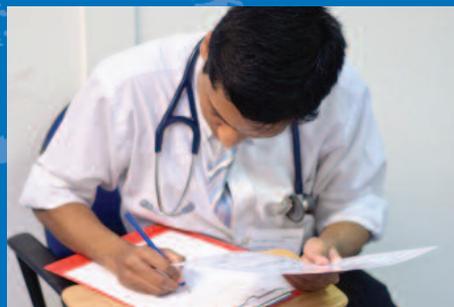


MRCPUK

MEMBERSHIP OF THE ROYAL COLLEGES
OF PHYSICIANS OF THE UNITED KINGDOM



ANNUAL REVIEW 2009

MRCP(UK) Central Office

11 St Andrews Place
Regent's Park
London NW1 4LE

www.mrcpuk.org

Contents

About MRCP(UK)	2
<hr/>	
Introduction	3
<hr/>	
Ensuring quality, consistency and fairness	4
<hr/>	
The experts behind the exams	6
<hr/>	
Current and comprehensive; the new PACES	7
<hr/>	
The PACES experience	8
<hr/>	
International partnerships	10
<hr/>	
Resources, references and contacts	12
<hr/>	

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 Colleges develop and deliver membership and specialty examinations that are recognised around the world as quality benchmarks.

The Federation is responsible for a portfolio of examinations:

- **The Membership of the Royal College of Physicians (UK) Examination**, which tests the skills, knowledge and behaviour of doctors in training. In 2009, the Postgraduate Medical Education and Training Board (PMETB) approved the proposal that successful completion of the entire three-part examination should be a requirement to enter specialist training in UK medicine. The MRCP(UK) examination is also an integral part of medical training in Hong Kong and Singapore, as well as a valued professional distinction in many other countries. The MRCP(UK) developed from the MRCP examinations set separately by the three Colleges; indeed, 2009 marks the 150th anniversary of the MRCP London examination.
- **The Specialty Certificate Examinations (SCEs)**, these are developed in close collaboration with the various Specialist Societies. Physicians in training must pass the appropriate SCE in order to gain admission to the General Medical Council (GMC) Specialist Register. The SCEs is a relatively new requirement for specialist physicians in the UK and they are gaining recognition internationally.

MRCP(UK) Central Office works closely with the examination teams in the three Colleges and is accountable to the Federation. Staff handle applications, coordinate logistics and communicate results to candidates. The team also works with the examining boards, to develop the content of the tests. Central Office monitors performance in the examinations and generates statistical analyses of question performance, which are crucial to maintaining academic quality.

Introduction

Welcome to the second Annual Review published by MRCP(UK).

Medical training in the UK continues to move through a period of significant reform. Junior doctors complete their training at a faster pace, following a more tightly defined pathway. In addition, our examinations must align with an evolving curriculum and fundamental changes in the way health care is provided.

At the same time, we are working diligently with our international partners to extend educational opportunities across borders. This year we launched the MRCP(UK) examination in Bangladesh and we opened our first test centre in New Delhi, India.

Against this background, we are committed to keeping all stakeholders well informed about our work and recording progress for the year. MRCP(UK) is about people and ideas so this review also introduces just a few of the individuals who have been involved this year.

In 2009, through increasing standardisation and an ongoing process of review and validation, we continued our efforts to maintain robust examinations that are relevant to modern medical practice.

Key developments in 2009 included:

- Recognition of the MRCP(UK) examination by the Postgraduate Medical Education and Training Board (PMETB) as a requirement for entrance into specialist training
- Changes to the eligibility criteria for the MRCP(UK) examination, making it more flexible for candidates and responsive to today's shorter training pathway. In the past, candidates were required to complete the MRCP(UK) Part 2 Written Examination before applying for the Part 2 Clinical Examination (PACES). They may now complete the elements of Part 2 in any order they choose
- UK and international roll-out of an expanded and enhanced version of PACES (Practical Assessment of Clinical Examination Skills), designed to test trainee physicians in a more integrated and consistent manner



- Launch of seven new Specialty Certificate Examinations (SCEs): Dermatology; Endocrinology and diabetes; Geriatric medicine; Infectious diseases; Nephrology; Neurology; and Respiratory medicine. The SCE in Gastroenterology was offered for a second year. Examinations in additional medical specialties are scheduled for introduction in 2010.

Many people work very hard behind the scenes to make our examinations a success. Clinicians give their time and considerable expertise freely, to write questions or serve as examiners. Our hosts in the UK and around the world are tireless in their efforts to provide the best possible experience for physicians taking the examinations. The candidates themselves work hardest of all, preparing for these crucial tests of their knowledge and skills. This year, we are especially pleased to highlight their contributions in this review.

