OET Doctors starter pack

Free, original practice for doctors preparing for OET. You are welcome to share this file with colleagues.

What is inside

- Three writing samples with model letters
- Listening Part A question paper and answer key
- Reading Part A question paper and answer key
- Role-play cards to practise out loud
- Vocabulary and spelling list

Hear the audio and check your work online

Scan to find the Listening audio, timed tests and explanations. No account is needed for the free tests.

OETAce is an independent practice site and is not affiliated with or endorsed by OET or CBLA. All material is original and fictional. Practise with timed questions, answer keys and explanations.

OET writing samples: doctors, with answers

3 original practice cases with case notes and a model letter. Allow 5 minutes to read and 40 minutes to write, then compare. A model shows one good way to answer. It is not an official OET sample or a marking guide, and all patients are fictional.

Sample 1: Urgent referral letter

Urgent referral to a gastroenterologist: iron-deficiency anaemia and rectal bleeding

Assume that today's date is 21 October 2026. Using the information in the case notes, write a letter of referral to Dr Anna Lindqvist, a gastroenterologist at Riverside Endoscopy Centre, requesting urgent assessment and colonoscopy. Address the letter to Dr Anna Lindqvist, Gastroenterologist, Riverside Endoscopy Centre, 140 Harbour Road, Northbridge. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Patient details

- Name: Mr Kevin Doherty
- DOB: 14/03/1965 (61 yrs)
- Address: 22 Fernhill Road, Ashgrove
- Occupation: retired bank manager (retired 2024)

Social background

- Married (Linda), 2 adult children living overseas
- Ex-smoker (quit 1998); alcohol approx. 10 standard drinks/wk
- Usually plays golf 2x/wk — stopped last month, 'too tired'
- Booked trip to Europe Dec 2026 — keen to 'get everything sorted' before then

Medical history

- Hypertension (2015) — perindopril 5 mg mane
- Osteoarthritis both knees — ibuprofen 400 mg PRN (approx. 3x/wk, 2 yrs)
- Appendicectomy age 12
- Seasonal hay fever — loratadine PRN
- Allergies: penicillin (rash)
- Family Hx: father — colorectal cancer, diagnosed aged 68
- No previous colonoscopy; did not return national bowel screening kit (2023)

08/10/26 — presenting complaint

- 3/12 fatigue, ↓ exercise tolerance, SOB climbing stairs
- Unintentional wt loss 6 kg in 4/12 (88 → 82 kg)
- 6/52 change in bowel habit: looser stools 2–3x/day; occasional dark red blood mixed with stool
- No abdominal pain, nausea or vomiting; appetite normal
- Sleeping poorly — attributes to neighbour's renovations

Examination

- Pale conjunctivae; HR 92 reg; BP 128/76; BMI 26
- Abdo soft, non-tender, no masses, no hepatomegaly
- PR: no palpable mass; dark red blood on glove

Investigations (results 14/10/26)

- FBC: Hb 98 g/L (ref 130–180), MCV 72 fL; ferritin 6 µg/L
- iFOBT: positive
- U&E, LFTs normal; coeliac serology negative
- Lipids: total cholesterol 5.4 mmol/L

Management

- Ibuprofen ceased — regular paracetamol 1 g up to QID for knees

- Commenced oral iron (ferrous sulfate 325 mg, 105 mg elemental iron) daily
- Pt anxious about possibility of cancer
- Pt's friend's wife recently diagnosed with bowel cancer; pt watched TV documentary on bowel cancer
- Pt asked whether golf club membership can be paused on medical grounds — letter provided

Plan

- Urgent referral to gastroenterologist for colonoscopy ± gastroscopy
- Repeat FBC and ferritin in 4/52
- GP review 2/52, or earlier if bleeding increases or symptomatic

Model letter: sample 1

21 October 2026

Dr Anna Lindqvist
Gastroenterologist
Riverside Endoscopy Centre
140 Harbour Road
Northbridge

Dear Dr Lindqvist,

Re: Mr Kevin Doherty, DOB 14/03/1965

I am writing to request urgent assessment and colonoscopy for Mr Doherty, a 61-year-old man with iron-deficiency anaemia and rectal bleeding.

He presented on 8 October with a three-month history of fatigue and breathlessness on stairs and an unintentional 6 kg weight loss over four months. For six weeks he has had looser stools two to three times daily, with occasional dark red blood mixed with the stool. His father was diagnosed with colorectal cancer at 68, and Mr Doherty has never had a colonoscopy.

On examination, he had pale conjunctivae and a heart rate of 92. His abdomen was soft without masses, and rectal examination revealed dark red blood but no palpable mass. Investigations showed haemoglobin 98 g/L, MCV 72 fL and ferritin 6 µg/L, with a positive iFOBT. Coeliac serology and renal and liver function were normal.

He has hypertension treated with perindopril and is allergic to penicillin. I have ceased his ibuprofen and commenced oral iron and regular paracetamol. He is anxious about the possibility of cancer. I will repeat his blood count and ferritin in four weeks.

Thank you for seeing him urgently.

Yours sincerely,
General Practitioner

Why this letter works

Kept: Urgency is in the first line. The symptoms, family history and results that justify it follow in the order a gastroenterologist would look for them.

Left out: Golf, hay fever, the appendicectomy, cholesterol, the neighbour's renovations and the television documentary do not affect the decision to scope.

Sample 2: Urgent referral letter

Urgent referral to a rheumatologist: suspected rheumatoid arthritis

Assume that today's date is 21 October 2026. Using the information in the case notes, write a letter of referral to Dr Raj Menon, a rheumatologist, requesting urgent assessment and treatment. Address the letter to Dr Raj Menon, Rheumatologist, Westside Specialist Suites, Level 3, 210 Victoria Street, Westside. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Patient details

- Name: Mrs Rania Haddad
- DOB: 17/08/1982 (44 yrs)
- Occupation: dental hygienist

Social background

- Married; one son aged 6
- Smokes approx. 5 cigarettes/day; alcohol 2–3 standard drinks/wk
- Attends gym 3x/wk — stopped 1 month ago
- Planning to try for a second pregnancy within the next year
- Pt upset that a locum GP in August told her the pain was 'just overuse'

Medical history

- Tonsillectomy age 9
- Seasonal allergic rhinitis
- No previous joint problems
- Medications: progestogen-only contraceptive pill
- Allergies: nil known
- Family Hx: maternal aunt — rheumatoid arthritis; mother — hypothyroidism

Presenting complaint (14/10/26)

- 11/52 pain and swelling both hands and wrists, symmetrical; now also both feet (balls of feet)
- Morning stiffness approx. 90 min
- Difficulty gripping dental instruments; 1 wk off work
- Fatigue; no rash, mouth ulcers, dry eyes or recent infection
- Read online about turmeric for joint pain — taking turmeric/curcumin capsules (500 mg daily, OTC) for 3/52

Examination

- Synovitis: bilateral MCP 2–3, PIP 2–3 and wrists; tender MTP joints bilaterally; positive MTP squeeze test
- No nodules, no rash; other systems NAD
- BMI 23; BP 122/78

Investigations (results 19/10/26)

- RF 85 IU/mL (positive); anti-CCP >300 U/mL (strongly positive)
- CRP 24 mg/L; ESR 42 mm/hr
- FBC, LFTs, U&E normal; hepatitis B and C serology negative; CXR normal
- X-ray hands and feet: periarticular osteopenia, no erosions

Management

- Naproxen 500 mg BD with esomeprazole 20 mg daily — partial relief
- Advised smoking cessation (smoking linked to worse RA); quit support offered
- Corticosteroids not started — to await specialist review

Plan

- Urgent referral to rheumatology for assessment and DMARD initiation
- GP review 2/52

Model letter: sample 2

21 October 2026

Dr Raj Menon
Rheumatologist
Westside Specialist Suites
Level 3, 210 Victoria Street
Westside

Dear Dr Menon,

Re: Mrs Rania Haddad, DOB 17/08/1982

I am writing to request urgent assessment and DMARD initiation for Mrs Haddad, a 44-year-old dental hygienist with suspected rheumatoid arthritis.

She presented on 14 October with an 11-week history of symmetrical pain and swelling in her hands and wrists, now also affecting the balls of both feet, with approximately 90 minutes of morning stiffness. Difficulty gripping instruments has caused one week off work. A maternal aunt has rheumatoid arthritis.

Examination revealed bilateral synovitis of the second and third MCP and PIP joints and wrists, with tender MTP joints and a positive squeeze test. Rheumatoid factor was 85 IU/mL, anti-CCP above 300 U/mL, CRP 24 mg/L and ESR 42 mm/hr. X-rays showed periarticular osteopenia without erosions. Blood count, renal and liver function, hepatitis B and C serology and chest X-ray were normal.

She is taking naproxen 500 mg twice daily with esomeprazole, with partial relief. I have not started corticosteroids, pending your review. Relevant to your treatment choice, she plans a second pregnancy within the next year and smokes approximately five cigarettes daily. She also takes turmeric capsules and has no known allergies.

Yours sincerely,
General Practitioner

Why this letter works

Kept: The pregnancy plan is kept and explained because it affects which DMARD the rheumatologist can choose.

Left out: The locum's comment, the gym, the tonsillectomy, hay fever and her mother's thyroid disease do not change what the specialist does next.

Sample 3: Referral letter

Chronic kidney disease with persistent proteinuria: referral

Original independent practice. All patient findings and arrangements are fictional case facts, not general clinical recommendations. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today is 3 November 2026. Mr Shammas has attended your general practice to discuss his latest results. You are Mr Riad Shammas's general practitioner. Using the case notes, write a referral letter to Dr Heba Makhlouf, Consultant Nephrologist, Renal Outpatient Clinic, 26 Clinic Road, SW1A 2AA, requesting investigation of his chronic kidney disease and persistent proteinuria, with advice on further management. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Patient details

- Name: Mr Riad Shammas
- DOB: 18/02/1970 (56 yrs)
- GP review: 03/11/26; renal abnormalities first identified April 2026

Social background

- Office administrator; works regular daytime hours
- Lives with partner; independent with daily activities
- Enjoys photography; recently bought a camera
- Complained waiting-room chairs were uncomfortable and staff seemed unhelpful

Medical history

- Childhood tonsillectomy; no ongoing complications
- No diagnosed diabetes or hypertension; no previous renal diagnosis; no stones or recurrent urinary infections
- No known family history of renal disease
- No regular medication; no known drug allergies
- Denies NSAIDs, herbal remedies or bodybuilding supplements

Serial investigations

- 06/04/26: eGFR 58 mL/min/1.73 m²
- 06/07/26: eGFR 54 mL/min/1.73 m²
- 26/10/26: eGFR 51 mL/min/1.73 m²
- 06/07/26: urine ACR 78 mg/mmol
- 26/10/26: repeat early-morning urine ACR 86 mg/mmol
- Both urine samples: clinically well; no recent strenuous exercise
- Urine microscopy: no haematuria; cultures negative on both occasions
- Ultrasound 29/10: normal-sized kidneys; no hydronephrosis or cysts; bladder unremarkable, no significant post-void residual
- HbA1c 26/10: 36 mmol/mol
- Potassium 4.5 mmol/L; serum albumin 39 g/L on 26/10

Current assessment

- Reports foamy urine for 3/12
- No oedema, dyspnoea, dysuria or visible haematuria
- Today: BP 128/78 mmHg; no peripheral oedema
- No rash, joint symptoms or recent intercurrent illness
- Assessment: CKD with unexplained persistent albuminuria; possible glomerular disease

Plan

- Refer nephrology: establish cause; advise further investigations and renal protective treatment
- Serial laboratory results and ultrasound report enclosed
- GP to continue renal function/BP monitoring pending specialist review

Model letter: sample 3

3 November 2026

Dr Heba Makhlouf
Consultant Nephrologist
Renal Outpatient Clinic
26 Clinic Road
SW1A 2AA

Dear Dr Makhlouf,

Re: Mr Riad Shammas, DOB 18/02/1970

I am writing to refer Mr Shammas, a 56-year-old office administrator with chronic kidney disease and unexplained persistent albuminuria, to establish the cause and for advice on further investigations and renal protective treatment.

His eGFR has fallen from 58 in April to 54 in July and 51 mL/min/1.73 m² on 26 October. His urine ACR was 78 mg/mmol in July and 86 mg/mmol on an early-morning sample in October. Microscopy showed no haematuria, and cultures were negative.

He reports three months of foamy urine but has no oedema, dyspnoea, dysuria, visible haematuria, rash, joint symptoms or recent illness. Today his blood pressure was 128/78 mmHg. Ultrasound on 29 October showed normal-sized kidneys without hydronephrosis or cysts and no significant post-void residual. HbA1c was 36 mmol/mol, potassium 4.5 mmol/L and albumin 39 g/L.

He has no known diabetes, hypertension, family history of renal disease or drug allergies. He takes no regular medication and denies using NSAIDs, herbal remedies or bodybuilding supplements.

Serial results and the ultrasound report are enclosed. I will continue monitoring his renal function and blood pressure pending your review.

Yours sincerely,
General Practitioner

Why this letter works

Kept: The trend matters more than any single result, so the three eGFR values and two ACR values appear together.

Left out: Photography, the waiting-room chairs and the childhood tonsillectomy give a nephrologist nothing to act on.

OET Listening Part A - Question Paper

24 questions. Listen once to each extract using the audio on the linked page. Write a word or short phrase in every gap. Practise Listening Part A, then check your answers.

Extract 1: Consultation: recurrent headaches

You hear a GP talking to a patient called Mrs Grace Whitfield. For questions 1-12, complete the notes with a word or short phrase.

