



EXAMINER

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UPDATE

From the Medical Director

Welcome to the August issue of the *Examiner* newsletter. This newsletter keeps examiners up-to-date with progress on the most recent developments in all aspects of the MRCP(UK) examinations. As usual, we start with a brief update on recent MRCP(UK) business.

Zero tolerance policy on cheating

Over the past six months, MRCP(UK) has been focusing on further measures to prevent cheating in the examinations. As examiners will know, there has been a small but depressing recurrence of anomalous pairs – that is, candidates whose wrong and right answers are too similar to be the result of pure chance.

Further investigation shows clearly that cheating is not necessarily planned in advance, as candidates do not know where they are likely to be sitting until they enter the examination hall. Rather, cheating tends to be opportunistic, and candidates themselves may increase the likelihood of cheating occurring by leaving their answers exposed.

In order to tighten up and prevent any opportunity to copy answers, some important changes have been made to the invigilation procedures:

- For the first diet of the Part 2 Written Examination in 2010, zoning was piloted. This method ensures that each invigilator is responsible for a specific group of candidates seated within a given area of the room.
- Invigilator ratios were also increased. This change ensures that there is a sufficient number of invigilators to staff the examination room and, in addition, to escort candidates on comfort breaks.
- Invigilators were given new and more specific briefings to ensure that they were fully confident about reporting any incidents that 'could' be interpreted as cheating. If they had concerns, they were also instructed to ask another invigilator to assist in watching the candidates more carefully.

The results were very satisfactory. For the first time in three years, there were no anomalous pairs in this diet of the Part 2 Written Examination. Cause for celebration, yes, but this is only the start of a campaign that is intended to stamp out cheating and ensure that there are no opportunities for candidates to cheat. A number of other changes will be introduced in the near future. One such measure is to explain to candidates that they share responsibility for the prevention of cheating and must keep their answers private.

Management Board has also insisted that the policy on the treatment of anomalous pairs should change. In the past, candidates were not told that they were in an anomalous pair until the information was either corroborated by an invigilator's report, or there was a second incident of pairing. This policy will change from September 2010, when all candidates will be informed immediately if they are found to be in an anomalous pair and then the next time they enter a part of the examination, it will be ensured that they sit separately. This policy change is being communicated to candidates through the MRCP(UK) website.

Call to action: completing examinations in time for new posts

Letters have been sent out to candidates, educational supervisors, deans and heads of schools to ensure that

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trainees are being given the right encouragement to take the MRCP(UK) earlier than previous cohorts if they want to have their results in time for ST3 job applications in March 2011. Examiners can help by encouraging trainees to take their examinations in good time. Many candidates appear to be delaying their examinations too long and this may become a critical issue in the months ahead.

To ensure that we have enough PACES places, we would like to hear from any examiners willing to come on board as new hosts, or any current hosts who could increase their examining capacity.

PACES in high demand

The 2010/2 diet of PACES saw the highest level of applications since 2006. More than 1,500 candidates applied for places in the UK alone and in the first round of applications, 230 candidates had to be turned away. Finding PACES places has always been a challenge. The task has become even more difficult recently, as NHS Trusts have been demanding more from both their premises and their consultants, making it hard to find enthusiastic hosts with appropriate facilities.

In this instance, three centres came forward: the City Hospital Campus in Nottingham; James Cook University Hospital in Middlesbrough; and Hull Royal Infirmary. Through a combination of innovative ideas and a flexible approach they were able to add a further 120 places to the pool. As a result of these additions (and some routine withdrawals), every candidate who missed out in the first round has since been offered a place.

This is not the end of the story. It is clear that demand for places will continue to be high at every diet of PACES, as UK trainees seek to complete their MRCP(UK) diploma in good time to apply for specialist posts. Bearing this in mind, all hosts and examiners can expect to hear from the Colleges' exam teams. The Colleges will be looking for innovative ideas on how to increase the number of places that can be offered, and how to encourage more examiners to take part more often.

Everything will be done to ensure that the PACES examination is made available to all those who want to take it. For example, a different pattern of dates might be more suitable in some hospitals. Therefore, the Colleges will be asking hosts about the possibility of running a double cycle of PACES, or opening up the PACES period more broadly. Examiners will also be invited to participate more frequently. If you, as an examiner or PACES host, have any views on how we can maximise the opportunities available to candidates, please share your ideas with Dr Andrew Elder, Chairman of the MRCP(UK) Clinical Examining Board, at atelder@gmail.com.

