The MRCP(UK) examination from the patient's point of view

ABSTRACT—Each year approximately 3,200 volunteer patients attend the examinations of the Royal College of Physicians in England and Wales. A confidential postal questionnaire concerning patients' experiences and satisfaction was administered to those attending North Tees General Hospital in June 1992 with a 90% response rate. The majority of patients derive some enjoyment from the experience and do not mind being repeatedly examined, some even up to eight times per session; but they do feel neglected if examined only once per session. Twenty-two per cent of first time attenders would have liked to have had more information about the proceedings beforehand.

Each year approximately 1,200 candidates take the clinical section of the MRCP(UK) examination in England. The exam has been hosted at North Tees General Hospital for some years and in June 1992 the services of 84 adult volunteer patients were called upon to examine 30 candidates; on that basis it is likely that approximately 3,200 patients attend the examination each year throughout England and Wales. To assess the patients' experiences we asked them to complete an anonymous postal questionnaire.

Patients

Adult patients were recruited from three sources:

- a register of suitable cases maintained over the last eight years
- from outpatient clinics by all physicians
- from the wards by the coordinating registrar

Patients recruited from the register or outpatient clinics were sent a letter asking if they could attend (Fig 1); those recruited from the wards received verbal information only. Patients were offered transport to and from the hospital by taxi and attended from 8.45am to 1.00pm for the morning session and 12.30pm to 5.15pm for the afternoon session. Lunch was provided but the choice was limited.

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Dear

We have been asked by the Royal College of Physicians of London to hold an important examination from 15/6/92 to 17/6/92. The examination is to test the ability of doctors to proceed for further training to become future consultants.

For this purpose we require the help of some of our patients who would be willing to come up to the hospital for part of the day to talk to and be examined by some of the doctors. Are you able to help us?

If you are able to do so would you please indicate with a tick on the enclosed form which day and the time of day that would be suitable for you. You can tick more than once if there is more than one day or time that is suitable for you. Indicate also if you need transport.

Please return the form to Dr Dellipiani's secretary.

Yours sincerely

Dr M R Welfare, Registrar to Dr A W Dellipiani, Consultant Physician

Fig 1. Letter sent to patients recruited from the register or from outpatients

When recruiting patients great care was taken to maintain their trust. Many were well known to the organisers and particular attention was paid to ensure that patients with physical disability were suitably accommodated and those with serious illness such as cancer were dealt with sensitively. Patients brought their own medication.

Of 88 patients invited for the exam, only four did not attend; two phoned to say they could not come and two failed to attend without warning. The study was not conceived until after the examination was over, so it could not have interfered with patient response.

Methods

A week after the exam a confidential questionnaire was sent to all patients who had attended (Fig 2).

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1.	Are you male or female?			
2.	Were you asked to participate a) whilst on the ward b) in an outpatient clinic	Yes Yes	No No	
	c) other	Yes	No	
3.	Which part of you were the doctors interested in? Please tick			and Make
	Heart Lungs Abdomen/tummy Nervous system	Hormon	es/diabetes	Eyes Othe
4.	How many sessions (half days) did you attend?			
5.	How many times were you examined?			
6.	Did you feel this was too many or too few?	Yes	No	No opinion
7.	Was this the first time you had helped in the MRCP exam? If 'No', how many times previously?	Yes	No	
8.	Did you understand beforehand what would happen?	Yes	No	
9.	Did you feel that adequate information was given to you?	Yes	No	
10.	Did you feel it might affect your treatment if you refused?	Yes	No	
11.	Did you feel pressurised into taking part?	Yes	No	
12.	Did you object to being asked to come to the exam?	Yes	No	
13.	Did you come to the hospital just for the day or half day? If 'No' were you admitted to hospital just for the exam?	Yes Yes	No No	
	Did you have your own transport?	Yes	No	
14.	Was adequate transport arranged?	Yes	No	No opinion
15.	Were the candidates polite to you?	Yes	No	No opinion
	Were the examiners polite to you?	Yes	No	No opinion
	Were the ward staff polite to you? Were you looked after (ie food, etc) properly?	Yes Yes	No No	No opinion No opinion
16.	Did you experience discomfort due to the exam?	Yes	No	No opinion
10.	Did you feel that confidentiality was broken?	Yes	No	No opinion
	Did you learn anything about your illness?	Yes	No	No opinion
18.	, , , , ,	Yes	No	
19.	Did you overhear anything said by the candidates or examiners? Did this worry you?	Yes	No	No opinion
20.	Did you enjoy the experience?	Yes	No	No opinion
21.	Were there any bad parts? If 'Yes', what were they?	Yes	No	No opinion
22.	Were there any good parts? If 'Yes', what were they?	Yes	No	No opinion
23.	Did you find the experience embarrassing?	Yes	No	No opinion
24.	Was your privacy respected?	Yes	No	No opinion
25.	If asked, would you take part again?	Yes	No	Not sure
	nk you for answering these questions.			
	e you any additional comments or suggestions?			

