

MRCPUK

MEMBERSHIP OF THE ROYAL COLLEGES
OF PHYSICIANS OF THE UNITED KINGDOM



ANNUAL REVIEW 2011/2012



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About MRCP(UK)

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) Diploma tests the skills, knowledge and behaviour of doctors in training. The MRCP(UK) Diploma has been approved by the General Medical Council (GMC) as the knowledge based assessment for core medical training and the successful completion of the entire three-part examination is a requirement for physicians wishing to undergo training in a medically related specialty in the UK. Internationally, the MRCP(UK) Diploma is also an integral part of medical training in Hong Kong and Singapore and a valued professional distinction in many other countries.

The Specialty Certificate Examinations (SCEs) have been developed in close collaboration with the various specialist societies. Physicians in training must pass the appropriate SCE in order to gain admission to the GMC Specialist Register. Achievement of the SCE certifies physicians as having sufficient knowledge of their specialty to practise safely and competently as consultants. The SCEs are a relatively new requirement for specialist physicians in the UK and they are gaining recognition internationally. The examination provides an international benchmark for postgraduate medical education.

MRCP(UK) works closely with the exam 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 and set the standards required to pass the exams. MRCP(UK) monitors performance in the examinations and generates statistical analyses, which are crucial to maintaining academic quality.

Welcome

Accent on responsiveness and professionalism

This year has been about communication with candidates and all of our stakeholders. We are determined to stay ahead of developments in medical education, and changes in national policy. Ultimately, all of our activity is aimed at continual improvement of our examinations.

We have met with junior doctors, the Department of Health, regulators and educators, solving urgent problems and building relationships for the longer term.

Rapid response

As the year started, there were concerns that a significant number of UK trainees would not complete their examinations in time to apply for higher specialist training (ST3) posts in 2012. This could have affected career plans for trainees and staffing levels for the UK health service.

We responded by:

- Providing more places for the MRCP(UK) Part 2 Clinical Examination (PACES). We are very grateful to everyone who stepped forward to increase capacity.
- Extending the period during which candidates could attempt the practical examination (PACES).
- Working in tandem with the Joint Royal Colleges of Physicians Training Board (JRCPTB) to keep candidates, trainers and deaneries updated.
- Gaining approval from the General Medical Council (GMC) for a prospective annual pass mark for PACES, to enable earlier release of results.

We also conducted our first-ever communications survey, which generated more than 1,800 replies. In response, we are revamping our communications, for example by upgrading the website and launching an email bulletin.

Transparency and fairness

We took another bold step in 2011 by publishing exam results broken down by candidate ethnicity and gender.



Monitoring outcomes and making them public is the first step in understanding and tackling any potential bias in the exams. The GMC praised the publication of these results and urged other Colleges to follow suit.

Specialty Certificate Examinations

We are also opening access to the examinations for candidates outside the UK. For most of the SCEs, the MRCP(UK) Diploma is no longer a prerequisite. This will open the door for candidates who have qualified through their own national routes. Another landmark was the successful launch of Palliative medicine in November.

The year ahead

Internationally, we launched the MRCP(UK) Part 1 Written Examination in Erbil, Iraq and offered PACES at Al Qassimi Hospital in Sharjah with the support of the Dubai centre. There was much work behind the scenes in 2011, cementing our partnerships and exploring potential new ventures. International projects will remain a priority in 2012 and we expect some exciting new developments in the coming year. In the meantime, we will continue investing in quality examinations, improving service for candidates – and listening.

Professor Jane Dacre
Medical Director, MRCP(UK)

Keeping pace with medical training

Medical training in the UK has seen rapid changes in recent years and 2011 was no exception. We have responded quickly to the needs of trainees and the NHS, while keeping our examinations firmly anchored as a reliable measure of professional achievement, tied closely to the curriculum.

At the start of the year, we were working with many partners to address the prospect of a worrying bottleneck, which might have affected individual careers and NHS staffing levels. Before taking up higher specialist training (ST3) posts, trainee physicians must attain the full MRCP(UK) Diploma. This means passing all three parts of the examination: Part 1, Part 2 Written and Part 2 Clinical (PACES).

