Royal College of Paediatrics and Child Health
Leading the way in Children's Health

MRCPCH & DCH examiner code of conduct and performance policy

1. Introduction

1.1 MRCPCH and DCH Examinations rely on members and fellows of the Royal College of Paediatrics and Child Health (and other Royal Colleges – DCH) to be committed and professional in all aspects of MRCPCH Clinical and DCH Clinical examinations, both in the UK and Overseas.

1.2 To maintain the quality and standards of our examinations, all aspects are monitored, including the appointment and performance of examiners, ensuring a rigorous initial training programme and an examiner re-training programme which must be completed after 3 years examining. Failure to complete re-training means that an examiner's status will be reviewed. Examiner training programmes include and ensure all examiners are compliant with relevant equality and diversity legislation. Examiners will be kept informed of any significant changes to the examinations during this 3-year period. Re-training will typically involve completion of e-modules and mock station marking in RCPCH Learning but in some instances, faculty may be required to attend face to face examiner elect training sessions.

1.3 Additionally, we monitor examiner performance at each clinical examination and examiners are given feedback on their performance particularly if candidate marks are changed at the Senior Examiner Board or Appeals / Review of Marks Panel in order to further quality assure the process of examining.

1.4 Examiners are expected to follow the MRCPCH & DCH examiner code of conduct and performance policy which provides the framework against which any allegations of misconduct will be judged. In the event of any allegations of misconduct being made, the RCPCH will follow the process in accordance with the MRCPCH/DCH examiner misconduct policy. Performance of process and adhering to the expected standards within the context of operational delivery requirements is also reviewed.

2. General Standard of Behaviour

2.1. All MRCPCH and DCH examiners are expected to behave in a professional manner, befitting a member/fellow of the Royal College of Paediatrics and Child Health, whilst undertaking all duties associated with the examination. Adherence to the principles and values within the GMC's Good Medical Practice[1] (or equivalent in overseas countries) is expected at all times. No examiner should be involved in legal/court proceedings involving their professional conduct with children.

3. Interacting with Candidates

3.1. RCPCH expects all examiners to behave in a way that is non-discriminatory in terms of attitudes, activities, assumptions, beliefs and abilities. Awareness of unconscious bias and ensuring that all judgements are made based on performance across domains in each station is vital to ensuring that a fair and evidence-based approach is maintained in all scoring and assessment.

3.2. It is the responsibility for all examiners to have read all relevant guidance and policy materials available on the 'Becoming an MRCPCH/DCH examiner' web pages.

3.3 Examiners should be aware that candidates may be nervous and they should endeavour to help them relax and have a positive examination experience.

3.4. The role and expectation of each examiner is to provide a consistent approach to each candidate's encounter with a patient, role player and parents/carers and to the subsequent questioning, in a manner that helps candidates to show what they can do and what they know. The examiner's manner and tone should be tailored accordingly.

3.5. Examiners should allow the candidate to complete their clinical examination without interruption or direction, unless it is evident that the candidate needs guidance on how to proceed, or they are causing the patient, role player or parent/carer discomfort. Where absolutely necessary examiners may politely interrupt a candidate to ensure appropriate time management and allow the candidate the opportunity to score marks in all domains

3.6. Examiners should only make a remark to the candidate about their on-going performance if there are issues of patient safety/comfort. Performance judged to be good or bad should not be verbally commented on during an examination station. Examiners should avoid teaching or coaching candidates during their assessment. Non-

[1] http://www.gmc-uk.org/guidance/good_medical_practice.asp

verbal communication should also be managed and controlled as much as possible.

3.7. Examiners should not discuss any aspect of the examination or a candidate's performance with a candidate at any point during or after the MRCPCH or DCH Clinical examination. Under no circumstances should the examiner attempt to provide the candidate with an unfair advantage during the exam. Examiners should mark each candidate based on their performance in relation to the expected standard.

3.8. Examiners should avoid making any physical contact with the candidate, for example, to guide them from one patient to another.

3.9. MRCPCH and DCH Clinical examination candidates are from across the world and therefore may not be familiar with local customs and practices in the centre at which they sit the examination. Examiners should all be sensitive to this fact and should provide guidance to candidates on how they should approach patients if there are any specific cultural beliefs about which they may not be aware.

4. Interacting with Patients, Parents/Carers and Role Players

4.1. Examiners should maintain an awareness of patient, parent/carer and role player comfort and safety at all times.

4.2. If a patient, parent/carer or role player is for any reason uncomfortable about participating in the examination, either before the circuit starts or during the circuit, examiners should facilitate the withdrawal of that patient, parent/carer or role player. This will require consultation with the senior examiner and/or host at the exam centre.

4.3. The dignity and modesty of all patients must be respected at all times. Examiners should ensure that the degree of exposure of a patient is acceptable to the patient and is maintained throughout the circuit.

4.4. Examiners should ensure that anyone in contact with the patient observes the appropriate hygiene protocols, specifically regarding hand washing.

4.5. Examiners should be polite, courteous and professional in their approach to all patients, parents/carers and role players during exam days.

5. Interacting with Colleagues

5.1. Examiners are expected to act with respect for fellow examiners, clinicians and other staff within the team running the examination at all times. Where there are any instances of disagreement on any aspect of the exam between faculty then the senior examiner present at the exam centre must be consulted and important details should be included in the Senior Examiner Report.

