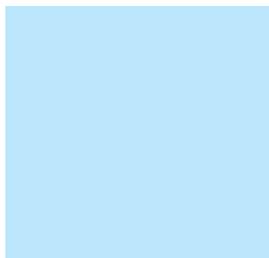


MRCPUK

Membership of the Royal Colleges of Physicians of the United Kingdom



ANNUAL REVIEW 2013



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About MRCP(UK)

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 closely with the examining boards, to develop the content of the tests, to set the standards required to pass the exams, and to guide academic development of the exams ensuring that they remain a leader in their field.

MRCP(UK) monitors performance in the examinations and generates statistical analyses, which are crucial to maintaining academic quality.

‘Working together, the Colleges develop and deliver membership and specialty examinations that are recognised around the world’

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 the following postgraduate medical 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 a valued professional distinction in many other countries.

The Specialty Certificate Examinations (SCEs) have been developed in close collaboration with the UK specialist societies. Physicians in training 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 specialist physicians in the UK and they are gaining recognition internationally. The examination provides an international benchmark for postgraduate medical education.



*'our role is not only to run examinations,
but also to protect and promote the ideals
of physicians' training'*

Welcome

Fostering physicians' training

Assessment drives learning, so we see our examinations as an invaluable opportunity to help trainee physicians build the knowledge and skills that will equip them to provide the best possible care for their patients. This means helping to shape the future of medical education and training, as our role is not only to run examinations, but also to protect and promote the ideals of physicians' training.

Educating the next generation of physicians is a duty that hundreds of colleagues are taking up, by participating as members of our examining boards, writing examination questions, setting pass marks, and serving as clinical examiners. Clinicians who join our boards and committees are supported by our new policy team, who provide a comprehensive induction programme and guide the academic development of our assessment to ensure that they remain the best. This year's annual review introduces some of our new board members, and there is a look behind the scenes to show how enjoyable this work can be. There are always opportunities for Members and Fellows to get involved, and we would be delighted to hear from you.

Flexible and efficient

We also have a responsibility to candidates and the health services, to deliver examinations efficiently and as accessibly as possible. Tremendous work has gone into creating more capacity for the MRCP(UK) Part 2 Clinical Examination (PACES). We are making the system more flexible, to meet the needs of busy doctors and hospitals. Some innovative thinking from our host centres has allowed them to double their capacity, and more improvements are on the way.

International reach

The Federation's exams are highly regarded internationally and over the past 12 months, we opened new PACES centres in India, Oman and Sudan. The computer-delivered SCEs can be taken



in hundreds of centres around the world, and in this review some recently successful candidates tell us how the exam has enhanced their career development and clinical practice. It's all part of our long term ambition to make all of our exams accessible to any candidate wishing to achieve these credentials, whatever their clinical commitments and wherever they may live and work.

Over the next year we will continue to develop our systems and processes. There will be improvements to our quality control procedures, which are essential if we are to be sure we maintain our standards, and improvements to our IT systems, which enable us to support busy clinicians more effectively. Making best use of their expertise is critical to the delivery of world-class examinations.

Professor Jane Dacre

Medical Director, MRCP(UK)

Shaping the future of examinations

Training the next generation is a duty for all physicians. That teaching spirit is very much in evidence among the hundreds of colleagues who offer their time and expertise to design, deliver and oversee the MRCP(UK) and Specialty Certificate Examinations (SCEs). They write questions and scenarios for the examinations, assess candidates undertaking the Part 2 Clinical Examination (PACES), and serve on the examining boards that guard academic rigour.

The criteria vary according to the role but there is something for everyone. With pressure on clinicians' time outside of hospital work, we are increasing the

level of support to those who give their time to the examinations. All of the boards and groups receive practical support from central office.