Fig 2. Questionnaire for patients participating in the MRCP examination

The MRCP(UK) examination from the patient's point of view

Information was gathered in four areas:

- factual details concerning recruitment, number of attendances and how often the patient was examined
- patient satisfaction with information given beforehand
- how patients felt about being asked to attend and whether it had affected their relationship with their own physician
- patients' actual experience of the exam and how they were treated on the day.

Results

The response rate was 95% (74 of a total of 78) and equal numbers of men and women replied. Most (58%) had been recruited from outpatients, 36% came from the wards and only five from the register. Fifty-eight per cent of the patients attended for just one session and 31% for two; only two patients attended for three sessions and four patients for four but the latter also came to the 'mock' exam held four weeks previously. For the majority of patients (71%) it was their first experience as a test subject; the remainder had attended before, up to a maximum of eight times.

Patients were examined up to 12 times by candidates, mostly (62%) between two and five times; 36% were examined more than five times and none felt that this was too much, although one who had been examined five times did feel that it was too often. In contrast, of seven patients examined only once, three felt that this was not enough.

Thirteen patients (15%) indicated that they did not have enough information or understanding of what to expect beforehand; 12 of them were first time attenders and eight had been recruited through outpatient clinics and may not have met the organising team.

Questions 10, 11, 12 and 17 were designed to test whether the doctor-patient relationship was affected by attending for the exam. All patients answered 'no' to these questions except for one who replied 'yes' to all four; this patient offered no other comments but agreed to come again. Thirty-five per cent of patients said that they had learnt more about their illness and no-one reported overhearing untoward comments.

Patients generally had favourable experiences of being examined and of candidates' and examiners' politeness. Three experienced discomfort; one because no oxygen was available, another due to pain from avascular necrosis of the hip and another for no obvious cause. 'Bad' experiences were 'boredom', 'sitting too long', 'waiting' and 'could not smoke'. Only two patients found the experience embarrassing and one felt that privacy had not been respected.

Despite these occasional negative answers the overwhelming replies to questions 20 and 22 indicated that everyone derived some enjoyment from the experience. Most suggested that they were glad to do something for the hospital in return for the care they had received. Many also perceived benefits to themselves such as 'a free examination', 'nice rest', 'felt spoiled', 'good company', 'met old friends', 'lunch and £5.00', and 'knowing more of my illness'. A small subgroup of patients seemed to take an almost voyeuristic delight in coming to exams; examples include 'being able to mentally judge the candidates', 'interesting to see different techniques', 'would like to know how the candidates got on' and 'enjoyed putting candidates at their ease'.

Five patients who complained that their own physician had not told them enough about their illness were pleased that going to the Membership examination had helped to correct this.

Finally, 94% of the patients said that they would come again if asked.

Discussion

The results of this survey of patients' experiences when volunteering to help in the Membership examination are reassuring. By and large, they had found the experience a good one and, despite varying motivations, most patients seemed to have enjoyed it; nor did they mind being repeatedly examined but felt that their time had been wasted if examined only once. Moreover, 94% would be willing to go through it again.

For the examination organisers, perhaps the most valuable lesson was that 12 of 53 (22%) first time attenders had not had sufficient information about the conduct of the exam beforehand. This could be improved either by arranging for all patients to meet a member of the organising team beforehand or giving them written information.

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