

MRCPUK

Membership of the Royal Colleges of Physicians of the United Kingdom



Annual review 2016

The Federation of Royal Colleges of Physicians of the United Kingdom sets internationally acknowledged standards in medicine, building on a proud tradition of professional excellence, established over centuries by British physicians.

The Federation is a partnership between:

- The Royal College of Physicians of Edinburgh
- The Royal College of Physicians and Surgeons of Glasgow
- The Royal College of Physicians of London.

Working together, the Federation develops and delivers membership and specialty examinations, all of which are recognised around the world as quality benchmarks.

The Membership of the Royal College of Physicians (UK) Diploma tests the skills, knowledge and behaviour of doctors in training. It has been approved by the General Medical Council (GMC) as the summative assessment for core medical training. Successful completion of the entire three-part examination is a requirement for physicians training in a medically-related specialty in the UK. Internationally, the MRCP(UK) Diploma is a valued professional distinction.

The Specialty Certificate Examinations (SCEs) have been developed in close collaboration with the UK specialist societies. Physicians in training in the UK must pass the appropriate SCE in order to gain admission to the GMC Specialist Register. Success in the SCE certifies physicians as having sufficient knowledge of their specialty to practise safely and competently as consultants. The SCEs are a requirement for physicians in many medical specialties in the UK and provide an international benchmark of postgraduate medical specialist knowledge.

MRCP(UK) works with examination teams in the three Royal Colleges and is accountable to the Federation. Staff process applications, coordinate logistics and communicate results to candidates. The teams also work closely with the examining boards to:

- develop the content of the tests
- set the standards required to pass the examinations
- guide academic development of the examinations to ensure that they remain leaders in their field.

MRCP(UK) monitors performance in all the examinations and generates statistical analyses, which are crucial to maintaining academic quality. MRCP(UK) also collaborates with academics in medical education and psychometrics, who use the data to publish work in their field.

About MRCP(UK)

MRCP(UK)

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A man with grey hair and glasses, wearing a white lab coat and a blue lanyard with 'MRCP UK' printed on it, is looking down at a stack of papers. He has a stethoscope around his neck. The background shows a clinical setting with a white door and a blue wall.

Fairness continues to be a central driver to our work...

Welcome from the Medical Director

Collaboration and teamwork continue to be integral to the growing success of MRCP(UK), which, with almost 25,000 candidates per year globally, is the largest provider of international postgraduate medical examinations in the world. Working together since the 1970s, the three UK Royal Colleges of Physicians in Edinburgh, Glasgow and London continue to deliver 15 examinations of the highest quality, including the PACES assessment of bedside clinical skills.

Partnership will be central to our future international success...

it is critical that all examinations remain relevant to patient care in the 21st century...

I continue to be struck by the commitment, enthusiasm and industry of colleagues from all around the world who come together to deliver our examinations, and thank all those who give their time.

International partners

This is most visible for the PACES clinical skills examination, and we welcomed new teams in India, Malta and Sri Lanka to the PACES family in 2015.

Partnership will be central to our future international success and we are therefore now working with European colleagues to ensure that the very best of British practice in postgraduate assessment is promoted across mainland Europe. International migration of doctors continues to expand, and one key to the maintenance of standards wherever doctors travel and wherever they work, is collaboration in education and training around agreed, unified and consistently high standards.

Fairness

Fairness continues to be a central driver to our work. High-stakes examinations are extremely resource intensive to produce but must be fairly priced. We were pleased to reduce fees for 12 of our examinations this year, and have continued to freeze the fees for the others for the third

successive year. Fairness must also characterise academic elements of our examinations and we continue to work to ensure that no aspect of their conduct, structure or delivery will unfairly disadvantage any individual candidate or candidate group. This year, we are planning to review our policy for reasonable adjustments and we will publish further analyses relating to differential attainment, its explanations and its solutions.

Fit for the future

Finally, it is critical that all examinations remain relevant to patient care in the 21st century. Together with colleagues in our partner organisation, the Joint Royal Colleges of Physicians Training Board (JRCPTB), we will be working to create a new curriculum for internal medicine in the UK, which will integrate MRCP(UK) examinations with meaningful assessments of competence in the workplace. The assessment of bedside skills will remain fundamental and the PACES 2020 review will ensure that it, along with all our other examinations, remain fair, relevant and the best in international postgraduate medical education.