Colleagues who are active in this work find it an excellent way to stay in touch with their peers and make new contacts in the profession. The atmosphere is congenial and lasting friendships are built. They enjoy the intellectual challenge and it is an effective and enjoyable way to stay up-to-date across many different specialties. Finally, it's an unmatched opportunity to contribute to the education of younger physicians and encourage high standards in patient care.

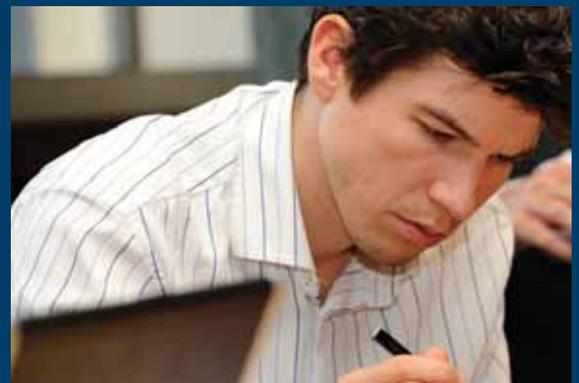


"I enjoy reading the excellent questions produced by the specialty groups after each meeting. Contributing to the work of a specialty question group is excellent CPD (continuing professional development). Thinking about what a trainee really needs to know helps you to become a better teacher in your own hospital."

Dr Richard Bellamy, Middlesbrough

"It is a unique opportunity for those who enjoy the intellectual cut and thrust of producing a robust exam. There is a tradition of camaraderie and it's a lot of fun. The Federation should be very proud of the examinations. They are the jewel in the crown."

Dr Frank Dunn, Glasgow





“Working on the exams is a great CPD opportunity, which helps me keep up to date on the latest developments in other specialties. It’s also a chance for networking and the meetings are always enjoyable. I would definitely encourage colleagues to become involved. It’s great fun and you will learn a huge amount.”

Dr Karen Adamson, Livingston



“The work is very stimulating, allows me to look at my specialty from a fresh perspective, and is an excellent opportunity for CME (continuing medical education). I would encourage colleagues to apply. Don’t be daunted by the prospect as you are operating within a very supportive framework.”

Dr Shona Methven, Bristol

“Involvement in the Examining Board is excellent CME, and includes working with an enjoyable group of colleagues. It requires time and effort to do well, but it is very rewarding.”

Dr Catherine Stirling, Glasgow

Find out more

Please visit the website at:

<http://www.mrcpuk.org/Examiners/Pages/get-involved.aspx>

We look forward to hearing from you soon.

Safeguarding the clinical examination: Current and future PACES

One of the defining features of the MRCP(UK) Diploma is the Part 2 Clinical Examination (PACES), which tests the candidate's physical examination, communication, and bedside diagnostic reasoning skills. PACES brings candidates into contact with real patients and surrogates (actors or trained volunteer hospital staff) in a clinical setting. It is a rigorous day and candidates are justified in feeling deep pride when they succeed.

PACES is the world's largest postgraduate clinical skills examination and in 2012, more than 5,000 candidates participated in centres across the UK and globally. Interest in the MRCP(UK) examination, including PACES, is growing all the time among candidates living and working outside the UK. We were able to accommodate a 35% increase in international candidate places in 2012, but total demand still outstripped supply at our international centres.

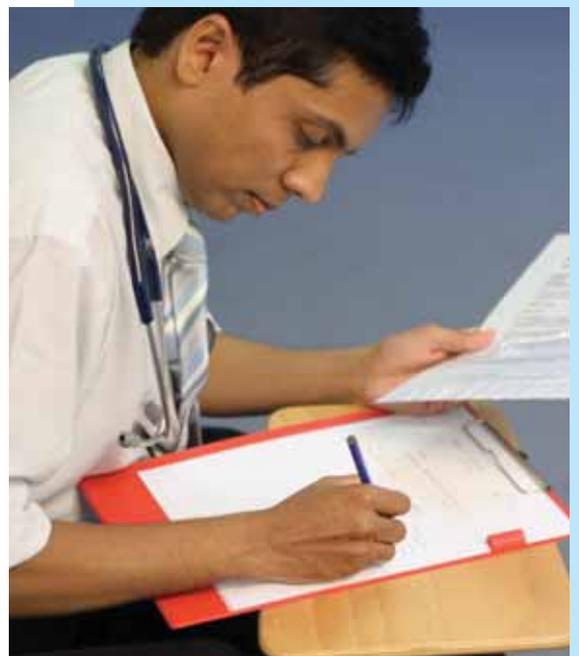
In the UK, the number of required places is stable but candidates are under pressure to complete all parts of the MRCP(UK), including PACES, to tight NHS recruitment deadlines.

