MRCPUK

MEMBERSHIP OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM



ANNUAL REVIEW 2008

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Contents

The Federation of the Royal Colleges of Physicians of the United Kingdom is a partnership between the Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians of London. Working together, they develop and deliver the MRCP(UK) and the Specialty Certificate Examinations. With the support of the examination teams in each of the three Colleges, MRCP(UK) Central Office administers the examinations and is accountable to the Federation.

Within MRCP(UK), the academic division is responsible for the development of the examinations, building the question banks and working with the clinical and education specialists who make up the examining boards. It is also responsible for generating statistical analyses of performance of all examinations. The operations division is responsible for working with the organisers both in the UK and at 32 centres overseas, managing applications, delivering the examinations, and communicating the results to the candidates.

The MRCP(UK) diploma tests the skills, knowledge and behaviour of doctors in training. In the UK, junior doctors must pass all the components of the MRCP(UK) examination as they move from their general medicine curriculum to their specialty training; these components comprise the Part 1, Part 2 Written and Part 2 Clinical Examination (PACES). Together, they set the standard for junior doctors and demonstrate that the individual has reached a point in their training when they are capable of managing the patients admitted in a typical acute general medical take.

The Specialty Certificate Examinations are a portfolio of examinations for 12 separate specialties, developed by the Federation in association with the Specialist Societies. Physicians in training in the specific specialties must pass the appropriate examination, usually in the penultimate year of their training, to demonstrate that they have acquired the necessary level of knowledge in their specialty to be admitted to the General Medical Council (GMC) specialist register.

Introduction

Welcome to the 2008 MRCP(UK) Central Office and examinations departments Annual Review.

The MRCP(UK) examination has an unrivalled reputation as a quality examination. But with the NHS and the training of junior doctors changing all around it, the examination is going through a period of unprecedented scrutiny, and is implementing new developments. Between them, the three Colleges' examinations departments are responding to these changes, enhancing the overall quality of the diploma and demonstrating that it meets the standards required by the Postgraduate Medical Education and Training Board (PMETB). The aim of this first Annual Review is to ensure that all those with a stake in the examination, either as Fellows or Members of the Colleges, as trainers or as candidates, are kept fully abreast of what is happening, and why the new developments within MRCP(UK) will lead to a better and stronger assessment strategy.

At the end of 2007 we set out our five-year strategy and every year we review and restate our plans. This publication aims to present our progress in delivering that strategy through 2008. We have highlighted the five most important areas of academic and operational achievement, all of them designed to ensure that the examinations departments are responding to external changes, delivering quality, and developing robust and consistent procedures. But we have also included some information about our overseas expansion, and the introduction of online applications – part of our commitment to ensuring top-quality services for candidates.

Enough has been written – by Tooke, by Darzi and by numerous others in connection with the Medical Training Application Service (MTAS) or Modernising Medical Careers (MMC) – on the future of training for doctors. For the MRCP(UK), the focus is on a few key issues:

- a desire to shorten the time taken to complete the entry requirements to specialty training, with candidates being able to gain the MRCP(UK) diploma earlier in their training schemes.
- the need for summative assessments in specialist knowledge towards the end of training.
- clear and articulated quality standards that are recognised by all.

Neil Dewhurst

Assessments must ensure that they provide valid and reliable evidence of attainment in knowledge, clinical skills and behaviour, and so they will continue to develop in response to changes in medical training.

With the dedication of the teams in our Central Office and the three Colleges' examinations departments, together with the continued support of the clinicians and staff in the UK and internationally, the MRCP(UK) examination will develop to become stronger and even more respected around the world.

Neil Dewhurst
MRCP(UK) Medical Director

External influences

Uncertainty has been a prevailing theme of recent years. In 2007 the Medical Training Application Service (MTAS) left in its wake confusion as to how medical training would be shaped in the future. Professor Sir John Tooke published his final report, 'Aspiring to Excellence', in January 2008. He was highly critical of many aspects of the delivery of training. It was followed by Lord Darzi's report, 'High Quality Care for All', published in June 2008. The reports led to the setting up of Medical Education England (MEE), the body responsible for training, and agreed that the Postgraduate Medical Education and Training Board (PMETB) – the regulatory body for training – should eventually become part of the General Medical Council (GMC).