Professor Andrew Elder
Medical Director, MRCP(UK)

External stakeholders, including trainee physicians and members of the public, are involved in many aspects of our examinations, and help to ensure that we maintain the highest standards. This year we continued to share our work with a range of medical organisations in the UK and internationally, and to seek the perspective of people involved with or affected by our examinations.

Trainee focus

There has been a particular focus on encouraging trainees to sit on our committees and boards, so we can remain aware of their concerns and ask for their insights. We also give support to trainees who get involved in this work, which provides them with an opportunity to develop leadership skills necessary in their future roles as consultants. We hosted a workshop for trainee representatives, and the Joint Royal College of Physicians Training Board (JRCPTB) invited their own trainee representatives to attend as well. It was a productive day that ended with a programme of fresh ideas to keep trainees involved and informed.

Academic exchange

Our staff and academics have been very active, networking with colleagues in other organisations and presenting our work at conferences hosted by the:

- Academy of Medical Royal Colleges
- Association for Medical Education in Europe (AMEE)
- British Association of Physicians of Indian Origin (BAPIO)
- General Medical Council (GMC)

- Icelandic Medical Society
- Royal College of Physicians of Ireland
- Society for Acute Medicine
- Stanford Programme in Bedside Medicine.

Training tomorrow's physicians

Our examinations are designed, developed and delivered by practising physicians who want to play their part in advancing patient care through education and ensuring high standards of the profession. It is part of their contribution to medical training, and an excellent opportunity to network with colleagues, learn new skills and fulfil requirements for continuing professional development. We are grateful for their contributions and will continue to support them with training, guidelines and information, and help from our team of staff and medical leaders.

'The public have only a hazy idea of the examinations doctors take, but they know that they are vital in ensuring that the care they receive is safe and of the highest possible quality. My role is to provide non-medical input with a particular interest in promoting sensitivity to patient needs and fairness to all candidates in the planning and delivery of the examinations.'

Dr David Steel, lay member, MRCP(UK) Management and Policy Board

Engagement and involvement

2,000

Clinicians involved

60

Staff working on examinations

'Being a PACES examiner is a great opportunity to test my own clinical skills. Seeing a wide spectrum of clinical cases and then being able to discuss them with colleagues who have expertise in that particular area is a very valuable learning method. It's also an opportunity to catch up with colleagues, and find out what's happening in other parts of the country.'

Dr Ray Keelan, PACES Examiner

'MRCP(UK) is an internationally respected examination and it is a huge privilege to have been a member of the MRCP(UK) Management and Policy Board. As a trainee, I have first-hand experience of the examination process and therefore act as an advocate to promote trainee viewpoints at board level. It is enlightening to see the vast amount of work that goes into producing and maintaining high-quality examinations and this position is an excellent opportunity for trainees to help shape the future of examinations.'

Dr Chloe Broughton, trainee representative, MRCP(UK) Management and Policy Board

The NHS is under pressure as never before, due to an ageing population and rising demand for healthcare. Increasingly, our patients present with complex needs, such as multiple comorbidities. They receive more care in a community setting, rather than in hospital, especially for the management of chronic conditions.

These trends mean that consultants in the future will need a strong generalist grounding as well as specialist knowledge. As always, their training must keep up with advances in science, medicine, technology and working practices. Policy developments such as the Shape of Training Review, the Royal College of Physicians of London's Future Hospital Programme, and the introduction of the General Medical Council's generic professional capabilities, must also be considered.

To meet these challenges, we are working hand-in-hand with the Joint Royal Colleges of Physicians Training Board (JRCPTB) to create a new internal medicine curriculum for postgraduate medical training, and a closely integrated system of assessment.

Consultation and studies

Last summer, the JRCPTB ran a consultation exercise on its curriculum proposals, proactively seeking the views of trainees and those responsible for overseeing their training. After a series of workshops, an Internal Medicine Committee has been established, and it includes senior representation from MRCP(UK). It has three sub-groups, which focus on curriculum, assessment and implementation. The assessment sub-group is chaired by our Medical Director, Professor Andrew Elder.

One key goal for the JRCPTB is to simplify workplace assessment, minimising the 'tick-box' approach that has characterised recent approaches. As part of this work, they plan a proof of concept study to evaluate the acceptability of a broader, outcomes based approach to assessment, based around Competencies in Practice (CIPs).