We are working hard to meet these needs by maximising the efficiency of our systems and looking for new approaches. Ultimately, the goal is for all candidates to have an opportunity to attempt PACES at a time and place that suits them.



'The preparation, planning and amount of work involved in hosting single and parallel cycle exams doesn't constitute a huge difference. I do feel parallel cycles should be the way forward as this maximises the host's and examiners' time, enabling us to examine double the number of candidates without a significant increase in the workload.'

Dr Rajaratnam Mathialagan
Consultant Gastroenterologist
Queen Elizabeth Hospital, King's Lynn



'PACES is the world's largest postgraduate clinical skills examination'

Recent innovations

Internationally, we are pursuing a strategy of working with local colleagues to expand capacity at our existing PACES centres, while also finding opportunities to open new centres where demand is high.

In the UK, we are maximising the opportunities for trainees to attempt the exam, formalising arrangements with centres and increasing the diversity of the examiner pool to safeguard the long term quality and delivery of PACES. For example, bringing several examiners together in one place at the same time, and securing space in an appropriate facility, are two common challenges. In addition, our hosts are coming up with innovations that have already increased capacity. Several centres are now operating a 'Parallel PACES' system that makes the best possible use of examiner time and clinical space by running the exam for two groups of candidates in parallel. It means twice the number of places but not twice the work and resources.

We have also successfully delivered a Fast Track system that gives candidates more opportunities to complete the MRCP(UK) in time for national recruitment deadlines. Selected candidates who failed PACES were offered a further attempt without having to wait for the next sitting. This allowed them to meet a tight timetable when applying for higher specialist training (ST3) posts.

More flexibility

Delivery of PACES is currently based on three set periods during each academic year. By 2015, we aim to offer PACES on a continuous basis in the UK, without the restrictions of our current calendar.

Providing more frequent opportunities to sit the exam means we will need more scenarios. A new Scenario Writing Group has been recruited to write material on history-taking and communication skills. The Scenario Editorial Committee will continue to vet, select and edit these scenarios, and ensure we are covering all of the necessary competencies and specialties.

This increased flexibility is taking us closer to our goal of offering candidates exams they can sit in a local venue, at a time that allows them to meet important deadlines and their patient care commitments.



Sharing our expertise

Dr Andrew Elder, Chair of the MRCP(UK) Clinical Examining Board, was invited to share his experience in clinical skills teaching and assessment with Stanford School of Medicine in California. During a three-month sabbatical that commenced in March 2013, he was a Visiting Associate Professor with the Stanford 25 programme, an initiative designed to reinvigorate the teaching of bedside clinical skills at both undergraduate and postgraduate level in the USA.

"US postgraduate medical trainees are not currently required to sit a summative clinical skills assessment like PACES but there is growing interest in what such assessments can contribute to the training of young physicians," Dr Elder says.

For more information about Stanford 25, please visit:

<http://stanford25blog.stanford.edu/2013/04/dr-andrew-elder-visiting-stanford/> and be sure to read about Dr Elder's visit on the programme's blog.

International benchmark for postgraduate medical education

Part of our mission is to make the Federation's examinations accessible to all eligible candidates, wherever they may live and work. Demand for our exams is higher than ever and we are pursuing a strategy to expand international capacity while also meeting the needs of UK trainees.