5.2. If an examiner has any concern about the conduct or performance of a fellow examiner, this should be brought to the attention of the examiner in question and, confidentially, to the senior examiner/s as soon as is possible on the exam day. This is important as feedback should be provided to faculty on the day of the exam from the senior examiner/s present and then recorded in the Senior Examiner Report form. Investigations on conduct or performance cannot be optimally conducted if concerns are not raised with individuals by those that have observed this on the day of the exam.

6. Handling Personal and Sensitive data

6.1. Examiners are reminded to maintain strict confidentiality and avoid divulging the identity of patients and scenarios to be used in the examination, results, candidate performance or any other information relating to a candidate to any third party who does not have a right to such information.

6.1.1. Patients – When arranging for patients to participate in the examination, examiners must ensure that explicit consent is given by the patient and reduce the use of identifiable information to the minimum required to run the examination. The host and senior examiners are responsible for ensuring that any clinicians helping to run the examination also follow these guidelines.

6.1.2. Candidates – Examiners are expected to maintain the confidentiality of candidate results. This includes general indications of performance, as well as specific marks and grades. Please also refer to 3.7.

6.1.3. Examination material – Examiners must ensure the security of all scenarios and patient information before, during and after the examination. Examination materials must not be sent or shared with any individual or organisation other than RCPCH Clinical Assessment or Theory and Standards staff. Examination materials must be securely stored and encrypted and only shared through the designated RCPCH shared online workspace or delivered by courier or registered and signed for post. RCPCH exam content must also not be shared verbally with anyone other than RCPCH staff or Senior Examiners.

7. Completion of Marksheets

7.1. All candidates are sent copies of their marksheets. Comments on the marksheets should, therefore, be legible, accurate and phrased in a professional manner. A useful guideline is that no comments should be made on the marksheets that the examiner would not be prepared to make to the candidate in person. Comments should focus on candidate performance of the task by domain and should not be of a personal nature. Examiners should refer to the anchor statements for further guidance.

8. Participation in Commercial Activities

8.1. The teaching of, and imparting of knowledge to, junior staff is recognised as an integral part of a consultant's role within the NHS. Therefore, examiners as consultants have a responsibility to participate in preparatory courses for junior doctors, but their position as an examiner must not be used to promote the course and their involvement in teaching should be incidental to their examiner status.

8.2 MRCPCH & DCH examiners are not permitted to organise/lead commercially run (i.e. for profit) training courses. If a non-examiner holds any formal position in running such courses and is invited subsequently to become an examiner, it is on the understanding that such activity will cease. Examiners may participate as faculty on commercial courses that are delivered outside of the RCPCH or standard not for profit training programme/deanery lead courses. It is essential however that such courses do not market courses based on having RCPCH examiners as part of the faculty. It is also essential not to share, make use of or refer to any RCPCH examination materials (see 6.1.3).

8.3. RCPCH examiners are not permitted to write or contribute to non-College books or other materials, such as CD-ROMs or any other technological formats, or to re-edit or revise existing texts or other publications where the specific purpose is to help candidates prepare for any or all parts of the MRCPCH or DCH examinations.

8.4 As noted above in 8.2, examiners/faculty should not use their RCPCH status to market non-RCPCH courses or products. The Clinical Assessment/Theory & Standards teams and Examination Board faculty will regularly monitor external products to ensure that this is adhered to.

9. Copyright and Use of Materials

9.1. Copyright of questions used in RCPCH examinations belongs to the RCPCH. The MRCPCH and the DCH questions are prepared and revised through the hard work of many College members and staff. Our aim is to produce valid, appropriate and well-prepared questions so that our examinations are fair and effective. Our question bank and reputation are threatened by unauthorised copying of exam questions. Examiners must report instances of infringement of copyright. Examiners should not divulge examination questions/scenarios to outside organisations or any other individuals who are not directly engaged in the delivery of the relevant examinations. The penalties for examiner misconduct regarding examination security are stated in the MRCPCH examiner misconduct policy.

9.2 Examiners must agree not to publish any material which they have prepared or reviewed in connection with the MRCPCH and DCH examinations for non-College products.

10. GMC Reporting

10.1. Examiners should promptly inform the Head of Clinical Assessment if any limitations on practice are placed on them by the GMC (or the equivalent in the country in which they practice).

11. Appeals/Mark Reviews and Complaints

11.1. Any allegations of examiner misconduct will be investigated in a fair and transparent manner in line with the RCPCH Examiner misconduct policy document.

11.2. It is often necessary to approach examiners for comment on candidate appeals and complaints, and examiners are expected to respond to any such approaches in an open and timely manner.

12. Feedback

12.1 All clinical assessment faculty are expected to be open to feedback and learning including any specific, actionable recommendations for change and improvement. For all faculty operating at all levels (examiner elects, examiners, senior examiner elects, senior examiners, principal regional examiners, vice chairs, chairs and officers) receiving such feedback can be relatively commonplace after an exam diet. All faculty are asked to engage in this process professionally and to respect and be open to the views of others who may have concerns. This is particularly important if an action, approach or behaviour may have an impact on the operational delivery of the exam or candidate pass/fail outcomes.

12.2 Faculty will be provided with written feedback and given an opportunity to reflect on and respond to that feedback. In some instances, where there are more serious concerns, faculty may be requested to undergo additional training. Where faculty are not open to feedback and are resistant to change, the Examination Board will be consulted on appropriate next steps which may also include suspension as an examiner.