Pre-testing of Part 1 questions to end

The MRCP(UK) Part 1 Examining Board, led by its new Chair, Dr Ray Fox, has reviewed the policy of

pre-testing questions. The Board concluded that pre-testing does not improve the academic quality of the examination sufficiently to warrant the extra work and resources involved.

Pre-testing is the practice of including a number of new questions in every paper that do not contribute to the marks in the candidates' scores. The performance of these questions can then be measured against the rest of the paper. This information is used to decide whether these questions are robust enough to be used in a future paper, or whether they need to be sent back to the question-writing teams for improvement.

The Board's review found that the performance of questions between one paper and another can vary considerably. Therefore, pre-testing in a single diet cannot reliably determine whether a question is 'good' or 'bad'. Processes are already in place to remove questions that provide a poor or inconsistent result across a number of diets. The Board believes that these measures are sufficient to protect the quality and reliability of the examination. Stopping pre-testing will also remove an unnecessary burden on medical and administrative staff, making the development and administration of the examinations more efficient. Please see page 6 for an interview with Dr Fox.

Specialist Society Presidents discuss SCE agreements

MRCP(UK) has held a meeting with our partner specialist societies to begin discussion about a new Memorandum of Understanding (MoU) to cover the Specialty Certificate Examinations (SCEs). A high-level workshop-style meeting was held in June, where the negotiation process was initiated. This collaborative approach will continue and will result in new MoUs, which will be rolled out as the current agreements expire.

Jane Dacre

International news

Colleen Shannon

A number of international developments have taken place:

Sri Lanka agreement confirmed

Dr Kamani Wanigasuriya, President of the Ceylon College of Physicians, has confirmed that her organisation will renew its Memorandum of Understanding (MoU) with MRCP(UK). The MoU is a formal agreement that is routinely reviewed every three years. Thanks to the efforts of Professor Rezvi Sheriff, the renewed MoU has been agreed to the satisfaction of both parties, assuring the continued success of the MRCP(UK) examination programme in Sri Lanka.

MRCP(UK) Part 1 returns to Iraq

The MRCP(UK) Part 1 Written Examination will once again be offered to candidates in Iraq, for the first time since 1991. The first diet will take place in September. This achievement is part of a concerted effort orchestrated by the Ministry of Health in Iraq and the Academy of Royal Medical Colleges in the UK. The aim is to ensure that doctors in Iraq have access to high-quality medical examinations from a wide range of medical colleges. Getting medical training back on track is seen as an essential part of rebuilding the country's infrastructure.

Volcanic ash disrupts Oman exams

The Icelandic ash cloud disrupted PACES in Oman for the first diet in 2010. An intrepid team of examiners including Dr Colin Semple, Dr David Cunnah, Dr Robert Milroy, Dr Kofi Obuobie and Dr Timothy Heymann were kept waiting at airports across the UK, hoping to fly during the weekend of 18-19 April. The situation was complicated by the fact that some examiners were flying from Scotland (where airports were open) to Heathrow (where airports were closed) before going on to Muscat. With promises that the flight ban

would be lifted at any moment, hope continued until the Sunday night. Professor Riyami in Oman tried hard to ensure that at least some of the candidates could be examined. Unfortunately, the ash cloud remained resolutely in place and, in the end, the diet was postponed. It was held successfully in July. We are grateful for the flexibility of the examiners, the candidates and the host centres for facilitating this change of dates.

PACES in United Arab Emirates (UAE)

Work towards a new PACES centre in the UAE is progressing well. The new MRCP(UK) International Medical Director, Dr Lawrence McAlpine, and MRCP(UK) Medical Director, Dr Jane Dacre, have visited the Al Qassimi Hospital in Sharjah. There is enthusiasm to host PACES and the facilities are excellent. Two senior physicians, Dr Mohammed Yousef and Dr Shahida Chishti, trained as examiners in Dubai in the June 2010 diet. We hope that they will be able to host for us at the Al Qassimi Hospital next year. This centre would work with Dubai to bring additional and much-needed candidate places.

Colleen Shannon is a freelance medical writer

New research post to assess examination validity

Katherine Woolf and Chris McManus

New research into the predictive validity of the MRCP(UK) examinations will explore whether candidates' results are related to subsequent performance as a physician. Recruitment of a PhD student is under way and the post should be filled before 1 October 2010. The three-year appointment will be funded jointly by MRCP(UK) and University College London.

