



MRCGP [INT.] SOUTH ASIA

Commitment to Family Medicine across the shores



DR. M.B. BENAZIR RUZNA
MBBS (SRI LANKA) | MRCGP [INT.]
GENERAL PRACTITIONER IN
LIYA MEDICAL COMPLEX SALALAH, OMAN
Top Scorer November 2025 OSCE

TOP 3 Scorers 1 Year online certification course in Family Medicine Batch 1

1. Dr. Ishag Shafeeg | Maldives
2. Dr. Apurva Singh | India
3. Dr. Surya Senapathy | Sri Lanka

HIGHLIGHTS / UPCOMING EVENTS

- 1-Year Online Course 2nd Batch from January 2026
- AKT Registration from 15th January 2026 (Online)
- OSCE Examination Karachi Pakistan | 30 January 2025 – 03 February 2026 & 11-15 February 2026
- Examiner Induction from Pakistan January 2026

Editorial Board

Chief Editor : Dr. Marie Andrades

Admin Support: MRCGP [INT.] South Asia Admin Team

Workshop on Standard Setting and Quality Assurance of Assessment for College of General Practitioners of Sri Lanka

A workshop was organized for the College of General Practitioners of Sri Lanka on November 16, 2025. It was a full-day workshop facilitated by the MRCGP [INT.] South Asia board, which included Prof. Marie Andrades (SAB Chair), Prof. Tabinda Ashfaq (Exam Convener), and Associate Prof. Naveed Yousuf (Psychometrician). The participants were members of CGPSL.

The aim of the workshop was to enhance knowledge and understanding of AKT & OSCE standard setting and quality assurance of assessment. The participants were made aware of how standard setting is done for a particular examination and why it is important. The workshop broadly covered areas such as characteristics of a good assessment, identifying and recognizing standard setting as an integral part to validate the decision of an examination. The facilitators also spoke about compensatory & conjunctive standard setting and commonly used standard setting methods.

The second part of the workshop emphasized the need for Quality Assurance [QA] in assessments. The facilitators spoke about the necessary steps in implementing the QA Framework for the Applied Knowledge Test [AKT]. They also discussed how to apply a comprehensive framework for QA of an Objective Structured Clinical Examination [OSCE]. The workshop included group activities where participants shared ideas and presented their collective thoughts.

The feedback from participants demonstrates following learning points:

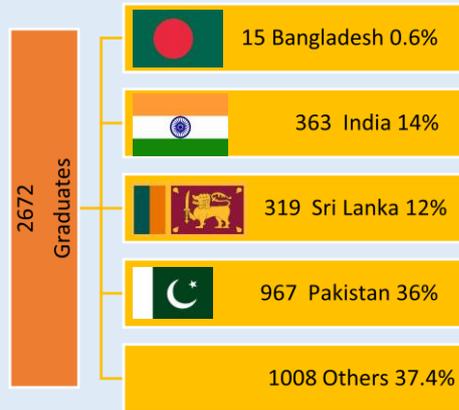
- Learned about Angoff and borderline regression methods & how important it is to analyze the borderline regression method in assessment criteria.
- Assessment methods should be planned to be fair for all candidates.
- Importance of justifiable standard setting.
- Standardization and maintaining the quality of exams are very important.
- Examiners should always assess objectively and define continuous training. QA is very important to have a fair standard exam.
- How to identify borderline candidates.
- Fairness, reliability, and validity are very much necessary in an exam.
- Well-organized clear clarification of all aspects.



REGISTERED CANDIDATES

7556

Country	Registered
Bangladesh	119
India	783
Pakistan	2591
Sri Lanka	1033
Others	3030



1-Year Course Batch-2

70 Candidates

Country	Registered
Bangladesh	1
India	7
Pakistan	17
Sri Lanka	24
Others	21

Others: Jordan, Sudan, Yemen, Canada, Palestine, Malaysia, Malaysia, Libya, Dominica

Strengthening the OSCE Examiner Pool: Induction from Sri Lanka, Bangladesh & Pakistan

An Examiner Induction Workshop was conducted for candidates from Sri Lanka, Bangladesh Pakistan. A total of 26 applicants from all three countries expressed formal interest and applied for induction as OSCE examiners.

