, what we thought was important to know, and what we were seeing each week in our

clinical work. Practising the timing and getting the hang of not having to do absolutely everything you would normally do in a consultation were vital. We were also lucky enough to have an inspired registrar liaison officer with our training provider who organised a series of extra workshops with current and past examiners.

Finally we started using our daily clinical work as practise as well, and were all surprised at how the quality of our work improved with it.

After the exam

Once it was all over – and we had all passed – we found that we missed the routine of our little group, and we certainly missed the benefits it brought to our clinical work. As it is, we have all our summaries on CD and use them frequently, but we still miss the opportunity to have the occasional 'dummy-spit' about some irritating case or another.

Having passed the exam, it was remarkable how much more confident we felt in our daily practice. It was a drag at the time, but the discipline of filling in the holes in our medical knowledge made it a worthwhile achievement.

Staying sane

First and foremost: keep it in perspective. Remember that most people do pass the exam without it consuming their whole life. Part-time work was important for all of us. It is easy to organise in general practice, and meant that we still had time to pursue other interests, which in turn helped to keep some equilibrium and stopped the exam taking over. And of course, it is vital to maintain your personal relationships, do some exercise, make sure there is someone you can talk to when it all feels a bit too much, and all those other things we are so good at telling our patients to do and so woeful at doing ourselves!

Most importantly, keep it fun and don't take it all too seriously. While we'd never recommend flippancy, all those other specialties take themselves more than seriously enough for all of us!

Conflict of interest: none.

References

1. Braunwald E, Fauci A, Kasper D, Hauser S, Longo D, Jameson J. Harrison's principles of internal medicine. North Ryde: McGraw-Hill, 2001.
2. Murtagh J. General Practice. 3rd edn. North Ryde: McGraw-Hill, 2003.

Email: mark.stewart@intermode.on.net AFP