A handwritten signature in black ink, appearing to read 'Neil Dewhurst', written in a cursive style.

Neil Dewhurst
MRCP(UK) Medical Director

Dr Neil Dewhurst has been elected President of The Royal College of Physicians of Edinburgh and will take over from the current President on 1 March 2010.

Ensuring quality, consistency and fairness

Good examinations protect patients by ensuring their doctors have a high level of knowledge and skill. They also give every doctor a fair chance to demonstrate his or her level of ability - no matter when or where the examination is taken. These objectives are simple to express but achieving them requires sound procedures and input from numerous experts.

Many people play a role in the continuing development of questions for the MRCP(UK) written examinations (Part 1 and Part 2). In close co-operation with the Specialist Societies, an equally demanding process is applied to developing questions for the new Specialty Certificate Examinations (SCEs).

- **Staff at Central Office** manage a bank of questions, coordinate the regular development of new questions and ensure consistent editorial standards are met. Central Office monitors statistics and tracks the pass rate over the years and across worldwide locations. Question performance fed back to his examining boards to inform the review of question material.
- **Physicians in the question writing groups** research and create questions for the examinations. The Specialty Question Groups (SQGs) for the MRCP(UK) written examinations meet twice a year, in May and September, to scrutinise each question and make amendments if necessary. The SCE Question Writing Groups meet annually and follow a similar process. Question writers volunteer their time for this work (see pages 5 and 6). Dr John Mucklow, Associate Medical Director for MRCP(UK), is currently overall chairman of both question writing groups. His responsibility is to see that academic objectives and standards are met at every stage of the process.
- **The Examining Boards** select and review the completed questions to ensure the highest levels of accuracy, fairness and relevance, when setting the papers for each examination. The Boards commission questions from the MRCP(UK) Specialty Question Groups and SCE Question Writing Groups in accordance with the curriculum.

- **The Academic, Quality Management and Research Committee (AQMRC)** maintains broad oversight to protect the quality and reputation of the examinations. One of the Committee's key responsibilities is to ensure the examinations test mastery of the curriculum. This was an especially important duty in 2009 because the MRCP(UK) diploma was confirmed as a prerequisite for entrance into UK specialist medical training. For trainees who entered Core Medical Training (CMT) in 2007, the SCEs are also a requirement in many specialties for a Certificate of Completion of Training (CCT), and to become a consultant physician in the UK.

The MRCP(UK) is acknowledged as an examination of high calibre and prominent members of the medical education community routinely assess its design, conduct and performance. For example, a retrospective analysis of the MRCP(UK) Part 1 written examination found it had remained statistically reliable over a period of 18 years, across 54 diets. (IC McManus, J Mooney-Summers, JE Dacre et al. Reliability of the MRCP (UK) Part I Examination, 1984-2001. Medical Education 2003; 37:609-611).

The methodology at the core of our examinations and resulting outcomes are reported and discussed in the medical literature. Please refer to the recent publications cited on page 12 for more detail.



Question Writers for the SQGs attend a briefing session

Asking the right questions

Over the past ten years, we have banked thousands of high-quality questions for the MRCP(UK) written examinations (Part 1 and Part 2 Written). In an even shorter time, we have developed more than 7,000 additional questions for the new Specialty Certificate Examinations (SCEs), which are being rolled out now.

This resource has been built up through the voluntary efforts of many physicians, who give their time freely to write, challenge and perfect the questions.

Question writers for the SCEs must be consultant physicians and they are nominated by their Specialist Societies. All are leaders in their local health communities and many have international reputations.

Many contributors to the MRCP(UK) written examinations bring equally distinguished credentials to the project. It is perhaps less well known that physicians may also contribute to these examinations at an earlier stage in their careers, even before they become consultants (see page 6 for some individual perspectives). This broad spectrum of experience ensures the examinations remain authoritative, current and relevant to clinical practice.

To join the Specialty Question Groups (SQGs) for the MRCP(UK) written examinations, a physician must:

- Be a Fellow or Member of one of the Royal Colleges (consultant or specialty registrar)
- Be practising in a relevant field of clinical medicine
- Have recent involvement in the supervision of trainees.

Question writers do not work in isolation. On the contrary, the question writing process is collaborative and this is the aspect that many members find most educational and enjoyable. These sessions are a lively exercise in peer review and each question is dissected by the group, defended by its author, modified by agreement and ultimately approved, rejected or deferred for rewriting and reconsideration at the next meeting.

