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The SPECIALIST

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NEWSLETTER of the Specialty Certificate Examinations

edited by Dr John Mucklow

Welcome to the final issue of *The Specialist*, the newsletter of the Specialty Certificate Examinations (SCEs). It has been published twice a year by the MRCP(UK) Central Office of the Federation of Royal Colleges of Physicians of the UK and is aimed at all those involved in the development of the examinations.

In spring 2012, this newsletter will be re-launched in an updated email format. It will cover all of our examinations – those for the Diploma as well as the SCEs – and provide a broad picture of our activities.

Report on progress

by Dr John Mucklow



This issue of *The Specialist* marks an important milestone for the Specialty Certificate Examinations, which were conceived in 2005 as national knowledge-based assessments in all major medical specialties.

Following successful pilot assessments in four specialties in 2006, responsibility for further development passed to MRCP(UK) Central Office, which has since overseen the delivery of SCEs in 12 separate specialties, in close collaboration with the relevant specialist societies.

Examinations have been introduced in Gastroenterology (2008), Dermatology, Endocrinology and diabetes, Geriatric medicine, Infectious diseases, Nephrology, Neurology, Respiratory medicine (2009), Acute medicine, Medical oncology, Rheumatology (2010) and, finally, Palliative medicine (2011), whose recent first diet marked the end of the first phase of the development.

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Continued dedication

More than 400 physicians have been involved in this project. The majority (around 300) have been recruited and trained as question writers during the past five years, and have created a bank of single-best-answer questions that now exceeds 13,000.

Six specialties have accrued in excess of 1,000 questions each and two have more than 1,500. These question writers have attended regular two-day peer review meetings (initially twice a year, now annual) to discuss and approve question items, which have taken countless hours of their own time to draft.

Another 100 physicians have been inducted as members of either Examining Boards or Standard Setting Advisory Groups, and have attended annual two-day meetings either to select and modify questions for the Examination, or to grade their difficulty and set the pass mark. These individuals, too, have set aside much of their own time to prepare for these meetings.

The SCEs would not exist were it not for the selfless devotion of all those who have contributed to this project without personal remuneration or reward.

Candidate results

Whereas the process of their development can be judged an unqualified success, the reputation of the SCEs at this stage must depend on their outcome.

This can be judged from their uptake and the extent to which they afford an appropriate test of knowledge for specialty trainees approaching the end of their training programme. An analysis of the results of diets to the end of 2010 showed that the total number of candidates who sat an SCE during 2010 (1,180) was more than four times greater than during 2009 (287).

Pass marks differed between individual specialties but not between 2009 and 2010 within a specialty. Pass rates in 2009 and 2010 differed from each other (both overall and among UK trainees separately) but there was no consistent upward or downward trend.

In eight out of 11 specialties that held diets during 2010, at least four out of five UK trainees passed the examination, suggesting that the standard set was appropriate and that the training programmes had prepared the candidates for the challenge.

Moreover, of the 30 UK trainees who had by this stage attempted an SCE on more than one occasion, only one failed a second time.

Uptake of the exams

The results of all 12 diets held during 2011 are not yet known and await final analysis. Preliminary data indicate that numbers of candidates are, on average, 12% fewer than in 2010, probably because of the substantial cohort of trainees who sat an SCE for the first time before the end of 2010 in order to qualify for a free second attempt if they were unsuccessful.

There are no consistent differences in either pass marks or pass rates between 2010 and 2011, and in eight out of 10 specialties whose results have so far been declared, at least four out of five UK trainees have been successful. However, compared with 2010, a higher proportion of those re-sitting an SCE have failed the assessment. Although the absolute numbers in individual specialties do not exceed single figures and almost all candidates have a further opportunity to sit the examination before the end of their training programme, it is disappointing that remediation between attempts has not proved more effective.

To date there has been a slight (17%) increase in the number of international candidates during 2011. However, relaxation of the eligibility criteria to allow those without MRCP(UK) to sit the SCE did not become effective until June 2011.

Streamlined process

The SCEs are now an established part of specialty training programmes in major specialties in the UK. Their procedures, always closely aligned to those of the MRCP(UK) written examinations, have become even less distinguishable over the past year following a recent rationalisation exercise.