Fit for the future



Review of Diploma examinations

This is an opportune time to take a fresh look at the MRCP(UK) Diploma examinations and update them where needed, so they remain relevant, fair and fit for purpose, while continuing to protect safety and quality of care for patients.

Review of assessment strategy is a fundamental part of curricular reform and a short-life working group, entitled 'PACES 2020', has been established to undertake a detailed assessment of the structure and content of PACES. The group will recommend a vision for the future development of PACES to the Academic, Quality Management and Research Committee (AQMRC), for implementation by 2020.

Postgraduate medical examinations are crucial to a physician's career and to patient safety. Therefore, we strive to ensure our examinations provide an accurate measure of a doctor's attainment, and do not put any individual candidate or candidate group at an unfair disadvantage. This work includes ensuring high levels of security for our questions and papers, and using sophisticated electronic measures to detect and prevent cheating. We also give candidates clear conduct guidelines and a pathway for appeals and complaints, make reasonable adjustments where appropriate, monitor equality and diversity data, and subject our examinations to independent scrutiny to ensure they are not biased.

New Code of Conduct

A new Code of Conduct for candidates is coming into effect for all examinations taking place from 1 August 2016 onwards, in the UK and internationally.

The Code applies to behaviour and all contact with patients, examiners, invigilators and staff of MRCP(UK) before, during and after the examination. It has been developed in consultation with trainee and lay representatives, as well as MRCP(UK) officers and staff, and has been approved by the Academic Quality Management and Research Committee (AQMRC).

We communicated the new Code proactively, giving candidates ample time to learn about and read the Code, which was launched on the MRCP(UK) website at the end of April 2016.

The Code was publicised widely through MRCP(UK) media channels, the three Federation Colleges, and the Joint Royal Colleges of Physicians Training Board (JRCPTB).

The MRCP(UK) Misconduct Regulations, which now include reference to the candidate Code of Conduct, were reviewed and updated at the same time. These regulations give a clear explanation of the procedures we follow to:

- protect patient safety and everyone involved in the examinations,
- ensure the integrity of the examination, and
- reach an impartial decision in cases of alleged misconduct by a candidate.

It is worth noting that allegations of misconduct are rare, and arose for fewer than 0.5% of candidates taking our examinations in the second and third cycles of 2015, and the first cycle of 2016.

Equality and diversity

Striving for diversity and seeking representative viewpoints enhances the quality of our examinations, making them fair and relevant to all concerned.

We have been continuing our work on differential attainment – where certain groups of candidates perform less well on an examination than others – both in the research we support, and in monitoring the characteristics of our examiners and candidates in line with best practice.

We have commissioned a bespoke, online equality and diversity training package for our examiners, which is due for launch in 2016. The content of the course will be clinician-led, so it

Integrity and fairness

485

Invigilators

we strive to ensure our examinations provide an accurate measure of a doctor's attainment...



addresses the situations and questions that physicians encounter in their work as examiners and assessors.

Reasonable adjustments

In line with the Equality Act 2010, we have an established policy for making reasonable adjustments for candidates who have a disability or special circumstances, so they are not unfairly disadvantaged when taking one of our examinations.

In 2016, we are in the process of reviewing and updating this policy, as doing this at routine intervals is standard good practice.

Fair questions

We apply data and evidence to ensure the examinations themselves are fair, and do not disadvantage candidates of similar ability but different backgrounds. We do this through robust processes for creating and monitoring our examinations, and by contributing to, and supporting research.

Previous studies have shown that white candidates in the UK outperform their black and minority ethnic (BME) peers, but the reasons are unknown. A recent analysis, conducted by Dr David Hope, a psychometrician working with MRCP(UK) at the Centre for Medical Education, University of Edinburgh, suggests that overall differences in pass rates on the MRCP(UK) Part 1 examination is not explained by unfair questions. This study looked at the performance of 13,694 candidates on 2,773 Part 1 questions and found that among UK graduates virtually no questions exhibit any bias with regards to sex or ethnicity. The findings were presented to the AQMRC, reported in our e-newsletters, and submitted for publication in an academic journal.

