



EXAMINER

Issue number 17 November 2011

UPDATE

From the Medical Director

Welcome to the latest issue of the *Examiner* newsletter. It has served us well over the years but in response to your feedback in the recent communications survey, the newsletter will soon undergo an update. Please watch your inbox for an invitation to sign up for the new email bulletin, which will bring you all the latest news about the exams in a bright new format.

Faster results for PACES candidates

For candidates, the gap between taking an examination and hearing whether they have passed is an anxious time. From September 2011 onwards, the wait will be much shorter for trainees who have attempted PACES. The introduction of a prospectively set pass mark will mean that candidates in the UK will learn of their results within just two weeks, and international candidates will know within three weeks.

To date, the pass standard has been set retrospectively. Under this system, the pass mark could not be set until all candidates in a diet had completed PACES, and the Clinical Examining Board (CEB) could meet to approve it. For some candidates, this situation meant a wait of up to two months between sitting the exam and receiving their results.

The introduction of skills-based marking two years ago prompted a review of our standard setting method. With pass rates stable under the new marking system, we feel confident that we can set and review the pass standard annually, apply it prospectively, and produce a robust and reliable system that also offers a shorter waiting time for candidates to receive their results.

The General Medical Council (GMC) has accepted our proposal and the pass marks that applied in the last three diets will remain in place for the academic year September 2011–September 2012.

A reduced waiting time will help candidates in several ways. Those who do not pass will have more time for further study and to consider when to make their next

attempt. Those who are successful will find it easier to make a timely application for their next training posts.

The CEB will continue to monitor and review all results throughout the year, and will confirm the pass mark or set a new one annually.

Improving access to the SCEs

The full MRCP(UK) Diploma will no longer be a prerequisite for candidates wishing to attempt the SCE in Neurology. This new rule already applies to candidates sitting the SCEs in Acute medicine, Medical oncology and Palliative medicine, and is the latest step in a strategy to improve accessibility of the examinations, especially for international candidates. The first group of Neurology trainees to which this applies will register for the exam in January 2012.

From 2012, the MRCP(UK) Diploma will also be removed from the eligibility criteria for the SCEs in Endocrinology and diabetes, Gastroenterology, Infectious diseases, Nephrology, Respiratory medicine and Rheumatology.

The MRCP(UK) Diploma remains a prerequisite for entry to the SCEs in Dermatology and Geriatric medicine.

.../continued

IN THIS ISSUE

Celebrating PACES' tenth birthday
Spotlight on PACES centres: James Cook University Hospital, Middlesbrough
Improving MRCP(UK) Part 2 questions
Informing patients and surrogates
Who's Who on the MRCP(UK) Examining Boards and Committees

Palliative medicine SCE launch

The first Palliative medicine SCE is scheduled to take place on 9 November 2011. Applications from 37 UK candidates have been accepted and the exam will run in 24 centres around the UK. A few international candidates are also registered for the exam. Results will be available to candidates four weeks after the exam. This is the launch of our twelfth SCE and it is an important landmark, as it means that all of the specialist exams are now up and running. It is also an outstanding achievement for the members of the Palliative medicine question-writing group, who have prepared a large bank of high-quality questions.

Praise for transparency

We have made significant efforts to increase transparency and ensure fairness by routinely presenting results from our examinations to the public. From March 2011, we started making an annual report of pass rates with a breakdown by ethnicity and gender¹. This report includes information on candidates at international as well as UK centres.

This policy of open reporting has been recognised by the General Medical Council as an example of good practice in its latest review² of the profession. The Royal College of Anaesthetists and the Royal

College of General Practitioners are also singled out as examples.

References

1. Federation of Royal Colleges of Physicians of the UK. MRCP(UK) and Specialty Certificate Examinations Pass Rates by Gender and Ethnicity – 2010. Available at: <http://www.mrcpuk.org/Results/Pages/ExamPassRates.aspx>

2. GMC. The state of medical education and practice 2011. Available at: <http://www.gmc-uk.org/publications/10471.asp>

Simple tools for question writers

Sometimes simple changes can lead to significant improvements in quality and efficiency. At meetings, the question writers for the MRCP(UK) Written Examinations are using a new, one-page checklist that outlines each step of the day's work. It includes reminders about administrative procedures, which are necessary for quality control. In addition, they are using a simple template for each question, which is assisting greatly in tracking the status of each question, and in auditing the question bank.

Jane Dacre

Celebrating PACES' tenth birthday

The trainees and the patients have gone home, the mark sheets are completed, and the doors are closed. It's the end of another successful PACES day. Reaching this moment has taken many hours of work from a team of administrators, physicians, nurses and managers. Around the country, the scene is repeated dozens of time every year.

This year, PACES marks its tenth anniversary. To celebrate the occasion, centres with long or outstandingly productive service will receive a commemorative plaque thanking them for their contribution.

