



Royal College of Physicians of Edinburgh



Royal College of Physicians and Surgeons of Glasgow



Royal College of Physicians of London

The SPECIALIST

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NEWSLETTER Specialty Certificate Examinations

edited by Dr John Mucklow

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

As well as this newsletter, those involved in the Specialty Certificate Examinations are kept up-to-date with occasional emails from the Federation. Previous newsletters are also available. Please contact us (nancy.turner@mrcpuk.org) if you would like to be added to the email list or if you would like copies of previous newsletters emailed to you.

Report on Progress

by Dr John Mucklow, Associate Medical Director for Specialty Certificate Examinations



Roll out of the Specialty Certificate Examinations (SCEs) continued apace in 2009 and a further eight diets were delivered last year. This is a significant achievement and the result of much diligent effort behind the scenes.

Candidates are certainly finding the SCEs challenging. These early candidates have bravely entered new territory and could not have known exactly what to expect. According to feedback forms completed after the examinations, in most specialties about half of the candidates said the SCE was more difficult than they had anticipated and they felt under-prepared.

Examination logistics

Feedback from candidates sitting the examinations has, in general, indicated that the setting and comfort of the facilities arranged for computer-based testing were satisfactory. A minority of candidates complained about noise levels, and some were unable to secure a place in their preferred location. To minimise this problem in future diets, the MRCP(UK) website advises candidates to register early to have a wide choice of examination centres.

Candidates sitting the Dermatology SCE

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encountered a technical error with the computer system, which meant they were unable to revisit earlier questions after they had read the last question of the second paper. A small number of candidates were therefore unable to complete the questions in this paper. The first paper was unaffected. In the event, the high pass rate meant this handicap appeared to have affected the outcome for only one candidate. The Examining Board decided that the result for this candidate should stand. However, all who failed to achieve sufficient marks to pass were refunded their examination fees. They were also offered a further attempt free of charge. A full enquiry was conducted into what went wrong and the Federation has been assured that no error of this type will be allowed to occur again.

Candidate performance

A separate article later in this issue addresses the matter of candidate performance (see page 4).

Comment

Academic progress during 2009 has been very satisfactory. The number of questions continues to grow and most specialties should achieve a secure position during 2010. For the most part, examination logistics have worked smoothly and the pass rates have been broadly in line with expectations. We are on course to meet our target of 11 first diets by the end of 2010. The Federation is extremely grateful for the generous support and assistance of the Lead Specialists (see page 6) in driving the project forward, and to the officers and members of the Question Writing Groups, the Examining Boards and the Standard Setting Groups for their expert input and unstinting commitment.

News in Brief

SCE portfolio changes

The Federation has responded positively to a request from the Specialist Advisory Committee in Palliative Medicine and the Association of Palliative Medicine, asking for assistance in developing an SCE for their specialty. Professor

Karen Forbes has taken the lead and work has already started on question writing. The first diet of the exam is expected to take place in 2011.

Owing to a substantial fall in the number of trainees in Clinical Pharmacology and Therapeutics, the Specialty Advisory Committee, in consultation with the British Pharmacological Society, decided to withdraw from the project and is now investigating alternative forms of knowledge-based assessment.

The specialties continuing their active development of SCEs are:

- Acute medicine
- Dermatology
- Endocrinology and diabetes
- Gastroenterology
- Geriatric medicine
- Infectious diseases
- Medical oncology
- Nephrology
- Neurology
- Palliative medicine
- Respiratory medicine
- Rheumatology

Cardiology is continuing to develop a knowledge-based assessment in collaboration with colleagues in the European Union.

Memoranda of Agreement (MOAs) up for renewal

Agreements on financial partnership, which have been signed by organisations representing seven specialties, are due for review in 2010. The SCEs affected are: Acute medicine, Dermatology, Gastroenterology, Geriatric medicine, Endocrinology and diabetes, Nephrology and Respiratory medicine. The Federation is currently bearing the full cost of delivering SCEs in the remaining specialties.