For the MRCP(UK) examination, the challenge remains that we must be alert to any changes to the content or the timing of the curriculum. As training evolves, examinations will need to remain in step and relevant, assessing trainees on the appropriate knowledge for their particular stage of training. The examinations must give them, their future employers and the public, confidence in the standards of their achievements.

'Aspiring to Excellence': the Tooke report

This report:

- recognised the importance of excellence, not just competence
- valued the rigour of assessments of knowledge
- recommended a selection process before specialty training begins
- recognised the value of examinations in informing selection.

For the MRCP(UK) examination, this was good news. It is an examination that seeks to demonstrate excellence in candidates. Its standards of quality and reliability are rigorous, which make it a consistent and fair assessment of those who take it.

It was recognised that if the timing of selection should change, then trainees would need to be free to take the component parts of the MRCP(UK) examination earlier in their careers.

This has led to a major overhaul of the restrictions to entry, resulting in changes being introduced throughout 2008.

Changes

Able candidates can, with the backing of their consultant supervisors, take the MRCP(UK) Part 1 Examination in their second Foundation year. Passing this examination would demonstrate their capability before the selection process for Core Medical Training.

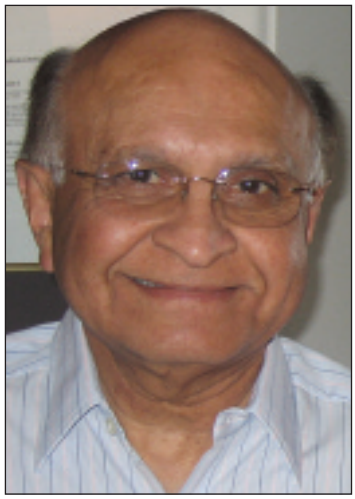
To enable candidates to complete the Part 2 Written and Practical Assessment of Clinical Examination Skills (PACES) Examinations at an earlier stage in training, the MRCP(UK) Management Board agreed to withdraw the restriction that the Part 2 Written must be successfully completed before application to PACES. Now, candidates can take the two parts in any order and may even apply for them both at the same time.

This gives trainees more choice, and makes the MRCP(UK) examination a more valuable qualification as trainees seek to demonstrate their capability to selection boards.

Strategy Day

MRCP(UK) holds an annual Strategy Day to consider the future developments that need to be undertaken if the assessment is to remain relevant to the medical training of physicians. The Strategy Day is an opportunity for all stakeholders to get together to consider a proactive response to changes in training, with trainees and lay members being represented in the discussions. The focus of the 2008 Strategy Day was quality assurance.

'The requirement to demonstrate the 17 standards has led to a systematic review of processes and procedures'



Dr Hasmukh Joshi chaired the PMETB Assessment Committee during 2008. The committee is responsible for ensuring that the medical Royal Colleges, Faculties and Specialist Societies meet PMETB standards for curricula and assessment systems.

Postgraduate Medical Education and Training Board (PMETB)

PMETB's 'Standards for Curricula and Assessment Systems' were published in July 2008.

They set out the standards by which all specialty curricula and assessment systems are evaluated – in short, these are the standards and requirements for which PMETB will hold the Federation and Specialist Societies accountable. The Federation, through the Joint Royal Colleges of Physicians Training Board (JRCPTB), has responsibility and ownership of the curriculum, and the MRCP(UK) and the Specialty Certificate Examinations as part of the assessment system must demonstrate that they meet the standards of quality and governance that are required.

This process has been ongoing since 2007 when MRCP(UK) demonstrated that it met the first three of the then nine principles for assessment set out by PMETB. By 2010 it must be able to demonstrate that it meets the remaining principles. With the publication of 'Standards for Curricula and Assessment Systems', the nine principles have now been incorporated into 17 standards (further information can be found at http://www.pmetb.org.uk).

The requirement to demonstrate the 17 standards has led to a systematic review of processes and procedures. It is not just a matter of ensuring that academic standards of consistency and reliability are met, but also of demonstrating transparency so that candidates have access to all the appropriate information about the examinations.