Discussions with planners at the Department of Health revealed a concern that a significant number of candidates might not complete all of these examinations to comply with tighter recruitment deadlines. It was essential to make a reliable prediction based on accurate data (see also page 10). We worked with the deaneries to build up a picture of how many candidates would be likely to take – and pass – the exams over the relevant period.

To meet any contingency, we also needed to accommodate a larger number of candidates. We asked our examiners and hosts to help provide more places and a longer diet (examination cycle) for PACES. The response was enthusiastic and generous.

Our regulator, the General Medical Council, also approved a new prospective pass mark for PACES, which is allowing us to release results to candidates much sooner after they have completed the exam.

Across the three Colleges, we have improved co-ordination between our UK and international timetables for PACES, allowing the best use of examiners' time and giving priority to UK candidates at UK centres.

Throughout the year, as the situation progressed we worked closely with the Joint Royal Colleges of Physicians Training Board (JRCPTB) on consistent and effective communications to keep candidates informed about developments that could affect them.

The recruitment situation was more settled as the year ended, but the changes we made in 2011 will have positive and lasting benefits.

One of the most important steps we took during the year was proactively to seek the views of trainees, especially through meetings with the British Medical Association's Junior Doctors Committee (see panel). Candidates are feeling very pressured, with many demanding objectives to meet in a shorter period of training. We will continue to work with trainees to provide the responsive service they need, and the trusted qualifications they value.

I volunteered as a PACES examiner soon after my consultant appointment. With all the new and exciting challenges of becoming a consultant, I was initially a little apprehensive about becoming an examiner. However, the time commitment is not that great and examining has been an excellent means to maintain my continuous professional development. I have found it extremely rewarding to be part of such a prestigious process, which is an integral part of medical training.

*Dr Manish Patel FRCP,
Consultant Physician in Respiratory Medicine, Wishaw General Hospital*

Completing the exams in time can be difficult given the busy rotas we work. I gained Part 1 during FY2 and then waited to do my Part 2 Written and PACES, until I had more medical experience. It is wise to plan exams during quieter rotations and utilise all available study leave. Many hospitals also have very good in-house teaching programmes. It would help if the College could remind employers about the importance of study leave.

*Dr Indrani S Bhattacharya MRCP(UK),
Medical SHO (CT2), Barts and the London NHS Trust*

One of the cornerstones of medical training and practice, and a **zone of calm** in this decade of turmoil, has been the long-honoured institution of the MRCP(UK) Diploma. As a PACES examiner, I have re-discovered the value that passing the Diploma brings to a trainee doctor and the consistency of the standard that is upheld by an army of similar thinking fellow consultants from different parts of the country and the world.

Dr Indranil Chakravorty MB BS PhD FRCP,
Consultant in Acute & Respiratory Medicine, St George's Hospital & Medical School, London

Demand for places in the PACES exam is high. It's vital to ensure that all candidates have the opportunity to complete the examination in good time to enable them to move forward in their chosen careers. Therefore, the Glasgow centre is responding proactively. **I hosted a pilot PACES examination** at the Golden Jubilee Hospital in Clydebank, and this went well. We are hopeful that this new venue may soon increase our clinical exam capacity.

Dr Elaine Morrison FRCP(Glasg),
Consultant Physician & Rheumatologist, Southern General Hospital, Glasgow

Seeking the trainee's perspective

Trainee physicians in the UK are under increasing pressure to achieve more in less time. To understand how we can help, MRCP(UK) has been building links with junior doctors at the British Medical Association (BMA).

For this annual review, we invited Dr Shreelata Datta, Co-Chair of the BMA Junior Doctors Committee (JDC) for 2010-11, to comment on the situation for trainees.

Many are taking their postgraduate exams earlier in their careers, she says, to meet application deadlines for their next training posts (see page 13). However, this conflicts with medical education guidance and it is difficult to get study leave, particularly during the Foundation Programme years. "There is little time for a newly qualified doctor to breathe, let alone acclimatise to the demands of being a core trainee, before taking another round of exams," Dr Datta adds.

Constant revision of national training and recruitment policies, plus the expense of sitting the exams, affect individuals to a degree "that cannot be underestimated."

The JDC has used the meetings to express trainees' concerns, especially about tight exam schedules. MRCP(UK) has introduced a programme of measures designed to make it easier for candidates in UK training to complete the exam.