New question writers are always welcome. Physicians wishing to join the SQGs are encouraged to contact Kate Beaumont (kate.beaumont@mrcepuk.org) at MRCP(UK) Central Office.



Meetings are an important part of peer review

Checklist for quality questions

We follow a well-established quality assurance procedure to generate reliable questions for all of our written examinations.

Before it can be included in the bank, a question must pass many hurdles. Care is taken over the smallest detail. A question must provide:

- An appropriate level of difficulty
- An accurate answer based on widely agreed clinical consensus and evidence
- Four “wrong answers” (distractors), which provide plausible alternatives to the correct answer
- Background information that is clear, plausible and factually accurate
- A format that matches standard editorial style for the examination
- Correct spelling, grammar and punctuation.

Some questions will also include:

- Investigation results that fall within accepted ranges and are reported in the right units
- Clear images (such as X-rays) that are straightforward to interpret.

Writing questions that meet all of these criteria is no easy task. To help with the process, MRCP(UK) Central Office provides question writers with a detailed manual, which is updated annually.

The experts behind the exams

The question writing groups are made up of Fellows and Members from all three Colleges and question writers come from all around the UK. All see writing questions as part of their responsibility for training the next generation of physicians and as an excellent opportunity to keep up-to-date. Hundreds of physicians find time to contribute to the MRCP(UK) written examinations and the Specialty Certificate Examinations (SCEs) and we are pleased to feature case studies from four question writers highlighting their individual experiences.

When Dr Greenwood signed up to be a question writer, he was not sure what he would be getting into. "I guess I saw the College as some mysterious place," he remembers. "I imagined it was going to be quite stuffy but that's not the case."



Dr Greenwood was a trainee at the time and one of the first younger doctors to become involved in writing the examinations. "One advantage is we're close to the examination, close to the candidates and involved in teaching," Dr Greenwood says.

"The image of the old fashioned network of the College couldn't be further from the truth. We're friendly, dynamic and we welcome new members."

Dr James Greenwood MRCP(UK)
Consultant in Respiratory and Intensive Care Medicine

A professional interest in medical education and assessment drew Dr Stewart to become a question writer. He also finds the work a good way to keep up-to-date and network with colleagues from around the country.



In addition, Dr Stewart is an examiner for PACES, the practical element of the MRCP(UK) examination. He says the two roles compliment one another very well.

"I enjoy seeing the young doctors demonstrating their skills. It feels like a privilege to see how they have developed and learned over their time in training." He adds: "It's important to see the training and education of doctors as something that we all need to be involved in."

Dr Andrew Stewart FRCP(Edin) FRCPATH
Consultant Haematologist

Dr Rigby recently started writing questions for the Specialty Certificate Examination (SCE) in Rheumatology. For the past four years, she has also written questions for the MRCP(UK) examinations.



"One of the benefits of writing for both examinations is that I can help set the appropriate level of difficulty for these two groups," she says.

Question writing ties into Dr Rigby's teaching work and has been especially valuable in her current studies for a master's degree in medical education.

She also appreciates the opportunity to meet colleagues from around the country. "Sometimes as a consultant you can feel you are working on your own," Dr Rigby says, but she always leaves the sessions with new insights from her peers.

Dr Shirley Rigby FRCP(Lond)
Honorary Associate Professor
Consultant Physician and Rheumatologist

Dr Chapman started writing questions for the MRCP(UK) written examinations in 2002. Later, she was keen to get involved in the new Specialty Certificate Examinations. She now writes questions for the SCE in Infectious diseases and is Secretary of the Examination Board.



"I enjoy the challenge and stimulation of writing questions. Over several months, I jot down details of cases that I could use as a basis for questions," she says. "One of the hardest things is deciding what knowledge or reasoning I want to test, and then coming up with distractors, or incorrect answers, that are plausible enough to tempt the unwary."

Dr Chapman adds: "The training days are very helpful for new question writers, as are the templates and other resources provided."

Dr Ann Chapman FRCP(Edin) FRCP(Lond)
Consultant in Infectious diseases

Current and comprehensive; the new PACES

This year marked an important anniversary – and an important step into the future. The MRCP London examination was first held 150 years ago. In 2009, the practical element of the MRCP(UK) examination was updated to test the communication skills and judgement required for 21st century medicine.

A dialogue between student and teacher has always been at the heart of the examination. The *viva voce* was a rite of passage for young physicians and a defining part of the old examination. Clinical skills were also tested. Today, trainees still examine patients and field questions from senior physicians, in the Part 2 Clinical Examination (PACES).

