

Organising the MRCP exam—a guide for registrars

ABSTRACT—Taking the MRCP exam as a candidate can be traumatic. For the registrar who has to organise one, the task may be just as daunting. Efficient coordination of candidates, patients and examiners and the provision of good clinical material in a suitable setting requires considerable organisation. This supplement to the guide issued by the College, based on our own experience, describes in more detail the preparation and management of the examination in the hope that it will ease our colleagues' tasks.

SUMMARY OF TASKS

The hosting consultant and registrar need to divide the work between them.

Consultant

Six months before exam

- Liaise with the College
- Identify and book venue with hospital managers
- Approach nurses, secretarial and postgraduate staff to make sure that they will be available in the fortnight before and during the exam
- Write to physicians for lists of suitable patients (a suitable list of patients may be available on a pre-existing database in some centres)
- Draft a letter to send to patients
- Oversee financial plans
- Authorise catering

Two months before exam

- Write to examiners and send hospital location maps, details of transport and car parking arrangements

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During exam

- Keep to a schedule
- Look after the examiners
- Examine

Registrar

Two months before exam

- Prepare card index system, wall chart, patient activity sheet and taxi lists (see below)
- Obtain patient case notes from medical records
- Dictate long and short case summaries
- Check venue and equipment (Table 1)
- Discuss with your consultant the use of a CPR manikin

During exam

- Look after candidates and patients
- Direct nursing staff and porters
- Ensure examiners have time to see long and short cases
- Follow clinical timetable accurately

Secretary

Two months before exam

- Send out letters to patients with SAE
- Put patient details on card index/computer database
- Type summaries, patient activity sheets and organise taxi lists (see below)
- Liaise with patients—best done by telephone

Member of staff from postgraduate centre

- Prepare examination area
- Collect equipment (Table 1)
- Organise payment of patients
- Prepare patient name labels
- Communicate with taxi firm
- Liaise with portering staff

Venue

The venue chosen should include a waiting area for the candidates, three separate examiners' rooms, one long case room (six beds) and two or three short case rooms (nine beds and six chairs), as well as a darkened

Table 1. Equipment check list

<i>Medical</i>	
Urine testing equipment	× 12
Blood pressure cuffs	× 3
Stethoscopes	× 2
Ophthalmoscopes	× 4
Patella hammer	× 4
Tuning fork	× 3
Sterile pins and sharps box	
Cotton wool	
Orange sticks	
Tongue depressors	
Tape measure	× 2
Tropicamide and pilocarpine	
Peak flow meter and spirometer	
BM stix	
Pen torch	
Spare batteries	× 2
(Check that equipment is in good working order)	
<i>General</i>	
Dressing gowns	× 20
White gowns	× 90
Wheelchairs	× 2
Name holders	
Clocks	× 4
Timing bell	
Clip boards	× 6
Examiners' files	
X-ray viewing box	
Paper towels	

eye room. (Alternatively one long ward can be used with long cases at the far end). Each room should be labelled 'short cases', 'long cases', etc. A plan of the rooms, the bed numbers and where the patients are to be found for each session should be kept in the examination folder (see below). There should be a central area with a desk and two chairs for the registrar and helpers (medical students) to run the exam.

Patients

The College guidelines indicate that 'old favourites' or 'museum cases' are not suitable as long cases. Patients recently admitted to the ward, where only a working diagnosis is available, are suitable provided they are fit enough to attend. These patients demonstrate principles of acute or other medical management and provide a basis for discussion. It may, however, be difficult to obtain enough patients from the wards. The use of other patients is quite acceptable, eg patients attend-

ing clinic with chronic diseases such as diabetes or heart failure; they provide ideal case histories.

Most patients suitable for short cases should have physical signs on examination. 'Museum cases' can be used.

It is obviously best to collect patient data onto a computerised database so that patient information can easily be manipulated as well as stored for future use. A card index will do where a computer is not available.