In the future, "there is still a lot of work to be done around understanding what exam data show about the standard of

With Part 1 there was no pressure other than that which I'd put on myself. However, Part 2 was different as I was also applying for CMT posts and working in a very busy FY2 (Foundation Year 2) job where I had increasing responsibility. Consultants and registrars at work were very supportive. I had a few days off to study and sit the exam but it would help if the College could argue strongly for more study leave.

Dr Alev Onen,
CMT1 in Respiratory Medicine, Croydon University Hospital, Surrey

the exam and training in the UK and we look forward to the results of MRCP(UK)'s review of the exam process," Dr Datta concludes. "We will be monitoring the impact of recent changes and continue to reflect trainees' opinions on the exam schedule, costs and application requirements. We want to streamline the process, while striving for standards of care and training that remain high – perhaps even making them better."



Simon Ridgway/BMA News

Dr Shreelata Datta

Co-Chair of the BMA Junior Doctors Committee (JDC) for 2010-11

International focus

Our examinations are regarded around the world as a standard of excellence and one of our key priorities is to maintain that reputation while increasing access for international candidates.

In 2011, the Specialty Certificate Examinations (SCEs) were taken in 24 countries – an increase from just four in 2009. The successful launch of the Palliative medicine SCE in November marked the end of the development phase of these new examinations in 12 specialties, which began in 2007. We acknowledge the support of the specialist societies and all those who have contributed to the success of this venture.

As experience with the SCEs increases so does the profession's appreciation of their value, in demonstrating the knowledge and clinical acumen required at consultant level.

With the Diploma exams, we have been building on established centres to reach more candidates. For example, existing centres for the Part 2 Clinical

Examination (PACES) are offering additional days and some are increasing the number of diets.

We have also added new capacity. The Part 1 Written Examination was launched in Iraqi Kurdistan, at the Salahaddin University Language Centre in Erbil. The Part 2 Written Examination will be available in 2012. The Al Qassimi Hospital in Sharjah hosted four days of PACES and examined 60 candidates. Worldwide, 5,779 candidates sat our written exams at international centres and 978 undertook PACES.

We intend to increase access further for international candidates in 2012. We continue to explore new centres for the Diploma exams, and this process requires time and care. Many factors must be considered, such as sustainability of local demand, transport links for candidates, and visa requirements.

Local expertise is also crucial for all of our exams. This progress would not be possible without the collaboration of our respected international partners and we thank them for their counsel and dedication.

Dr Mohamed Ghoraba

MBChB, MSc, MD, MRCP(UK)

**Specialist Registrar, Neurology
Unit, King Faisal Hospital, Taif,
Kingdom of Saudi Arabia**



Long before completing the Specialty Certificate Examination (SCE) in Neurology, Dr Ghoraba was preparing as part of his everyday work routine. "I had a busy and demanding job that kept me on the move. I was seeing lots of new patients and when I got home, I consulted textbooks, review articles and studies about the cases I had seen," he says. Dr Ghoraba also

felt that his professors at Ain Shams University in Cairo had given him a good foundation.

He had a tough decision to make about the exam centre. Cairo was his preference but there was political instability. He took a chance on Cairo and although there were tanks on the streets, strikes and small demonstrations, everything worked out safely.

Dr Ghoraba thinks it was all worthwhile. "This exam enables you to improve your factual knowledge and decision making skills – it's part of lifelong learning for a physician."

Singapore's dedication to medical excellence

Singapore's standard of health care is among the highest in the world – indeed, patients from many other countries travel here seeking expert treatment.

For local patients, a mix of public and private funding ensures that high quality care is available to anyone in need. There is an emphasis on personal responsibility for health, and citizens are encouraged to maintain a sensible lifestyle and contribute to the cost of their care.¹

A demanding system of medical training is part of the country's formula for success. After graduating from medical school trainees either complete one year as a house officer or go directly into residency, which lasts three years. Throughout this time trainee physicians undergo continuous evaluation. The conjoint Master of Medicine (MMed)/MRCP(UK) is a key part of their assessment, which allows benchmarking against the UK. By the end of their residency, trainees must pass all parts of the examination.