Last year, the number of candidates sitting the MRCP(UK) exams in international centres rose by 27%.

There has been strong growth in the SCEs too, from doctors wishing to demonstrate their knowledge and decision-making skill at consultant level. Demand for this elite examination outside the UK has almost trebled. There is great flexibility for candidates, in terms of where and at what stage of their career they attempt this computer-based examination, which makes it an especially attractive option for international candidates.

International expansion

It has been a very positive year for PACES. We opened three new exam centres in areas of high candidate demand, and all of the launches were a resounding success.

India

The Apollo Gleneagles Hospital in Kolkata is the second city in India to have a PACES centre. Dr Debasis Ghosh is Federation lead examiner and Consultant Cardiologist at the hospital. He led the team and hosted the first diet in July 2012. Since then, two further diets – December 2012 and April 2013 – have been held and each diet has been run impeccably. The examiner team from the UK has greatly appreciated the warm welcome, commitment, and effective team work from Dr Ghosh and all the local team. The centre will continue to offer two diets of three days providing a total of 90 candidate places each year.

Oman

The Armed Forces Hospital in Muscat, Oman, held PACES for the first time in April 2013 with Lt Col (Dr) Raj Kamath as host examiner. The examination ran flawlessly in ideal facilities and 15 candidates were examined. There are now three PACES centres in Oman including the Royal Hospital and the Sultan Qaboos University Hospital. The new centre increases capacity from eight to ten days of PACES, allowing 150 candidates to be examined every year in Oman. Many thanks to Dr Kamath and his team, for a hospitable welcome for the UK examiners and a very successful launch.

Sudan

In the first PACES at the new centre in Khartoum, Sudan, 45 candidates were examined at Soba University Hospital, and a second group of 43 candidates followed in the second PACES session. Dr Osheik Seidi and his colleagues provided gleaming facilities and high professional standards. The centre has agreed to run PACES twice a year, with the hope of future expansion.



Professional benefits of the SCEs

The value of the SCE for international candidates, wherever they may be practising medicine, is that it provides an opportunity to measure their knowledge against a yardstick representative of the breadth and depth required of a newly qualified specialist in their discipline.

The questions they will encounter in the SCE have been scrutinised and checked on repeated occasions by different groups of specialists for accuracy of content, and prepared in a consistent format that adheres to the highest principles of educational assessment.

The certificate that candidates acquire when they pass is proof of their knowledge and is valuable currency when applying for promotion or recognition in their own countries, as well as internationally. Should candidates decide to apply to work in the United Kingdom, the fact that they have passed the SCE will provide indisputable evidence of their specialist knowledge.



For established specialists, sitting the SCE affords an opportunity to demonstrate that their knowledge remains up to date.

The reading and learning required when preparing to sit an exam of this type is intellectually refreshing and encourages candidates to re-examine their knowledge and question assumptions, as well as providing valuable material for teaching others.

Dr John Mucklow, Associate Medical Director for Written Examinations

“Very reasonable and clinically oriented, describing cases similar to those I have seen in clinic.”

“Learning is an ongoing process, and by no means ends with the examination.”

Dr Michela Frendo Jones,
Higher Specialist Trainee (final year), Malta

“I would strongly recommend the exam to my colleagues, especially those in training programmes. It is a great learning experience – not only the preparation, but the exam itself.”

Dr Husain Shabbir Ali,
Specialist Registrar, Qatar

“It has helped me improve my clinical practice and think broadly and critically when managing patients.”

Dr Wamda Abualhassan,
Medical Practitioner, South Africa



High-quality exams depend on physicians to lead them

The academic quality of the Federation's exams is an accomplishment to be proud of – and to protect. Guarding these standards is the remit of our Examining Boards, which include the:

- MRCP(UK) Part 1 Examining Board
- MRCP(UK) Part 2 Written Examining Board
- MRCP(UK) Part 2 Clinical Examining Board (for PACES)
- Scenario Editorial Committee
- Specialty Certificate Examination Boards (one for each of 12 specialties).