Numbers

The examination is divided into a morning and afternoon session. A typical exam will last for two and a half days, ie five sessions for 30 candidates. A candidate will see a long case and between four and 10 short cases. Six long and 12-14 short cases are required in each session. Over the five sessions, 30 long cases and 65 short cases will be needed, although some of the short cases may be used twice and some long cases will double as shorts. It is essential to have the backup of at least two 'spare' long case and two short case patients currently on the wards, should any patients fail to appear at the last minute. This is especially true on a Monday morning. Checking with the patients by telephone on the Sunday night is helpful and reassuring for both yourself and the patient.

Secretarial

A secretary will need to be available part time for at least two months before the exam. She sends out invitations to patients and with the replies fills the card index. After the registrar has chosen which patients should attend for each session, the secretary writes to each patient again with the date and time of attendance and, if appropriate, what time the taxi will arrive. The secretary should also be prepared to telephone the patient in advance to confirm attendance. Please check with the general practitioner if the patient has not been seen in clinic recently; it causes distress to the family if a patient who has been asked to attend has died.

Case note summaries

As soon as a patient has agreed to attend, the registrar should send for the notes and dictate the summary. Long cases need fairly comprehensive histories whereas short cases may only require a diagnosis and the basic findings. The examiners will make up their own minds on the day. Shortly before the exam dictate the summaries for the 'spares' on the ward.

Card index system

A card index is a useful way of collecting and storing patient information if you do not have a computerised

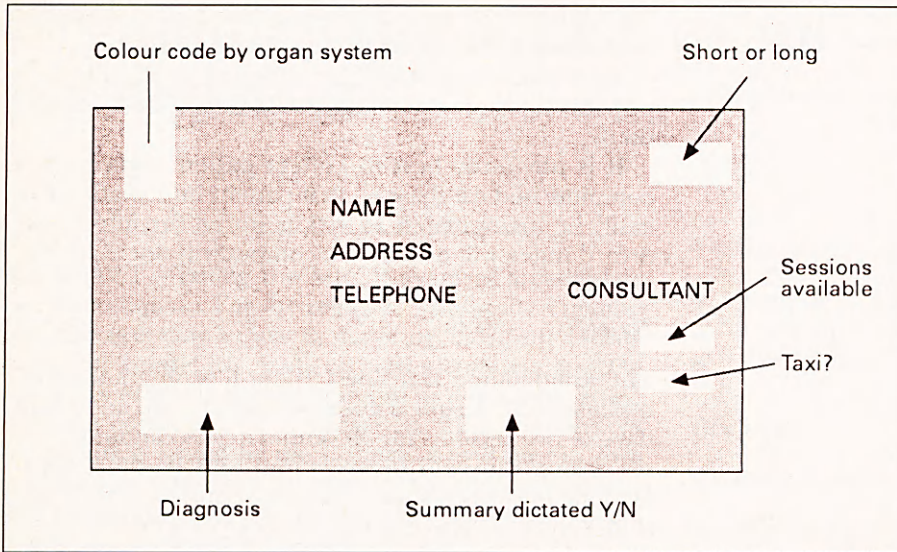


Fig 1. Example of an index card.