The clinical component of the MRCP(UK) examination is unique and highly valued. All six public hospitals act as hosts for the Part 2 Clinical Examination (PACES) and there is no shortage of willing and qualified examiners. Challenges include identifying suitable patients to volunteer for the exam and finding physicians to write some of the clinical scenarios.

In 2012, Singapore is increasing the number of days of PACES from five to seven and will be hosting an extra diet. While the exams are mainly for Singapore residents, doctors from other countries are also welcome to apply for a place.

The MRCP(UK) examinations have been in Singapore since 1996, when the Part 1 Written Examination was introduced. It has been a valued partnership, which the Federation warmly hopes to continue for many years to come.

With thanks to Professor Chee Yam-Cheng, Senior Physician, Department of General Medicine, Tan Tock Seng Hospital and MRCP(UK) Management Board member representing the National University of Singapore and the Academy of Medicine, Singapore training programme.

Dr Mohammed Ibraheem Mahmoud Anan

MSc, MRCP(UK), MRCP(Lond)
**Senior Registrar in Nephrology,
Al Amiri Hospital, Kuwait**



Dr Anan has been a member of the Royal College of Physicians London since 2009. A colleague persuaded him to sit the Specialty Certificate Examination (SCE) in Nephrology and although his first attempt was unsuccessful, he was determined to try again.

"I realised it is a highly professional exam so I prepared myself very well," he says. "Six months before the

exam, I was reading nephrology textbooks extensively and concentrating on the hot topics. I reviewed the international journals for updates, reading deeply around the issues I faced in my daily clinical practice. I also discussed any difficult points with my consultant."

Dr Anan believes the challenging experience of preparing for the SCE improved his clinical practice and broadened the scope of his thinking.

The hard work paid off and Dr Anan's second attempt was successful.

¹ World Health Organization (2010). Western Pacific country health information profiles. Accessed: www.who.int/western_pacific/countries/health_profiles/ November 2011.

How our exams measure up

Our exams must be evidence-based, valid, reliable, practical to deliver and fair to all candidates. To ensure this happens, we monitor every aspect of our work and wherever possible, quantify the findings. Numbers can tell us a lot about the needs of candidates, the quality of the exams and the efficiency of our processes.

Working with data, intelligently and consistently, is part of our everyday activity. An expert team of research staff, aided by academics and educational advisors, provides essential statistics after each examination sitting. We also respond to and support academic research in the field. This work demands time, expertise, and investment – and it is essential to maintain and continually improve the quality of the Federation's exams.

Standards and staffing

One of the main reasons for collecting data is to inform our stakeholders in a transparent and objective manner.

Our regulator, the General Medical Council (GMC), requires some of the data to ensure our exams assess a candidate's mastery of the UK medical curriculum. This information is supplied through Annual Specialty Reports, which are co-ordinated by the Joint Royal Colleges of Physicians Training Board (JRCPTB). As part of this report, we must contribute information on matters such as pass rates, the academic quality of the exams, and training for examiners.

We also monitor longer-term trends in candidate performance in our exams. The UK figures, combined with information held by the deaneries, have proved invaluable to recruitment planning for 2011 and 2012 (read more about this on pages 6 and 7).

Fairness and equality

We aim to ensure that every trainee possessing the necessary knowledge and skills has a fair chance to

succeed in their exams. Therefore, we take great care to understand the patterns that predict success. We are assembling data that will help candidates understand their own prospects for success on any given examination, based for example on how many times they have attempted it. This is important information, as the examinations represent a significant investment in terms of fees and study time. It helps trainees plan their studies effectively, and make realistic career decisions.

We ask candidates to provide information about their gender and ethnicity, and for the first time in 2011 published the anonymised results on our website. The GMC noted this work as an example of best practice, in its report on the state of medical education in the UK. (1)