Question-Writing Groups aiming for 1000 questions in the bank

The Question-Writing Groups (QWGs) made good progress in 2009 and a significant bank of questions has now been built up. In most specialties, QWGs are now meeting only once each year, although the smallest specialties may need to meet more often until they have reached the target of amassing at least 1000 questions (see Table 1).

Table 1. Number of banked SCE questions by December 2009

Specialty	Total	Specialty	Total
Acute medicine	408	Medical oncology	232
Dermatology	673	Nephrology	950
Endocrinology and diabetes	668	Neurology	792
Gastroenterology	992	Respiratory medicine	606
Geriatric medicine	627	Rheumatology	598
Infectious diseases	577	GRAND TOTAL	7123

An expanded topic classification system for SCE questions has been agreed and a final decision on the choice of future software for an electronic question bank is pending.

Resources provided for question writers

Question writers continue to receive training and resources to inform their work. Last year, three one-day training workshops for new writers took place at the Royal College of Physicians London.

In addition, a separate Question-Writing Manual for the SCEs has been developed and circulated. It contains the same guidance for question writers as the MRCP(UK) manual, but has been tailored to the SCEs. It includes the expanded diagnostic classification and a more extensive table of normal ranges, to meet the needs of SCE questions. It also sets out the specialty-specific coding grids, listing the topic codes that allow each question to be mapped to the relevant specialty's curriculum.

Appointment of staff

MRCP(UK) Central Office has integrated the secretarial and administrative support provided to MRCP(UK) and the SCEs (see panel below for list of staff). This step has not only reduced duplication of effort but has also allowed the SCEs to benefit from the experience of several existing members of staff.

Postnominals: UK trainees

The issue of granting the postnominal MRCP(UK) [Specialty] to UK trainees who are non-MRCP(UK) holders was discussed at the SCE steering group and it was agreed to refer the matter to Federation. Federation met in early 2010 and the following was decided:

Trainees with MRCP(UK) who pass the Specialty Certificate Examination in their specialty and who are recommended for a CCT are granted the postnominal MRCP(UK) [Specialty].

Trainees who have joined a higher specialty training programme with a diploma from another UK Royal

SCE staff and responsibilities

Associate Medical Director of MRCP(UK), responsible for Specialty Certificate Examinations	Dr John Mucklow
Project manager	Julia Gamaleldeen
Head of question bank	Bhavini Patel
Medical secretaries	Kate Beaumont Question-Writing Group meetings, Workshops; Chrissie Meneses, Caroline Hackett, Natalie Nance Examining Boards
Non-medical editors	Ruth Lorimer, Nancy Turner and Julian Ogilvie
Administrators	Marcus Roome and Brita Coleman
Researcher	Sarah Lay Standard Setting Group meetings

College, e.g. MRCP, MRCPCH, who pass the Specialty Certificate Examination in their specialty and who are recommended for a CCT are also granted the postnominal MRCP(UK) [Specialty].

Trainees who have joined a higher specialty training programme with non-PMETB-approved training, passed the Specialty Certificate Examination and are recommended for a CESR(CP) and in addition have passed MRCP(UK) are also granted the postnominal MRCP(UK) [Specialty].

Trainees who are recommended for a CESR(CP) but who have not passed the MRCP(UK) are not granted the use of the postnominal. They may decide to take MRCP(UK) and if successful will then become eligible for the postnominal.

How to Pass the Specialty Certificate Examination: Reflections on 2009

by Dr John Mucklow, Associate Medical Director for Specialty Certificate Examinations

Adorned with the colourful coats of arms of the three Royal Colleges of Physicians and the relevant Specialist Society, and signed by all four Presidents, the letter to candidates who have recently sat the SCE in their specialty, confirming the pass/fail outcome, is impressive. Of course, the official letter bearing glad (or sad) tidings is no longer likely to be torn open with the same alacrity as its predecessors, now that examination

results are posted on the MRCP(UK) website as soon as they are released. Furthermore, there is at present little difference between a pass letter and a fail letter, because we have not as yet been able to include information about an unsuccessful candidate's performance in different sections of the paper.