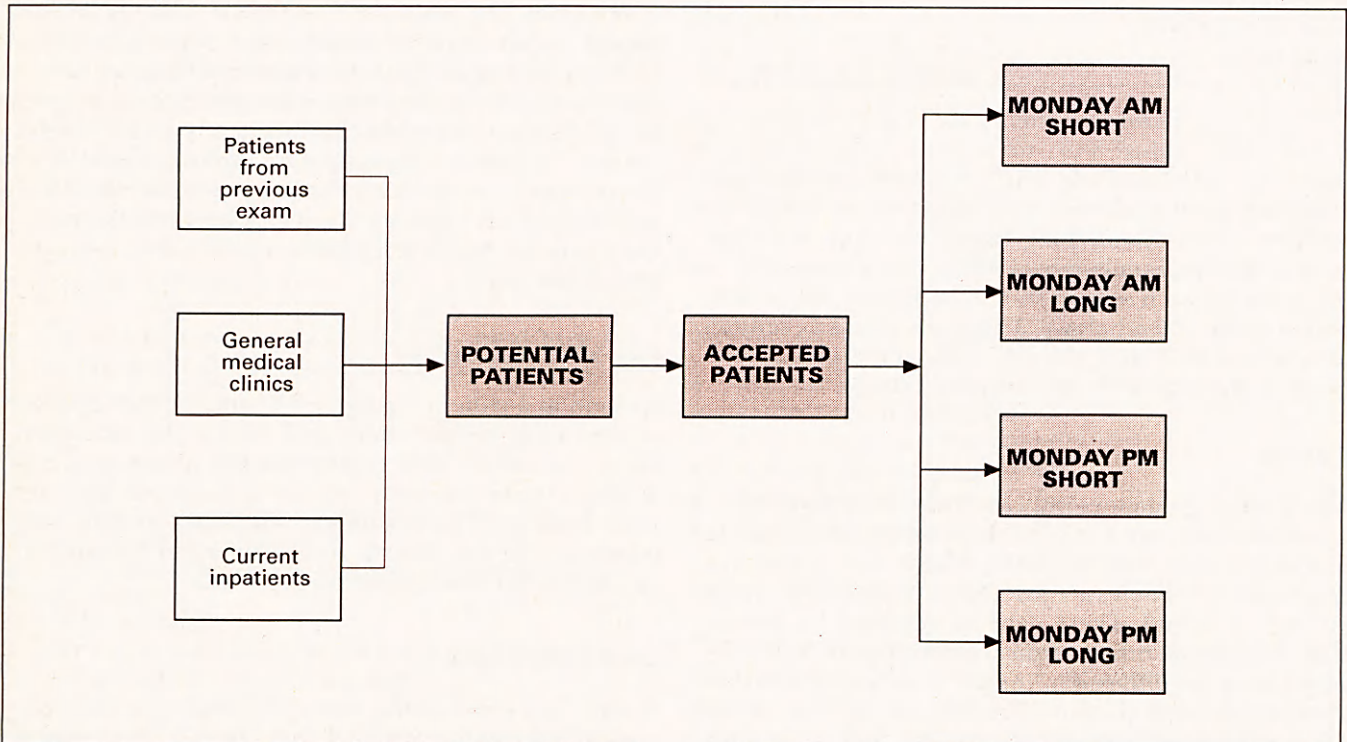
database. They can be divided into diagnostic categories, long and short cases and examination sessions. Different organ systems are colour coded using radiology stickers to make it easy to identify the 'case type'. The essential information about each patient is then always to hand (Fig 1). The cards will later be incorporated into a wall chart to keep track of which patients are to come for which sessions and to ensure a good variety of patients for each session (Fig 2).

Wall chart

Create a wall chart using blue-tack or a cork board to display the index cards (Fig 3). These are added to the wall chart as the patients confirm their attendance two weeks or so before the exam.

Figure 3 also shows the patients' times of arrival. These times are arranged to allow the examiners to see the long cases before the candidates, ie 9.00am for

Fig 2. Example of a wall chart.