Patient: Mrs Grace Whitfield (54)

Presenting complaint

recurrent headaches; onset approx. ___(1)___ ago (after Easter)

bilateral pain around the ___(2)___, 'like a tight band'

frequency: approx. ___(3)___ in the past month

feels ___(4)___ on bad days, with poor appetite; no vomiting

___(5)___ with worse episodes; no visual aura

Background

history of ___(6)___ in her 20s (unilateral, throbbing)

no jaw pain on chewing, no scalp tenderness

periods stopped 18 months ago; not on HRT

Current analgesia

___(7)___, 2 tablets on waking, most days

adds ___(8)___ on bad days

Social

coffee: approx. ___(9)___ a day at work

works as school ___(10)___ (screen-based)

seeing a ___(11)___ for stiff R shoulder since June

Impression and plan

probable ___(12)___ headache; possible underlying tendency given past history

stop regular analgesics; reduce caffeine gradually; headache diary; BP and blood test; review in 2 weeks

Extract 2: Pre-admission clinic: total hip replacement

You hear a pre-admission nurse talking to a patient called Mr Dennis Harrow. For questions 13-24, complete the notes with a word or short phrase.

Patient: Mr Dennis Harrow (68)

Procedure

diagnosis (R hip): ___(13)___; booked for total hip replacement

Allergies and skin

allergy: ___(14)___ (itchy rash) - flag for theatre

___(15)___ on both shins, uses emollient nightly; hip skin intact

Past surgical history

knee arthroscopy

procedure for ___(16)___ (approx. 2015); no anaesthetic problems

Medications

anticoagulant: ___(17)___ 5 mg twice daily (for AF)

timing of last pre-op dose to be advised by ___(18)___

Other medical

sleep apnoea diagnosed after sleep study; has used CPAP for ___(19)___

uses CPAP nightly - bring to hospital

ex-smoker, quit ___(20)___ ago; alcohol minimal

Home situation

lives with wife in a ___(21)___ (bedroom and bathroom upstairs)

wife currently has a ___(22)___, limited lifting

uses a ___(23)___ outdoors

Plan

pre-op referral to ___(24)___ (shower chair, raised toilet seat)

OET Listening Part A - Answer Key

Answer key for the original L01 Part A question paper. Check after finishing. The linked page gives the evidence and explanations. Seeing this key makes a repeat attempt revision rather than a fresh estimate.

1. four months | Accepted: 4 months
2. temples
3. twenty days | Accepted: 20 days
4. queasy | Accepted: nauseous, nauseated, sick
5. light sensitivity | Accepted: photophobia, sensitivity to light
6. migraines | Accepted: migraine
7. paracetamol
8. ibuprofen
9. four or five cups | Accepted: 4 or 5 cups, four to five cups, 4 to 5 cups, 4-5 cups
10. business manager
11. physiotherapist | Accepted: physio
12. medication overuse | Accepted: medication-overuse
13. osteoarthritis
14. chlorhexidine
15. eczema
16. haemorrhoids | Accepted: hemorrhoids
17. apixaban
18. surgical team | Accepted: the surgical team
19. fourteen months | Accepted: 14 months
20. twelve years | Accepted: 12 years
21. townhouse | Accepted: town house
22. broken wrist
23. walking stick | Accepted: walking-stick
24. occupational therapist | Accepted: the occupational therapist

OET Reading Part A - Question Paper

20 questions / 15 minutes. Read Texts A-D, then answer using the group instructions. Practise Reading Part A, then check your answers.

Text A: Clinical assessment of dehydration

Use this table together with the history. Weigh the child undressed on arrival; where a recent weight is available, percentage weight loss is the most reliable estimate of fluid deficit.

Children at increased risk of dehydration

- infants under 6 months, particularly those of low birth weight
- six or more diarrhoeal stools in the past 24 hours
- three or more vomits in the past 24 hours
- unable to tolerate fluids before presentation, or breastfeeding stopped during the illness
- signs of malnutrition

Sign	Mild (< 5%)	Moderate (5-9%)	Severe (>= 10%)
Conscious state	Alert and responsive	Lethargic or irritable	Reduced conscious state
Heart rate	Normal	Normal or mildly raised	Tachycardia
Breathing	Normal	Increased rate	Increased rate; deep acidotic breathing
Blood pressure	Normal	Normal	Hypotension
Skin colour and peripheries	Normal; warm	Normal; warm	Pale or mottled; cold; weak pulses
Eyes and fontanelle	Not sunken	Sunken	Deeply sunken
Mucous membranes	Moist	Dry	Dry
Skin turgor	Instant recoil	Mildly decreased	Decreased
Central capillary refill	Normal	Prolonged	Markedly prolonged

Signs in the severe column, particularly markedly prolonged capillary refill, cold mottled peripheries and reduced consciousness, indicate possible hypovolaemic shock. Severe dehydration requires IV fluids (see Text B).

Suspect hypernatraemic dehydration if the child has jittery movements, increased muscle tone, hyperreflexia, seizures or a doughy feel to the skin, and check serum sodium. Bilious (green) vomiting is not consistent with gastroenteritis and needs urgent surgical review.

Text B: Westbrook Children's Hospital - Rehydration protocol

Mild dehydration

Continue breastfeeding (more often than usual) and usual fluids. Give oral rehydration solution (ORS) in small, frequent amounts, aiming for 10 mL/kg/hour, and offer extra after each loose stool or vomit.

Moderate dehydration

- Oral trial: give ORS by syringe or spoon every few minutes, aiming for 10 mL/kg/hour, and reassess after 1 hour.
- If the oral trial fails (refusal or persistent vomiting), insert a nasogastric tube and give ORS at 10-25 mL/kg/hour for 4 hours (rapid NG rehydration). Many infusion pumps cannot exceed 300 mL/hour.
- Use slow NG rehydration for infants under 6 months and children with significant comorbidities or abdominal pain: replace a 5% fluid deficit over the first 6 hours, then clinically reassess. If further hydration support is required, give the daily maintenance volume over the next 18 hours. Any remaining deficit is reassessed and, if still indicated, replaced in the subsequent 24 hours in addition to maintenance.
- Suspected hypernatraemia is not managed on either NG pathway: check serum sodium and arrange senior paediatric review. Correction must be slower (typically over 48 hours), follow an individualised plan and include serial electrolyte monitoring.
- If vomiting occurs during NG rehydration, slow the fluids temporarily and reassess tolerance. Seek senior clinician review for ongoing vomiting or significant abdominal pain.

Severe dehydration and escalation to IV fluids

- Shock: give a 20 mL/kg bolus of 0.9% sodium chloride IV (or intraosseous) and contact the senior registrar. Repeat the bolus if signs of shock persist.
- Start IV rehydration for all children with severe dehydration, and for those who cannot tolerate NG fluids or whose dehydration worsens despite them.
- For IV rehydration use 0.9% sodium chloride with 5% glucose, and measure electrolytes and blood glucose when the cannula is inserted.

Text C: Medication notes

Ondansetron

A single oral dose (wafer) may be given to children aged 6 months and over who are vomiting and at risk of failing oral rehydration. It is not recommended under 6 months. Give ORS 15-30 minutes after the dose.

Weight	Single oral dose
8 to < 15 kg	2 mg
15 to 30 kg	4 mg
> 30 kg	8 mg

Further doses should be discussed with a senior clinician, as ondansetron can increase stool frequency. Use with caution in children with a known prolonged QT interval or those taking other QT-prolonging medicines.

Antidiarrhoeal agents

Loperamide and other antimotility drugs must not be used in children with acute gastroenteritis. They have little effect on fluid losses and have been associated with paralytic ileus, drowsiness and respiratory depression in young children.

Zinc

Zinc supplementation is recommended by the WHO for children with diarrhoea in low- and middle-income settings, where zinc deficiency is common. It is not routinely used in Australia.

Text D: Parent information - Gastro in children: going home

Drinks and food

- Give small amounts of fluid often - for example, a mouthful every few minutes - even if your child is still vomiting.
- Keep breastfeeding. If your baby is bottle-fed, make up formula at its usual strength. Do not water it down.
- Oral rehydration solution from the pharmacy is the best drink. Avoid undiluted fruit juice, soft drinks and sports drinks: they contain too much sugar and can make diarrhoea worse.

Stopping the spread

- Wash hands with soap and water for at least 20 seconds after nappy changes and using the toilet, and before preparing food. Alcohol-based hand gels do not kill all gastro viruses.
- Keep your child home from childcare, kindergarten or school until 48 hours after the last episode of vomiting or diarrhoea.
- No swimming pools for 2 weeks after the diarrhoea has stopped.

Come back to hospital straight away if your child:

- is drowsy, floppy or hard to wake
- has fewer than 4 wet nappies in 24 hours, or passes very little urine
- vomits green fluid or has blood in their poo
- has severe tummy pain or cannot keep any fluids down

See your GP if your child has diarrhoea for more than 7 days or vomiting for more than 2 days.

Questions 1-7

For each question, 1-7, decide which text (A, B, C or D) the information comes from. You may use any letter more than once.

1. Which text names drugs that should never be given to a child with gastroenteritis? _____
2. Which text lists the factors that make a child more likely to become dehydrated? _____
3. Which text states how long a child should stay away from childcare? _____
4. Which text tells you what to do if a child vomits while receiving fluids through a nasogastric tube? _____
5. Which text describes signs that may indicate an abnormal sodium level? _____
6. Which text explains why certain drinks should not be given? _____
7. Which text refers to a treatment recommended only in certain parts of the world? _____

Questions 8-14

Answer each of the questions, 8-14, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

8. How should a child be dressed when weighed on arrival? _____
9. How is skin turgor described in a child with moderate dehydration? _____
10. What type of vomiting suggests the child's illness is not gastroenteritis? _____
11. What hourly volume of ORS should a child with mild dehydration be aiming to take? _____
12. For how long is rapid NG rehydration given? _____
13. Which fluid is given as a bolus to a child in shock? _____
14. What dose of ondansetron should be given to a child weighing 22 kg? _____

Questions 15-20

Complete each of the sentences, 15-20, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

15. Ondansetron is not recommended for infants younger than ___ .
16. After a dose of ondansetron, ORS should be given ___ later.
17. Ondansetron should be used with caution if a child has a known ___ .
18. Parents of bottle-fed babies should be told not to water down the ___ .
19. Parents should be warned that ___ do not kill all gastro viruses.
20. Parents should take their child to a GP if vomiting continues for more than ___ .

OET Reading Part A - Answer Key

Answer key for the original R01 Part A question paper. Check after finishing. The linked page gives the evidence and explanations. Seeing this key makes a repeat attempt revision rather than a fresh estimate.

1. C
2. A
3. D
4. B
5. A
6. D
7. C
8. undressed
9. mildly decreased
10. bilious | Accepted: bilious (green), bilious (green) vomiting, green
11. 10 mL/kg/hour | Accepted: 10 ml/kg/hour, 10mL/kg/hour, 10 mL/kg
12. 4 hours
13. 0.9% sodium chloride | Accepted: 0.9% sodium chloride IV, 20 mL/kg bolus of 0.9% sodium chloride, 20 mL/kg bolus of 0.9% sodium chloride IV
14. 4 mg | Accepted: 4mg
15. 6 months
16. 15-30 minutes | Accepted: 15-30 minutes
17. prolonged QT interval | Accepted: prolonged QT
18. formula
19. alcohol-based hand gels | Accepted: alcohol based hand gels
20. 2 days

Medicine · New type 2 diabetes: reluctant to start medication

SPK-MED-01 | Original simulated candidate card

Setting: General practice

You are a GP. Mr Paul Hartley, a 52-year-old warehouse supervisor, has come back to discuss his recent blood tests. His HbA1c is 64 mmol/mol (8.0%) and his fasting glucose is 9.1 mmol/L, confirming type 2 diabetes. His kidney function is normal. You plan to start metformin first (other medicines may be added later if needed), but he has told the receptionist he 'doesn't want to be put on tablets'.

Interlocutor: PATIENT

Your tasks

1. Find out what Mr Hartley already understands about his results and how he feels about the diagnosis

2. Explain what type 2 diabetes is and why treatment is important now (blood sugar too high, long-term damage to eyes, kidneys, nerves, heart)

3. Find out the reasons for his reluctance to take medication

4. Explain metformin (how it works, starting dose 500 mg with the evening meal and increasing slowly, possible stomach upset, usually settles)

5. Discuss lifestyle changes and agree a follow-up plan (diet, activity, diabetes educator, review of how he is tolerating the tablets in 1–2 weeks, repeat blood test in 3 months)

Medicine · First febrile convulsion: frightened parent

SPK-MED-02 | Original simulated candidate card

Setting: Emergency department, paediatric area

You are a doctor in the emergency department. Noah, aged 22 months, was brought in by ambulance an hour ago after a generalised seizure at home lasting about two minutes. His temperature was 39.2°C. He has a viral upper respiratory tract infection and red throat; he is now alert, drinking and playing. You have assessed him and diagnosed a simple febrile convulsion. You are talking to his mother, Ms Rachel Doyle, who is very distressed.