We have clear and impartial procedures that allow candidates to complain or appeal a result when they believe something has gone wrong in the way they were assessed, or in the conduct of an examination. Our latest data confirm that while they are on the increase, these situations still rarely occur.



With an established international track record, and a strong network of partners around the world, we are now able to develop additional programmes of increasing depth and innovation. Currently, a key theme is integration of assessment and training, and we are working side by side with our colleagues from the Joint Royal Colleges of Physicians Training Board (JRCPTB) to achieve this. We are also working with international partners to develop new qualifications that travel with physicians across borders: this is becoming crucial in our increasingly global profession.

Integrated programme in Iceland

With the JRCPTB, we have developed a comprehensive package of training and assessment for core medical training (CMT), which has been adopted in Iceland. It is the first time this has happened outside the UK.

Trainee physicians in Iceland are now following the UK CMT curriculum and system of assessment, including the Annual Review of Competence Progression (ARCP), and the ePortfolio which is the formal method by which a trainee's progression through their training programme is monitored and recorded.

These trainees can sit the MRCP(UK) Part 1 and Part 2 Written examinations in Iceland and the MRCP(UK) Part 2 Clinical examination (PACES) in the UK, and so far their results have been impressive.

There are also 'train the trainer' sessions in Iceland, and an accreditation visit took place in June 2016.

This model is proving very successful, and we believe it could work well in other countries.

Qualifications that travel

At the specialist level, several promising initiatives have been progressing across Europe over the past year.

A strong partnership has been established between MRCP(UK), the British Society of Gastroenterology and the European Board of Gastroenterology and Hepatology. Following three years of pathfinder (pilot) examinations, a fourth examination will take place in 2017. Since 2014, about 250 candidates have taken the European examination.

MRCP(UK) has also been working in partnership with the Renal Association (UK) and the European Union of Medical Specialists Renal Section, to develop an examination in this specialty. A substantial amount of work has been accomplished. European colleagues have taken part in question writing groups (with training provided) and examining board meetings. The first European pathfinder examination in nephrology is anticipated in 2017.

Encouraged by these positive partnerships, we are also exploring European examinations in other specialties, including neurology and endocrinology and diabetes. The long-term vision is for a range of qualifications that travel with physicians across Europe, inspiring confidence among employers and patients.

International partnerships

10,550

Candidates at international centres

We are also working with international partners to develop new qualifications that travel with physicians across borders...

The MRCP(UK) Medical Director, Professor Andrew Elder, has been advising Stanford University Medical School in the USA since 2013 as part of their Stanford 25 Bedside Medicine Programme. He is a Visiting Professor at Stanford, and demonstrates PACES at the programme's annual symposium.

Professor Abraham Verghese, Department of Medicine, Stanford University, USA, says:

'The great challenge in America is keeping the bedside skills that are taught in the first and second year of medical school alive in medical training and practice. To do so when there is no formal testing of such skills, no high-stakes exam at any stage of training, just an assumption that somehow whatever rudimentary skills were taught to the neophyte magically stay the same, is an astonishing kind of faith, not in keeping with the scientific method.'

In that regard, the PACES exam and its worldwide use is a model to greatly admire. We at Stanford are benefitting from the lessons of PACES, from consultations with Professor Andrew Elder, as we try to teach bedside skills and implement a voluntary program to assess the skills of our trainees at the bedside.'

195

More international
PACES places



45

Countries worldwide



New PACES centres

Around the world, PACES remains a popular examination. Our efforts to bring PACES to as many doctors possible, wherever they might live, continue to flourish.

In **India**, MRCP(UK) is in the process of opening two new centres to complement our existing PACES centres in Chennai and Kolkata. In Bengaluru, a successful pathfinder (pilot) examination ran in January 2016. Dr Sudarshan Ballal is the Federation lead for this centre, which is based at Manipal Hospital. The first PACES examination is scheduled for December 2016. A new centre in Kochi ran its first PACES examination in February 2016 with our partner Aster Medcity. Thanks are due to the Federation lead, Dr Anil Kumar, and his efficient team.

In Colombo, **Sri Lanka**, a pilot examination confirmed that all the necessary arrangements were in place, and that everything could be expected to run smoothly. In partnership with the Ceylon College of Physicians, and under the leadership of Dr Lalith Wijayarathne, the examination is scheduled to go live in November 2016.