Implicit in its status as an entrance examination to higher specialist training is the MRCP(UK)'s validity as a measure of a candidate's aptitude to develop into a good physician. Passing the MRCP(UK) is taken to mean that an individual has the skills and knowledge necessary for training as a physician, and failure, therefore, implies that an individual is lacking in aptitude to develop as a competent physician. An important question, though, is how accurate are such assumptions? Failure rates are high, particularly in Part 1 and for those re-taking the examinations. It is important to be sure that those who ultimately fail are or will be 'bad' physicians, and those who pass are or will be 'good' physicians.

As in any examination, factors other than clinical knowledge and skills are known in part to influence MRCP(UK) performance. McManus and colleagues (2006) showed that examiner stringency/leniency contributed about 12% of the systematic variance in PACES marks, although these variations had little overall impact on pass-fail decisions. Demographic factors such as gender, ethnicity and place of training also influence MRCP(UK) performance (Dewhurst et al, 2007; McManus et al, 2008). The origin of those effects is still unclear, and probably reflects differences that arise earlier in training, long before a candidate attempts the examinations.

The new work will commence with a literature review on the predictive validity of written and clinical assessment in medicine, including examinations administered by MRCP(UK), other Colleges and medical schools. The review will also look at the predictive validity of non-UK examinations. For example, the research will draw on the considerable literature that is already available from North America.



Dr Katherine Woolf



Professor Chris McManus

The researcher will then move on to design an original study that will assess doctors' performance in the MRCP(UK) examinations in relation to subsequent career achievements and outcomes. The research will be submitted for publication in academic journals, as well as disseminated internally and presented at conferences.

The MRCP(UK) is a high-stakes examination and its predictive validity has important consequences for many: the candidates, their patients, the Royal Colleges (as standard-setters), the General Medical Council (as regulator) and the NHS, which employs the vast majority of doctors in the UK. The results of this research are likely to have a significant bearing on how MRCP(UK) results are used to select doctors for further training or consultant posts, and thus will have a long-term impact on the quality of care received by patients.

The research will also make an important contribution to the body of knowledge and understanding about the psychometric properties of this and other similar examinations. Our group has previously tested the Part 1 Examination's reliability (McManus et al, 2003) and was directly involved in the design of nPACES (new PACES), which went live in November 2009.

In the medium term, the results could influence discussions around the introduction of a national medical licensing examination for those leaving medical school (a debate in part stimulated by the McManus et al 2008 analysis of MRCP(UK) results in relation to undergraduate medicine).

As a research discipline, medical education is traditionally underfunded. This PhD post is therefore welcomed as a significant advance along the path to scholarship in this important field.

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Dr Katherine Woolf is Lecturer in Medical Education and Honorary Lecturer in Psychology at UCL

Professor Chris McManus FRCP (London) FRCP (Edinburgh) is a Professor of Psychology and Medical Education at UCL

New leader and new work for Specialty Question Groups

Charles Twort



Dr Charles Twort

Some important changes were highlighted at the latest meeting of the MRCP(UK) Specialty Question Groups, held at the London College in May. The most obvious difference was the new face at the podium, Dr Charles Twort. It was the first session led by Dr Twort, who succeeds Dr John Mucklow as SQG chairman.

The SQGs also embarked on two new important areas of work: reviewing older questions that have built up in the bank, and introducing proficiency coding. In addition, the SQGs continued as usual with their prime objective, which remains the construction of new questions for both written parts of the examination.

The changes in the work of the SQGs reflect the way in which the examinations themselves are evolving and maturing. There is now a substantial bank so, although new questions will always be needed, a maintenance routine is also required to ensure that the examination



SQG meetings are now likely to include a review of older questions in the bank, as well as being a forum for the discussion of potential new items.

May 2010 SQG: vital statistics

- Two-day meeting
- Total of 1,521 questions considered
- 521 old banked questions reviewed: 186 removed, 36 deferred to a future meeting, 299 questions returned to the bank altered or improved
- 804 new questions submitted: 671 were forwarded to the Part 1 and Part 2 medical secretaries for further review
- 196 priority questions and returns were reviewed - 114 were preserved

remains relevant and up-to-date. SQG members felt the review of banked questions (older than three years) was very worthwhile and indicated that they would be happy to do this on a regular, rolling basis.