Interlocutor: PARENT

Your tasks

1. Find out what Ms Doyle saw during the seizure and what she is most worried about

2. Explain what a febrile convulsion is (common, triggered by fever, usually harmless, not epilepsy)

3. Reassure her about the long-term outlook and address her specific fears

4. Advise on what to do if it happens again (stay calm, lie him on his side, time it, call an ambulance as soon as it reaches 5 minutes)

5. Explain fever management and the plan for discharge (paracetamol for comfort, fluids, see GP, return if unwell)

Medicine · Acute low back pain: patient demanding a scan and strong painkillers

SPK-MED-03 | Original simulated candidate card

Setting: General practice

You are a GP. Mr Shane Mercer, aged 45, a self-employed tiler, injured his lower back lifting boxes of tiles 10 days ago. On examination there are no red-flag features: no leg weakness, numbness, bladder or bowel symptoms, fever, weight loss or history of cancer. You have diagnosed non-specific acute low back pain. He is frustrated and has asked for an MRI scan and 'something stronger' than the ibuprofen he has been taking irregularly.

Interlocutor: PATIENT

Your tasks

1. Acknowledge Mr Mercer's frustration and find out how the pain is affecting him

2. Explain your findings and why a scan is not needed at this stage (no warning signs; scans often show changes unrelated to pain and do not change treatment)

3. Explain why strong opioid painkillers are not recommended (little benefit, side effects, risk of dependence)

4. Advise on a management plan (stay active, a short course of anti-inflammatory medication if suitable, heat, physiotherapy, modified duties)

5. Explain warning signs that need urgent review and arrange follow-up

Medicine · Breaking bad news: bowel cancer biopsy result

SPK-MED-04 | Original simulated candidate card

Setting: General practice

You are a GP. Mrs Helen Ashworth, aged 63, had a colonoscopy last week after a positive bowel screening test. The gastroenterologist's report shows a 3 cm tumour in the sigmoid colon; the biopsy confirms adenocarcinoma (bowel cancer). A staging CT scan has not yet been done. The gastroenterologist has asked you to tell her the result and arrange urgent referral. She has come in alone, believing the appointment is 'just routine'.

Interlocutor: PATIENT

Your tasks

1. Find out what Mrs Ashworth already knows and expects about her results

2. Prepare her for bad news and explain the result clearly and sensitively

3. Respond to her emotional reaction and find out her main concerns

4. Explain the next steps (CT scan to see if it has spread, urgent appointment with a bowel surgeon within two weeks, team approach to treatment)

5. Explain the support available and arrange follow-up

Medicine · Low mood after redundancy: assessing risk and discussing treatment

SPK-MED-05 | Original simulated candidate card

Setting: General practice

You are a GP. Mr Jordan Kelly, aged 27, has booked an appointment saying he 'can't sleep'. In the waiting room he completed a depression questionnaire (PHQ-9) and scored 18, indicating moderately severe depression. He was made redundant from his job as a graphic designer three months ago. You have not met him before.

Interlocutor: PATIENT

Your tasks

1. Find out about his sleep, mood and how he has been coping since losing his job

2. Ask sensitively about thoughts of self-harm or suicide

3. Explain that his symptoms suggest depression, which is common and treatable, and outline the main treatment options (talking therapy, medication)

4. Agree a safety plan and follow-up (crisis contacts, review within one week)

Medicine · Pre-admission clinic: stopping a blood thinner before knee replacement

SPK-MED-06 | Original simulated candidate card

Setting: Hospital pre-admission clinic

You are a doctor in the pre-admission clinic. Mr Ronald Pike, aged 74, is booked for an elective right total knee replacement next Thursday, first on the morning list (admission 06:30, earliest spinal anaesthetic 07:30, surgery 08:00). He has atrial fibrillation and takes apixaban 5 mg twice daily; his kidney function is normal. The surgical and anaesthetic teams' plan is: last dose of apixaban at 06:00 on Monday (at least 72 hours before the earliest planned spinal anaesthetic at 07:30 on Thursday), no further doses until after the operation, no bridging injections, restart as directed by the ward team. Hospital fasting times for his operation: finish any light meal and milk by 01:30 on Thursday; no fatty or heavy meal late that night; clear fluids (water, black tea) until 05:30 under this patient's anaesthetic team's written instructions.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Pike takes his medication and what he knows about the operation day

2. Explain why apixaban must be stopped before surgery and exactly when to take the last dose

3. Explain the fasting instructions for the morning of the operation (food, milk and clear fluids, with clock times)

4. Find out about any concerns he has about the anaesthetic or the operation

5. Check his understanding of the instructions and give him the written plan

Medicine · Aged care: daughter requests sedation for her mother with dementia

SPK-MED-07 | Original simulated candidate card

Setting: Residential aged care facility

You are a GP who visits the facility weekly. Mrs Iris Foster, aged 86, has moderate Alzheimer's disease. Over the past two weeks she has become restless and agitated in the late afternoon and has had two falls without serious injury. You have examined her today: she is tender in the lower abdomen, has not opened her bowels for five days, and staff report she is passing urine more often. You suspect delirium caused by a physical problem. You have ordered a urine test and bloods, started treatment for constipation, asked staff to monitor her observations, fluid intake and behaviour, and plan to reassess her within 48 hours. Her daughter, Ms Diane Foster, has asked to speak to you and wants her mother 'given something to settle her'.

Interlocutor: RELATIVE

Your tasks

1. Acknowledge Ms Foster's concerns and find out what changes she has noticed in her mother

2. Explain that her mother probably has delirium (a sudden worsening of confusion) and its likely causes (constipation, infection, pain), and the tests and treatment you have started

3. Explain why sedating or antipsychotic medication is not recommended at this stage (increased risk of falls, stroke and death; limited benefit)

4. Discuss non-drug approaches and how the team will manage her mother's care (treating causes, routine, familiar objects, music, falls prevention)

5. Respond to her concerns about the care her mother is receiving and agree a plan for review

Medicine · Poorly controlled asthma: reluctance to use a preventer inhaler

SPK-MED-08 | Original simulated candidate card

Setting: General practice

You are a GP. Mr Aiden Walsh, aged 30, a chef, is attending for follow-up after an emergency department visit two weeks ago for an asthma attack, where he was given a five-day course of prednisolone. He uses only a salbutamol reliever inhaler. He was prescribed a preventer last year but stopped using it. You plan to start budesonide-formoterol 200/6 micrograms (Symbicort Turbohaler, a dry-powder inhaler) as a combined preventer and reliever, replacing salbutamol and give him a written asthma action plan. His written plan allows no more than six inhalations on one occasion and up to twelve in a day only for a limited period; needing more than eight in total in a day means he should seek medical advice.

Interlocutor: PATIENT

Your tasks

1. Find out how his asthma has been since the emergency visit and how often he uses his reliever

2. Find out why he stopped using his preventer

3. Explain the difference between a reliever and a preventer and why relying on salbutamol alone is risky

4. Explain the new inhaler (one inhalation twice a day, plus one as needed; seek medical advice if needing more than eight inhalations in total in a day; rinse after regular doses) and check his technique

5. Explain the written asthma action plan and when to seek urgent help

Medicine · Viral sore throat: patient requesting antibiotics

SPK-MED-09 | Original simulated candidate card

Setting: Community clinic

You are a doctor at a community clinic. Ms Orla Hurley, aged 34, has had a sore throat, runny nose and mild cough for three days. On examination she has no fever, her chest is clear and her symptoms are typical of a viral upper respiratory tract infection. She has an important work presentation in two days and has told the receptionist she needs antibiotics.

Interlocutor: PATIENT

Your tasks

1. Find out about Ms Hurley's symptoms, her expectations and her previous experience with antibiotics

2. Explain in simple terms why antibiotics are not recommended for her illness (viral cause, side effects, resistance)

3. Respond to her insistence that antibiotics have always helped her before

4. Advise on ways to manage her symptoms before her presentation (rest, fluids, simple pain relief, soothing remedies)

5. Agree a plan, including when she should return or seek urgent help

Medicine · Toddler with gastroenteritis: parent wants an IV drip

SPK-MED-10 | Original simulated candidate card

Setting: Emergency department

You are a doctor in the emergency department. Mr Fergal Lenihan's 2-year-old daughter has had vomiting and diarrhoea for 24 hours. On your assessment she is alert, playful at times and mildly dehydrated. She has tolerated a trial of small, frequent sips of oral rehydration solution in the department, and she is suitable to go home. Her father has asked to speak to you before leaving.

Interlocutor: PARENT

Your tasks

1. Find out about Mr Lenihan's concerns about taking his daughter home

2. Explain why oral rehydration is the recommended treatment for her (rather than a drip)

3. Explain how to give fluids and food at home (small, frequent amounts; which drinks to avoid)

4. Reassure Mr Lenihan about his worries and explain the warning signs that mean he should return

5. Agree a plan for tonight and arrange follow-up

Medicine · New diagnosis of heart failure: misunderstanding the term

SPK-MED-11 | Original simulated candidate card

Setting: Hospital ward

You are a resident doctor on a medical ward. Mr Laurence Langley, aged 67, a retired bus driver, was admitted three days ago with breathlessness and swollen ankles. An echocardiogram has confirmed heart failure, and his breathing and swelling have improved with diuretic treatment. Since hearing the diagnosis on the ward round this morning, he has become quiet and withdrawn, and the nurse has asked you to talk with him. The heart-failure team's written plan asks him to weigh daily, contact the team the same day if he gains more than 2 kg over two days or his swelling/breathlessness worsens, and attend specialist review within two weeks after discharge; severe breathlessness at rest or chest pain requires an ambulance.

Interlocutor: PATIENT

Your tasks

1. Find out what Mr Langley understood from the ward round and how he is feeling (worries, what 'heart failure' means to him)

2. Explain in simple terms what heart failure is and why his symptoms happened

3. Reassure him about his outlook and the treatment available (medicines, monitoring, support from the heart failure team)

4. Explain what he can do himself at home (e.g. weighing daily, warning signs, when to seek help)

5. Agree the next steps before discharge

Medicine · Concussion in a young footballer

SPK-MED-12 | Original simulated candidate card

Setting: Emergency department, Australia (community sport pathway)

You are a doctor in the emergency department. Mr Efren Sison, aged 19, is a semi-professional football player. He clashed heads with an opponent during a match this afternoon and was briefly dazed. He now has a mild headache, but his neurological examination is normal and he does not meet the criteria for a CT scan. He is ready for discharge with concussion advice. His club is using the Australian community-sport concussion pathway, without an advanced-care programme: no contact training until at least 14 days symptom-free at rest and medical clearance, and no competition before 21 days after injury. You have a written staged-return and discharge plan to give him.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Sison is feeling now and about his plans for the next few days (who he will be with, how he is getting home, upcoming matches)

2. Explain what concussion is and how recovery usually progresses

3. Explain the warning signs that need urgent review and what he should and should not do over the next few days (offer written advice)

4. Persuade Mr Sison not to play in next weekend's final and explain the graded return to sport

5. Agree a plan for follow-up with his GP and the club

Medicine · GP: daily headaches from painkiller overuse in a nurse requesting stronger pain relief

SPK-MED-13 | Original simulated candidate card

Setting: Community clinic

You are a doctor in a community clinic. Ms Ngozi Musa, aged 28, is a hospital nurse who has had migraine since her teens. For the past few months she has had headaches on most days. She takes codeine-containing painkillers and ibuprofen on 18 to 20 days a month. Her neurological examination today is normal. She has come in asking for a stronger painkiller.

Interlocutor: PATIENT

Your tasks

1. Find out about her headache pattern and how she uses her painkillers (types, amounts, how long, effect, symptoms when she misses a dose)

2. Explain medication-overuse headache and why a stronger painkiller is not the answer

3. Reassure her about her worries about stopping the painkillers (what to expect, support available)

4. Explain other ways to manage her headaches (headache diary, preventive treatment, possible triggers)

5. Agree a plan for stopping the ibuprofen and gradually reducing the codeine, and arrange follow-up and explain when a new headache symptom needs emergency help

Medicine · Abnormal liver tests and alcohol intake

SPK-MED-14 | Original simulated candidate card

Setting: Community clinic

You are a doctor in a community clinic. Mr Rodel Nepomuceno, aged 52, a restaurant owner, has come for the results of routine blood tests taken at a health check last week. His GGT and ALT are raised; his kidney function and full blood count are normal. His notes record him as a 'social drinker', and he expects the results to be normal. If withdrawal symptoms are disclosed, assess his current symptoms, vital signs and last drink today before deciding whether he can safely leave with a planned review. Home withdrawal is an option only if reliable support, daily professional review and emergency contact arrangements can be secured.

Interlocutor: PATIENT

Your tasks

1. Find out about Mr Nepomuceno's alcohol intake in detail (amount, pattern, situations, symptoms when he goes without a drink; a 375 ml can of full-strength beer is about 1.4 standard drinks and a 750 ml bottle of wine about 8)

2. Explain the blood test results and their likely link to alcohol in non-technical language

3. Respond to his reaction and encourage him to change his drinking safely (Australian guideline: no more than 10 standard drinks a week and no more than 4 on any one day; the liver often recovers; he must not stop or cut down sharply until his withdrawal risk has been assessed)

4. Agree a plan (medically supported reduction with early review and daily checks in the first days if needed, warning signs needing urgent help, repeat blood tests and a liver ultrasound, follow-up in a few weeks)

Medicine · Resident with a skin tear after a fall: angry son

SPK-MED-15 | Original simulated candidate card

Setting: Aged care facility

You are the visiting GP. Mr Bradley Hargreave's mother, aged 89, is a resident here. She walks with a frame and has mild memory problems, but she can usually make everyday decisions about her care with support, and she has agreed that her son may receive updates. Last night she had an unwitnessed fall on the way to the bathroom. She has a skin tear on her right forearm, which has been cleaned and dressed, and there is no clinical evidence of fracture or head injury on initial assessment. Because the fall was unwitnessed, neurological observations are underway. Staff report that she has been more drowsy and confused over the past few days, so you have started an assessment today for possible delirium and its cause. This includes a review of her medicines, including any that increase bleeding risk. Her son has arrived and asked to speak with you.