The induction was carried out through a structured workshop, designed to assess candidates' suitability and readiness for the OSCE examiner role. The evaluation process included Assessment exercises as well as individual interviews, focusing on clinical judgment, assessment skills, communication, and understanding of OSCE standards.

Following a rigorous evaluation process, six examiners from Sri Lanka & Bangladesh and four examiners from Pakistan were successfully inducted and onboarded. These newly inducted examiners will contribute to strengthening the OSCE examiner pool and support the delivery of high-quality, standardized assessments across the region.



Dr. ISHAG SHAFEEG

Top Scorer – Batch 1

1-Year Online certification course in Family Medicine

My one-year journey in the Foundation of Family Practice has been academically enriching and professionally transformative. Undertaking this programme prior to the MRCGP [INT] South Asia provided me with a strong and well-structured foundation in family medicine, particularly suited to the South Asian healthcare context, including my country, the Maldives. Throughout the year, the course strengthened my clinical reasoning, consultation skills, and patient-centred approach to care. The guidance of excellent and dedicated teachers played a crucial role in shaping my learning experience. Overall, this programme has significantly enhanced my confidence, competence, and preparedness for postgraduate assessment and future practice in family medicine.

Mounjaro (Tirzepatide) — A Game-Changer or Too Soon to Call?

As a family medicine specialist, I see Mounjaro as a powerful addition to our obesity management toolkit. In the SURMOUNT-1 trial, patients without diabetes lost up to 22.5% of their body weight over 72 weeks. In SURPASS-2, those with type 2 diabetes saw HbA1c reductions of 2.3% and lost 12.4 kg, outperforming semaglutide. However, critical limitations remain. The drug's long-term safety profile is not fully established, particularly regarding pancreatitis, gallbladder disease, and the black box warning for medullary thyroid carcinoma. Nearly one-third of trial participants experienced GI side effects, with 5–7% discontinuing due to nausea or vomiting. For South Asian populations, where central obesity and insulin resistance are prevalent even at lower BMIs, Tirzepatide offers real promise. But cost, access, and adherence challenges — especially in private-pay systems — must be factored in. Family physicians often face the dilemma of high patient expectations, driven by media hype. Mounjaro must be framed as part of a structured, long-term plan, not a quick fix. We must explain that weight loss takes time, side effects can occur, and sustained results require diet, exercise, and behavioral change. Set clear expectations, offer regular follow-up, and emphasize that medication supports but does not replace lifestyle modification. Used judiciously, Mounjaro can be transformative — but only in the right patient, with the right plan.

Dr Gowri Kulkarni

MBBS, MRCGP[INT], DNB(Psych), BSIC (BACP) Director - Medical Operations, MediBuddy Family Medicine Specialist India

"Where sensors end, the senses begin. Every patient deserves the healing intent embedded in a physician's touch"

The Timeless value of touch in patient care

In today's technology-injured healthcare landscape, the art of physical examination stands as an outstanding example of compassionate medicine. Devices like oximeters and digital monitors efficiently chart the body's signals and parameters, but genuine healing often begins with the simple act of touch. The skilled hands of a physician do more than find abnormalities - they reassure, comfort and bear witness to a patient's lived experience.

Conventional bedside consultation allows healthcare providers to absorb nano nuances that machines miss, because they are incapable of detecting those dimensions - the bounds, warmth of a pulse, the tone of the muscle, the possible story behind a sigh. This physical touch in a conventional consult is an encounter that builds trust, alleviates anxiety, and fosters a deeper connection, reminding both clinician and the patient that medicine is about human beings, not just numbers on the screen or on a report.

As we embrace new digital tools, let us continue to honour the irreplaceable energy exchanged in the healing touch, preserving clinical wisdom and empathy for posterity.

The secret of the care of the patient is in caring for the patient.