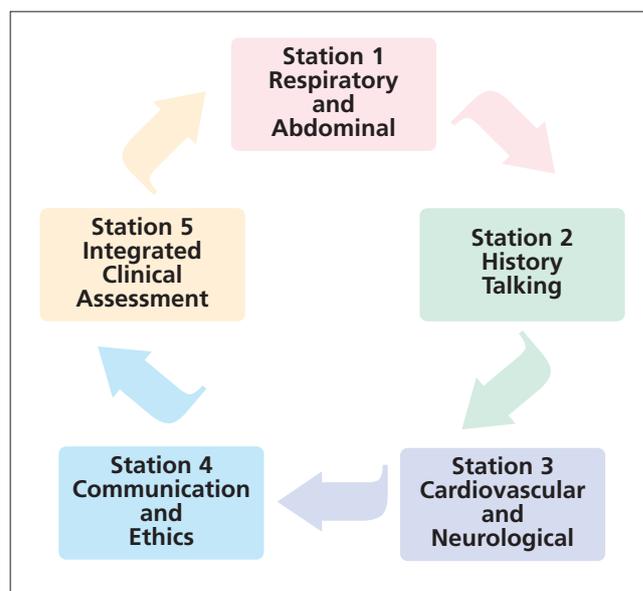
The PACES (Practical Assessment of Clinical examination Skills) format for the MRCP(UK) was introduced in 2001 and it has been highly successful. More than 30,000 candidates have completed PACES in hospitals around the world (see page 8 for some individual perspectives).

Realistic situations

In 2009, a further development of PACES went “live.” The changes represent refinements to the examination, rather than an overhaul. As before, candidates move through five stations (see diagram). At each station, they are assessed by two examiners. Stations 1 through 4 remain as they were:

- **Stations 1 (respiratory and abdominal) and 3 (cardiovascular and neurological):** Examining the patient correctly, picking up clinical signs, making a diagnosis and suggesting a management plan
- **Station 2 (history taking):** Taking a history and discussing a possible diagnosis and clinical plan with the examiners
- **Station 4 (communication and ethics):** Discussing prognosis and a management plan with the patient, remaining mindful of legal and ethical considerations.

Station 5 (integrated clinical assessment) has been changed this year to provide a more realistic interaction between doctor and patient. In the past, candidates examined four patients in a space of 20 minutes. Candidates and patients were not allowed to speak to one another and the candidate was required to give the examiners a diagnosis on the spot. The updated Station 5



The PACES carousel has five stations

requires candidates to see just two patients in the allocated time and they must take a history and examine the patient. The emphasis is on good communication, asking the right questions, and solving a clinical problem.

This year, for the first time, a video for candidates was launched on the MRCP(UK) website, to help trainees prepare for the new PACES examination.

Structured marking

The other change introduced this year may not be as obvious to PACES candidates but it is equally significant. A new marking system gives appropriate weight to the physician's fundamental skills:

- Physical examination
- Identifying physical signs
- Clinical communication
- Differential diagnosis
- Clinical judgement
- Managing patients' concerns
- Maintaining patient welfare.

Under the new marking system, a candidate who does not demonstrate sufficient attainment in all of these areas will not be able to pass the examination.

The updated marking system is being phased in gradually to ensure fairness to all candidates and to maintain robust, consistent standards. New mark-sheets were used worldwide in the November 2009 cycle (diet) of examinations. The pass rate for this diet remained within the historic range and this is a key indicator of reliability.

The PACES experience

The practical element of the MRCP(UK) examination is cherished by the profession. Here, the art and science of medicine meet. Under the watchful eyes of the examiners, candidates have the opportunity to demonstrate the skills they have developed through years of training. While the formidable viva panels are a thing of the past, candidates can still be certain they will be challenged. Passing PACES (Practical Assessment of Clinical Examination Skills) is a huge achievement requiring diligent study. Across the UK and around the world, examiners and hosts work hard to make it all happen. We invited a UK trainee, an international trainee, a UK examiner and an international host to share their individual PACES experience.

From the time he started medical school, PACES had “an almost mythical aura,” says Dr Rogers.

As the time approached he prepared thoroughly: reading textbooks, taking a course and using flash cards to develop instant recall of the facts. He teamed up with a colleague and they took turns presenting to one another. At home, his wife helped him practise history-taking and communication skills.

