



How To Pass the RACP Written and Clinical Exams

The Insider's Guide

Second Edition

Edited by
Zoë Raos
Cheryl Johnson

WILEY Blackwell

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The second edition is dedicated to Hector, Juno and Caleb.

Contents

Preface	<i>xv</i>
About the Authors	<i>xvii</i>
Acknowledgements	<i>xix</i>
Illustrations	<i>xxi</i>
General Disclaimer	<i>xxiii</i>

Section 1 The Written Exam 1

- 1 Introduction to the Written Exam 3**
 - Why Does The RACP Have a Written Exam? 4
 - When is the Best Time to Sit? 5
 - How Long Does It Take to Prepare for the Written Exam? 5
 - Am I Ready to Sit This Exam? 5
 - Decision Made. Sitting the Written 6
- 2 Preparation 11**
 - One Year Out – What to Do Before You Even Start Studying 11
- 3 How to Start Studying for the Written Exam 15**
 - How to Manage Your Time 15
 - Dealing with Stress 20
 - Advice from Registrars on Studying and Keeping Sane(ish) 21
 - Evidence-Based Study – Break It Down! 24
 - Getting Down to Work – How to Start Studying 25
- 4 Topics That Need to Be Covered for the Written Exam 29**
 - What is My Goal? Why Am I Putting Myself Through This? 29
 - How to Think Like An Examiner for the Written Exam 30

- Organising Your Study Time – A Plan of Attack 30
- The FRACP Curriculum 31
- Topics to Cover 31
 - Money for Jam 32
 - Immunology – Special Mention 33
 - Visual Material in the Exam 34
- 5 Study Group 35**
 - General Principles That Make Study Groups Effective 35
 - What Do You Do at Study Group? 36
- 6 Now We Know How to Study, What Stuff Do We Study From? 39**
 - Wallpapering Your Mind 39
 - Comprehensive List of Resources for Wallpapering Your Mind 40
 - Lecture-Based Resources 40
 - MCQ-Based Resources 42
 - Textbooks and Online Resources 44
 - Other Useful Textbooks and Resources 46
 - Technological Advances to Help With Your Study 48
 - Journals: A Suggested Approach 49
 - Useful Websites 50
- 7 Old FRACP Exam Questions 53**
 - Without Us, or You, Breaking the Rules, How Can the Modern Candidate Cope Without FRACP Past and Remembered Papers? 54
 - What is the Point of Doing Old FRACP and Course Questions? 54
- 8 Two-Week Revision Courses 57**
 - Dunedin FRACP Written Examination Revision Course 58
 - FRACP Written Exam Prep Course – Melbourne 59
 - Royal Prince Alfred BPT Exam Revision Course – Sydney 59
 - Short Courses Worthy of Consideration 60
- 9 Putting It All Together – The Final Three Months 63**
 - Practicalities of Getting to the Exam 63
 - What to Study 63
 - Keeping as Calm as Possible 64
 - Leading Up to the Big Day – The Weeks Before 64
 - The Day Before 65
 - On the Day – How to Get Through the Exam 66

- 10 After the Exam 69**
 - What to Do If You Pass 69
 - What to Do If You Don't Pass 69

- Section 2 The Clinical Exam 71**

- 11 Introduction to the FRACP Clinical Exam 73**
 - Why Is There a Clinical Exam? 75
 - Getting Your Timing Right: When to Sit the Clinical Exam 75

- 12 The Clinical Exam Marking Schedule 77**

- 13 Two Weeks of Ground Work 85**
 - Three Key Parts to Passing the Clinical Exam 86
 - How to Get Humble and Ask for Help 87
 - The Kit Bag 88
 - Book Reviews 92
 - Course Reviews 96
 - Personal Appearance – First Impressions Count 98
 - The 'Infection Control' Effect 104

- 14 How to Start – Doing Your First Practice Cases 105**
 - Know Your Enemies 106
 - A Few Tricks of the Trade 106
 - Practising Cases – Who Can Help You the Most? 106
 - Who Can Help Me Pass This Exam? 107
 - Mock Exams: Well Worth the Humiliation 109

- 15 An Introduction to the Long Case 111**
 - What is a Long Case Anyway? 111
 - Point to Prove in the Long Case 113
 - Aspects of a Long Case 113
 - Practising for Long Cases 116
 - How Many Long Cases Should You Do? 117
 - Practicalities of Practising 118
 - What to Do If There Aren't Enough Patients to See 119
 - Key Long Cases 119
 - Taking Orderly Notes for Your Long Case 121
 - Role of the Study Group for the Long Case 122

- 16 Mastering and Presenting your Long Case 125**
 - A Suggested Style for Long Case Presentation 125
 - Organising Your Presentation 126
 - Verbal Signposts 127
 - Presenting a Case Well – Speech and Drama 101 127
 - Presentation Template That Worked for Us 128
 - The Grilling 138
 - The Aftermath 138
 - Sentences That Save Time and Sound Slick 139