Francis Peabody

Dr. HEMANT SALUJA

A Case that thought me to pause-Reflections from an Occupational GP

By: Dr V. BALA

Factory Medical Officer and General Practitioner,
Brakes India Pvt Ltd
Chennai, India

This is a wonderful case in which was an eye-opener that learning and practicing clinical medicine helps every patient we see.

A 51 yrs old male, known hypertensive on amlodipine 5mg once a day had gone to nearby hospital with complaints of chest pain. An ECG was done and was treated with intravenous pantoprazole. He called me subsequently and I advised him to go to a cardiac center for a repeat ECG and cardiac evaluation.

In the cardiac hospital, a repeat ECG, Cardiac enzymes and echocardiogram was normal. He was sent home after intravenous pantoprazole.

The following day, he returned with persistent burping and asked for referral to gastroenterologist. Did a quick examination. Blood pressure -140/80 .PR -90/min, soft murmur heard over the systolic area.

He was burping frequently in the 10min consult. He was arranged for immediate cardiac second opinion and treadmill was done which turned out to be positive. Coronary angiogram was performed next day, revealed a critical 95 % coronary artery blockage and bypass graft was done.

This case reminded me of a vital lesson: Never dismiss chest pain too early. Negative enzymes and normal ECG are not the end of the story.

In family practice and occupational health practices, patients often present first to us. Our role is not just to treat symptoms but to hold a wider clinical suspicion, especially when it concerns working age individuals who may misinterpret their complaints.

The man could easily have slipped through the net had we accepted "gastritis" as the explanation. What saved him was persistence, continuity of care and the decision to pause before labelling the pain as noncardiac.

Take home message:

Every episode of chest pain deserves respect. Investigations can reassure us but its clinical judgement, reflection and the willingness to pause that may ultimately save a life.

Reflecting on this case, I realized how much MRCGP learning has influenced my approach. The exam does not just test knowledge; it teaches you to pause, think holistically and integrate evidence with clinical judgement. Concepts like continuity of care, patient safety and careful risk assessment - all central to MRCGP -guided my decision.

Symptoms may be misattributed, and investigations can be falsely reassuring. What ultimately matters is clinical reasoning and vigilance, skills that MRCGP cultivates beautifully.

Guiding Future GPs: My Journey as a Facilitator in the MRCGP[INT] OSCE Orientation Course – Abu Dhabi, UAE

I had the privilege of serving as a facilitator for the MRCGP[INT] OSCE Orientation Course in Abu Dhabi, UAE in August 2025. The experience was both rewarding and inspiring, as it brought together candidates from diverse backgrounds, all united by a shared commitment to excellence in family medicine.

My role involved guiding participants through the OSCE structure, clarifying expectations, and providing practical tips to enhance performance under exam conditions. We worked through simulated stations, focusing on clinical reasoning, communication skills, and time management – the very pillars of OSCE success.

What struck me most was the enthusiasm and openness of the candidates. Many expressed how the course helped demystify the exam and boosted their confidence. The collaborative learning environment also allowed me to exchange insights with fellow facilitators, enriching my own practice and teaching skills.

Facilitating in Abu Dhabi reinforced my belief that the MRCGP[INT] program is not just an examination – it is a professional growth journey. I left the course proud to have contributed to shaping competent, compassionate family physicians who will make a lasting impact in their communities.

Dr Maithri Rupasinghe

**Senior Lecturer, Head, Department of Family Medicine
Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka**

Our Ongoing Commitment to Community Healthcare

Since 2021, MRCGP [INT] South Asia has remained dedicated to supporting community health through a range of meaningful charitable initiatives. Over the years, we have provided free medicines to organisers of medical camps across the region, enabling volunteer teams to deliver essential primary care in underserved areas. During the COVID-19 pandemic, we played an active role by distributing protective face masks to help safeguard communities in difficult times. Our commitment also extended to strengthening medical education, including providing a Zoom subscription to a medical university to facilitate uninterrupted online learning. In addition, we have contributed vital equipment—such as wheelchairs and stretchers—to hospitals in need. Through these continued efforts, we strive to uplift healthcare delivery, empower frontline teams, and extend our impact well beyond examinations and training.