On the day, Dr Rogers felt nervous but ready. He found the atmosphere formal but not intimidating. “I think this is right – having put a lot of work in, one expects the exam to be run with a certain gravitas. Throughout, the examiners were exacting in their questioning while remaining courteous and polite.”

He adds: “Logistically it all ran very smoothly – there was never a moment when I was unsure where to go, and the organising registrar did her best to put people at their ease.”

Passing the examination was a proud milestone. At a time when medical training is undergoing so many changes, Dr Rogers also sees the MRCP(UK) as a familiar benchmark for career progression.

“But passing the MRCP(UK) also carries with it responsibilities,” Dr Rogers adds. “The respect accorded to the qualification means your opinion tends to be valued highly. It is important for trainees to maintain their skills and knowledge after gaining the MRCP(UK), to ensure they remain worthy of this trust.”

His advice to candidates is: “Don’t forget to practise the ‘spoken’ stations; they form two fifths of the exam, and communication skills are very useful in real life as well!”



Dr Matthew Rogers MRCP(UK)
Core Medical Trainee Year 2
Frimley Park Hospital, United Kingdom

As the PACES examination approached, Dr Liang studied intensely. Senior doctors provided bedside tutorials. She honed her communications skills, analysed the ethical dimensions of cases, and spent many hours reviewing textbooks and online guides.

When the day arrived, tension was high. “I was extremely nervous when I walked in,” she says, “yet glad that all my preparation had led me to this day. Part of me was dreading it and part of me could not wait for it to be over.”

The atmosphere was serious but “the exam actually went by in a flash,” Dr Liang recalls. “Before we knew it, we had completed the last station and then it was all over.”

The ‘patients’ did a good job, she adds. “The surrogates for my communications and history-taking stations were well prompted and played the roles well. This made it seem like an everyday situation on the ward, and made it less stressful.”

Her advice to other candidates is: “Practise, practise and practise. Get a good partner to practise with and tutors that are willing to point out your mistakes.” Adequate reading is vital, too.

Dr Liang believes the PACES experience is a good foundation for the start of specialist training because it builds up communications skills as well as clinical knowledge. However, now that she has passed, Dr Liang is not resting on her laurels. “Learning never ends with an exam.”



Dr Liang Weiting Michelle MRCP(UK)
Medical Officer
Singapore



A candidate prepares for Station 4 (Communication and Ethics)



In UK and international centres scenarios mimic clinical situations

Dr Dwarakanath has been a PACES examiner since 2001. This year, he participated in the new, updated PACES.



Some of the candidates were naturally nervous but the arrangements worked smoothly on the day. Dr Dwarakanath also felt well briefed in advance of the examination, thanks to a comprehensive handbook, a DVD and online videos, and the regular "hot topics" newsletters for examiners.

A successful performance in PACES is vital in confirming a physician's clinical competence. It is also a fundamental step for a trainee's career progression. All in all, examiners have a serious responsibility. What does it take to do the job well?

Certainly, Dr Dwarakanath says, a physician must be engaged in current clinical practice, have up-to-date knowledge, and have first-hand experience with trainees. It is also important to be consistent and give every candidate the same fair chance, he adds.

Examiners are not paid for the work but Dr Dwarakanath sees it as an important part of a consultant physician's role and a good opportunity for continuing professional development. "I always learn something from my fellow examiners and you see some interesting cases."

He encourages other physicians to come forward and volunteer as examiners. "It is a worthwhile use of time and an important service to the profession," Dr Dwarakanath says. "It is important for the Colleges to have younger physicians examining as well. Examiners are important role models for junior doctors."

**Dr Deepak Dwarakanath FRCP(Edin)
Consultant Physician and Gastroenterologist**

Successful completion of the MRCP(UK) is an integral part of medical specialist training in Hong Kong.



Professor Ng and his team have hosted several PACES since 2007. In the last examination cycle (third diet) of 2009, they hosted 75 candidates in five major hospitals in Hong Kong.

Preparations for an examination begin at least half a year in advance. There is a long list of tasks to complete:

- Fixing the dates
- Processing candidate applications
- Preparing the ward
- Arranging helpers to run the examination
- Organising the examiners
- Setting up a timetable for the day.

Central Office helps with candidate records and correspondence, and provides instructions, some of the scenarios, and mark-sheets.

The main challenges are writing up the remaining scenarios, preparing the cases and briefing the surrogates, says Professor Ng.

By hosting an examination, an institution and its staff make an important contribution to setting and maintaining high standards in medicine, Professor Ng believes. For individual doctors, PACES provides an excellent opportunity for continuous medical education and career development.