Feedback on performance

One major activity in 2009 was the completion of the coding of banked questions, so that the knowledge sought by each question can now be related to the relevant section of the specialty's curriculum. For examinations to be held in 2010, we intend to provide detailed feedback for all candidates sitting an SCE, in the same way as we do for those sitting the MRCP(UK) Part 1 or Part 2 Written examinations. This will involve a breakdown of each candidate's performance according to the sections of the curriculum in which knowledge was tested. While this will go some way to help with second (or subsequent) attempts, we are also keen to help as many trainees as possible to pass their SCE first time. To this end, the results of examinations held in 2009 provide some clues.

Lessons from 2009: low pass rates

In the eight examination diets held in 2009, the range of overall pass rates (0–100%) could not have been wider (see Table 2).

To some extent, this variation can be put down to the small number of candidates in the

Table 2. Specialty Certificate Examination pass rates, 2009

Specialty	Date of examination	Number of candidates (UK trainees)	Pass mark	Overall pass rate %	UK trainee pass rate %	Reliability coefficient
Geriatric medicine	4 March 2009	15 (12)	59.41	100.0	100.0	0.48
Nephrology	18 March 2009	33 (16)	66.88	57.6	81.3	0.86
Respiratory medicine	22 April 2009	25 (14)	64.27	60.0	85.7	0.85
Neurology	20 May 2009	25 (16)	56.46	80.0	87.5	0.89
Endocrinology and diabetes	20 May 2009	39 (14)	65.95	38.5	64.0	0.89
Dermatology	24 September 2009	39 (30)	67.58	92.3	97.1	0.88
Infectious diseases	24 September 2009	6 (0)	63.71	0	N/A	0.94
Gastroenterology	11 November 2009	105 (78)	64.91	61.0	61.5	0.81

early diets, and the fact that, despite the availability of a few specimen questions on the web site, few could claim to know exactly what to expect in an examination being run for the first time. However, whereas it was reassuring that the pass rate among UK trainees in five of these diets exceeded 80%, it was disappointing that in the two SCEs attracting the largest numbers of candidates (Endocrinology and diabetes and Gastroenterology) the pass rate among UK trainees was only just over 60%. How can this be explained?

Reasons for poor examination performance

Analysis of the respective cohorts suggests that they were unrepresentative of trainees who enrolled for training in or after August 2007, and who are expected to sit an SCE for the first time in 2010. Many candidates sitting these two examinations in 2009 were older than expected, and the large majority had graduated at overseas medical schools. These associations should not be taken to imply that such characteristics are invariable determinants of poor performance, merely that we may not be able to predict the performance of future cohorts from these results alone.

Collation of the feedback forms completed by candidates immediately after each examination showed that more than half felt they had underestimated the difficulty of the challenge. In addition, anecdotal feedback from individual candidates has indicated that many expected the knowledge tested by the examination questions to reflect everyday clinical practice in the relevant specialty and that several years of clinical experience should have secured a body of knowledge adequate to ensure success. After all, they had demonstrated their knowledge of clinical science and rarer clinical problems in MRCP(UK), and all the other (workplace-based) assessments of competence now focus upon the practical aspects of specialist medicine. We believe that, for many candidates, this incomplete understanding of the design and purpose of the SCEs may have accounted for their disappointing outcome.

The standard required to pass

Pass marks in the eight diets differed (ranging from 57–68%) but were all determined using an identical, and widely accepted, method of criterion referencing. All standard setting groups were

given identical instructions and guidance: to pass, candidates should demonstrate that they have the knowledge required to perform competently without supervision as newly appointed consultants in their specialties. There was no clear relation between the pass mark and the pass rate in the eight diets.