Interlocutor: RELATIVE

Your tasks

1. Find out about Mr Hargreave's concerns about his mother's fall

2. Explain his mother's injuries and the care she is receiving (skin tear dressing, neurological observations, assessment of her recent drowsiness and confusion)

3. Explain why keeping her in bed with bed rails is not recommended (risk of serious injury, loss of strength and independence)

4. Reassure him about the steps being taken to reduce her risk of falling (falls risk review, low bed, sensor mat, physiotherapy)

5. Agree a plan that involves his mother in decisions about her care, including how he will be kept informed

Medicine · GP: a mother's worries about her baby's 6-month immunisations

SPK-MED-16 | Original simulated candidate card

Setting: Community clinic

You are a general practitioner. Ms Rosalind Ormerod, aged 30, has brought her healthy 6-month-old son for his scheduled 6-month immunisations. He had his earlier immunisations on time. She has read online and in parent forums that vaccines 'overload' a baby's immune system and now wants to delay all vaccines until he is older.

Interlocutor: PARENT

Your tasks

1. Find out about Ms Ormerod's concerns and what she has read (previous reactions, sources of information)

2. Explain in simple terms how vaccines work with a baby's immune system and why the 'overload' idea is not correct

3. Explain why vaccinating on time matters and what side effects are common and rare

4. Reassure her about her worries and respect her right to decide

5. Agree a plan for today (vaccination or a follow-up appointment soon, aftercare, reliable information)

Medicine · Chest pain: patient wishes to self-discharge

SPK-MED-17 | Original simulated candidate card

Setting: Hospital ward

You are a doctor on a medical ward. Mr Joon-ho Nakamura, aged 56, a self-employed builder, was admitted last night with central chest pain on exertion that settled with rest. His ECG showed no acute changes, and his first troponin, taken a few hours after the pain began, was normal but did not meet the hospital's criteria for ruling out a heart attack on its own. A repeat troponin result is expected late this morning, and the cardiology team plans to see him early this afternoon. The nurse has told you he has packed his bag and wants to leave now to drive to his job site.

Interlocutor: PATIENT

Your tasks

1. Find out why Mr Nakamura wants to leave now (reasons, worries, current symptoms)

2. Explain in simple terms why the remaining tests and cardiology review are important (the first normal blood test does not complete the check for a heart problem)

3. Try to persuade him to stay until the assessment is complete, while respecting his right to decide

4. Respond to his concerns about work and finances

5. Agree a plan (staying for the assessment, or, if he still leaves, driving, work, warning signs and same-day follow-up)

Medicine · Transient ischaemic attack: advice not to drive

SPK-MED-18 | Original simulated candidate card

Setting: Community clinic, Australia (private driver)

You are a general practitioner. Ms Tendai Vanwyk, aged 74, is a widow who lives alone in a rural town. Yesterday she had about 20 minutes of weakness in her right arm and slurred speech, and these symptoms have now fully resolved. You have assessed her this morning and diagnosed a probable transient ischaemic attack (TIA). Following the local TIA pathway, you have started initial preventive treatment and confirmed a same-day assessment at the stroke and TIA clinic at the regional hospital this afternoon. You are now discussing the next steps with her. She holds a private car licence and is not driving commercially; the two-week minimum in the given local pathway applies to private driving and still requires medical review before return.

Interlocutor: PATIENT

Your tasks

1. Find out how Ms Vanwyk is feeling now and how she relies on driving in her daily life

2. Explain what a TIA is and why this afternoon's specialist assessment at the hospital is important (warning sign, higher risk of stroke in the coming days)

3. Advise her not to drive (for at least two weeks and until she has been medically reviewed) and persuade her to accept this despite her objections

4. Discuss safe transport to the hospital today and practical alternatives for shopping and visiting her sister

5. Explain what to do if any symptoms return and agree a plan

Medicine · Palliative care: daughter's fear of morphine

SPK-MED-19 | Original simulated candidate card

Setting: Hospital ward

You are a doctor on the medical ward. Mrs Agnieszka Lewandowski is the daughter of a 78-year-old man with metastatic lung cancer, admitted five days ago with increasing pain and breathlessness. The team plans to start regular low-dose oral morphine, with a laxative, for his pain and breathlessness. He is alert and able to make his own decisions. Mrs Lewandowski has asked the nurses not to give him morphine and has asked to speak to a doctor.

Interlocutor: RELATIVE

Your tasks

1. Find out about Mrs Lewandowski's concerns about morphine (previous experiences, what she has heard)

2. Explain why morphine is recommended for her father and correct her misunderstandings (addiction, shortening life)

3. Explain the possible side effects and how he will be monitored

4. Reassure Mrs Lewandowski about her feelings of guilt and the importance of her father's own wishes

5. Agree a plan for discussing the medication together with her father

Medicine · Carer strain: reluctance to accept respite

SPK-MED-20 | Original simulated candidate card

Setting: Home visit

You are a general practitioner on a home visit to review a 76-year-old man with advanced Parkinson's disease. He is now resting in the bedroom. His wife, Mrs Carmen Escobar, aged 72, is his only carer. She looks exhausted and moves stiffly, and she mentions that she hurt her back helping him out of his chair a few days ago. She has not slept properly for several weeks. You can contact the local same-day community-care coordination team during this visit to check urgent safe-transfer support and escalate if home care cannot be made safe before his next transfer.

Interlocutor: CARER

Your tasks

1. Find out how Mrs Escobar is coping (her back, her sleep, the daily caring routine, moving her husband)

2. Explain your concerns about her own health and the risks to both of them if things continue as they are

3. Reassure her that accepting help does not mean abandoning her husband

4. Explain the support available (help at home, equipment and advice for transfers, short-term respite, carer support services)

5. Agree a plan (keeping both of them safe from today, a prompt review of her back, when to seek urgent help)

Medicine · Chronic kidney disease: explain uncertainty and follow-up

SPK-MED-21 | Original simulated candidate card

Setting: General practice

This original independent practice scenario contains fictional patient details and individual care arrangements. You are a GP seeing Ms Jerotich Kiptoo, aged 59, after repeated blood tests over five months have shown a persistent, mild reduction in kidney function, consistent with chronic kidney disease. Her results do not indicate a current need for dialysis, but the cause and future course are not yet clear. You propose urine testing, continued blood-test monitoring and a blood pressure review, with arrangements to discuss the results.

Interlocutor: PATIENT

Your tasks

1. Find out what Ms Kiptoo understands about the diagnosis and what she fears will happen next

2. Explain chronic kidney disease in simple terms and distinguish her current findings from advanced disease requiring dialysis

3. Explain what further tests and monitoring can establish, acknowledging that her future kidney function cannot be predicted with certainty today

4. Reassure her using the available findings without promising that the condition will never worsen

5. Agree practical arrangements for testing and a results review, and check her understanding

Medicine · Glaucoma: discuss ongoing prescribed treatment

SPK-MED-22 | Original simulated candidate card

Setting: Eye outpatient clinic

This original independent practice scenario contains fictional patient details and an individual specialist plan. You are a doctor seeing Mr Ibidapo Faloye, aged 60, who was diagnosed with glaucoma eight months ago and wants to stop his prescribed eye drops because his sight feels normal. The documented specialist plan is to continue his existing drops exactly as prescribed and attend his booked monitoring appointment; no treatment change has been authorised. The prescribing eye team is available today to clarify any questions about his particular regimen, so you do not need to select a medicine or provide dosing instructions.

Interlocutor: PATIENT

Your tasks

1. Find out why Mr Faloye wants to stop his drops, how he currently uses them and whether he has experienced any problems

2. Explain why glaucoma can damage sight without noticeable symptoms and how treatment aims to protect his vision

3. Encourage him to continue the existing prescribed treatment while acknowledging his concerns and referring regimen questions to the prescribing eye team

4. Explain why follow-up remains necessary even when his vision feels normal

5. Agree a practical plan for continuing treatment, obtaining answers from the eye team and attending monitoring

Medicine · Hyperthyroidism: explain investigations and treatment options

SPK-MED-23 | Original simulated candidate card

Setting: General practice

This original independent practice scenario contains fictional patient details and proposed individual investigations. You are a GP seeing Mrs Illa Kihn, aged 61, who reports unintentional weight loss, heat intolerance and disturbed sleep over the past few months. You suspect an overactive thyroid, but no thyroid blood test has yet been performed and she is clinically stable today. You recommend thyroid blood testing and a results discussion, with specialist assessment if the findings confirm hyperthyroidism, but she is reluctant because she welcomes the weight loss.

Interlocutor: PATIENT

Your tasks

1. Find out about Mrs Kihn's symptoms, her understanding of the possible thyroid problem and her reasons for hesitating about tests

2. Explain what an overactive thyroid is and why a blood test is needed before confirming the diagnosis

3. Encourage her to investigate the symptoms without judging her feelings about weight or promising a particular weight outcome

4. Outline the main treatment options briefly, explaining that a specialist would help choose treatment if the diagnosis is confirmed

5. Agree arrangements for testing and discussing the results, and check her understanding

Medicine · Recurrent gout: discuss long-term prevention

SPK-MED-24 | Original simulated candidate card

Setting: General practice

This original independent practice scenario contains fictional patient details and a proposed individual prevention review. You are a GP seeing Mr Lorenzo Atienza, aged 62, after three diagnosed gout attacks during the past year; his latest attack has resolved and he has no current joint symptoms. He has used prescribed treatment during attacks but has never taken uric acid-lowering treatment and believes medicines are unnecessary between episodes. You propose reviewing his health conditions and medicines, measuring blood uric acid and discussing whether regular preventive treatment would suit him, without selecting a drug or dose during this conversation.

Interlocutor: PATIENT

Your tasks

1. Find out how the attacks affect Mr Atienza, how he manages them and what he understands about treatment between attacks

2. Explain in simple terms how gout occurs and distinguish treatment of an attack from long-term prevention

3. Discuss why recurrent attacks make an individual prevention review worthwhile and respond to his concerns about regular medication

4. Advise on realistic lifestyle measures that can support prevention without blaming him for the condition

5. Agree the next steps for blood testing, medicine review and a shared decision about prevention

Medicine · Iron-deficiency anaemia: explore tests and dietary concerns

SPK-MED-25 | Original simulated candidate card

Setting: General practice

This is original independent practice; all patient-specific details are fictional. You are a GP continuing today's consultation with Mrs Leanna Searle, aged 17, who has had six weeks of tiredness and occasional light-headedness; iron-deficiency anaemia is possible but unconfirmed. Acute physical and psychological safety screening, assessment of her ability to consent, confidentiality and urgent-help advice have already been addressed, with no indication for emergency care identified; a GP physical health review is booked for tomorrow whether or not testing proceeds, and the practice will contact her to discuss any results when available. She now declines blood testing and requests vegetarian food advice, but her usual food intake has not been explored and no specialist referral has been arranged.

Interlocutor: PATIENT

Your tasks

1. Explore her needle concerns and previous experience, offering one practical adjustment she would prefer

2. Ask briefly about her usual meals and any reasons for limiting food, without judgement

3. Explain how blood tests check for anaemia and stored iron, and why food advice alone cannot clarify the cause of her symptoms

4. Offer immediate referral to an age-appropriate eating disorder service for assessment if her intake raises concern, and seek her decisions about referral and blood testing without pressure

Medicine · Persistent dyspepsia: discuss arranging gastroscopy

SPK-MED-26 | Original simulated candidate card

Setting: Gastroenterology clinic

This is original independent practice; all patient-specific details are fictional. You are a doctor seeing Mr Kurtis Fitzsimmons, aged 64, whose upper abdominal discomfort has persisted for three months despite prescribed acid-suppressing treatment. His GP has referred him for specialist assessment, and you recommend gastroscopy to investigate the continuing symptoms. His brother had stomach cancer, and today's discussion is to address his concerns and decide whether he wants gastroscopy arranged; detailed preparation and confirmation of procedural consent will follow with the endoscopy team.

Interlocutor: PATIENT

Your tasks

1. Find out about his continuing symptoms, response to treatment and main concern about the proposed test

2. Explain why gastroscopy is recommended and why this does not mean that he has cancer

3. Describe the camera test briefly, including possible tissue sampling and the main uncommon complications

4. Address his concerns about discomfort and control by discussing comfort options; if he asks about a blood test, explain its limitations

5. Agree whether he wants gastroscopy arranged, checking his understanding and outlining written preparation instructions and essential safety arrangements if sedation is chosen

Medicine · Postmenopausal bleeding: discuss an urgent investigation pathway

SPK-MED-27 | Original simulated candidate card

Setting: General practice

This is original independent practice; all patient-specific details are fictional. You are a GP seeing Ms Safiya Shehu, aged 65, who reports two episodes of light vaginal spotting during the past fortnight after many years without periods. She reports no current heavy bleeding or acute illness, and the cause has not been established. You recommend an urgent gynaecology referral, but she is embarrassed and wants to wait because the spotting has stopped.