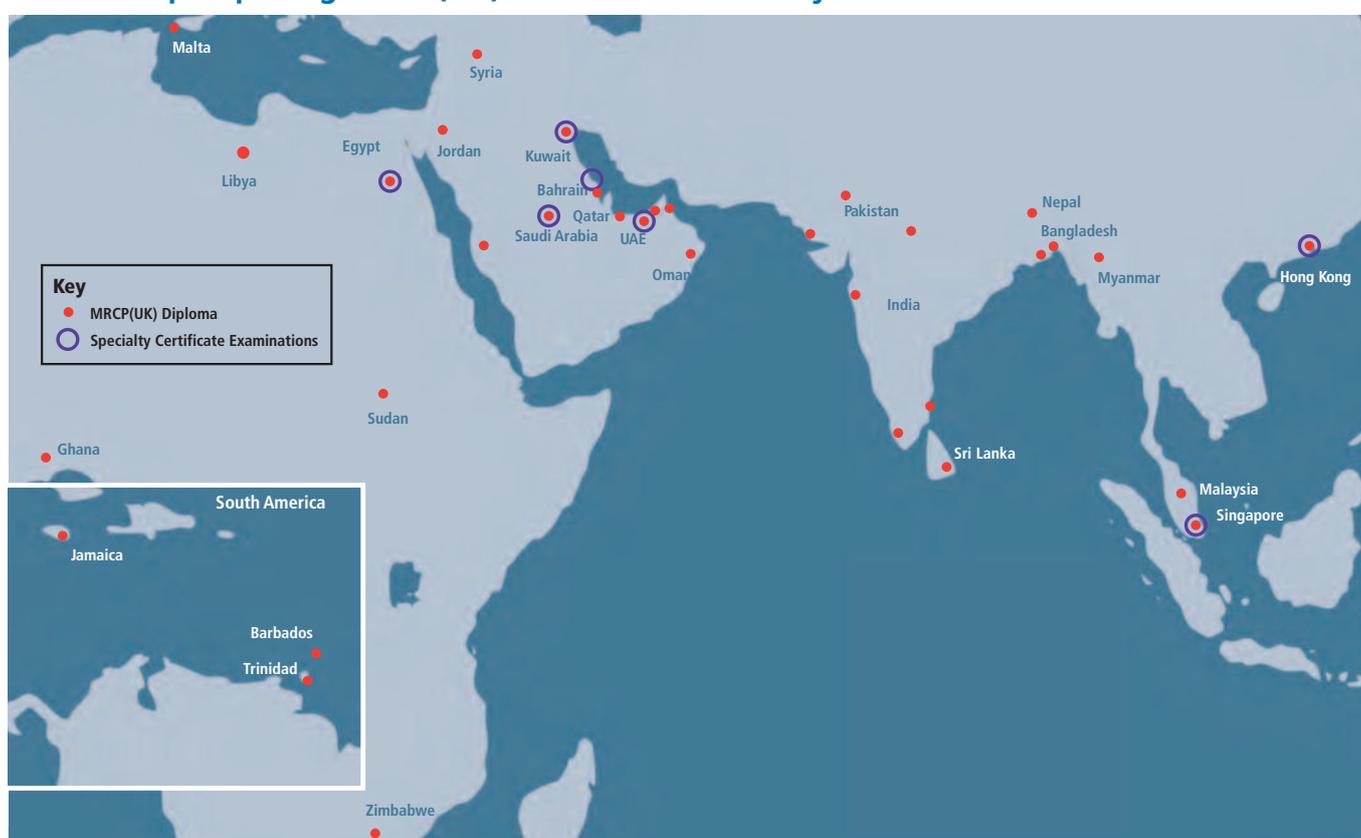
"The key to success is that all hosting hospitals and examiners consider such participation a privilege and an honour," Professor Ng says. "With this in mind, we strive our best to prepare for the exam."

**Professor Matthew Ng FRCP(Lond), FRCP(Edin)
Examination Committee Chairman
Hong Kong College of Physicians**

International partnerships

We value our partnerships with physicians around the world very highly and we work constantly to develop the international programmes. The MRCP(UK) examination is respected around the world as a benchmark of professional achievement. Each year, some 14,000 doctors take one or more components of the examination in 26 countries around the world. In 2009, we expanded opportunities to sit both parts of the MRCP(UK) written examinations in New Delhi and Dhaka. The new Specialty Certificate Examinations (SCEs) are also offered outside the UK and we are working to increase the number of international centres.