Support from management is crucial and the chief executive of each Trust will also receive a formal letter of thanks.

Plaque presentations

It is local action that makes PACES happen so it is appropriate that the celebrations are also local. The plaques are presented the next time each centre hosts an examination, and individual teams will decide on the type of ceremony or event they would like to have.



Above: Dr Elder is pictured presenting the commemorative plaque to Professor Dato' Dr S T Kew, Host Examiner at International Medical University/Hospital Tuanku Jaafar Seremban (IMU/HTJ).

In October, a number of commemorative plaques were presented in Malaysia by Dr Andrew Elder, Chairman, MRCP(UK) Clinical Examining Board. Three of the recipients are pictured here at a presentation during the Examiners' Dinner at the Hilton, Kuala Lumpur. A fourth presentation was made separately to Dr Khalid Ibrahim, Director of Hospital Sungei Buloh (HSB).

Other plaque presentations - in Oman and the UK - are also pictured in this feature.



Above: Another recipient of the commemorative plaque is Dr Azmillah Rosman, Clinical Coordinator of PACES at Hospital Selayang.



Above: Professor Ash, Chair Examiner, is shown on right presenting a plaque to Alan Foster, Chief Executive of North Tees and Hartlepool NHS Foundation Trust. Also pictured are Dr Deepak Dwarakanath (left centre) and Dr Basant Chaudhury (right centre). The plaque was presented within the Teaching Centre at the University Hospital of North Tees.



Above: A plaque is presented to Professor Dr Goh Khean Jin, Head of Department of Medicine, University of Malaya Medical Centre (UMMC).



Above: Pictured are, from left to right, (holding plaque) Dr Omayma Elshafie (PACES examiner and host at Sultan Qaboos University Hospital, Oman), Dr J. Johnston, Professor N. Woodhouse, Professor Omar Al-Rawas, Dr I. Alsalmi, Dr Hilal Al-Sabti, Dr Lawrence McAlpine and (also holding plaque) Dr Ahmed Al-Mandhari (Director General, Sultan Qaboos University Hospital).

Below: Pictured at the Clinical Skills Centre, Foresterhill, University of Aberdeen is Chair Examiner Professor Peter Calverley presenting the plaque to Dr Rona Patey. Examiners and patients are also pictured.



Spotlight on PACES centres: James Cook University Hospital, Middlesbrough

More than 30,000 candidates around the world have completed PACES. It is a crucial part of assessment, providing a dialogue between the examiners and the candidates and allowing trainee physicians to demonstrate their clinical skills. Every time the examination runs successfully, it is thanks to dedicated teamwork behind the scenes beforehand and on the day. This series in the *Examiner* has been highlighting the work of different centres across the UK and around the world.

Examination Centre: James Cook University Hospital, Middlesbrough

College administration: London

Candidates: Generally 60 candidates per year, over one diet of two days, using double cycles. The centre has trialled a one-day double cycle that increased capacity to 40 candidates on that day

Examiners: 21 needed to work with a high volume of candidates in a double-cycle format

Key contacts:

Rotating hosts:

Dr Peter Newman, Consultant Neurologist
 Dr Fiona Clarke, Consultant Rheumatologist
 Professor Rudy Bilous, Consultant Diabetologist
 Dr Vincent Connolly, Consultant in Acute Medicine
 Dr Adrian Bergin, Consultant in Elderly Care Medicine
 Dr Mahir Hamad, Consultant in Acute Medicine

Organising team:

Miss Zoë Holland, Conferences and Courses Manager
 Miss Nicky Skippon, Conferences and Courses Administrator
 Miss Sarah O'Leary, Administrator



Above: Pictured are, from left to right, Dr Peter Newman, Consultant Neurologist; Miss Nicky Skippon, Conferences and Courses Administrator; Dr Fiona Clarke, Consultant Rheumatologist; Miss Zoë Holland, Conferences and Courses Manager; and Professor Rudy Bilous, Consultant Diabetologist.

About the centre:

Most doctors believe that they have a duty to pass on knowledge to the next generation, and contribute to their educational development. "Being involved in PACES is very much a part of that," says Dr Peter Newman, Consultant Neurologist and PACES host at James Cook University Hospital.

Dr Newman and his colleagues make this contribution to medical education by examining 60 PACES candidates every year. As all of these trainees complete the examination in just two days, during one diet, this is an especially impressive achievement. The centre manages this feat through a tried and tested method, as follows:

Double cycle

- Two PACES carousels are run in parallel. The examiners are divided into two teams, 'red' and 'blue'. Candidates are likewise allocated to red or blue. All materials for the examiners are colour-coded and ready on their arrival.
- Each carousel accommodates five candidates – there are two candidates examined in parallel at each station of the exam, and thus ten for each cycle.
- Three of these cycles are run in one day – in the morning, at midday and in the afternoon – meaning that 30 candidates may complete the examination.