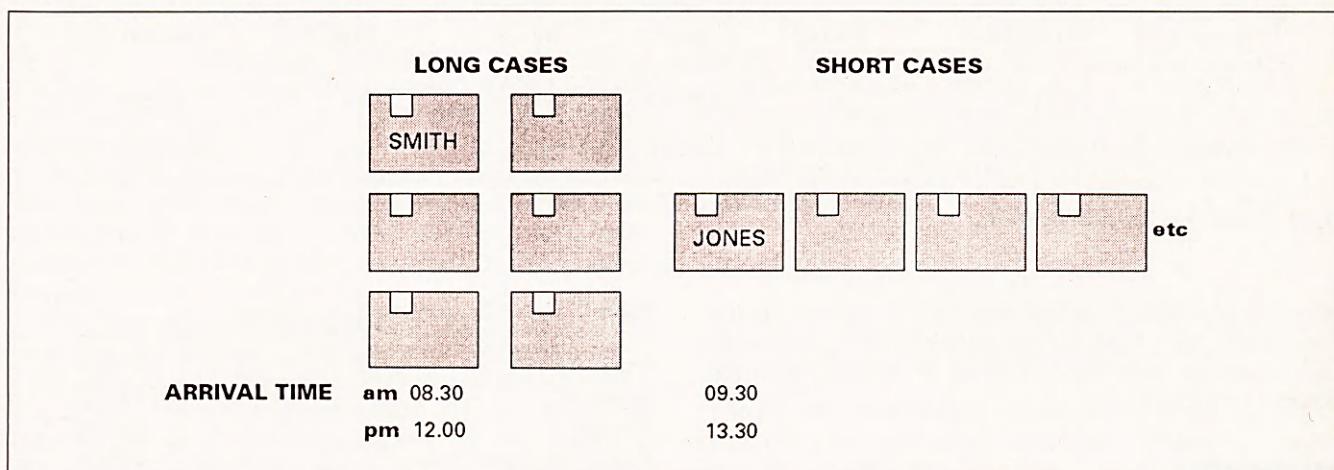


Fig 3. Wall chart showing arrival time of patients for morning and afternoon sessions.

the morning and 12.30pm for the afternoon. While the first group of three candidates sees long cases, the examiners have an hour to see the short case patients.

Contingency plans must be made in case a patient does not turn up on the day. Either a short case patient can be prepared as a long case in each session or a 'spare' can be used from the wards. While arrangements are being made for the substitution, a long case from the second half of the morning can be brought forward.

Patient activity charts

When a session has been finalised, an activity chart can be constructed (Fig 4) in conjunction with the map of the examination area. This allows the nurses to know exactly where each patient should go on arrival (they usually all come at the same time) and to identify rapidly those who have not arrived.

Mr Smith is a long case, arrives at 8.30am and is shown to the long case room, bed 24. He goes home at the end of the long case discussion which will be at 10.40am. Mr Green, on the other hand, is both a long and a short case. He arrives at 8.30am and after the long case discussion is moved to the short case room, bed 15. He will not finish until the second set of three candidates finish their short cases at 12.40pm. He needs a taxi to leave and may need lunch before that.

Taxi lists

Taxis may be used by patients who cannot get to the hospital by other means. Taxis account for a large slice of the expenses (Table 2). They do, however, ensure the arrival of the long cases. Use the card index/wall chart to prepare a list of patients who need taxis. The member of staff from the postgraduate centre should give the list one day in advance to the taxi company. Savings can be negotiated if several patients are being picked up by the same vehicle.

Examination folders

These are the bibles for the exam. We use ring binders with alphabetical index dividers to file the typed summaries. An index page at the beginning should show: bed number, name of patient, nature of case, ie long or short case or both. A plan of the examination rooms with a list of patient names and bed numbers is useful for the examiners to know exactly where to find the patients for each individual session. Only the index page and summaries for the patients attending that day should be put into the folder. We give one folder to each examiner and keep two as spares.

The oral and clinical timetable

The College provides a clinical timetable (Fig 5). The name of each of the six candidates for each session is written on the timetable. The registrar must make sure that the examiners adhere to the timetable.

The day before the exam

The examination area must be prepared in plenty of time: place white gowns and dressing gowns on each bed. Number the beds and chairs and put out the patient name holders. Clearly label the examination rooms, waiting areas, toilets, exits, etc. Place name labels, clip boards and examination folders on the examiners' desks. It is useful to stick a list of the patients' names and their bed numbers outside each short case and long case room. Place synchronised clocks in each examiner's room and at the central desk. Make sure you do not forget the bell. Check that the route to the exam has been signposted by the porters. Alert the enquiries desk. Arrange a meeting with the helpers to allocate tasks, explain the exam format, and show them round the venue. There should be one or two nurses to look after the patients and one or two medical students to help with timekeeping and

Name	Room/bed	Case	Start	Finish	Taxi	Action
Smith	3/24	LC	8.30am	10.40am	No	Long-home
Green	3/25 2/15	LC/SC	8.30am	12.40am	Yes	Long-short

Fig 4. Example of an activity chart.

ushering patients. An additional doctor may also prove useful. Ask porters to collect patients from the wards. The patient activity charts should be explained to the helpers (see Fig 4).