Below: Map depicting MRCP(UK) international activity in 2009



Africa

Egypt (Cairo)
Ghana (Ghana)
Libya (Tripoli)
Sudan (Khartoum)
Zimbabwe (Harare)

Asia

Bangladesh (Dhaka)*
Hong Kong
India (Chennai)
India (Thiruvananthapuram)
India (Kolkata)
India (Mumbai)
India (New Delhi)*
Malaysia (Kuala Lumpur)
Myanmar (Yangon)
Nepal (Kathmandu)
Pakistan (Karachi)
Pakistan (Lahore)
Singapore
Sri Lanka

The Caribbean

Barbados
Jamaica
Trinidad

Europe

Malta

The Middle East

United Arab Emirates (Abu Dhabi)
United Arab Emirates (Al Ain)
United Arab Emirates (Dubai)
Bahrain (Manama)
Jordan (Amman)
Kuwait (Kuwait City)
Oman (Muscat)
Qatar (Doha)
Saudi Arabia (Damman)*
Saudi Arabia (Jeddah)
Saudi Arabia (Riyadh)
Syria (Damascus)

* New activity in 2009

MRCP(UK) International Partners	
Africa	
Egypt	Professor Madiha Khattab MD FRCP(Edin) Professor Emad Abdel Wahed MD MRCP(UK) FRCP(Edin) CAEP(Canada)
Ghana	Professor ED Yeboah
Sudan	Dr Hatim Mudawi FRCP(Lond)
Zimbabwe	Mr CA Samkange
Asia	
Hong Kong	Professor Matthew Ng FRCP(Lond) FRCP(Edin)
	Professor KN Lai MD FRCP(Lond) FRCP(Edin) FRCP(Glasg) FRACP
India (Chennai)	Professor Georgi Abraham MD FRCP(Lond) FRCP(Glasg)
Malaysia	Professor Dato Dr Anuar Zaini Mohd Zain FRCP(Edin)
	Dean Professor Ikram Shah Ismail
Myanmar	Professor Nyunt Thein FRCP(Lond)
Singapore	Professor YC Chee FRCP(Lond) FCCP(USA) FRACP
Sri Lanka	Professor Rezvi Sheriff MD FRCP(Lond) FRCP(Edin) FRACP(Hon)
The Caribbean	
Barbados	Professor George Nicholson DM FRCP(Lond)
Jamaica	Professor Archibald McDonald
Trinidad	Professor S Teelucksingh
	Professor Samuel Ramsewak
Europe	
Malta	Professor JM Cacciottolo MD DSc FRCP
The Middle East	
United Arab Emirates (Abu Dhabi)	Dr Gohar Wajid
United Arab Emirates (Al Ain)	Professor Salah Gariballa MD FRCP(Lond) Professor Mike Ellis FRCP(Lond) FRCP(Edin)
United Arab Emirates (Dubai)	Professor Joe Muscat-Baron BPharm FRCP(Lond) FRCP(Edin), FRCP(Glasg)
Bahrain	Dr Babiker Hassan FRCP(Lond)
Jordan	Dr Darwish Badran MD PHD
Kuwait	Professor Nabila Abdella FRCP(Lond) FRCPI
Oman	Dr Abdullah M Riyami FRCP(Glasg)
Qatar	Dr AA Gehani MD FRCPE FACA FESC Dr Abdel Latif Al-Khal Dr Ismail Helmy
Saudi Arabia (Jeddah)	Dr Mohamad S. Al Hadramy FCCP Professor Omer Al Amoudi FRCP FACP Dr Maimoona Mushtaq Ahmed FRCP FACP
Riyadh	Professor MM Al-Nozha FRCP(Lond) FRCP(Edin) FRCP(Glasg)
Syria	Professor AH Sabah

MRCP(UK) Calendar Examination dates in 2010

January		
19th	Part 1	●
February		
2nd - 4th	PACES (Dubai)	●
6th - 8th	PACES (Egypt)	●
21st - 23rd	PACES (Al Ain)	●
March		
1st - 5th	PACES (Hong Kong)	●
16th - 20th	PACES (Chennai)	●
22nd - 25th	PACES (Kuwait)	●
24th	SCE in Geriatric medicine SCE in Nephrology	
April		
7th - 8th	Part 2 Written	●
18th - 20th	PACES (Oman)	●
May		
5th	SCE in Respiratory	
11th	Part 1	+
19th	SCE in Neurology	
June		
8th - 10th	PACES (Dubai)	+
12th - 14th	PACES (Egypt)	+
25th - 29th	PACES (Singapore)	+
30th	SCE in Endocrinology and diabetes	
July		
28th - 29th	Part 2 Written	+
August		No exams scheduled
September		
15th	SCE in Infectious diseases SCE in Rheumatology	
21st	Part 1	▲
30th	SCE in Gastroenterology	
October		
2nd - 4th	PACES (Egypt)	▲
12th - 14th	PACES (Dubai)	▲
18th - 22nd	PACES (Hong Kong)	▲
24th - 26th	PACES (Oman)	▲
November		
2nd - 4th	PACES (Kuwait)	▲
8th - 12th	PACES (Chennai)	▲
24th - 25th	Part 2 Written	▲
December		No exams scheduled
Key:		
● Examination diet 2010/1		
+ Examination diet 2010/2		
▲ Examination diet 2010/3		