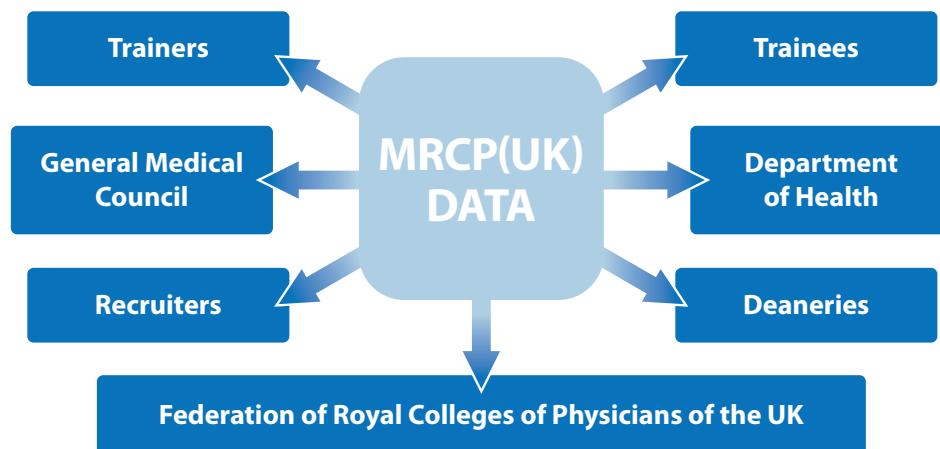
Gender and ethnicity monitoring is in response to a body of research – often supported by MRCP(UK) – which has demonstrated unexplained disparities of achievement between men and women, people from different ethnic groups and students from different medical schools. (2,3,4) We continue to fund and participate in such research so that our efforts to achieve fairness can be supported by firm evidence.

Academic quality

We apply many measures to monitor the academic quality of the examination. In accordance with GMC requirements, we report on reliability, which is a measure of an exam's consistency. We have also supported research on another statistical tool, the standard error of measurement. (5) This figure indicates how a single candidate would perform in an examination, were they to take it repeatedly. It is especially useful where there is a small pool of candidates with an advanced level of knowledge.

Our written Diploma examinations also undergo a process called equating. This method uses statistical software to establish the difficulty level for every question in a given exam. Equating ensures that each exam has a consistent level of difficulty, even though

Who relies on our data?



the questions must change each time it is administered. This procedure also provides an assurance that performance in any given exam is a true reflection of a candidate's ability.

We are currently funding research that asks what is, for our exams, the ultimate question – do they accurately predict a candidate's subsequent performance as a physician?

Improved performance

Successful businesses use data to improve productivity and customer service, and this approach also works well for our organisation. We look at indicators such as the time it takes to process applications and results. Candidates comment on our administrative performance, by completing exit questionnaires when they finish an exam. For a snapshot of our activity for the year, please see page 14 of this annual review.

Feedback from candidates and physicians involved in the delivery of the exams is invaluable to improving our service. In 2011, we analysed more than 1,800 responses to an online survey about our communications, and as a result we are changing our website. As candidates find it easier to locate the information they need, less time will be spent answering queries and, in a virtuous circle, applications and results could be processed even more rapidly.

These are just some examples of progress that solid data, effectively shared, can achieve. It will become ever more important in the future, as we adapt our exams to shifting patient profiles, changes in education and advances in medicine.

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The promise of digital technology



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As candidates sit down to attempt their written examinations for the MRCP(UK) Diploma, the room is quiet except for the scratch of pencils and the rustle of turning pages. It is one characteristic of the exams that has remained constant - and worked well - for more than a century.

However, we must look ahead at the possibilities offered by digital technology. Behind the scenes, our team has been researching the exciting potential of computerised testing, which in just a few years' time could significantly enhance not only the delivery but also the quality of our examinations.

Growing experience

The Specialty Certificate Examinations (SCEs) are now running smoothly using computer-based testing (CBT). Good use of modern technology means we are able to offer an SCE practically anywhere in the world – even if only one candidate wishes to take it in a given location. This successful experience has given us confidence to explore even more sophisticated options for the future.

We can also see CBT succeeding for physicians in other

countries, such as the USA and Australia, and for GPs and surgeons in the UK. Looking at these examples, our research team found that investment in IT and strengthening of the question bank have been essential to these successful transitions.

Potential benefits

The research identified many potential benefits for candidates, the health service and other stakeholders. The quality of the exams could also be enhanced. Some of the advantages might include:

- **Flexibility for candidates**, with more dates and centres to choose from. This would also help hospitals schedule time off in staffing rotas.
- **Faster response** to changes in the curriculum and shifting deadlines for key stages in medical training.
- **Streamlined processes** that would ease the workload of physicians who contribute questions to the exams.
- **Faster results**, helping candidates make timely career decisions and supporting employer recruitment procedures.
- **Extensive data collection** and analysis capabilities, to monitor the quality of the exams.
- **Lower risk of cheating** and more secure communications during the development of new questions.

