



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

**OSPHE 001**

**A single-handed primary care medical practitioner**

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# **CANDIDATE PACK**

## **Candidate task**

As a member of the Public Health team, you have been asked by the Director of Public Health to make a short presentation to the GP and then have a short discussion with them.

## **Outline of situation**

As a member of the public health team the Director of Public Health has asked you to have a meeting with a newly appointed GP (Primary Care General Medical Practitioner) for a very deprived urban UK practice population. A table of health indicators for the practice prepared by the Department information analyst is shown in Appendix 1. You have already phoned the GP's receptionist who has spoken to the GP. She tells you that the GP has agreed to meet you for a very short meeting and would like you to start off for up to four minutes presenting any known key health issues about the practice and suggesting possible ways forward to improve the health of the practice population. The GP would then like to have a discussion with you following your presentation.

You know from experience of such meetings that the meeting is likely to be very short and you will therefore need to get over key points succinctly to the GP and ensure that in the longer term any appropriate help and support from the local public health team is available.

## **Materials**

Flipcharts are provided and marker pens (which should not be removed from the room). You can use a flipchart or charts to take with you to assist in your presentation to the GP if you wish.

## **At the station**

There will be a Marker Examiner who will greet you and then hand over to a Role Player Examiner who will play the role of the newly appointed GP.

You will have been provided with a candidate briefing pack with the full set of 6 questions. Each question will be clearly marked. You should take this pack with you to all stations, preparation and examination rooms. You may make notes on it. You will be asked to return the full set as you leave the examination suite at the end of the exam. There will also be paper in the preparation room for you to make notes on. You can take these notes and any flip charts with you into the examination room but you should leave them there at the end of the station.

Appendix 1

## KEY INDICATORS FOR THIS GENERAL PRACTICE

SMR overall	130
SMR (under 25s)	140
SMR (over 65s)	120
Percentage unemployed (Regional average is 10%)	30%

No vaccination rate targets have been achieved (childhood immunisation rates average 55% for this practice)

Average age of practice (Regional average is 37)	28
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Cervical screening rates (average over past 5 yrs) (Regional average is 70%)	30%
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Breast cancer screening rates (average over past 5 yrs) (Regional average is 70%)	28%
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Prevalence of smoking (unknown)  
(Regional average 23 %)

The practice has a full-time receptionist/record keeper.  
The average GP in the Region also has 1.5 wte Primary Care staff (wte = whole time equivalent).

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**MAIN MARKER  
EXAMINER PACK**

## **INFORMATION FROM THE CANDIDATE PACK**

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## INFORMATION FOR THE MARKER EXAMINER

### Examiner situation

The Marker Examiner should first greet the candidates when they enter the room and check that all their details are correct. The Marker Examiner should then say

**“I would like to introduce you to Dr Toogood who has just started in this practice last week”.**

The Role Player (Dr Toogood) should say “Thank you for looking at some of my practice data. Can you give me a quick overview of my practice population’s health and any ideas on how I can improve it”.

The candidate then has up to 4 minutes to deliver their presentation.



## Marking Guide for Examiners

**Key A=Excellent, B=Good, C=Adequate, D=Fail, E=Severe Fail**

1. Has the candidate appropriately demonstrated presenting skills in a typical public health setting (presenting to a person or audience)?

Avoid jargon. Is clear & succinct. Appropriate language for the audience. Maintains eye contact  
Appropriate manner for the situation. Shows empathy. Delivers presentation within 4 minutes.

2. Has the candidate appropriately demonstrated listening skills in a typical public health setting (listening and responding appropriately)?

Ensure actor/role play questions are answered appropriately. Answers totality of the question  
Manner of response appropriate. Shows they appreciate the pressure the GP is under and why issues have not been addressed previously (previous GP ill) & data such as smoking prevalence not collected.

3. Has the candidate demonstrated ascertainment of key public health facts from the material provided and used it appropriately?

The candidate should clearly show key indicators about this practice eg it is a relatively young & very deprived population & indicators suggest it may previously have given a poor service.

4. Has the candidate given a balanced view and/or explained appropriately key public health concepts in a public health setting?

As all indicators are not good, they are unlikely to be a chance finding. Some indication that health is particularly poor in younger age groups. Candidate uses available demographic information (eg high young population proportion) to suggest early wins ( eg childhood vaccinations) The candidate might suggest using other Primary Care staff and/or other community resources or health promotion input (may ask the public health advisor for help).

5. Has the candidate demonstrated sensitivity in handling uncertainty, the unexpected, conflict and/or responding to challenging questions?

Appropriately handles the time pressure issues but nevertheless leaves some suggestions to help improve this population's health ie there is a conflict between shortage of time and achieving something tangible. The candidate should not leave the meeting without any follow-on arranged and how the public health team would remain engaged. eg link them up with other GPs and the candidate might indicate the DPH could access resources which they might be able to make available to help this new GP.

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# **ROLE PLAYER EXAMINER BRIEFING PACK**

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### Materials

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## Role Play Brief

The candidate has been told that they are a member of a Local Public Health team meeting with a newly appointed GP (medical practitioner) who has taken on a single-handed practice in a very deprived urban area in the UK. They have been given a briefing pack showing adverse health indicators and you, who are role playing the newly appointed GP, have agreed to have a short meeting with them so that they can present the key health issues of your practice population to you, and also then to discuss how you might take things forward. The previous GP had had a long period of ill-health before taking recently early retirement, so many issues in the practice had not been attended to. The candidate has not been told this and so you should mention it in the discussion. On this day things are rather rushed in that shortly your clinic is about to start and you can see that the waiting room is already full of patients. There is therefore a conflict between achieving something tangible and shortage of time.

You should play the role as a keen new GP who has chosen to take on this challenge as you want to make a difference for a deprived population (you recently had the offer of a post in a high earning lucrative practice serving an affluent population which you had decided not to accept). However you are now beginning to be a little daunted by the task you have taken on. You are hoping to have some quick early advice on what issues you could give some priority to initially and that this meeting, although short, is left with appropriate follow-up arranged and an indication that the local public health team will provide you with help and support. You should at times indicate that you are under time pressure. You should certainly show some minor agitation if the candidate is being long-winded and there is a danger of no way forward being agreed by the end of the meeting.

There are not any "no go" areas in this question.

### How the session will start

The marker examiner will greet the candidate and check their details. They will then say "I would like to introduce you to Dr Toogood who has just started in this practice last week".

You (Dr Toogood) should say **"Thank you for looking at some of my practice data. Can you give me a quick overview of my practice population's health and any ideas on how I can improve it"**.

The candidate then has up to 4 minutes to deliver their presentation.

After this you will have a short discussion with the candidates to include the following :-

After four minutes (if the candidate has not already stopped talking), interrupt by saying **"thank you very much for a very interesting presentation, what would you recommend as the first priority which I should address"?**

Wait for a response and if one is not forthcoming say **"How about improving vaccinating rates to reduce my future workload?"** At this point leave a silence and wait for the candidate to respond. If the candidate has not given you a clear outline of a way forward, say

**“Can you give me any options that we can think about to plan a way forward for this practice ?”.**

At some point for all candidates (if it is not offered anyway) you should ask the question **“What help can the local public health team give me?”**

In view of the time pressure you are under you should give the impression that you would certainly be willing to meet the public health team member again, preferably when there is more time to discuss things further.