Day of exam

Keep the examiners sweet! Try to create a positive, friendly atmosphere. Regular supplies of real coffee and good biscuits comfort the examiners. Allocate two long cases to each of the three pairs of examiners. The examiners will arrive at 9.00am and will be shown the layout of the exam area and then directed to the long cases to become acquainted with them. The long cases should arrive at 8.30am and be available to be seen by 9.00am. The helpers escort the patients to their beds or chairs and collect urine samples from them.

Welcome the candidates who will arrive in groups of three, 10 minutes before they are due to see their long cases (Fig 5). Most of them will be anxious and it is your job to help relax them. Coffee or cold drinks should be available. Ask the candidates to fill in the record of attendance on the examination marking sheets and tell them to hand it to the first examiner. Explain the exam timetable and when the bells will be rung.

RUNNING THE EXAM

The exam runs as follows (Fig 5): escort the first set of three candidates (eg Jones, Patel and Green) to their

Table 2. Financing the exam

Secretary	£130.00
Sundries	£18.20
Postage	£72.00
Klix trolley from canteen	£35.00
Sandwiches for patients	£45.00
Lunches for examiners	£50.00
Nursing sister	£130.00
Porter	£90.00
Registrar	£130.00
SHO	£60.00
Payment to patients	£500.00
Taxis	£317.17
Total	£1,577.37

long cases at 9.20am (A). The examiners see the short cases and have coffee until 10.20am (B). Ring the final bell at 10.20am and take the candidates to the correct pair of examiners for the long case discussion (C). The bell is also rung at half time and five minutes before the end of the long case session. The examiners may take a candidate back to the patient to demonstrate physical findings, so the long cases must stay put

Fig 5. Example of an oral and clinical exam timetable.

Candidates to see long case	Orals and clinicals		Examiner 1 & 2	Examiner 3 & 4	Examiner 5 & 6
A 9.20am-10.40am	B 10.05am-10.20am	Coffee	Jones	Patel	Green
	C 10.20am-10.40am	Longs			
	D 10.40am-11.10am	Shorts			
	F 11.10am-11.30am	Orals			
	G 11.30am-11.50am	Discussion			
E 10.50am-11.50am	H 11.50am-12.10am	Longs	Green	Jones	Jones

until 10.40am when they can be sent home or moved if they are to be used as a short case. Ring the bell at 10.40am to end the long case discussion. Assemble the candidates outside the correct examiner's room for the short cases (D).

Meanwhile the second set of three candidates will have arrived. Welcome them as above and escort them to their long cases at 10.50am (E). The long case patients should already have been seen by the examiners at 9.00am.

Ring the bell at 11.00am, halfway through the short case session to allow the examiners to change roles from questioner to observer. Ring the bell at 11.10am (D) to end the short case session. Escort the candidates to the third pair of examiners for the orals (F). Ring the bell at half time and at 11.30am. The relieved candidates can be ushered out and are urged to leave the hospital as soon as possible.

The examiners have 20 minutes to discuss the candidates (G) and see the second set of candidates for the long case discussion at 11.50am (H). The cycle then starts again with the orals finishing at 1.10pm.

Each examiner must see his or her afternoon long case before lunch at 1.30pm. During lunch, medical students and future Membership candidates may have an opportunity to see the patients with their permis-

sion. The morning session patients are paid and sent home and afternoon patients welcomed. Lunch is provided for patients staying all day.

The afternoon session follows the same pattern as the morning. Prepare the examination folders with a new index page and change the patient list outside the examination rooms.

Conclusion

Making the running of the exam a success depends on the amount of time and organisation that is put in beforehand.

Creating a positive and comfortable atmosphere for both the examiners and candidates makes the exam less of an ordeal. We hope that this guide will ease the task of any registrar who has to organise the exam.

Reference

- 1 Royal College of Physicians of London. *MRCP(UK) Part 2 oral and clinical sections guide notes for hosts and registrars.*

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