The collaboration of specialists from throughout the UK in the critical evaluation of question items on successive occasions during paper building has conferred academic rigour to the assessments. The use of computer-based testing has simplified the delivery of the examinations and streamlined the marking process, and has generally been well received by candidates. Candidate performance,

though still suboptimal, has fostered the belief that the examinations are providing an appropriate challenge for specialty trainees.

It is hoped that, by encouraging continuing education during the closing years of training, the SCEs will lead to even greater competence among newly appointed consultant physicians.

Specialty question totals at end 2011

Specialty	Total
Acute medicine	943
Dermatology	1262
Endocrinology and diabetes	957
Gastroenterology	1531
Geriatric medicine	1123
Infectious diseases	891

Specialty	Total
Medical oncology	896
Nephrology	1638
Neurology	1341
Palliative medicine	822
Respiratory medicine	1009
Rheumatology	899
GRAND TOTAL	13,312

Table of results, 2011 to date

Specialty (and number of exams held to date)	Date of exam	No of candidates (UK trainees)	Pass mark (%)	Overall pass rate (%)	UK trainee pass rate (%)	Reliability (α)	SEM* (%)
Geriatric medicine (3)	09/03/11	155 (150)	59.39	71.6	72.0	0.78	2.98
Nephrology (3)	16/03/11	81 (43)	61.00	70.4	86.0	0.86	3.05
Respiratory medicine (3)	13/04/11	118 (100)	60.00	69.5	78.0	0.86	2.96
Neurology (3)	18/05/11	67 (48)	52.26	77.6	89.6	0.89	3.05
Endocrinology and diabetes (3)	01/06/11	139 (88)	62.00	65.5	85.2	0.89	2.92
Infectious diseases (3)	14/09/11	26 (19)	63.00	76.9	94.7	0.91	2.87
Rheumatology (2)	14/09/11	72 (47)	70.62	73.6	91.5	0.90	2.69
Gastroenterology (4)	21/09/11	144 (98)	61.93	75.7	83.7	0.79	2.94
Dermatology (3)	21/10/11	67 (56)	67.00	92.5	98.2	0.83	2.63
Palliative medicine (1)	09/11/11	38 (30)	65.82	79.0	87.9	0.82	2.86

*SEM = Standard error of measurement

News in brief

Successful launch for the Palliative medicine SCE

Last month the first candidates sat the Palliative medicine examination. This successful launch means that all 12 SCEs are now up and running. It is also a significant achievement for the Palliative medicine question writing group, which generated the content of a high-quality examination in a short period of time (please see page 1 for a full report on the latest SCE activity, including Palliative medicine). In total, 38 candidates sat the examination. They attended 22 centres in the UK, India and Ireland. The next Palliative Medicine SCE is scheduled for 14 November 2012.

Progress on question bank technology



Between the SCEs and the MRCP(UK) Diploma examinations, our question bank now holds approximately 30,000 questions. The management of these questions – including review, analysis and updating – relies on a database that has been in place since 1999. The Federation has approved funding for a modernised database, and we have recently signed a contract for the new system.

This agreement is the result of many months of work behind the scenes. The project team compiled a list of minimum requirements and identified any risks. They also contacted other Colleges and academic organisations, to ask about their experiences with various databases.

The team produced a specification document and sent it to leading question bank providers for offers of interest. They then narrowed down the provider to Pearson Vue and their question bank system, CERTS®. The question bank team has been working diligently to establish a safe process for migrating data from the old bank to the new one, without losing any existing content.

The new technology promises many advantages, including:

- Potential for specialties to share images and questions across their examinations
- An automated process for uploading new questions, which offers savings in clerical time
- The ability to manage both paper and computer-based tests
- Faster production of computer-based examination papers
- An improved audit trail to monitor quality
- The ability to identify topic gaps across the bank
- Capability to match the examinations to the curriculum
- Enhanced communication with question writers concerning question content and performance.

The introduction of this new system opens up exciting possibilities not only for improved efficiency in the production and delivery of our exams but also for enhanced academic quality.