Following a similar pathfinder, a new PACES centre has also opened at the Mater Dei Hospital in Valletta, **Malta**. The first full examination cycle ran in early 2016, ably overseen by the Federation lead, Professor Stephen Montefort.

Sri Lanka
India
Malta

Examination fees are a significant investment for candidates, and we aim to provide value for money without compromising quality.

In March 2016, we were very pleased to announce a 23% reduction in fees for all 12 of the Specialty Certificate Examinations (SCEs). This was possible because of the rapid expansion the examinations have enjoyed worldwide, along with efficient implementation.

The reduced fee comes into effect from August 2016, and should ease some of the financial pressures on doctors who are required to sit the SCEs. We also hope it will enable even more doctors to undertake the examination internationally, as an optional way to confirm their professional knowledge and build their careers.

This reduction follows a long period where fees have been frozen: since 2013 for the SCEs and since 2014 for the MRCP(UK) Diploma examinations.

Ultimately, we want to provide a high-quality examination that proves a sound investment for candidates, furthering their training and careers, while also safeguarding the welfare of patients they will care for in the years to come.

we want to provide a high-quality examination that proves a sound investment for candidates...

129

UK examination venues

25,000

Number of doctors sitting our examinations worldwide

38,000

Questions in our question bank

85,000

Examination papers and marksheets dispatched

Investing in quality

- Question and scenario writing
- Peer review
- Editing
- Setting papers
- Standard setting
- Question bank management

Creating the examination

- Maintaining online system
- Processing payments
- Scheduling places
- Answering queries
- Providing study resources

Helping applicants

Delivering the examination

- Organising venues
- Dispatching materials
- Supporting hosts
- On-site administrative support

Analysing and reporting results

- Scanning marksheets
- Data transfer (SCEs)
- Results report to boards
- Final pass mark agreed
- Results and feedback to candidates
- Reports to deaneries and LETBs
- Analysis of examination results

'The fee reduction is extremely welcome news for all trainees. It demonstrates the colleges have been receptive to feedback from trainees about the cost of examinations, particularly considering the current financial environment.'

Dr Jim Macfarlane, trainee representative, SCE Steering Group

Academic governance

Administration

Communications

Our examinations are for physicians and by physicians – they simply could not happen without the dedication of hundreds of volunteer question writers, examiners and board members. These physicians freely give their time and expertise, to ensure that the standard expected of their profession by the public and the regulator is maintained.

The examinations are also supported by a team of approximately 60 skilled staff working across the three Federation Colleges.

Our staff provide a wide range of services for candidates, handling their applications and results securely, ensuring that examination centres run smoothly, and assisting with queries. We have strong academic, editorial and policy teams, who make vital contributions to the quality of the examinations. They also keep in touch with key external stakeholders to ensure our examinations remain relevant and fair.



People making
it happen

2 days

Average clinician's time per year



We have strong
academic, editorial
and policy teams...

1,500

Invigilators, organisers and local administrators

Thanks are due to our demitting board members for their hard work and contributions. A warm welcome is also extended to our new board members.

MRCP(UK) Part 1 Examining Board

Thank you
Professor Kok-Onn Lee

Welcome
Professor Brian Angus
Professor Gerald Chua
Dr Ruben Thanacoody
Professor Mike Vassallo

MRCP(UK) Part 2 Written Examining Board

Thank you
Professor Rudy Bilous (Secretary)
Dr Jeremy Dick
Dr Shona Methven
Professor Charles Twort

Welcome
Professor Anthony Nicholls (Secretary)
Dr Euan Cameron
Dr Neil Hopkinson
Dr Aneil Malhotra
Dr Ellon McGregor
Dr Maung Maung Myat Moe
Dr Fozia Nazir

Scenario Editorial Committee (PACES)

Thank you
Dr Hadi Al-Hillawi (Chair)

Welcome
Dr Elizabeth Murphy (Chair)
Dr Philip Strike

Scenario Writing Group (PACES)

Thank you
Dr Elizabeth Murphy (Chair)
Dr Celia Bielawski
Dr Damien Cullington
Dr Arthur Dunk
Dr Alison Honan
Dr Mike Irani
Dr Hannah Robertson

Welcome
Dr Philip Strike (Chair)
Dr Ahmed Al-Sharefi
Dr Fozia Nazir
Dr John Nixon