Approximately 40% of old banked questions were not deemed to be worth keeping in the bank, for a number of reasons. For example, some questions reflected out-of-date medical practice or had an image that could not be used. Of those that were kept, some could now be accompanied by improved images, and others with inaccurate diagnostic codes had those corrected.

For old and new questions alike, the SQGs have also introduced proficiency coding, at the request of the regulator (Postgraduate Medical Education and Training Board (PMETB), which has now merged with the GMC). Each question is now assigned a code that categorises a question according to the depth of knowledge it is designed to test. In this way, it can be ensured that the Part 1 and Part 2 Written Examinations offer a balanced and appropriate test of knowledge - not too specialised for the candidate's stage of training, but not too superficial either.

The SQGs always welcome new members. In the near future, recruits with specialty expertise in genetics, biochemistry and epidemiology would be especially appreciated, to ensure that clinical science questions remain well aligned with the curriculum. Interested parties should contact Dr Twort (charles.twort@gstt.nhs.uk).

Dr Charles Twort is Chairman of the MRCP(UK) Specialty Question Groups

Recent MRCP(UK) appointments

Colleen Shannon

New chairman of the Part 1 Examining Board

Dr Ray Fox has started work as the new Chair of the MRCP(UK) Part 1 Examining Board, taking over from Dr Oliver Duke. He has been a member of the Board for many years and is looking forward to becoming even more closely involved in the examination's continuous development.

"I've always found my membership of the Part 1 Board to be interesting and highly educational for me as a physician", Dr Fox says. "This is an excellent opportunity for me to get more deeply involved in the whole process of setting the exam, and to take it forward as Chair."

Career highlights

Dr Ray Fox, MB (Aberdeen), FRCP (Glasg), FRCP (Lond), DTM&H (Liverpool) is a Consultant Physician with an interest in Infectious Diseases and HIV, at North Glasgow University Hospitals. Dr Fox has contributed to the MRCP(UK) and SCE examinations in many roles over the years. In addition to his long-standing membership of the Part 1 Examining Board, he is also a current member of the Part 1 Standard-Setting Group and Chair of the Standard-Setting Group for the Infectious Diseases SCE.

The Board comprises 18 members representing all three Colleges and the specialties covered by the examination. All members are involved in postgraduate medical education and training and many have experience of question writing and setting examinations. There is also a trainee representative on the Board. The group's remit is to set each diet of the examination and ensure that it is testing the appropriate level of knowledge.

"The biggest issue facing the Board at the moment is keeping the examination relevant and up-to-date", Dr Fox says. "It is imperative to ensure that the examination maps the content of the curriculum closely, testing both breadth and depth of knowledge. This task involves not only the Board but starts with the question-writing groups and continues with the excellent support from the hard-working central office staff."

Another matter that concerns him is the need to ensure that candidates complete all parts of MRCP(UK) in time to enter higher specialist training at the ST3 stage. "There is considerable time pressure on the trainees and as a consequence there is logistical pressure on the organisation", says Dr Fox. "I think it is going to be an ongoing issue."

Looking back, Dr Fox says that his predecessor set an excellent example: "My skills and style as a chairman are entirely down to what I learned from him."

New Director of Medical Examinations for RCPSG

The Royal College of Physicians and Surgeons of Glasgow (RCPSG) has appointed Dr Kenneth Dagg MD FRCP as its Director of Medical Examinations. He succeeds Dr Lawrence McAlpine, the new International Associate Medical Director for MRCP(UK).

Dr Dagg qualified from the University of Glasgow in 1988 and undertook most of his postgraduate training in the west of Scotland before becoming a Consultant in Respiratory and General Medicine in NHS Lanarkshire in 2001. He has had extensive involvement in the training and assessment of junior staff, and with the MRCP examination.

Dr Dagg became a PACES examiner in 2003 and was later appointed senior examiner at Wishaw General Hospital. He supervises PACES at the hospital and at other centres in the UK.

Dr Dagg joined the Board of Examiners in Medicine at



Dr Kenneth Dagg

RCPSG in 2008 and the RCPSG Examinations and Assessment Board in 2009. He has been the college tutor for medicine since 2002 and was previously secretary to the Intercollegiate Medical SHO Posts Inspection Committee (IMSPEC) before the introduction of PMETB in 2005 (PMETB has now merged with the GMC). He is a member of both the core medical and acute medicine training committees in the West of Scotland Deanery.