Specialty Certificate Examinations

Developed by the Federation in association with 12 Specialist Societies, these 12 examinations are new assessments designed to test the knowledge of trainees towards the end of their specialty training. The examinations are a direct response to the requirements of the new specialist curricula that were developed in 2006 and agreed by PMETB in 2007. It is now a requirement that trainees demonstrate sufficient knowledge of their specialty to practise as a consultant safely and competently.

The Specialty Certificate Examinations are being developed in Acute Medicine, Clinical Pharmacology & Therapeutics, Dermatology, Endocrinology & Diabetes, Gastroenterology, Geriatric Medicine, Infectious Diseases, Medical Oncology, Nephrology, Neurology, Respiratory Medicine and Rheumatology, and will be compulsory for cohorts who entered their specialty training in or after August 2007. Usually these examinations will be taken in the penultimate year of training, and will form part of the portfolio of assessments to be passed before gaining the Certificate of Completion of Training (CCT) and qualifying for registration on the GMC specialist register.

In 2008, the expertise of more than 300 specialists was drawn upon to develop the questions needed to set the 12 examinations. Gastroenterology took the lead and offered their first examination in June 2008. In 2009, a further seven are expected to be offered, with the rest following in 2010. Like the MRCP(UK) diploma, the Specialty Certificate Examination questions are based on clinical scenarios with a best-of-five format. Unlike the MRCP(UK), which is entirely paper based, these new assessments are run as computer-based tests at approved testing centres in the UK and overseas.

Setting and raising quality standards

The strategy for the MRCP(UK) examination and its related assessments was first set out in 2007 and designed to be delivered over five years, and will ensure that the high quality of the examination is not jeopardised. The delivery of this strategy relies on a number of critical developments designed to ensure continuous improvement of the examination's academic quality.

One of these developments is the introduction of equating, which involves standardising the difficulty of the examination across diets. This important quality assurance process ensures that the level of difficulty of successive papers can be compared.

Equating

The Central Office research team has worked with the US National Board of Medical Examiners (NBME) to develop equating techniques on the written parts of the examination. As a result, test equating was introduced in the Part 1 Examination from the third diet of 2008. Prior to this, a Standard Setting Group made up of consultant physicians assessed the difficulty of each question against the level of knowledge expected of candidates before each examination. Their judgement was then analysed statistically, and a 'criterion-referenced' pass mark was established. However, while the validity of this method was well established, it did mean that pass marks varied from one examination to the next.

The introduction of equating addresses this issue, ensuring that each paper has an identical level of difficulty, and that candidates of a particular level of ability would have the same level of success whichever diet they sat. Equating is underpinned by statistical analysis, and is based on the use of 'anchor questions', which appear unchanged across a number of different diets. The level of difficulty of these questions has been carefully determined from their past performance, and candidates' performance in these is used to calculate the precise difficulty of the paper as a whole. Once this is known, the pass mark can be set, and then 'normalised' so that there is a fixed pass mark for the examination.

The NBME team from left to right: Brian Clauser, Melissa Margolis and André de Champlain.

Equating will be introduced to the Part 2 Written Examination in 2010. It is not currently used in the Specialty Certificate Examinations.

Collaboration with the NBME

In 2008, collaboration continued between MRCP(UK) Central Office and the NBME, having begun in February 2006. The NBME is an independent, not-for-profit organisation located in the US that provides high-quality examinations for the health professions. Its staff are experts in high-stakes assessments and they research and develop new methods of evaluation and test measurement. Founded in 1915, the NBME has since become an established international centre of excellence in the psychometric field.

NBME consultants André de Champlain and Brian Clauser continue to work with MRCP(UK) Central Office on a number of areas including item-response theory, standard setting and item performance, and equating of the MRCP(UK) Part 2 Written Examination, the last of these planned for 2010.

'AQMRC's key purpose is the quality assurance of the MRCP(UK) examination'

Academic, Quality Management and Research Committee (AQMRC)

The reputation and academic standing of the MRCP(UK) examination has been second-to-none since it became established in the 1960s. Since then, the examination has continually been subject to review and development to ensure that it remains a rigorous and relevant assessment of a physician's skills and knowledge. MRCP(UK) took a significant further step to enhance this ongoing process by establishing AQMRC in 2007.