The team has gone further in response to appeals to expand the number of available PACES places, for the benefit of candidates and to enable timely recruitment to NHS posts. In August 2011, the centre experimented with a four-cycle day, which gave places to 40 candidates. Most examiners found this hard work, but still manageable, although a few found that they were flagging towards the end.

"It really is an economy of scale," Dr Newman says. "We believe most large examination centres should be able to run parallel cycles in this way."



Above: The Academic Centre, James Cook University Hospital, Middlesbrough.

It is inevitably a challenge to recruit and coordinate 21 examiners for the same dates, especially as consultants are finding it increasingly difficult to take time away from clinical duties, even to fulfil such an essential educational role. But in Middlesbrough this has always been achieved.

Efficiency and support

Highly efficient coordination by a capable administrative team, and strong support from the Trust's management and chief executive, have been essential to success. "I must also emphasise the willing support we receive from examiner colleagues at other hospitals," Dr Newman adds.

He would also encourage other Fellows to consider examining. "There's a great sense of bonhomie, it is intellectually stimulating, and there is a feeling that you are making a significant contribution to a very important aspect of medicine."

Improving MRCP(UK) Part 2 questions

A simple new system will speed up quality control for the MRCP(UK) Part 2 Written Examination. Any question that is answered correctly by fewer than 20% of candidates will now be sent to the next Specialty Question Group meeting for review and comment or amendment. The same process will kick in for questions with a borderline positive point biserial correlation score (PBS).

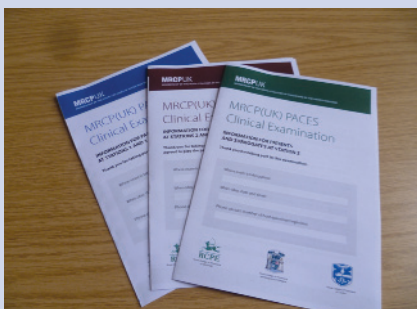
It is hoped that this procedure will increase speed and efficiency. In the past, such questions remained available for selection for up to two years, whereas now they will be reviewed within six months.



Attendees at Specialty Question Group meetings will now additionally be reviewing those Part 2 questions that are answered correctly by fewer than 20% of candidates, as well as those with a borderline positive point biserial correlation score.

Informing patients and surrogates

New leaflets have been designed for patients and surrogates participating in PACES. The updated versions aim to provide greater clarity and are tailored to the exam station that the person will be attending. Examiners can download leaflets from the MRCP(UK) website for email or print distribution.



Who's Who on the MRCP(UK) Examining Boards and Committees

The following examiners have been appointed as Board Officers or Committee Chairmen. If you wish to contact a Board Officer, please use their email address given below.

MRCP(UK) Management Board

Chairman Professor J Dacre (Medical Director)
BSc MBBS MD FRCP FRCPE FRCPG FHEA
Jane.Dacre@mrcpuk.org

MRCP(UK) Part 1 Examining Board

Chairman Dr R. Fox MB DTM&H FRCP
Ray.Fox@mrcpuk.org
Medical Dr N Reynolds BA MBChB FRCPE
Secretary Nigel.Reynolds@mrcpuk.org

MRCP(UK) Part 2 Written Examining Board

Chairman Dr D Waller BSc DM MBBS(Hons) FRCP
Derek.Waller@mrcpuk.org
Medical Prof AJ Nicholls MB BS FRCP FRCPE
Secretary FHEA
Anthony.Nicholls@mrcpuk.org

MRCP(UK) International Associate Medical Director

Dr LG McAlpine BSc MB ChB FRCP
FRCPG
Lawrence.McAlpine@mrcpuk.org

MRCP(UK) Clinical Examining Board

Chairman Dr AT Elder BSc MB ChB FRCP FRCPE
FRCPSG
Andrew.Elder@mrcpuk.org
Medical Dr A Patrick FRCPE
Secretary

MRCP(UK) Specialty Question Groups

Chairman Dr C Twort MA MD FRCP FRCPE
Medical Dr KL Lim MB FRCP
Secretaries Ken.Lim@mrcpuk.org
Dr NE Parker MB BS FRCP FRCPath
Norman.Parker@mrcpuk.org

MRCP(UK) Specialty Certificate Examinations

Associate Dr JC Mucklow MD FRCP FRCPE
Medical Director FBPharmacols FHEA
John.Mucklow@mrcpuk.org

MRCP(UK) Academic, Quality Management and Research Committee

Chairman Professor T Roberts BSc MB ChB PhD
FRCP
Trudie.Roberts@mrcpuk.org

MRCP(UK) Central Office

11 St Andrews Place
London
NW1 4LE

Medical writer: Colleen Shannon
Desk editors: Julian Ogilvie, Jacqui Knowles
Layout/production: Nancy Turner