Ensuring each examination is updated regularly, in line with the current UK curriculum and requirements of the General Medical Council, is a key responsibility for the Boards. They also work closely with question and scenario writers, to see that the questions are pitched at the right level of difficulty. The Boards determine the content of each examination and approve the pass mark.

When considering overall candidate results for each examination the Boards review the statistical analysis of question performance carried out by the MRCP(UK) Research Unit. The policy team is instrumental in supporting members, ensuring they have the right information to make good decisions.

The term on every MRCP(UK) and SCE Examining Board runs for five years. This provides a balance between experienced members and a fresh outlook as new people join. In 2012, as part of our commitment to sustainability and smooth succession management, we launched a campaign to attract a diverse group of clinicians from across the profession. To help those who are new to the examinations we have introduced a formal half-day induction. This is part of a wider process that aims to guarantee clinicians who give their time to the exams are well prepared and supported.

We asked some of our newly appointed Board members what they are enjoying about the work, and what they hope to achieve during their tenure.



“Being at the frontline of examining and question-writing for MRCP(UK), I hope to contribute to the work of the examining board to maintain the high quality of this exam,” Dr Song says. “This is particularly vital, given its increasing global importance, and we must ensure the SCE remains relevant to current clinical practice. I look forward to this challenge.”

Dr Soon Song, Sheffield



“The MRCP(UK) is an impressive and highly professionally run exam,” she says. “I am looking forward to being involved in ensuring that the exam board runs smoothly, and this will also be a great learning opportunity for me.”

Dr Maralyn Druce, London



“I am looking forward to making further contributions to postgraduate medical education. I also value the chance to interact with colleagues in different medical disciplines, and keep up to date with diverse medical practice.”

Professor Jonathan Ross, Birmingham



“I am very pleased to be able to join the Dermatology SCE Examining Board.” she says, “especially at a time when the international credibility of a UK specialty examination is of such importance.”

Dr Jane Sterling, Cambridge

Thank you

Thanks are due to the Board members who are stepping down this year. Their commitment and contributions are much appreciated. (This list was correct at the time of going to press.)

MRCP(UK) Part 1 Examining Board

Dr Clive Archer
Dr Frank Dunn
Dr Ron Fergusson
Dr Alan Hutchison
Dr John Wilson

MRCP(UK) Part 2 Examining Board

Dr Allan Bridges
Prof David Burden
Dr Ben Creagh-Brown

MRCP(UK) Part 2 Clinical Examining Board

Dr Andrew Elder
Dr Colin Semple

SCE Examining Boards

Prof Edwina Brown
Dr Sue Carr
Dr Robert Charles-Holmes
Dr Mark Cooper
Dr Martin Lombard
Dr Brendan Martin
Prof Iain McNeish
Dr Mark Savage
Dr Laurie Solomon
Dr Daniel Stark
Dr Peter Winocour

Welcome

New members are joining some of the Boards this year, and they are warmly welcomed. Additional appointments will be announced in due course.

MRCP(UK) Part 1 Examining Board

Dr John Byrne
Dr Suzanne MacKenzie
Dr Shanthy Paramothayan

MRCP(UK) Part 2 Written Examining Board

Dr Andrew Carmichael
Dr Adam Gordon
Dr Clive Lawson
Prof Jonathan Ross

MRCP(UK) Part 2 Clinical Examining Board

Dr Stuart Hood

MRCP(UK) Scenario Editorial Committee

Dr Michael Rose
Dr Jeremy Stern

SCE Examining Boards

Dr Kristien Boelaert
Dr Maralyn Druce
Dr Carolyn Gabriel
Dr John Ingram
Dr Richard Marigold
Dr Soon Song
Dr Jane Sterling
Dr Heather Wilson



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