AQMRC's key purpose is the quality assurance of the MRCP(UK) examination. The Committee's educationalists and clinicians have the expertise to monitor all examinations administered by the MRCP(UK) and the responsibility to recommend action to maintain and further improve standards. AQMRC's activities include ensuring that the content of the MRCP(UK) examination tests the curriculum, and developing fair policies for handling candidate appeals or misconduct cases.

Jane Dacre, Chairman, AQMRC

Practical Assessment of Clinical Examination Skills (PACES) – improving the quality

The MRCP(UK) PACES examination provides a rigorous assessment of the clinical skills necessary to practise effectively and safely in general medicine. During 2008 two important changes to the examination were planned, which will be implemented in late 2009. Station 5 – one of the current five stations – will be restructured, and the method by which candidates are assessed will be modified.

Station 5 currently comprises four five-minute encounters that focus on the candidate's ability to make a 'spot' diagnosis. In the new format, candidates encounter two patients, each for 10 minutes. The emphasis of these new encounters will be on the ability to integrate history-taking and physical examination in a concise and focused manner, whilst being observed by paired clinician examiners. Candidates address a specific clinical problem, form a differential diagnosis and explain their management plan to the patient and examiners. The encounters can be set in inpatient or outpatient settings, and will replicate the real-life, day-to-day clinical problem-solving tasks that trainees must undertake competently. Patients with problems primarily relating to any of the organ systems currently represented at Station 5 will still appear, but the change offers the added benefit of introducing problems and scenarios relating to currently under-represented areas such as haematology, infectious diseases, elderly medicine, and acute medicine.

The second change relates to the method of assessment. Candidates are currently assessed using a system in which examiners construct 'overall judgement scores' based on the candidate's performance across the range of clinical skills tested in each patient encounter. Candidates often find it difficult to understand how examiners have reached their overall judgements, and in the new system examiners simply record a mark for each of the separate skills that is tested, but do not then synthesise these marks into an overall judgement score. This simple change allows candidates' performance on each of seven redefined 'Core Clinical Skills', which are linked closely to the current 'anchor statement' skills, to be explicitly assessed. In the current examination, it is possible for a candidate to pass overall, yet have failed to demonstrate a satisfactory standard in one or more core skills, for example communication. The new marking system resolves this problem, and introduces a new pass standard in which the candidate must attain a satisfactory level in all assessed clinical skills to pass the examination overall.

These changes will enhance the current high standard that is required to achieve a pass, increase the transparency of the assessment method, improve the feedback that can be offered to failing candidates and retain the basic format that has proved to be so easily deliverable across the world.

Dr Andrew Elder, Chairman of the MRCP(UK) Clinical Examining Board

Quality management and public involvement

MRCP(UK) is committed to openness and transparency. In 2008 the Academic, Quality Management and Research Committee (AQMRC) took on the task of reviewing all academic policies and procedures. Once reviewed, they will be made accessible to all on the MRCP(UK) website; by publishing them they will be open to scrutiny by both candidates and the public. The first of these reviews has centred on the misconduct procedures – or the rules on how suspected cheating should be handled.

Academic misconduct

The Colleges have always regarded the integrity of the examinations as of the highest importance. Academic misconduct – cheating – is an issue that the Federation takes extremely seriously. A very small number of unscrupulous candidates are tempted to try to gain an unfair advantage in examinations. Accepting this regrettable fact, the Colleges have invested time and resources in a variety of developments to safeguard the security of all the examinations.

While the strict supervision and invigilation of candidates during examinations is the tried and trusted way of deterring and intercepting cheating, the latest developments in technology have given the Colleges an additional tool – the Anomaly Monitoring System (AMS). It was first introduced in 2005, but a more powerful version of AMS has been tested and brought into regular use since the start of 2008.