Computerised exams would also allow us to make more use of multimedia, images and graphics, enriching the educational experience and bringing the exams in line with the advanced technology that candidates now use every day in the clinical workplace. Ultimately, it could vastly increase accessibility by allowing trainees to sit their exams at a time and place that suits them best.

Should trainees sit College examinations during their Foundation years?

The Foundation years are the bridge between medical school and UK core training, during which time some trainees will choose their specialty. A number of trainees take the exams necessary for their specialty early, while still in Foundation training. Opinion is divided about whether taking these exams is an unnecessary distraction from Foundation training or a flexible option for those trainees who have decided on their career path.

Yes: Career and patient care advantages

Foundation training must indeed provide the key skills and a strong base for all specialties, but this should not stop trainees from planning their next career step.

It is simplistic to allocate certain competences to only one part of a trainee's career. Doctors aspire to excellence, and when applying to the next level of training will want to demonstrate achievements over and above the standard baseline. Completing the exam early also demonstrates commitment to the chosen specialty.

It is also important to note that specialty training has been reduced to the minimum time possible. Core medical training (CMT) can be completed within two years, which is just long enough to gain the full MRCP(UK). Moreover, there is time pressure to apply for the next posts up the ladder (ST3) so the wise trainee will commence preparations for the exam early.

In most national examinations, the early parts test knowledge of the subject rather than experience. This means trainees can study in their own time, and do not require outside courses or long periods of study leave that would subtract from their opportunities to gain clinical experience.

Patient care can also benefit. Gaining a degree of specialty knowledge in general medicine is likely to improve, not detract from, the performance of the Foundation trainee. Professional examinations contribute towards the attainment of generic competences of good medical practice such as continuous improvement and patient safety.

Dr Liz Berkin MBChB FRCP

Deputy Medical Director, Joint Royal Colleges of Physicians Training Board

Dr Michael Glynn MA MD FRCP FHEA

Consultant Physician and Gastroenterologist/Hepatologist, Barts and the London NHS Trust, Director North East Thames Foundation School

No: Distraction in early training

The Foundation training years are designed to equip the new doctor with basic competencies. Anything that gets in the way of this work may well be detrimental to an individual's long-term performance as a safe and effective practitioner.

The very first sentences of the guide to Foundation training¹ provide a clear exposition of its purpose: "The Foundation Programme is designed to equip doctors with the generic medical and professional competencies necessary for safe and effective patient care in the National Health Service. The two-year programme provides a bridge between medical school and specialty training."

The Foundation curriculum is long and detailed, covering a wide range of areas. There is plenty to fill the training time available within working hours, and plenty more for the doctor to study and reflect upon in their own time.

While a few trainees will easily cope with achieving excellence in their Foundation training, as well as studying for College exams, many others will find this an excessive load and may put their Foundation training at risk.

There are alternative ways to show commitment to the specialty other than passing the first part of an exam. Audit and risk projects, tasters and case reports are of great educational value, and fall well within the Foundation curriculum.

Foundation trainees should be guided by supervisors in these areas, rather than feel under pressure to pass exams at the earliest opportunity.

¹ UK Foundation Training Programme Office (2010). The UK Foundation Programme reference guide.
Accessed: www.foundationprogramme.nhs.uk November 2011.

Key activity figures

Administrative staff, and hundreds of physicians around the world, work hard every year to provide high quality exams and a good service to candidates.

The statistics here provide a quick picture of their activity and results in 2011.

27 Exam papers delivered

475 Contributing question writers

28,111 Questions in the bank



155 Hospitals & clinical centres hosting

152 Total days of PACES



1,414 Participating examiners

21,375 Places allocated to candidates

349,070 Visitors to our website



872, 200 Individual hits to our website

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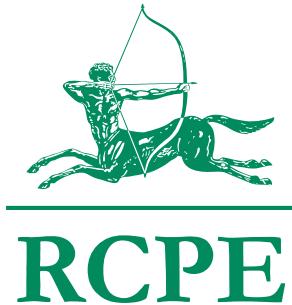
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