Interlocutor: PATIENT

Your tasks

1. Find out about the bleeding, relevant medicine use and her reasons for wanting to wait

2. Explain why bleeding after menopause needs investigation even when it is light and has stopped, describing possible causes without diagnosing cancer

3. Explain the specialist pathway and possible examinations, ultrasound and tissue sampling in plain language

4. Address her embarrassment and examination concerns, discussing consent, a chaperone and preferences for the examining clinician

5. Agree a referral and follow-up plan, including how she will receive appointment information and whom to contact if symptoms worsen

Medicine · Obstructive sleep apnoea: explore CPAP difficulties

SPK-MED-28 | Original simulated candidate card

Setting: Sleep outpatient clinic

This is original independent practice; all patient-specific details are fictional. You are a doctor reviewing Mr Toni Gonzalo, aged 66, who started CPAP for confirmed obstructive sleep apnoea three weeks ago. He reports mask noise, removes it during the night and remains sleepy during the day; his partner brought him today. A sleep-team equipment review can be arranged, but you have not yet examined the mask or established the cause of the noise.

Interlocutor: PATIENT

Your tasks

1. Find out how he uses CPAP, what happens when the noise starts and how sleepiness affects daily activities and driving

2. Explore the effect of the mask on his relationship and any worries about treatment safety

3. Explain how CPAP works and why regular use matters, acknowledging the difficulties he describes

4. Offer a sleep-team review of mask fit, possible leaks and equipment, responding to concerns without assuming the noise is harmless

5. Agree an equipment and symptom review plan, partner involvement if he wishes, and safe transport while excessive sleepiness remains uncontrolled

Medicine · Impetigo: explain prescribed treatment and attendance advice

SPK-MED-29 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice case; the history and individual prescription are fictional case facts. You have examined Ms Uta Peronne's three-year-old daughter and diagnosed localised non-bullous impetigo on her forearm; she is otherwise well, without surrounding hot, painful swelling. Your documented prescription is hydrogen peroxide 1% cream, applied thinly to the affected patches three times daily for five days, starting today; current NHS advice is to remain away from nursery until 48 hours after prescribed treatment starts. Ms Peronne wants to take her daughter straight to nursery; focus on treatment and attendance advice during this five-minute conversation, with any further clinical assessment continuing afterwards.

Interlocutor: RELATIVE

Your tasks

1. Find out what Ms Peronne understands about the infection and why returning to nursery today matters to her, checking whether her daughter has become unwell since examination

2. Explain the prescribed cream treatment and the importance of completing the course

3. Explain the current NHS attendance advice and simple measures to reduce spread

4. Respond sympathetically to her childcare difficulty and persuade her to delay nursery attendance

5. Agree a practical treatment and return-to-nursery plan, including when to seek further medical help

Medicine · Scabies: agree coordinated treatment

SPK-MED-30 | Original simulated candidate card

Setting: Student health clinic, UK

You are a doctor in this original independent practice case; all patient history and proposed arrangements are fictional case facts. You have examined Mr Gerard Cornelisse, a 38-year-old postgraduate student, and diagnosed scabies, with no evidence of secondary skin infection or crusted scabies. He has not started treatment: today's proposed plan is to arrange suitable topical treatment through the pharmacist, with product-specific application instructions, and coordinate treatment with household members and relevant sexual contacts; NHS advice includes repeating topical treatment seven days later, washing bedding and clothing at 60°C or above on the first treatment day, and sealing clothing that cannot be washed in a bag for at least three days. He appears embarrassed and wants to treat himself privately; use this five-minute conversation to agree coordinated care, with a complete clinical assessment continuing afterwards if needed.

Interlocutor: PATIENT

Your tasks

1. Find out what Mr Cornelisse thinks the diagnosis means and identify relevant household or sexual contacts sensitively

2. Explain transmission without blame and why people without symptoms may still need treatment

3. Respond to his embarrassment and explore an acceptable way to inform the people who need treatment

4. Explain the proposed treatment arrangements and practical measures to prevent further spread

5. Agree how he will obtain treatment, coordinate with contacts and seek review if symptoms suggest complications or do not settle

Medicine · Osteoporosis: explore reluctance about prescribed treatment

SPK-MED-31 | Original simulated candidate card

Setting: Hospital outpatient bone-health clinic

You are a doctor in this original independent practice case; the patient history and proposed appointment arrangements are fictional case facts. Ms Yuenyi Hui, aged 39, has specialist-confirmed osteoporosis following a vertebral fracture after a minor lifting movement, with prolonged steroid treatment contributing to her bone-health history. A clinic colleague prescribed alendronic acid, but she has not taken the first dose because she has read online accounts of jaw damage; today's five-minute discussion is to explore her concerns and arrange an individual prescribing review, involving her dentist with permission where appropriate, without deciding whether to start or change treatment or replacing a full prescribing consultation. Clinical briefing: alendronic acid is a bisphosphonate that slows bone breakdown to reduce fractures; jawbone damage with poor healing is a rare recognised complication, less common with osteoporosis treatment than with high-dose treatment for cancer; extractions and prolonged steroid treatment can increase risk, but an extraction does not automatically rule out treatment, and medicine timing requires individual review rather than a blanket stopping rule.

Interlocutor: PATIENT

Your tasks

1. Find out what Ms Hui has read, whether she has started treatment, and whether she has current dental symptoms or planned dental procedures

2. Explain why bone-strengthening treatment was offered in her case and use the clinical briefing to put the reported jaw risk into perspective

3. Respond to her concerns without dismissing them or promising that a medicine has no risk

4. Explain how any dental plans affect the need for an individual prescribing review rather than applying a general stopping rule

5. Agree a review with the prescribing clinician and, with her permission, communication with her dentist before finalising her treatment plan

Medicine · Unexplained weight loss: discuss investigation under uncertainty

SPK-MED-32 | Original simulated candidate card

Setting: General practice

You are a GP in this original independent practice case; all patient measurements, history and proposed care arrangements are fictional case facts. Mr Buck Perkins, aged 40, has unintentionally lost five kilograms over three months during a stressful period at work, and the assessment so far has not established a cause. Your proposed individual plan is to complete the clinical assessment and arrange a full blood count, thyroid function and blood glucose tests; the practice can offer blood sampling this week and a GP telephone review the following week, with further investigations guided by the findings. He wants reassurance that stress explains everything; use this five-minute conversation to explore that expectation and agree investigation and safety-netting, with the complete clinical assessment continuing afterwards.

Interlocutor: PATIENT

Your tasks

1. Find out briefly about changes in eating or activity and any swallowing difficulty or bowel change; leave the fuller history for the continuing assessment

2. Explain that stress may contribute but that unintentional weight loss has other possible causes which need assessment

3. Explore why Mr Perkins thinks stress explains the weight loss and what worries him most; respond sensitively and encourage him to accept initial investigation without promising a diagnosis

4. Explain the proposed blood tests briefly in simple terms: a full blood count for anaemia, thyroid function for an overactive thyroid, and blood glucose for diabetes; explain that findings guide further care

5. Agree blood sampling this week and a telephone review next week, including contacting the practice if the call is missed; check understanding of two routes for earlier help: contact the practice promptly for further weight loss, swallowing difficulty or bowel change; call 999 for vomiting blood with faintness or feeling unwell

Medicine · Positive bowel screening result: explain further investigation

SPK-MED-33 | Original simulated candidate card

Setting: Screening follow-up clinic (community clinic, UK)

You are a doctor in this original independent practice scenario, seeing Ms Chantel Helery, aged 41, after a positive faecal immunochemical test (FIT). Fictional case facts: she arranged screening privately, outside the routine NHS age-based programme, and her GP has already referred her to this clinic; she reports feeling well and believes the result confirms cancer. General clinical information: FIT detects blood rather than cancer itself; a colonoscopy uses a flexible camera passed through the bottom to examine the large bowel, may involve taking tissue samples or removing polyps, requires bowel-clearing preparation, and carries uncommon risks including bleeding and a tear in the bowel. The proposed next step in this fictional case is an endoscopy-team assessment to discuss suitability, preparation, comfort options and consent before arranging colonoscopy; the full clinical assessment may continue after this focused conversation, and heavy or continuous rectal bleeding requires emergency assessment rather than waiting for an appointment.

Interlocutor: PATIENT

Your tasks

1. Find out what Ms Helery understands about the result and briefly check whether she has noticed bowel symptoms, particularly any current bleeding

2. Explain what a positive FIT does and does not establish, including why feeling well does not remove the need to investigate

3. Describe the proposed colonoscopy and its main benefits, preparation and risks in simple terms

4. Respond to her fear that cancer is already certain without promising a harmless result

5. Agree an informed next step with the endoscopy team and explain when she should seek medical help while waiting

Medicine · Migraine with aura and contraception: discuss a safe contraceptive review

SPK-MED-34 | Original simulated candidate card

Setting: Family planning clinic (community clinic, UK)

You are a doctor in this original independent practice scenario, seeing Mr Onofre Narvaez, aged 42, who requests the combined pill after a friend's positive experience. He is a transgender man who retains his uterus and ovaries, takes no testosterone and uses condoms. Your initial assessment confirms longstanding migraine with visual aura, no symptoms today and no recent unprotected sex or condom failure. Combined contraception is unsuitable because of increased stroke risk; alternatives for assessment include the daily progestogen-only pill and an arm implant, both without oestrogen but with possible bleeding changes.

Interlocutor: PATIENT

Your tasks

1. Explore what Mr Narvaez hopes contraception will achieve and briefly clarify what his usual visual aura is like

2. Explain why the combined pill is unsuitable despite his friend's experience

3. Outline the progestogen-only pill and arm implant, including possible bleeding changes

4. Address his concern about receiving an inferior option and invite his preference

5. Agree a full contraceptive assessment and continued condom use meanwhile

Medicine · Gestational diabetes: discuss a shared care plan

SPK-MED-35 | Original simulated candidate card

Setting: Antenatal clinic (UK)

You are a doctor in this original independent practice scenario, seeing Ms Gifty Ahortor, aged 43, who was diagnosed with gestational diabetes after an oral glucose tolerance test yesterday at 27 weeks of pregnancy. Fictional case facts: she has not started glucose testing or medication and says that the diagnosis feels like criticism; the proposed local plan is to meet the diabetes midwife today for a meter demonstration and written testing, target and contact instructions, arrange dietitian input through the joint antenatal-diabetes team, and book the next review before she leaves. General clinical information: pregnancy increases the body's insulin needs, gestational diabetes is not a personal failure, and tailored food choices, suitable activity and monitoring reduce risks such as excessive fetal growth; tablets or insulin may be needed after assessment, without implying that she has failed. This is a focused shared-planning conversation rather than a complete antenatal assessment: check that she feels well and that her baby's usual movements are unchanged, advise prompt maternity-team contact for new concerning symptoms such as marked thirst or blurred vision, and immediate contact for reduced or changed fetal movements rather than waiting for the next appointment.

Interlocutor: PATIENT

Your tasks

1. Find out what Ms Ahortor understands about the diagnosis and which daily difficulty feels most important, with a brief check of her current wellbeing and baby's movements

2. Explain gestational diabetes simply and reassure her that needing support or medicine does not mean personal failure

3. Outline the proposed shared care, including practical food advice and supported home monitoring without inventing glucose targets

4. Respond to her feeling of blame and help her identify one manageable first step

5. Agree how to proceed with the diabetes midwife and follow-up, including when to contact the maternity team

Medicine · Pulmonary embolism on anticoagulation: discuss follow-up and bleeding concerns

SPK-MED-36 | Original simulated candidate card

Setting: Hospital follow-up clinic (UK)

You are a doctor in this original independent practice scenario, seeing Mr Burley Kuphal, aged 44, two weeks after a confirmed pulmonary embolism; he reports improving breathlessness and new bruising and wants to stop apixaban. Fictional documented discharge plan: continue apixaban exactly as prescribed until the treating team's review three months after diagnosis, when duration will be reconsidered, with no automatic stop at that review; today you can assess the bruising and arrange a medication review with the anticoagulation service before he leaves. General clinical information: anticoagulation prevents clot extension and new clots, improvement in symptoms does not establish that treatment can safely stop, bruising and bleeding need assessment, and non-prescribed ibuprofen can increase bleeding risk and should be avoided pending professional advice. Check current symptoms, bleeding severity, adherence and other medicines; severe or uncontrolled bleeding, black stools, vomiting blood or a significant head injury need immediate emergency assessment, while sudden breathlessness, chest pain or collapse require an emergency ambulance call, and a full ongoing clinical assessment may continue after this focused conversation.

Interlocutor: PATIENT

Your tasks

1. Find out why Mr Kuphal wants to stop treatment and briefly assess his current breathing, bruising or bleeding and use of prescribed and non-prescribed medicines

2. Explain why feeling better does not replace the documented anticoagulation plan

3. Respond to his bleeding concerns and explain the prompt medication review, including the precaution about ibuprofen if relevant

4. Agree the immediate plan and follow-up, checking that he knows when to seek emergency help

Medicine · Eczema: discuss topical treatment worries

SPK-MED-37 | Original simulated candidate card

Setting: General practice

In this original independent practice scenario, you are a GP reviewing the eczema of Ms Liliana Nicolas's six-year-old child; today's examination shows itchy, inflamed patches behind the knees without signs of infection. Ms Nicolas, aged 36, has used the emollient but avoided the prescribed steroid cream after hearing stories about skin thinning. The proposed individual plan is continued emollient care, including when the skin improves, and the prescribed steroid for the active knee patches; offer a review of the dispensed product and an application demonstration before home treatment, confirming the preparation, amount, frequency and stopping instructions rather than inventing these details. General advice relevant here is that topical steroids reduce inflammation but can cause skin thinning, with risk influenced by their strength and use; new blistering, weeping, crusting, increasing pain, rapid worsening or fever requires urgent assessment, while a complete ongoing clinical assessment may continue after this focused conversation.