Theoretical learning is crucial

The specialty curricula drawn up in 2007 (and updated in 2009) set out the knowledge, skills and attitudes expected as a prerequisite for acquiring a CCT, and for safe and competent practice as a specialist. All can be downloaded from the JRCPTB web site (www.jrcptb.org.uk). They follow on from the curriculum in General (Internal) Medicine and build on core medicine training.

It is not surprising, therefore, that the knowledge-based assessment specified as necessary in most of these curricula requires a demonstration that a trainee has retained knowledge of the principles underpinning clinical practice in the discipline as well as building on the knowledge acquired in earlier years. Each SCE Examining Board is charged with setting an examination that tests the scope and depth of knowledge set out in the relevant curriculum. This means assessing knowledge of the natural history and pathogenesis of relevant disorders, and the basic scientific principles and evidence base underpinning current clinical practice, in addition to knowledge of how to diagnose and manage everyday clinical problems. The examinations must also include an appropriate number of questions on less common conditions that a specialist must diagnose and treat correctly, even though they occur infrequently.

The first step towards passing the SCE is therefore to become familiar with one's specialty curriculum. The knowledge necessary to pass the SCE cannot be acquired from clinical practice alone, however diligently it may be pursued. As at every stage of one's continuing medical education, clinical experience has to be complemented by directed reading and private study. Aspiring specialists who plan to sit an SCE in 2010 would do well to remember the words of Sir William Osler, 'He who studies medicine without books sails an uncharted sea...'

Diary Dates

The year ahead promises to be a busy one for the SCEs. Mark your diary for key meetings and other events.

Question-Writing Group meetings, 2010

Specialty	Venue	Date
Palliative medicine	Royal College of Physicians London	17–18 June
Acute medicine, Dermatology, Infectious diseases, Medical oncology	Scarman Conference Centre, University of Warwick	27–28 September

Examination Board meetings, 2010 (all at Royal College of Physicians London)

Rheumatology	19–20 January
Dermatology	28–29 January
Infectious diseases	3–4 February
Medical oncology	11–12 March
Acute medicine	18–19 March
Gastroenterology	22–23 April
Geriatric medicine	29–30 April
Nephrology	8–9 June
Respiratory medicine	1–2 July
Neurology	23–24 September
Endocrinology and diabetes	19–20 October

Standard Setting Group meetings, 2010 (all at Royal College of Physicians London)

Neurology	20–21 January
Endocrinology and diabetes	2–3 February
Infectious diseases	22–23 April
Rheumatology	29–30 April
Dermatology	27–28 May
Gastroenterology	14–15 June
Medical oncology	24–25 June
Acute medicine	5–6 July
Geriatric medicine	27–28 September
Nephrology	7–8 October
Respiratory medicine	25–26 November

Specialty Certificate Examination dates, 2010

Geriatric medicine	24 March
Nephrology	24 March
Respiratory medicine	5 May
Neurology	19 May
Endocrinology and diabetes	30 June
Infectious diseases	15 September

Rheumatology	15 September
Gastroenterology	30 September
Dermatology	21 October
Acute medicine	17 November
Medical oncology	24 November

Specialty Certificate Examination Lead Specialists

Acute medicine	Dr Philip H. Dyer, Diabetes Centre, Heartlands Hospital, Birmingham
Dermatology	Dr Richard Groves, St John's Institute of Dermatology, Guy's Hospital, London
Endocrinology and diabetes	Prof. John Connell, Ninewells Hospital Medical School, Dundee
Gastroenterology	Dr Peter R. Mills, Gartnavel General Hospital, Glasgow
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	Dr Adrian J. Wills, Queen's Medical Centre, Nottingham
Palliative medicine	Prof. Karen Forbes, Bristol Haematology and Oncology Centre, Bristol
Respiratory medicine	Dr Ian Coutts, Royal Cornwall Hospital, Truro
Rheumatology	Prof. Charles Mackworth-Young, Charing Cross Hospital, London

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