Note: For up-to-date examination dates please visit www.mrcpuk.org

Resources, references and contacts

Thousands of people around the world have an interest in our examinations and we work hard to keep everyone well informed. The MRCP(UK) website is updated regularly and provides information for candidates, examiners, hosts and others involved in our work. From our homepage candidates may apply online and gain quick access to their results. Newsletters for examiners are also published online. Increasingly, we are able to offer resources in multimedia formats. In addition, the individual Colleges offer a wide range of useful information on their websites.

Quick links

MRCP(UK) Examiner Newsletters
[www.mrcpuk.org/Examiners/Pages/MRCP\(UK\)ExaminerNewsletter](http://www.mrcpuk.org/Examiners/Pages/MRCP(UK)ExaminerNewsletter)

A Guide to MRCP(UK) and Specialty Certificate Examinations for Consultant Physicians in Training 2010
www.mrcpuk.org/Candidate/Pages/_CandidateHome
Equating MRCP(UK) Part 2 Written Examination & FAQs
www.mrcpuk.org/News/Pages/LatestNews
MRCP(UK) Regulations and Information for Candidates
www.mrcpuk.org/Regulations/Pages/_RegsHome

Academic publications

Those with an interest in medical education might like to follow developments in the peer-reviewed medical literature. The papers listed below are a good starting point.

Graduates of different UK medical schools show substantial differences in performance on MRCP(UK) Part 1, Part 2 and PACES examinations

IC McManus, Andrew T Elder, Andre de Champlain, Jane E Dacre, Jennifer Mollon and Liliana Chis
The aim of this study is to assess the performance of UK graduates who have taken MRCP(UK) Part 1, Part 2 and PACES (Practical Assessment of Clinical Examination Skills) and explore the reasons for the differences between medical schools.
www.biomedcentral.com/1741-7015/6/5

An Empirical Examination of the Impact of Group Discussion and Examinee Performance Information on Judgments Made in the Angoff Standard-Setting Procedure

Brian E Clauser, Polina Harik, Melissa J Margolis, IC McManus, Jennifer Mollon, Liliana Chis, Simon Williams
This study examines the impact of group discussion and candidate performance data on the judgements made by experts during the process of standard-setting. The paper provides a detailed analysis of the relationship between question difficulty and the degree of changes experts make in their judgements after group discussion of discrepancies.
Applied Measurement in Education
Volume 22 Number 1 January 2009

Performance in the MRCP(UK) Examination 2003–4: analysis of pass rates of UK graduates in relation to self-declared ethnicity and gender

Neil G Dewhurst, Chris McManus, Jennifer Mollon, Jane E Dacre and Allister J Vale
Male students and students from ethnic minorities have been reported to underperform in undergraduate medical examinations. The aim of this study was to assess effects of ethnicity and gender for UK medical graduates on pass rates in the MRCP(UK) Examination sat in the UK in 2003-4.
www.biomedcentral.com/1741-7015/5/8

Assessment of examiner leniency and stringency ('hawk-dove effect') in the MRCP(UK) clinical examination (PACES) using multi-facet Rasch modelling

IC McManus, M Thompson and J Mollon
Clinical examinations require that judgements of candidates are made by experienced examiners. A potential vulnerability of any clinical examination is that examiners differ in their relative leniency or stringency. This study looks at the paired judgements made by examiners in the MRCP(UK) Part 2 Clinical Examination (PACES) and calculates examiner stringency.
www.biomedcentral.com/1472-6920/6/42

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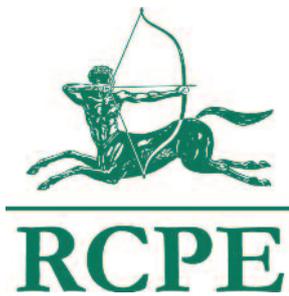
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