Interlocutor: RELATIVE

Your tasks

1. Find out what Ms Nicolas has been applying and what specifically worries her about the steroid cream

2. Explain the different purposes of the emollient and the prescribed steroid in her child's individual plan

3. Address her skin-thinning concern honestly, explaining why the product and application instructions need to be checked and demonstrated

4. Agree the next treatment-support step and follow-up, including when worsening skin symptoms require urgent assessment

Medicine · Kidney stone: explain management and warning symptoms

SPK-MED-38 | Original simulated candidate card

Setting: Emergency department discharge clinic

In this original independent practice scenario, you are an emergency doctor discussing discharge with Mr Ashley Concannon, aged 46, whose CT scan shows a small stone in the tube draining his kidney; his kidney function is satisfactory, his pain has settled with treatment and assessment has found no evidence of infection. The treating team's individual plan is home observation with prescribed pain relief and anti-sickness medicine, drinking water regularly to stay hydrated, and a urology appointment to review stone passage and whether further treatment is needed; the discharge team will confirm that appointment before he leaves. He requests antibiotics, although these treat bacterial infection rather than remove a stone, and the team has not identified an indication for them. General safety advice is to return promptly to the emergency department for fever or shivering, uncontrolled pain, persistent vomiting or inability to pass urine; confirm that none has developed before discharge, and continue any further clinical assessment after this focused conversation.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Concannon feels now and what he expects antibiotics to do

2. Explain the stone finding and the team's proposed home-management approach

3. Address his request for antibiotics using the current assessment without guaranteeing that infection cannot develop

4. Agree the discharge and urology follow-up arrangements, checking his understanding of symptoms requiring urgent reassessment

Medicine · Palpitations under assessment: explain testing and uncertainty

SPK-MED-39 | Original simulated candidate card

Setting: General practice

In this original independent practice scenario, you are a GP seeing Mrs Yvette Miles, aged 47, about recurring episodes of a racing or fluttering heartbeat; she has no palpitations at the start of this consultation, and the cause has not been established. A resting ECG is available today to record the heart's electrical activity, with review of its result before she leaves; an intermittent problem may not appear during a brief recording, so ongoing symptoms may require further assessment or cardiology referral. She fears sudden death after reading online, and relevant general information is that palpitations often have non-serious causes but can also reflect a heart rhythm problem, so neither anxiety nor a harmless rhythm should be diagnosed prematurely. Check associated chest pain, breathlessness, faintness or fainting and relevant heart or family history: ongoing palpitations that do not stop, or palpitations with those associated symptoms, require emergency assessment without self-driving, while episodes with those associated symptoms that have stopped require urgent assessment; a complete ongoing clinical assessment may continue after this focused conversation.

Interlocutor: PATIENT

Your tasks

1. Find out about Mrs Miles's episodes, associated warning symptoms and relevant heart or family history

2. Explore what she read online and what she fears it means for her

3. Explain the proposed ECG and the uncertainty that may remain after an initial test, offering proportionate reassurance

4. Agree review of today's result and further follow-up if symptoms continue, including when to seek urgent or emergency help

Medicine · Advanced pancreatic cancer: discuss disclosure and patient preferences

SPK-MED-40 | Original simulated candidate card

Setting: Palliative outpatient clinic

In this original independent practice scenario, you are a doctor meeting Mr Sergio Lacsamana, aged 48, before a consultation with his wife, whose investigations have confirmed advanced pancreatic cancer. His wife has authorised discussion of her results with him, has decision-making capacity, and knows that a serious pancreatic illness is being investigated, but her preferred amount of information has not yet been established. Mr Lacsamana asks you to hide the cancer diagnosis; the proposed next step is to speak with his wife about what she understands, how much she wants to know and whom she wants involved, then offer a supported conversation at her preferred pace. Relevant general principles are that a spouse's request alone does not justify withholding information needed for a capable patient's decisions, distress does not itself establish incapacity, and a patient's wish to limit detail should be explored while ensuring valid informed decisions; fuller assessment and care planning can continue after this focused conversation.

Interlocutor: RELATIVE

Your tasks

1. Find out why Mr Lacsamana wants the diagnosis withheld and what his wife has said about receiving information

2. Acknowledge his protective intention and explore the consequences he fears

3. Explain his wife's role in choosing information and making decisions, without agreeing to deception or forcing unwanted detail

4. Agree how to approach his wife about her preferences and offer a supported discussion if she wants him involved

Medicine · New atrial fibrillation: explore competing priorities in a prevention decision

SPK-MED-41 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice scenario; the patient details and documented assessment below are fictional case facts. Ms Miriam Hornig, aged 49, has recently had atrial fibrillation confirmed by ECG, has hypertension and feels well today. Her documented individual assessment recommends offering an oral anticoagulant because the expected stroke-prevention benefit outweighs the assessed bleeding risk; she has not started treatment. She understands these benefits and bleeding considerations but wants immediate protection without ongoing tablets, and a prescribing review is available today to discuss her decision and, if she accepts treatment, select the medicine and provide individual instructions.

Interlocutor: PATIENT

Your tasks

1. Find out what immediate protection and avoiding ongoing tablets mean to Ms Hornig, and which priority matters most to her

2. Explain the distinction between stroke prevention and treatment of the heart rhythm, without promising complete protection or a tablet-free solution

3. Explore the trade-off between her preferences and the documented recommendation, acknowledging her understanding rather than repeating a general warning

4. Agree an informed next step using today's prescribing review, checking her understanding and respecting her decision

Medicine · Functional constipation with soiling: explain the ongoing care plan

SPK-MED-42 | Original simulated candidate card

Setting: Paediatric clinic, UK

You are a doctor in this original independent practice scenario; the family details and assessment below are fictional case facts. Mr Derick Shanahan, aged 42, is attending with his seven-year-old son, whose assessment today supports functional constipation with overflow soiling after painful, hard stools and recurrent underwear staining. The clinic's proposed care plan is an individual laxative prescription and explanation from the paediatric prescriber before departure, relaxed toilet sitting after meals with supported feet, praise for participation, adequate drinks and fibre-containing foods, and follow-up arranged before the family leaves; no medicine or dose has yet been selected. Mr Shanahan believes his son is being deliberately dirty and doubts that a supportive approach will help.

Interlocutor: RELATIVE

Your tasks

1. Find out what Mr Shanahan has noticed, how he explains the accidents and how the family currently responds

2. Explain overflow soiling and the cycle of painful stools and withholding in simple, non-blaming language

3. Explain the supplied care plan and encourage a calm approach that rewards participation rather than clean underwear

4. Agree practical steps for home and school, confirm the prescribing discussion and follow-up arrangements, and check understanding

Medicine · Carpal tunnel syndrome: agree investigation and workplace support

SPK-MED-43 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice scenario; the patient details and findings below are fictional case facts. Mrs Feliciana Albero, aged 51, has intermittent right-hand tingling, worse at night, and difficulty with repetitive gripping at her packing job. Today's assessment suggests carpal tunnel syndrome, but the diagnosis remains uncertain, so you propose nerve conduction testing, a night wrist splint and a review of tasks involving repeated wrist bending or forceful gripping. An occupational health review is available through her employer, but no contact or disclosure has been authorised, and she fears that seeking support will cost her work.

Interlocutor: PATIENT

Your tasks

1. Find out which work and daily tasks are affected, including any difficulty gripping safely, and explore her concerns about disclosure

2. Explain the suspected nerve pressure and the purpose of the proposed nerve conduction test

3. Discuss a night wrist splint and practical task adjustments, reassuring her about involvement in decisions without guaranteeing an employment outcome

4. Agree investigation and follow-up, and establish whether she consents to an occupational health referral and what information she agrees may be shared

Medicine · Essential tremor: discuss function and treatment preferences

SPK-MED-44 | Original simulated candidate card

Setting: Neurology outpatient clinic

You are a doctor in this original independent practice scenario; the patient details and assessment below are fictional case facts. Mr Reynaldo Fortun, aged 52, has gradually developed shaking of both hands when writing or holding a cup, and today's neurological assessment supports essential tremor with no findings suggesting Parkinson's disease. The proposed approach is to identify the activities he most wants help with, discuss practical support or an individual medicine review according to his preferences, and arrange follow-up; no medicine has been selected. He assumes that any tremor inevitably means Parkinson's disease and is worried about losing his independence.

Interlocutor: PATIENT

Your tasks

1. Find out how the tremor affects Mr Fortun's activities, what he believes it means and which difficulty he most wants addressed

2. Explain today's assessed diagnosis and respond to his Parkinson's disease concern without guaranteeing that symptoms or findings can never change

3. Discuss practical support and the option of an individual medicine review, explaining that treatment aims to reduce the impact of tremor

4. Agree a next step reflecting his preferences, check understanding and explain how to seek reassessment if symptoms worsen or change

Medicine · Delirium after an acute illness: explain uncertainty and follow-up

SPK-MED-45 | Original simulated candidate card

Setting: Hospital follow-up clinic, UK

You are a doctor in this original independent practice scenario. Mrs Leonie Riney, aged 53, is speaking with you alone after her husband's assessment; he is aged 68 and has agreed that you may discuss his recovery with her. He developed delirium during admission for pneumonia and was discharged ten days ago; today's assessment finds no new acute illness, but his attention still fluctuates despite some improvement. Mrs Riney wants a definite dementia diagnosis today; your proposed plan is to establish his previous functioning, reassess his recovery and investigate persistent difficulties, with appointment details confirmed before she leaves and a later joint discussion involving her husband to agree the plan.

Interlocutor: RELATIVE

Your tasks

1. Find out about her husband's memory and everyday functioning before the illness, changes since discharge and her main concern

2. Explain the difference between delirium and dementia, including why his current symptoms do not establish whether he has dementia

3. Respond to her request for certainty, acknowledging the improvement without promising complete recovery

4. Agree a proposed recovery review and assessment plan for later joint discussion with her husband, including practical support and written appointment details

5. Explain that new sudden confusion or sudden worsening requires immediate medical help rather than waiting for follow-up

Medicine · Changing skin lesion: discuss specialist assessment

SPK-MED-46 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice scenario. Mr Jan Komar, aged 54, has attended about a mole on his left forearm which has enlarged and developed uneven colouring over the past three months. You have examined it and recommend an urgent dermatology referral because its features could indicate skin cancer, although no diagnosis has been established. He is a self-employed delivery driver and asks you to guarantee that the mole is harmless so that he can avoid taking time off work and losing income.

Interlocutor: PATIENT

Your tasks

1. Explore the lesion's changes, associated symptoms, his understanding of the findings and the work pressures affecting his decision

2. Explain why you cannot guarantee that the mole is harmless and why urgent specialist assessment is recommended, briefly describing closer skin examination and possible laboratory testing

3. Acknowledge the potential loss of income and encourage timely assessment, exploring practical ways to reduce disruption without promising appointment flexibility

4. Agree a feasible urgent referral and follow-up plan, including appointment communication, any work-related requests and what to do if appointment information does not arrive or he cannot attend

Medicine · New hypothyroidism: explore expectations about prescribed treatment

SPK-MED-47 | Original simulated candidate card

Setting: Endocrine outpatient clinic, UK

You are a doctor in this original independent practice scenario. Ms Esperanza Pineda, aged 55, was recently diagnosed with hypothyroidism and started prescribed levothyroxine ten days ago. She reports no weight reduction and is considering extra tablets; no dose change has been authorised, and this discussion does not require selecting a dose. Your proposed plan is to check her actual use, continue the prescribed regimen unless clinical review indicates otherwise, and confirm individual blood-test and results-review arrangements before she leaves.

Interlocutor: PATIENT

Your tasks

1. Find out what she expects treatment to achieve, how she has taken it and whether she has already taken extra tablets or developed new symptoms

2. Explain that levothyroxine replaces missing thyroid hormone and that treatment cannot guarantee immediate weight loss

3. Respond sensitively to her frustration and explain why taking extra tablets without review can be harmful

4. Agree to use only the prescribed regimen and confirm individual blood-test and results-review arrangements, including whom to contact about problems

Medicine · Child with suspected hearing loss: agree hearing assessment

SPK-MED-48 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice scenario. Mr Ernie Haines, aged 42, has brought his six-year-old daughter after her teacher raised concerns about missed spoken instructions. The difficulties have been present for several months without recent deterioration; today's ear examination shows no obvious wax blockage or acute infection, but hearing has not been formally assessed. He believes she is deliberately ignoring adults, and you propose referral to children's audiology with review of the findings.

Interlocutor: RELATIVE

Your tasks

1. Find out about his daughter's responses to sound at home and school, the pattern over time and any ear symptoms

2. Explain why hearing difficulty is one possible explanation and describe an age-appropriate hearing assessment without diagnosing a learning disability

3. Respond to his belief that she is deliberately ignoring instructions and explore any concerns about testing

4. Agree referral and results follow-up, practical communication changes while waiting and when to seek earlier medical assessment

Medicine · Recovery after an uncomplicated whiplash injury: agree communication about incompatible work duties

SPK-MED-49 | Original simulated candidate card

Setting: General practice

In this original independent practice role-play, you are a GP seeing Ms Charlie Lyne, aged 57, following an uncomplicated whiplash injury two weeks ago. Today's assessment shows improving neck discomfort without new neurological symptoms, and she accepts the advice to continue everyday movement and rehabilitation. Her documented individual work plan allows desk-based duties with changes of position but excludes lifting or carrying stock and overhead work until her booked review next week. Her employer has offered duties described as light work, but she says these conflict with that plan.