Acute Medicine SCE Examining Board

Thank you
Dr Alistair Douglas
Dr Tanzeem Raza

Welcome
Dr Claire Gardner
Dr Martin Whyte

Acute Medicine SCE Standard Setting Group

Thank you
Dr Deepak Bhatia

Dermatology SCE Examining Board

Thank you
Professor Nicholas Reynolds

Welcome
Dr Hazel Bell
Professor David Burden
Dr Giles Dunnill

Endocrinology & Diabetes SCE Examining Board

Thank you
Dr Neil Gittoes
Professor Peter Trainer

Endocrinology & Diabetes SCE Standard Setting Group

Thank you
Dr Michael Clements

Gastroenterology SCE Examining Board

Welcome
Dr Sunil Sonwalkar
Dr Emma Wesley

Gastroenterology SCE Standard Setting Group

Thank you
Dr Guru Aithal
Dr Antony Ellis

Geriatric Medicine SCE Examining Board

Thank you
Professor Stephen Allen

Welcome
Dr Celia Bielawski
Dr Tomas Welsh

Geriatric Medicine SCE Standard Setting Group

Thank you
Dr Oliver Corrado
Dr Lindsey Dow (Co-chair)

Welcome
Dr Alexander Thomson
Dr Divya Tiwari

Infectious Diseases SCE Standard Setting Group

Thank you
Dr Raymond Fox (Chair)
Dr Sani Aliyu
Dr Brian Angus
Dr Neena Bodasing
Dr Julia Greig
Dr Michael Jacobs
Dr Claire Mackintosh
Dr Martin Wiselka

Nephrology SCE Examining Board

Thank you
Dr Alex Crowe
Dr David Reaich

Welcome
Dr Richard D'Souza
Dr Stephen Kardasz

Nephrology SCE Standard Setting Group

Thank you
Dr Catherine Stirling (Chair)

Welcome
Dr Arvind Ponnusamy

Neurology SCE Examining Board

Thank you
Dr Rustam Al-Shahi Salman

Welcome
Dr Abhjit Chaudhuri

Palliative Medicine SCE Examining Board

Thank you
Dr Clare Marlow
Dr Shaun Smale

Palliative Medicine SCE Standard Setting Group

Welcome
Dr Venkata Chaitanya
Dr Craig Gannon
Dr Suzanne Kite

Respiratory Medicine SCE Standard Setting Group

Welcome
Dr Manish Gautam

Rheumatology SCE Examining Board

Thank you
Dr David Rees (Chair)

Welcome
Dr Ken Lim (Chair)
Dr Kevin Fairburn (Secretary)

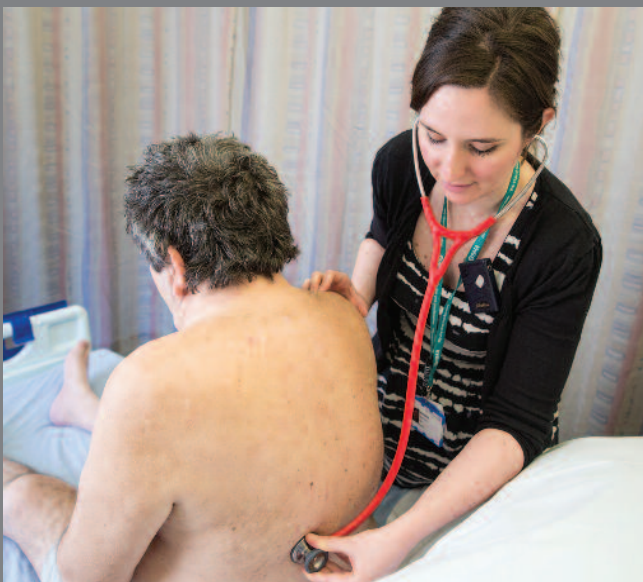
Rheumatology SCE Standard Setting Group

Thank you
Dr Sally Edmonds
Dr Vanessa Morris

Welcome
Dr Ramasharan Laxminarayan
Dr Adrian Pendleton
Dr Shaun Smale



Thank you
and welcome



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Membership of the Royal Colleges of Physicians of the United Kingdom



**Royal College of
Physicians of Edinburgh**
Educating doctors, improving care.



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



**Royal College
of Physicians**