- 17 Special Points for Paediatric Cases 141**
 - Specific Points About the Paediatric Long Case 141
 - The Developmental Case 144
 - The Adolescent Long Case 149

- 18 Secret Long Case Species 153**
 - The Chronic Disease Long Case 153
 - The Single Problem Long Case 154
 - The Diagnostic Dilemma Long Case 154
 - The Disaster Long Case 155

- 19 Top Long Case Tips from Candidates and Examiners 161**
 - Long Case Advice from Candidates 161
 - Long Case Advice from Examiners 164

- 20 Suggested Approach to a Māori Patient in the Long Case 167**

- 21 Long Case Examples 171**
 - Long Case 1 – Multiple Medical Problem Management 171
 - Long Case 2 – Complicated Diabetes Case 178
 - Long Case 3 – Diagnostic Long Case 185
 - Long Case 4 – Adolescent Single Problem Long Case with Transition of Care 193

- 22 Past Exam Long Cases 203**

- 23 An Introduction to the Short Case 217**
 - Marking Schedule for the Short Case 217
 - Points to Prove in the Short Case 218

- 24 How to Put On a Show 223**
Part 1: Examination Routine – How to Practise 223
Part 2: Presenting a Short Case 230
Part 3: The Short Case Discussion (Grilling) 233
- 25 Short Case Advice from Registrars 239**
- 26 Past Exam Short Cases 243**
- 27 Putting It All Together for the Clinical Exam – One Month Out 257**
What is Your Presentation Style? 257
General Advice About Style 258
Personalities That Fail the Clinical Exam 259
- 28 The Lead-Up to the Exam 265**
The Week Before 265
The Day Before 266
The Morning of the Exam – Staying Calm 266
Getting Through Exam Day – Tips From Registrars 267
Final Advice From Examiners 268
- Section 3 The F-words – Freedom, Failure, Feedback, Family, Finding Patients and Fellowship 271**
- 29 The Post-Exam World 273**
Wow! I Passed! 273
Oh, I've Failed 274
The Official Feedback Session 274
- 30 How to Fail – The Outsider's Guide to the FRACP Exam 275**
Chapter Author: Dr Roderick Ryan, General Physician, Box Hill 275
'I Failed the FRACP Exam – What Shall I Do?' 276
Tips for Coping with Failure in the Written Exam 277
Tips for Coping with Failure in the Clinical Exam 278
Seven Key Clinical Exam Skills that Must be Mastered by Those Who Have Failed 279
Snakes and Ladders 281

- 31 Paying It Forward – How to Provide Feedback for Practice Cases 283**
The Feedback Loop 284
Feedback for Clinical Exams 284
- 32 Studying for the Exams with a Family on Board 291**
Chapter Author: Dr Robert Wakuluk, Advanced Trainee, Auckland 291
- 33 Organising the Clinical Exam 295**
First Principles 295
Organising the People and the Space 296
Case Selection Formula 297
Types of Cases You Need to Find 298
Where Are Cases Found? 299
Short Case Patients 301
Long Case Patients 301
Back-Up Patients 301
The Envelopes 302
'Mind-Map' and Other Spreadsheets 303
The Day Before 304
On the Day 304
What Examiners Tell the Patients 304
- 34 Preparing for Your Medical Interview 307**
Chapter Author: Dr Nalin Wickramasuriya, Consultant Paediatrician 308
Trap Number 1 – Giving a Straight Answer to a Straight Question 309
 The Three Goals of an Interview 309
 Rapport 309
Trap Number 2 – The Short Case/Viva Complex 312
Trap Number 3 – Preparing for the Interview Like an Exam 312
Trap Number 4 – Talking Posh on the Day of the Interview 314
Trap Number 5 – Not Planning Your Response When the Interviewer Asks You a Question 315
- 35 Career Planning 317**
I Passed. What Advanced Training Programme Should I Apply For? 317
Pearls of Wisdom 318

Career Path Planning 319
Get a Mentor 320

36 OK, We'll Stop Talking Now! 321
Helping the Next Lot 322

Index 323

Preface

‘I take the view, and always have, that if you cannot say what you want to say in twenty minutes you ought to go away and write a book about it’ (Lord Brabazon, 1884–1964)

After our group of registrars sat the RACP Written Exam in 2005 in Auckland, we thought back on how our lives had changed. Our houses were full of notes, textbooks and journal articles, and we were proud owners of impressive collections of highlighters. Our minds were full of little snippets of advice snatched in hospital corridors from our consultants and senior registrars: how to find old exam questions, how to sign up for courses and how to start a study group. After most of us passed the Written, we were compelled to write these snippets down so the collective wisdom could be passed on to the 2006 registrars. Then reality hit; there was another, harder exam to sit – the Clinical. Once again, we muddled through with an enormous debt to seniors who hauled us through short cases and long cases, gave us pep talks and lent us books. Many of us passed the Clinical Exam somehow. And what better way for us to continue the fine physicianly tradition of helping those who come after us than to write a book?