Exams clock ticking for ST3 applicants

Routine statistical monitoring of the MRCP(UK) examination has revealed that action is needed to ensure that candidates are completing their examinations in time to progress along their chosen career paths.

When the JRCPTB introduced the updated general internal medicine curriculum, it stipulated that trainees need to attain the complete MRCP(UK) prior to beginning an ST3 post. This has imposed a tight timetable for UK trainees. The change in the assessment requirement combined with the timing of the job application process shortened the length of time that an individual has between starting and finishing the entire MRCP(UK) diploma. Under the new requirements, trainees who entered Core Medical Training (CMT) in 2009 must successfully complete the entire MRCP(UK) – including written Parts 1 and 2 and the clinical examination, PACES – before they can progress to specialist training in an ST3 post.

Applications for ST3 posts will be made in March 2011. Therefore, trainees should progress through all parts of the MRCP(UK) examination well ahead of this deadline, if they are to secure a place in a medical specialty of their choice. At the very latest, trainees now in CMT2 must pass Part 2 in December (diet 2010/3) and PACES in March 2011 (diet 2011/1). Current figures suggest that a significant number of trainees have not started taking the examination yet and are at risk of running out of time to complete it before applying for their next posts if they intend to do so in March 2011. The figures vary hugely between deaneries. In some localities, very few candidates appear to be on schedule, while in others most are completing the examinations in good time.

Since the new curriculum was introduced, MRCP(UK) has introduced measures to ensure that candidates have sufficient opportunities to complete their examinations. Two key changes were introduced in 2008/09:

- Trainee doctors are now allowed to take the Part 1 written examination within one year of medical school graduation. Previously, candidates were required to wait 18 months before attempting it.
- Upon successful completion of Part 1, candidates are allowed to take the written Part 2 and PACES not only in any order but also in the same diet (although taking both of these demanding examinations around the same time is a daunting proposition).

Our data suggest that candidates who start in good time are successfully meeting this deadline, but there is a concern that not all trainees appreciate the need to plan the timing of their examinations. To head off potential problems in the next few months,

MRCP(UK) has been taking urgent steps:

- Informing examination applicants about important deadlines and encouraging them to act quickly.
- Communicating the situation to examiners and deaneries, reminding them to advise their trainees about the timetable.
- Seeking innovative ways to secure additional places for upcoming diets of PACES, which is likely to come under increased pressure. The latest diet of PACES was heavily oversubscribed but, thanks to the energetic efforts of examiners and hosts, places were eventually secured for all candidates wishing to take part.

This situation is likely to persist for at least two years, so MRCP(UK) is continuing a call to action. We are asking educators to ensure that their trainees are ready and willing to take the examination to the shorter new timescale. Trainees must understand quite clearly that if they have not completed the examinations, they are unlikely to be shortlisted for specialty training posts. Ultimately, the goals are to ensure that the career path is secure for trainees possessing required knowledge and skills, and that the service has a sufficient number of qualified physicians in post to care for patients.

Examinations outside programmes: new guidance published

New advice from the General Medical Council's (GMC) senior lawyer confirms that candidates who have passed a College examination while not enrolled in an approved training programme may still count it towards their Certificate of Completion of Training (CCT). Earlier legal advice to the GMC had suggested the opposite, causing confusion and anxiety for some candidates. Therefore, the clarification is most welcome.

Early in July 2010, the GMC announced that "doctors already in, or who enter, specialty including GP training by 31 October 2011, will be able to have any valid passes in previously approved national examinations counted, even if this was obtained outside approved training before they enrolled for a CCT programme (core, higher or run through)".

This position was agreed with the Academy of Medical Royal Colleges, the Conference of Postgraduate Medical Deans, the British Medical Association's Junior Doctors Committee and the junior doctors' campaigning group, Remedy UK.

The GMC is now working on proposals to clarify examination requirements for future trainees. There will be meetings with key interest groups, and guidance on this issue has been promised by the end of October 2010.

In addition, the GMC will conduct a review of its standards for curricula and assessment, with a particular focus on the role, frequency and quality of national examinations.

Who's Who on the MRCP(UK) Examining Boards and Committees

The following examiners have been appointed as Board Officers or Committee Chairmen. If you wish to contact a Board Officer, please use their email address given below.

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Chairman Professor J Dacre (Medical Director)
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