AMS software works by comparing candidates' answers in the written examinations and looking for unusual patterns of identical answers. The software systematically considers each candidate's answers against those of every other candidate sitting that examination, looking for pairs of candidates with a far higher proportion of identical answers than would be expected by chance alone. AMS compares all candidates' answers without knowing where they sat the examination, whether at an adjacent desk or the other side of the world. If candidates have an unusually high number of identical sets of answers, then – and only then – further investigations are entered into, including looking at where they were seated.

Methods of detecting cheating during the MRCP(UK) examination include the invigilation of candidates and use of the latest version of AMS software.

The 'heads value' is a figure produced by the AMS software and represents a simple way of understanding how likely Candidate A and Candidate B would be to have the same answers by chance alone. It represents the similarity of the answer pattern by expressing it as the number of times in a row someone flipping a coin would expect to get heads – in other words, the higher the heads value, the more unlikely it would be for that pattern of identical answers to occur by chance. Once a case is identified by the software, further investigation is then used to verify whether the 'anomalous pairs' of candidates had been seated near to each other. With effective systems in place, candidates and the public can be confident that a pass in MRCP(UK) examinations is awarded only when it is deserved. Given that our examinations are sat by well over 10,000 candidates around the world each year, it is encouraging that there are very few anomalous pairs.

Serious misconduct, such as cheating, is met with a serious response. If it is identified, then it is the Federation's policy to report cheating candidates to the GMC (or the equivalent licensing authority for overseas candidates).

Measures taken to prevent academic misconduct in the Specialty Certificate Examinations include the use of CCTV, candidate cubicles and randomisation of question order.

'...the Colleges have invested time and resources in a variety of developments to safeguard the security of all the examinations'

The role of lay representatives

MRCP(UK) invites lay people to sit on its Examining Boards and work with its clinicians on the development of the MRCP(UK) and the Specialty Certificate Examinations.

Lay members are appointed on rotation from each of the three Royal Colleges in the Federation. They are invited to bring a broader perspective to the work of developing the examinations and setting policies. In particular, they are asked to ensure that the voices of the public, the patient, and the wider educational establishment are heard and attended to in the work of the Boards.

Lay representatives are members of the general public, and may also be patients or carers. They should be from a range of backgrounds and come from all over the UK. As full members of the Boards to which they have been appointed, lay representatives are responsible to the Chair of the Board and work closely with the clinicians who make up the rest of the Board.

Lay representative focus: David Evans

David Evans is lay representative for the Specialty Certificate Examinations Steering Group and attended the inaugural meeting on 10 December 2008. He previously worked in the electricity supply industry as a Safety Engineer and Occupational Hygienist, and is a Chartered Fellow of the Institution of Occupational Safety and Health, and a Fellow of the Institution of Engineering and Technology. Through the Royal College of Physicians of London Patient and Carer Network he is a lay member of the British Thoracic Society Standards of Care Committee, the Sport and Exercise Medicine SAC, and Audiological and Vestibular Medicine SAC.

In addition to his work with the Royal College of Physicians of London he is a Partner with PMETB, an Independent Lay Chair for Continuing NHS Healthcare at the NHS South West Strategic Health Authority, and was a member of the NICE Surgical Site Infection Guideline Development Group. He is also an invigilator and amanuensis for students with disabilities for the Open University, and a Neighbourhood Engineer to two primary schools.

Recruiting and inducting MRCP(UK) lay representatives

During 2008, following feedback received from our lay representatives on their experience of working with the Examining Boards and Committees, MRCP(UK) began the implementation of a formalised recruitment and induction process. This process now includes the provision of a robust remit and responsibilities document and an induction pack, as well as mentoring and support from Board administrators and other lay representatives.

Induction

The request for a formal induction to MRCP(UK) Central Office came from the lay members themselves. In response to this, there is now a half-day programme to introduce new representatives to the work of MRCP(UK) Central Office and the examinations departments, as well as history, key personnel, and the role of lay members. Lay representatives also receive a pack that includes, among other things, Board and Committee member biographies and photographs, and a glossary to assist familiarisation with the most commonly used terms and acronyms.