Ingrid and I, with the help of Pat Starkey, our editor with the patience of a saint, wrote *How to Pass* and published it through our local hospital. Our little book was well received and reprinted twice. Ingrid and I moved on to advanced training, fellowships, consultanthood and family life. Requests for copies of *How to Pass* kept popping up, and while there was content that remained relevant, it was time for an update. Ingrid passed the baton to me to update the book, which I have done with the help of Cheryl, some amazing guest star chapter authors (including paediatricians) and the current generation of exam-sitting registrars.

The journey through the RACP exams is long, arduous and, at times, painful. You'll laugh. You'll cry. You'll hurl. You'll lose some friends but make others. You will also gain a lot of knowledge, become a better doctor and before you know it, advanced training will be upon you, and your life as a physician or paediatrician will begin.

Take heart that you are not the first person to study for this 'quiz' and you won't be the last. With hundreds of hours of study, some personal sacrifice, advice that works and a spot of luck, we reckon you'll figure out How to Pass too.

Zoë Raos, Ingrid Hutton and Cheryl Johnson

About the Authors

Dr Zoë Raos, Author First and Second Editions

**Gastroenterologist, General Physician and RACP Examiner
North Shore Hospital, Auckland, New Zealand**

In 2005, Zoë was so convinced she'd failed her Written Exam that she jotted down some tips for the next attempt to help herself and anyone else the following year. She and her study group passed that year, they all passed the Clinical and have been friends ever since. She kept busy with advanced training in gastroenterology and general medicine, married Ben Hill and was involved in the RACP as chair of the College Trainees' Committee and Director of the Board. Zoë dragged Ben to England, did a fellowship at the John Radcliffe Hospital in Oxford in 2009 for a couple of years and returned (with a mind full of ideas, a passport with lots of stamps and a lovely little boy) to New Zealand for a consultant post at Waitemata District Health Board in Auckland. Zoë became an RACP examiner in 2016. Such is her dedication to this book, she wrote this bio three days before the birth of Juno, Hector's little sister.

Dr Ingrid Hutton (née Naden) – Co-Author of the First Edition

Rheumatologist, Coast Joint Care, Maroochydore, Australia

Ingrid sat and passed both sets of RACP exams in 2005 in Auckland. She now lives on the Sunshine Coast, Australia, with her husband, two kids and their dog. Ingrid works as a private rheumatologist which

involves a lot of polypharmacy, social isolation and ‘balancing the demands of competing medical conditions’ (that phrase still comes in handy for GP letters). She doesn’t miss doing weekend nights on call.

Dr Cheryl Johnson – Co-author of the Second Edition

**Geriatrician and RACP Examiner, North Shore Hospital,
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Cheryl passed the RACP Written and Clinical Exams in 2008. She spent the next five years in advanced training and became a geriatrician and general physician in 2013. Cheryl then overqualified herself as co-author by accepting a Geriatrician and Medical Tutor Specialist position at Waitemata District Health Board in Auckland. She is the RACP Director of Physician Education and is on the working group for the redesign of the Basic Training Curriculum. Cheryl has been an RACP examiner (NZ) since 2014 and organised the 2013 and 2015 Clinical Examinations at North Shore Hospital. She is the current chair of the Auckland Medicine Vocational Training Committee, the mother of Caleb who is at start school, uses her considerable charm to convince consultants to come in on Saturday mornings to tutor the candidates and is the adoptive big sister to all the trainees she whips into shape for these exams every year.

Acknowledgements

Many people have walked us through exams, advanced training, fellowship, motherhood and consultancy. We'd like to thank our friends, families, study groupies and fellow candidates. We couldn't have done it without you. We are eternally grateful to the patients and examiners who endured our practice cases – thanks for not laughing too openly at the time. We'd like to thank our colleagues, chapter authors and trainees who have been so generous with their input and contributions, be they emails, scribbles on napkins or chats in corridors. Your words of wisdom will smooth the path of those who follow. Thanks to our publisher for taking *How to Pass* to the next level and our wonderful families for teaching us about what matters in life every day.

While we can't list you all, there are some notable people who gave substantial time and advice for this book. Thank you for your contributions.