Interlocutor: PATIENT

Your tasks

1. Find out what the offered duties actually involve and what Ms Lyne has already told her employer

2. Explain the difference between keeping active during recovery and undertaking duties excluded by her individual work plan

3. Reassure her that you recognise her willingness to work and explore what would help her discuss suitable duties

4. Agree whether and how to communicate with her employer, obtaining permission for the recipient and information to be shared

5. Agree practical arrangements while duties are clarified and confirm the booked review

Medicine · Stable angina: explain the written symptom action plan

SPK-MED-50 | Original simulated candidate card

Setting: Cardiology outpatient clinic, UK

In this original independent practice role-play, you are a doctor reviewing Mr Venancio Torricelli, aged 58, whose stable angina was diagnosed last month; today's assessment confirms no current chest pain or change in his usual symptom pattern. Earlier today you confirmed that he understands his written GTN dosing instructions and when resolved but changing episodes require urgent GP or NHS 111 advice. He remains frightened of calling an ambulance unnecessarily; his written plan says to call 999 immediately for sudden chest pain or discomfort that does not go away, pain spreading from the chest to an arm, neck, jaw, back or stomach, or chest pain with sweating, sickness, light-headedness or breathlessness, without waiting for further GTN doses, and never to drive himself to hospital. He also avoids everyday activities because of fear, but an individual activity-advice appointment is already arranged; this discussion focuses on recognising emergency warnings, feeling able to seek help and briefly addressing activity avoidance.

Interlocutor: PATIENT

Your tasks

1. Find out what he understands about the emergency instructions and what might stop him calling an ambulance

2. Explain when to call 999 immediately, using the written warning signs and clarifying that he should not wait for further GTN doses or drive himself

3. Address his main worry about seeking emergency help and clarify any misunderstanding about what needing GTN means

4. Explore his fear of everyday activity, respond to his avoidance with brief advice and confirm that he will attend his arranged individual activity-advice appointment

5. Agree how he will keep the spray and plan accessible, inviting him to restate the immediate emergency instruction and clarifying any uncertainty

Medicine · Recurrent urinary symptoms with negative testing: explain diagnostic uncertainty

SPK-MED-51 | Original simulated candidate card

Setting: General practice, UK

In this original independent practice role-play, you are a GP seeing Ms Ropafadzo Mabika, aged 59, for recurrent burning when passing urine and urinary urgency over three months. Two previous laboratory urine cultures, collected before antibiotics, showed no bacterial growth, and an earlier empirical antibiotic course did not noticeably help; she is currently clinically well, but her symptoms continue. These fictional findings have not established the cause, and the proposed next steps are a fuller symptom review, a repeat properly collected urine sample while symptomatic, discussion of an examination with her consent, and a results review to decide whether specialist assessment is needed. She believes the negative tests mean her symptoms must be imagined.

Interlocutor: PATIENT

Your tasks

1. Explore her symptom pattern, daily impact and interpretation of the results; briefly check for fever or shivering, pain under the ribs or in the lower abdomen, visible blood in urine or rapid worsening

2. Validate her symptoms and explain what the tests have and have not established without diagnosing an unconfirmed condition

3. Explain why the next step is reassessment rather than automatically prescribing another antibiotic

4. Agree the proposed assessment and results-contact arrangements, checking her preferences about an examination

5. Explain that the warning symptoms listed above require urgent GP or NHS 111 help, while new confusion, drowsiness or difficulty speaking requires calling 999 immediately; check her understanding of the plan

Medicine · Recurrent falls: explore different acceptable-risk preferences

SPK-MED-52 | Original simulated candidate card

Setting: Geriatric outpatient clinic, UK

In this original independent practice role-play, you are a doctor speaking with Ms Ruby Olivera, aged 60, whose 82-year-old mother has consented to this separate discussion; her mother was assessed after two falls without serious injury, one involving a garden hose and the other occurring while turning indoors. In today's private consultation, her mother demonstrated capacity for the garden-access decision, understood the injury risk and expressed a wish to continue visiting the garden bench independently because it is an important daily pleasure. Her mother is willing to discuss carrying a phone and addressing hazards, has been offered falls-service and home-safety assessments that have not yet occurred, and is available afterwards to confirm proposals; Ms Olivera initially wants every trip supervised but will consider alternatives if her worry is acknowledged. For another fall, advise calling 999 if her mother cannot get up or may have injured her head, neck, back or hip, keeping her warm and comfortable without lifting her, and using NHS 111 for other pain, injury or illness.

Interlocutor: RELATIVE

Your tasks

1. Find out Ms Olivera's main worry and what she understands about her mother's reasons for independent garden access

2. Explain her mother's expressed preference and right to make this decision, acknowledging Ms Olivera's fear and allowing her to respond

3. Discuss up to two practical safeguards linked to her concern, inviting her views without promising complete safety

4. Agree proposals to confirm with her mother, including support Ms Olivera can offer and help arranging the offered assessments

5. Explain the supplied after-fall help advice and check understanding of the agreed next steps

Medicine · Irritable bowel syndrome after assessment: discuss symptom management and safety-netting

SPK-MED-53 | Original simulated candidate card

Setting: Gastroenterology clinic, UK

You are a doctor in a gastroenterology clinic in this original independent practice scenario. In this fictional case, Mrs Fatima Zubairu, aged 61, has recurrent abdominal cramps, bloating and alternating loose and hard stools; examination, blood tests, stool investigations and colonoscopy with biopsies have identified no alternative explanation, and the specialist assessment supports irritable bowel syndrome. Her symptoms remain troublesome, but she has reported no rectal bleeding or unintentional weight loss. The proposed individual plan is to begin with regular meals and a food-and-symptom diary, then review her response; she believes the diagnosis means her symptoms are being dismissed.

Interlocutor: PATIENT

Your tasks

1. Find out how the symptoms affect Mrs Zubairu and what she understands the diagnosis and investigation results to mean

2. Explain why the symptom pattern and assessment support IBS, acknowledging that her symptoms are real

3. Respond to her feeling of dismissal, explaining what the reassuring findings establish without guaranteeing that future symptoms cannot have another cause

4. Discuss the proposed first steps and agree a follow-up arrangement, including when new symptoms should prompt earlier assessment

Medicine · Bronchiectasis: explore airway-clearance support

SPK-MED-54 | Original simulated candidate card

Setting: Respiratory clinic, UK

You are a doctor in a respiratory clinic in this original independent practice scenario. In this fictional case, Mr Marcial Robledo, aged 62, has confirmed bronchiectasis and reports that his usual cough and sputum are unchanged, without fever, blood in the sputum or increased breathlessness. His documented individual plan is to practise the airway-clearance routine already taught by the specialist physiotherapist every day, but he struggles to fit it around work and finds it embarrassing. Explore practical support and arrange specialist review of the routine; you are not being asked to demonstrate a technique or prescribe a replacement schedule.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Robledo manages his routine, what happens at work and whether his respiratory symptoms have changed

2. Explain briefly how bronchiectasis affects mucus clearance and why regular airway clearance is recommended

3. Acknowledge his embarrassment and explore acceptable practical support, including his preferences about workplace disclosure

4. Agree a specialist physiotherapy review and interim arrangements, checking that he knows when worsening symptoms need medical help

Medicine · Child with motor tics: address punishment and agree support before a school performance

SPK-MED-55 | Original simulated candidate card

Setting: Paediatric outpatient clinic, UK

You are a doctor in a paediatric outpatient clinic in this original independent practice scenario. In this fictional case, Ms Hadiza Saidu, aged 42, is discussing her seven-year-old son's repeated blinking and shoulder movements, which your assessment identifies as motor tics; he has no pain or difficulty completing schoolwork. She believes firmer discipline could stop the movements before a school performance next week and is considering taking away a favourite activity whenever they occur. You need to explore family responses and her son's experience, explain the involuntary nature of tics and agree observation and support; no diagnosis of Tourette syndrome has been made.

Interlocutor: RELATIVE

Your tasks

1. Find out how the family responds to the movements, why Ms Saidu thinks punishment might help and how the movements affect her son's feelings and activities

2. Explain that tics are involuntary and that briefly holding them back does not mean a child can reliably stop them

3. Encourage her to avoid punishment and repeated reminders, addressing her worry that a calmer response means allowing the movements to continue

4. Explain how observation and support can help, with further assessment or treatment guided by the child's distress and daily functioning

5. Agree practical support at home and school, involving her son in decisions about the performance, and arrange review with advice on when to seek earlier reassessment

Medicine · Urinary retention after catheter insertion: explain next-step urology review

SPK-MED-56 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice scenario. In this fictional case, Mr Henryk Uittenbosch, aged 64, recently attended the emergency department with painful inability to pass urine; catheter drainage relieved the pain, and the cause remains under investigation. His documented individual discharge plan is to keep the catheter until a supervised trial without catheter in the urology clinic, where staff will remove it, assess urine passed and check bladder emptying with a scan, with further drainage arranged if necessary; the appointment has not yet been confirmed, and you can contact urology today. He reports that the catheter is draining and he has no current pain or fever, but wants it removed immediately because he feels better.

Interlocutor: PATIENT

Your tasks

1. Find out why Mr Uittenbosch wants immediate removal, how he is managing the catheter and whether he has any new symptoms

2. Explain why relief after drainage does not establish that he can now empty his bladder without the catheter; pause to hear his response and adapt the explanation

3. Explain the documented supervised trial and address his concerns without assuming that retention means cancer

4. Agree how to confirm the urology appointment and support him meanwhile, including when catheter problems need urgent assessment

Medicine · Incidental simple renal cyst: explain an imaging finding

SPK-MED-57 | Original simulated candidate card

Setting: Renal outpatient clinic

You are a doctor in this original independent practice scenario; the following findings and arrangements are fictional case facts. Mrs Virginia Healey, aged 65, had an abdominal ultrasound for bloating, which has since settled; the report describes a solitary simple right renal cyst with a thin, smooth wall, clear fluid and no internal partitions or solid component, with no obstruction. Her kidney function blood test was reported as normal, and the renal team's documented recommendation is no treatment or scheduled imaging for this finding, discharge to her GP and reassessment if relevant symptoms develop. She has read the word cyst in her report and wants it removed because she believes it means cancer.

Interlocutor: PATIENT

Your tasks

1. Find out what Mrs Healey understands about the report, why she wants surgery and whether she has any current urinary symptoms or pain

2. Explain the actual ultrasound findings in plain language, distinguishing this simple cyst from findings that need further investigation

3. Address her cancer fear and request for removal, explaining why treatment is not recommended for her current finding

4. Agree how to communicate the individual follow-up plan to her GP and check her understanding of when to seek reassessment

Medicine · New Parkinson's disease: agree the depth and timing of prognostic discussion

SPK-MED-59 | Original simulated candidate card

Setting: Neurology clinic

You are a doctor in this original independent practice scenario. Your adult patient was diagnosed with Parkinson's disease today, makes his own decisions and wants information about current support, leaving detailed future-care discussions until later. He has agreed that you may speak separately with his partner, Ms Vonnie Horton, aged 67, about current support and general uncertainty, but not personalised future-care predictions. Ms Horton wants to know when he will need full-time care; her partner is waiting nearby and is willing to confirm next steps before leaving.

Interlocutor: RELATIVE

Your tasks

1. Find out the main concern behind Ms Horton's request for a timetable for full-time care

2. Explain her partner's information preference and what he has given permission to discuss today

3. Reassure her that support is available for both of them, while explaining why an exact timetable cannot be given

4. Agree a practical next step for support and a later discussion, with arrangements to be confirmed with her partner before departure

Medicine · Shingles and persistent pain: explore symptom review

SPK-MED-60 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice scenario; the following history and examination findings are fictional case facts. Mr Mateus Antunez, aged 38, had shingles over his left flank four months ago and continues to experience burning pain and sensitivity in the same area. Examination immediately before this discussion showed completely healed skin, with no blisters, weeping, spreading redness or eye involvement, and he reports no fever. He believes the continuing pain means he is still contagious; he has brought a packet labelled 'Paracetamol 500 mg tablets', listing paracetamol as its only active ingredient, but his use has not yet been discussed and no medicine change has been agreed.

Interlocutor: PATIENT

Your tasks

1. Find out about the pain, its effect on sleep and daily life, his current medicine use and what makes him think he remains contagious

2. Explain how nerve pain can persist after shingles has healed without proving ongoing infectiousness

3. Address his concern about contact with other people, linking advice to today's skin findings and explaining how advice would differ with new active blisters

4. Agree a symptom and medicine review plan, practical comfort measures and when to seek further assessment

Medicine · Gallbladder removal recovery: discuss return to usual activity

SPK-MED-61 | Original simulated candidate card

Setting: Postoperative follow-up clinic (UK)

You are a doctor in this original independent practice scenario, reviewing Ms Athena Jerde, aged 39, ten days after uncomplicated keyhole gallbladder removal for painful gallstones. Today's assessment shows satisfactory wound healing and mild, improving discomfort, with no features suggesting a complication. The surgical team advises a normal, healthy diet, smaller meals if helpful, gradually increasing light activity, individual advice before heavy lifting or strenuous exercise, and a return to desk work based on comfort and ability to manage duties. She has read online that she needs a permanent fat-free diet and wants advice about eating and returning to desk work; the team has already reviewed written postoperative warning signs with her and confirmed her understanding of when and how to seek help.