Transition

The retiring lay members are encouraged to pass on their knowledge and experience in a handover to the new members. Every effort is now made to ensure that the new Board members understand the history of the examination, the priorities of the Boards, the structure of the examinations teams, and the politics that are currently shaping the position of the examinations in training.

Working with our overseas partners

There has been a steady increase in the number of overseas centres offering the MRCP(UK) examination and also in the number of Practical Assessment of Clinical Examination Skills (PACES) places offered. This continued throughout 2008 when the MRCP(UK) was taken by more than 4,500 candidates in 32 centres outside the UK. We work closely with our international medical colleagues and the British Council to deliver a high-quality, standardised examination experience.

Overview and history

The MRCP(UK) examination plays an important role in the international arena of postgraduate medical education, providing an international professional standard against which physicians can measure their level of attainment. Furthermore, the MRCP(UK) examination is used by medical educationalists in countries outside the UK as a benchmark standard for local postgraduate assessments. The first centres to hold the examination outside the UK were established in the early 1970s. In just over 35 years, the number of overseas countries holding the examination has increased to 25 worldwide and the demand is still growing. Examination centres are located in Asia, Africa, the Caribbean, and the Middle East and Gulf Region. There are 21 countries with a single examination centre each, but in India there are four: Chennai, Kolkata, Mumbai and Thiruvananthapuram. In Saudi Arabia, the examination is run in both Riyadh and Jeddah; in Pakistan, it is run in Karachi and Lahore; and in the UAE it is run in Dubai and Abu Dhabi, with the MRCP(UK) Part 2 Clinical Examination (PACES) being held in Al Ain and Dubai.

When the first international centres were established in 1970, only the MRCP(UK) Part 1 Examination was

The PACES examination overseas

The clinical PACES examination is held at two centres in the UAE: Dubai and Al Ain. The Dubai MRCP(UK) office services the examination for both Dubai and Al Ain. All applications for the examination are received at this centre and candidates are directed to the centre in which they are not currently working. The Dubai centre holds three diets of PACES per year, and the Al Ain centre two diets per year. The Dubai office is also responsible for running the Part 1 and Part 2 Written Examinations, both with three diets per year.

The following processes are required to organise a PACES diet at an overseas centre:

- providing information to potential candidates
- advising candidates of the application procedures and deadlines
- collecting applications and fees, preparing lists and producing timetables
- liaising with MRCP(UK) Central Office
- maintaining correspondence files and records
- transferring applications and fees to MRCP(UK) Central Office
- liaising with local examiners regarding examining dates, accommodation, etc.
- local arrangement of examinations, including all correspondence, venue arrangements with hospital directors, and requests for cases
- typing scenarios, liaising with the Nominated Visiting Examiner (NVE) and the PACES Scenarios Editor at MRCP(UK) Central Office
- preparing individual files and badges for examiners and organisers, organising examination materials and spares, and arranging copies of scenarios
- providing secretarial assistance during the days of the examination
- transferring marksheets and related papers to MRCP(UK) Central Office after the examination.

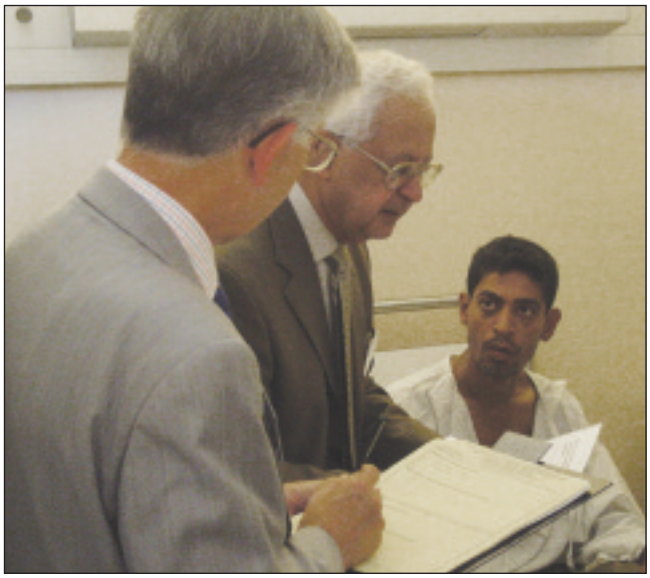
The success of the PACES examination at overseas centres relies on an excellent organising team, who enjoy the challenge of handling the various day-to-day tasks and ensure that candidates and examiners alike receive timely information about the arrangements.