Resources for candidates

Candidates have told us they would appreciate some guidance when preparing for the SCEs. Work has been underway to increase the number of practice questions, and to provide blueprints matching examination topics to the curriculum, and suggested reading. Many specialties are now providing this information on the MRCP(UK) website.

Eligibility criteria update

Most specialties have now agreed to change the eligibility criteria for their SCEs, in order to improve accessibility for otherwise qualified candidates who do not hold the MRCP(UK) Diploma. This is of particular benefit to international candidates,

who may hold other qualifications. Two specialties that adopted the new criteria early on were Acute medicine, six of whose 120 candidates in the last diet did not hold the MRCP(UK), and Medical oncology where the figure was 16 out of 67. Candidates sitting the newly launched Palliative medicine SCE did not need the Diploma, and other specialties that will follow suit in 2012 include:

- Endocrinology and diabetes
- Gastroenterology
- Infectious diseases
- Nephrology
- Neurology
- Respiratory medicine
- Rheumatology.

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

Diary dates

Mark your diary with key meetings and events.

Examination dates

2012	
Nephrology	14 March
Geriatric medicine	21 March
Respiratory medicine	18 April
Neurology	9 May
Endocrinology and diabetes	30 May
Infectious diseases	12 September
Medical oncology	12 September
Dermatology	17 October
Rheumatology	17 October
Palliative medicine	14 November
Gastroenterology	21 November
Acute medicine	28 November

Examining Board meetings*

2012	
Acute medicine	20 – 21 March
Dermatology	2 – 3 February
Endocrinology and diabetes	17 – 18 October
Gastroenterology	23 – 24 February; 3 – 4 July
Geriatric medicine	18 – 19 June
Infectious diseases	No Board until 2013
Medical oncology	24 – 25 January
Nephrology	26 – 27 April
Neurology	6 – 7 September
Palliative medicine	8 – 9 March
Respiratory medicine	14 – 15 November
Rheumatology	12 – 13 January; 18 – 19 September

* All meetings listed here are in London. Please note that dates are correct at time of going to press, but may be subject to change

Standard Setting Group Meetings*

2012	
Acute medicine	2 – 3 July
Dermatology	14 – 15 June
Endocrinology and diabetes	6 – 7 February
Gastroenterology	12 – 13 July; 22 – 23 November
Geriatric medicine	26 – 27 November
Infectious diseases	16 – 17 April
Medical oncology	15 – 16 May
Nephrology	6 – 7 December
Neurology	19 – 20 January

2012	
Palliative medicine	28 – 29 June
Respiratory medicine	No meeting in 2012
Rheumatology	10 – 11 May

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Question Writing Group meetings*

2012	
Geriatric medicine/ Medical oncology/ Neurology/ Respiratory medicine/ Rheumatology	19 – 20 March (in Crewe)
Acute medicine/ Endocrinology and diabetes	17 – 18 April (in Edinburgh)
Dermatology/ Gastroenterology/ Infectious diseases/ Nephrology/ Palliative medicine	26 – 27 September (in Warwick)

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Specialty Certificate Examination Lead Specialists

Acute medicine

Dr Deepak Bhatia, Hull Royal Infirmary, Hull

Dermatology

Dr Richard Groves, St John's Institute of Dermatology, Guy's Hospital, London

Endocrinology and diabetes

Professor John Connell, Ninewells Hospital Medical School, Dundee

Gastroenterology

Dr Mounes Dakkak, Hull Royal Infirmary, Hull

Geriatric medicine

Dr Michael Vassallo, Royal Bournemouth Hospital, Bournemouth

Infectious diseases

Dr Nick J. Beeching, Royal Liverpool University Hospital, Liverpool

Medical oncology

Dr Helena Earl, University of Cambridge, Addenbrooke's Hospital, Cambridge

Nephrology

Dr Jonathan Fox, Glasgow Royal Infirmary, Glasgow

Neurology

Professor Phil Smith, University Hospital of Wales, Cardiff

Palliative medicine

Professor Karen Forbes, Bristol Haematology and Oncology Centre, Bristol

Respiratory medicine

Dr Ian Coutts, Royal Cornwall Hospital, Truro

Rheumatology

Dr Simon Bowman, Selly Oak Hospital, Birmingham

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