Interlocutor: PATIENT

Your tasks

1. Find out how the online advice has affected Ms Jerde's meals, what harm she fears, and what her desk job involves

2. Explain that a permanent fat-free diet is unnecessary and reassure her about eating normally, acknowledging that some foods may initially cause discomfort

3. Advise on returning to desk work according to comfort and ability to manage her duties, discussing a temporary adjustment if needed

4. Agree one manageable next step for eating or returning to work, guided by her priority, and check her understanding

Medicine · Suspected food allergy: explain testing and safe next steps

SPK-MED-62 | Original simulated candidate card

Setting: Paediatric allergy clinic, UK

You are a doctor in this original independent practice scenario, seeing Mr Kit Herbert, aged 42, with his currently well five-year-old daughter after a suspected egg reaction. An allergy-focused history completed at intake confirms itchy, raised spots shortly after scrambled egg three weeks ago, no other symptoms, recovery without treatment and regular symptom-free milk and bread intake before he excluded egg, milk, wheat and nuts; you do not need to repeat this history. The clinic's interim plan is to avoid egg and foods containing egg, resume previously tolerated milk and egg-free wheat foods, and leave the uncertain nut history and nut advice to today's allergy-team review before departure. Targeted testing, a results discussion and today's dietitian and growth review are arranged; no food challenge is planned today, no allergy medicines or adrenaline device have been prescribed or are available at home, and the allergy team and nurse will review medication needs and provide individual written emergency instructions before they leave.

Interlocutor: RELATIVE

Your tasks

1. Explore how the restrictions are affecting meals and what worries him about changing them.

2. Explain briefly why testing should target suspected foods and why results must be interpreted alongside the reaction history.

3. Acknowledge his protective intention and address his hesitation about resuming milk and egg-free wheat foods; distinguish these from trying egg at home.

4. Agree the supplied food plan and clinic follow-up, briefly explain when to call 999, and check his understanding of what she can eat.

Medicine · Persistent fatigue under investigation: repair a gap in test-result communication

SPK-MED-63 | Original simulated candidate card

Setting: General practice

You are a GP seeing Ms Barbara Renteria, aged 41, in this original independent practice scenario; she has had fatigue for eight weeks and had blood tests three weeks ago. The fictional clinical record shows that her full blood count, thyroid function and blood glucose were reported within the laboratory's reference ranges, all requested results are available, and no results discussion was documented. She was promised a telephone call but received none, and the reason for the missed communication has not yet been established. You can take responsibility for her continuing assessment, arrange a review with you next week, and ask the practice's results administrator to track that the appointment and discussion take place.

Interlocutor: PATIENT

Your tasks

1. Find out what Ms Renteria was told about receiving her results, how the silence affected her, and whether her fatigue or other symptoms have changed

2. Acknowledge the missed communication and apologise, without speculating about who caused it

3. Explain the available findings in plain language and their limitations: these tests have not identified a cause for her fatigue, and further assessment remains necessary

4. Respond to her concerns and rebuild confidence by explaining what you will personally take responsibility for

5. Agree a review with you next week, her preferred contact method and a written tracking arrangement: the results administrator will confirm the booking and flag a missed review to you; explain how to contact the practice if the arrangement fails or symptoms worsen

Medicine · Genital herpes: discuss disclosure and symptom care

SPK-MED-64 | Original simulated candidate card

Setting: Sexual health clinic, UK

This is an original independent practice scenario in which you are a doctor seeing Mr Salvador Mercado, aged 42. In this fictional case, painful genital sores began four days ago, a swab taken two days ago has confirmed genital herpes, and he started the oral antiviral prescribed at that visit. He returns today feeling upset and believes the diagnosis proves that his wife has been unfaithful. Discuss his understanding, symptom care and talking with his wife; no change to his prescription is required for this role-play.

Interlocutor: PATIENT

Your tasks

1. Explore Mr Mercado's understanding of the result and his main concern, briefly checking his current pain and ability to pass urine

2. Explain that herpes can remain unnoticed for a long time and that the swab cannot establish when infection occurred or who passed it on

3. Acknowledge his distress and address his belief about infidelity without blaming either partner or making assumptions about their relationship

4. Advise on simple symptom care and reducing transmission, including the limits of antiviral treatment and condoms

5. Agree a supported approach to discussing the diagnosis with his wife and a review plan, including urgent help if he cannot pass urine

Medicine · Knee osteoarthritis: discuss function-led options

SPK-MED-65 | Original simulated candidate card

Setting: Orthopaedic clinic

You are a doctor in an orthopaedic clinic in this original independent practice scenario. Ms Kathleen Randles, aged 43, has confirmed left knee osteoarthritis following an old knee injury, with increasing pain over the past year and a recent X-ray reporting severe changes. Today's assessment found no acute concern, and she has not yet tried an individually tailored exercise programme or had a structured pain-management review. She expects you to arrange knee replacement because of the X-ray findings.

Interlocutor: PATIENT

Your tasks

1. Find out how the knee affects Ms Randles's daily activities, what she hopes to regain and what she has already tried

2. Explain why treatment decisions depend on pain, function and personal priorities as well as the X-ray, acknowledging that her pain is real

3. Discuss individual non-surgical options, including supported strengthening and suitable aerobic activity, practical activity adjustments and a pain-relief review

4. Address her expectation that severe X-ray changes automatically require surgery, explaining when joint replacement may be considered

5. Agree an initial plan linked to her preferred activity goal, with follow-up to assess benefit and reconsider options if it is ineffective or unsuitable

Medicine · Iron-deficiency anaemia under investigation: support an informed patient decision with a worried spouse

SPK-MED-66 | Original simulated candidate card

Setting: Haematology clinic, UK

You are a doctor; this is original independent practice, and the following patient-specific details are invented case facts. Mr Panfilo Mendizabal, aged 44, accompanies his wife, aged 48, whose blood tests confirm iron-deficiency anaemia with no established cause; you have assessed her as clinically stable and recommended further investigation, starting with a gastroenterology consultation to discuss appropriate tests. She has capacity for this decision, currently declines investigation of the cause, and has explicitly permitted you to discuss her condition and choices with her husband alone while she waits nearby. She accepts her existing prescribed oral iron and blood-count monitoring; your proposed individual plan is to arrange these through the haematology clinic, agree review arrangements with her before departure, and offer another discussion of investigation, but her husband wants you to force her to proceed.

Interlocutor: RELATIVE

Your tasks

1. Find out what Mr Panfilo Mendizabal understands about the anaemia, what his wife has said about declining investigation, and what worries him most

2. Explain why investigating the cause remains recommended, distinguishing iron replacement and monitoring from finding the cause; outline the offered specialist discussion without implying agreement to a procedure

3. Acknowledge his wish to protect his wife and explain why her informed decision must be respected; explore how he could support her without pressure

4. Agree a proposed plan to confirm directly with his wife: explore her reasons privately, continue accepted care and arrange review; explain the supplied urgent-help advice (contact NHS 111 for increased breathlessness that is not severe; call 999 for severe difficulty breathing and do not drive to A&E)

Medicine · Testicular lump: negotiate examination preferences without avoidable delay

SPK-MED-67 | Original simulated candidate card

Setting: General practice, UK

This is original independent practice material; you are a female GP seeing Mr Jesse Wesack, aged 35, who reports a painless testicular lump first noticed five days ago. He accepts that it needs examination but requests a male doctor. For this fictional case, the confirmed arrangements are examination by you now or a reserved appointment with a male GP this afternoon; a trained male chaperone is available for either appointment, and the next routine male-GP appointment is next week. No examination or investigation has yet taken place; this conversation is to agree arrangements, not perform the examination.

Interlocutor: PATIENT

Your tasks

1. Find out briefly about the lump, any pain or associated symptoms, and what would help him feel comfortable with examination

2. Explain why the lump needs assessment without assuming its cause, and outline examination and possible ultrasound

3. Explain the confirmed appointment choices and offer a chaperone, privacy and control over whether examination proceeds

4. Respond respectfully to his preference and concerns, encouraging timely assessment without pressuring him to accept examination by you

5. Agree an acceptable appointment and check his understanding of when new symptoms would require emergency help

Medicine · Hypertension home readings: agree reliable measurement and follow-up

SPK-MED-68 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice scenario, seeing Mr Alton Brakus, aged 46, who has treated hypertension and is worried about variable home readings. Today's assessment has established that he feels well, needs no urgent treatment, has continued his prescription as directed without taking extra tablets, and has a validated upper-arm monitor with an appropriate cuff. A written plan for urgent and emergency help has already been explained and understood; he has a copy to take home, so you do not need to repeat its detailed instructions. He is considering taking extra medicine when a reading worries him; your proposed individual plan is to collect a complete seven-day record, continue his existing prescription unchanged and review him with his monitor in one week.

Interlocutor: PATIENT

Your tasks

1. Explore his checking and recording habits and what worries him about higher readings

2. Explain how to collect a useful record: sit quietly with the arm supported, follow monitor instructions, and record both readings taken at least one minute apart each morning and evening for seven days

3. Advise him to continue his existing prescription unchanged and explain why individual readings should not prompt extra tablets

4. Acknowledge his fears and negotiate one practical way to resist repeated checking between planned measurements, referring to his existing written safety plan

5. Agree review in one week with his complete record and monitor, and check his understanding of the measurement and medicine plans

Medicine · Child with suspected sleep apnoea: explain referral and observation

SPK-MED-69 | Original simulated candidate card

Setting: Paediatric clinic, Australia

In this original independent practice scenario, you are a doctor seeing Ms Kakoli Palit, aged 42, with her seven-year-old son because of persistent snoring. In this fictional case, he has snored on most nights for four months, and his teacher has recently reported difficulty concentrating. He is alert and breathing comfortably during today's examination, but sleep apnoea has not been confirmed. You propose referral to a children's sleep service for assessment and possible overnight monitoring, with further clinic review if symptoms worsen while waiting.

Interlocutor: RELATIVE

Your tasks

1. Find out about her son's night-time breathing and daytime functioning, including any witnessed pauses, gasping, breathing effort or colour change

2. Explain suspected obstructive sleep apnoea in simple terms and why persistent snoring with other symptoms deserves assessment

3. Describe the proposed specialist referral and possible overnight monitoring without promising a diagnosis or declaring that surgery is needed

4. Explore her reasons for regarding snoring as harmless and address any concerns about assessment or treatment

5. Agree referral and brief symptom notes, with prompt clinic contact for worsening symptoms; explain when to call 000 immediately (severe breathing difficulty, blue lips, unusual difficulty waking or unresponsiveness, or breathing that stops and does not resume; never delay help to record symptoms)

Medicine · Advanced illness and treatment preferences: discuss a patient-led care conversation

SPK-MED-70 | Original simulated candidate card

Setting: Palliative outpatient clinic, UK

You are a doctor in this original independent practice scenario; the patient details are fictional case facts. Mr Fintan Mulvenna, aged 48, has advanced bowel cancer and attends for symptom support alongside ongoing oncology treatment. He is clinically stable today, his existing treatment is continuing, and no CPR decision has been recorded. After hearing that today's appointment could include planning future care, he has become worried; your purpose is to explore his priorities and understanding, without seeking a treatment decision today.

Interlocutor: PATIENT

Your tasks

1. Find out what Mr Mulvenna understood about planning future care, what worries him and whether he is comfortable discussing it

2. Explore what matters most to him in daily life and what he would want the team to understand if he became more unwell

3. Explain briefly what CPR means and distinguish a decision about CPR from decisions about other appropriate treatment and symptom support

4. Reassure him that discussing his wishes does not itself stop treatment, while explaining that future treatment recommendations require individual clinical assessment

5. Agree what he would like recorded, whom he wants involved and whether to arrange a further conversation, checking his understanding

Medicine · Repeat blood testing after a confirmed sample-labelling error: explain an acknowledged care error and rebuild trust

SPK-MED-71 | Original simulated candidate card

Setting: General practice, UK

You are a GP in this original independent practice role-play; all patient details and clinic arrangements described here are fictional case facts. Mrs Lida Reilly, aged 49, has already been assessed for persistent fatigue, remains clinically stable with unchanged symptoms, and had blood taken for the agreed investigation. The practice has confirmed a sample-labelling error: the identifying details on the tube did not match her request form, the laboratory rejected the sample, no result was issued or used for treatment, and the practice manager is reviewing how the error occurred. You can offer repeat sampling today or another suitable appointment, arrange for the collector to check her identity and match the sample label to the request with her, and personally track the repeat results and contact her on an agreed date even if results or the incident review are still pending.

Interlocutor: PATIENT

Your tasks

1. Acknowledge the confirmed labelling error and apologise directly, explaining the known facts without minimising the delay

2. Find out what Mrs Reilly has been told, how the incident has affected her and what she needs before considering another sample

3. Explain what remains unknown and how the practice is reviewing the incident, without speculating about responsibility

4. Explain why a correctly identified repeat sample is needed to continue her fatigue investigation and describe the proposed identity checks without guaranteeing a normal result or an error-free future

5. Agree whether and when she is willing to repeat the test, a date and preferred method for your follow-up, and how she can contact you if the promised contact is missed

OET vocabulary and spelling list

Words to spell correctly in Listening Part A and in letters, grouped by profession. Cover the term, listen to it or say it aloud, write it, then check.

Medicine

Word	Note
oesophagus	British spelling begins oe-; one s, then -phagus.
haematuria	Blood in the urine; British haem- spelling.
ischaemia	Reduced blood supply; British -aemia ending.
anaemia	British ae; adjective anaemic.
colonoscopy	Camera examination of the large bowel; -oscopy ending.
dysphagia	Difficulty swallowing; not dysphasia, a language disorder.
gastro-oesophageal reflux	GORD in British use; GERD in US usage.
myocardial infarction	Heart attack (MI); 'infarction', not 'infraction'.
haemoptysis	Coughing up blood; ending is -ptysis.
tachycardia	Fast heart rate; opposite of bradycardia.