Anne Aguiar, MRCP(UK) Examination Office, Clinical Faculty, Dubai Medical College

'the MRCP(UK) examination is used by medical educationalists in countries outside the UK as a benchmark standard'

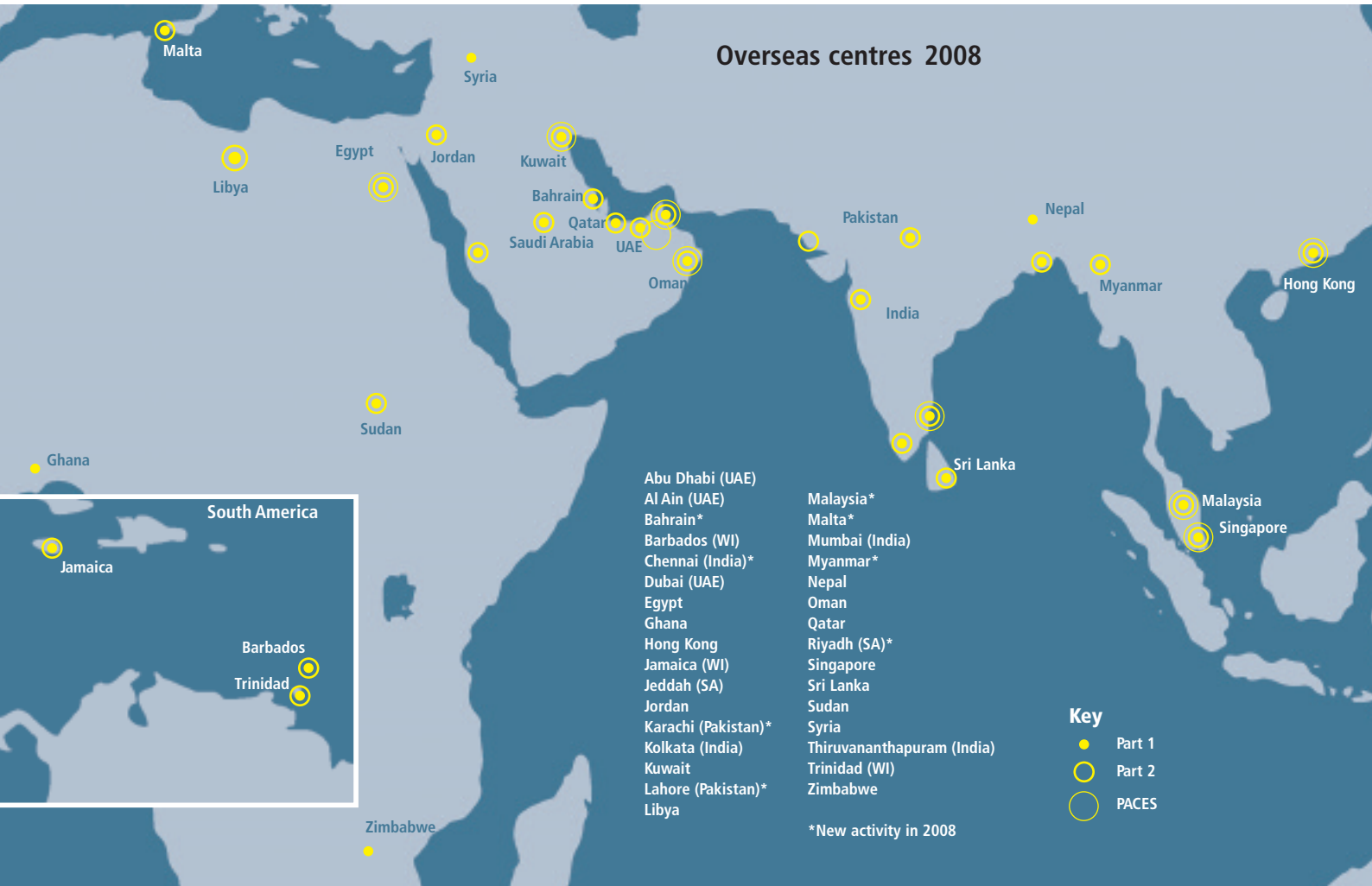
offered. However, since then, 27 centres running the MRCP(UK) Part 2 Written Examination have been set up and there are nine centres offering PACES. The Colleges are committed to ensuring that all candidates, wherever they are in the world, have reasonable access to all parts of the examinations.