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Chapter 20 Suggested Approach to a Māori Patient in the Long Case – Dr Matthew Wheeler, Advanced Trainee, Dunedin

Chapter 30 How to Fail – The Outsider's Guide to the FRACP Exam – Dr Roderick Ryan, Paediatrician, Box Hill Hospital and Maroondah Hospital, Victoria, Australia

Chapter 32 Studying for the FRACP with a Family on Board – Dr Robert Wakuluk, Advanced Trainee, Auckland

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New Zealand and the Children's Autism Foundation.

Illustrations

Diagrams, pictures and photographs by Zoë Raos

General Disclaimer

This book is littered with acronyms ranging from LFTs and ILD to RA and DLCO. We could have written the words all out in full but that would have taken us years and the book would have been enormous. We have worked hard to canvas as much advice from many registrars and consultants for both editions to reflect a range of successful approaches to the Written and Clinical Exams. There was not time to do a randomised double-blind placebo-controlled study on all the advice herein, so this book hovers above Z grade evidence with plenty of hearsay and rumour to further dilute the science. Please apply a large amount of common sense to your situation. If there is something earth-shatteringly awesome that helped you pass that is missing, please email us for the third edition. Our use of pronouns may also cause confusion. Usually, 'I' means 'Zoë' and 'we' can mean anything from 'Zoë and Cheryl', 'Ingrid and Zoë' to 'everyone we've talked to about this'.



Paeds Points

After many requests, we have added a paediatric flavour to the second edition and sincerely hope that paediatric registrars studying for their exams will find *How to Pass* to be more useful than before. After talking to some paediatricians about their own exam preparation, and what the current registrars do to get ready, we were pleasantly surprised how much similarity there is across both groups. For example, doing the hard yards for the Written and not annoying the examiners in the Clinical is the same. Please look out for Paeds Points for child health-specific information. If there are new and exciting developments in educational resources for paed trainees that we have not mentioned in this book, please contact us for the next edition.

Section 1

The Written Exam

1

Introduction to the Written Exam

Congratulations on embarking upon one of the most difficult but rewarding of career paths, that of internal medicine. Perhaps you see yourself as a budding neurologist or daydream about leading an adoring team on a fascinating general medical ward round. Maybe you will reach nirvana catheterising a left anterior descending artery. Maybe you enjoy working out a target weight for haemodialysis. Perhaps you've ruled out surgery (not crazy about detailing the boss's Audi), anaesthetics (big syringe, small syringe), radiology (too dark) and general practice (too general) and it comes down to internal medicine for adults or children. Internal medicine is not the career choice for everyone. The job of a long-suffering medical or paediatric registrar with the relentless on-call roster, permanent eye bags and a cynical outlook becomes even less attractive with exam stress. Please remember that you will be a consultant a lot longer than you will be a registrar. Your training will not last forever, so think of the career you want to have at the end of your training as well as the thorny and intense journey travelled to get there.

Historically, it has been rather straightforward getting a basic training post in medicine and paediatrics (a desperate phone call from the head of department the night before the job started worked for me). Times are changing. Before being eligible to even think about sitting the Written Exam, the trainee will need to have completed the requisite number of mini-CEXs and done some concerted navel gazing with the PREP programme. Paediatric trainees will have had a taste of exams with the Diploma. You may even have had (Shock! Horror!) an interview; if one is coming up then check out Chapter 35 for medical interview tips.

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Upcoming changes

The FRACP Written and Clinical Examinations are held but once a year. It has been thus, despite conniptions, since the dawn of time. This book is written on the premise of an exam in February (for adult medicine); in fact, entire departments are aligned to this date like Stonehenge is to the solstice. There are plans afoot for a twice-yearly Written Exam. This is partially why old exam papers have been removed from the College circulation. We are not sure when this change will come, but there will be a transitional period between the old and new systems. Please keep your ear to the ground as this change may directly affect you.

Why Does The RACP Have a Written Exam?

The FRACP Written Exam is infamous for an enormous syllabus and intense focus on the minutest of details. The thought of this exam sends many prospective physicians packing to alternative careers. Another off-putting factor is that the examination, unlike many other specialties, is only held annually. High stakes. High stress. The preparation takes most candidates 8–12 months. Add study into the life of a busy medical or paediatric registrar and it is a miracle anyone sits at all.

While looking at old questions makes all newbie candidates clutch their heads in their hands, there is a method to the madness. The year of preparatory study lays the groundwork for advanced training, sharpens the mind, creates a robust knowledge base, increases confidence and improves performance at work.

The proportion of candidates passing the exam varies from year to year, and from region to region, but is generally above 50%. In the Auckland region, for example, the pass rate has risen from 50–70% a decade ago to over 80%. This means the majority of registrars, who commit to sacrificing almost a year of their life, put in the hard yards, work in a supportive hospital and revise properly, can hope to pass the Written Exam in their first attempt or, failing that, their second. Auckland paediatric trainees are even better off with a highly organised training programme, reflected in a 92% pass rate.