To be successful internationally, the examinations need the active involvement of the local medical establishment. The support of overseas Fellows and Members of the three UK Colleges is essential. They establish the standards of training that potential candidates will need and ensure that employers understand and value the qualification. It is their hospitals that provide the facilities to run PACES, and they recruit like-minded colleagues to make up the cohort of local examiners who work alongside visiting UK examiners to assess the candidates. The MRCP(UK) has been built around the spirit of fellowship, educational co-operation and shared medical standards.



Above: Visiting UK examiners work with local examiners to assess PACES candidates at overseas centres such as Cairo (pictured).

Below: Map depicting MRCP(UK) overseas activity in 2008.



Online examination services

As part of the overall improvement of services to candidates and the re-design of the MRCP(UK) website, candidates are now offered the facility of registering for an online account and accessing a range of services. Together with the introduction of the Specialty Certificate Examinations in 2008, all candidates are able to access information about all the examinations and submit applications online.

Benefits

Applying for the examinations online offers benefits to both candidates and examinations staff.

Candidates are able to:

- apply right up to the deadline without worrying about whether the postal service will deliver their application on time
- know that their application has been made and an examination place is secured
- secure, at the time of application, their first-choice city for sitting the examination
- make payment straight away and receive confirmation that the money has been debited.

In addition, examination re-entrants need not re-send information – the process is quicker, cheaper and more convenient. Furthermore, the results are published online and are available to candidates earlier and more securely.

Who can apply online?

Currently, any candidate sitting in the UK for Part 1 and Part 2 Written Examinations can apply online. Candidates sitting in the following overseas countries can also apply online for the written examinations: Egypt; Ghana; India (Chennai, Thiruvananthapuram, Kolkata, Mumbai); Libya; Malta; Nepal; Pakistan (Karachi, Lahore); Saudi Arabia (Riyadh); Syria; Trinidad

MRCP(UK) written examination applications (online versus manual)

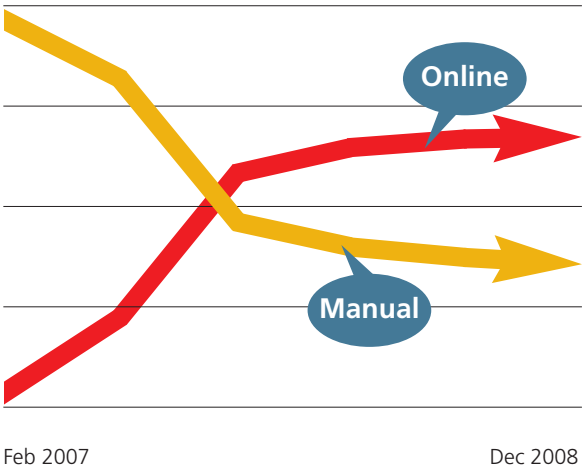


Chart depicting trend in MRCP(UK) written examination applications (online versus manual) since the online application system was introduced in the second diet of 2007.

Examinations staff have the advantages of:

- less paperwork to process, as many candidates are now able to submit all (or most) information online, thus obviating the need to complete paper forms
- a faster turnaround time in processing applications – there are fewer payments to process and less data to handle
- being able to offer a more efficient customer service – now that candidates are able to apply online, examinations office staff have more time to respond to candidates' e-mails and telephone calls.

All applications for the Specialty Certificate Examinations are now submitted online. Further information can be found at http://www.mrcpuk.org/SCE/Pages/Application.aspx

Further information on MRCP(UK) online applications can be found at http://www.mrcpuk.org/Candidate/Pages/OnlineApplications.aspx

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