

## MRCPCH CLINICAL EXAMINATION: SHORT CLINICAL STATIONS

| Clinical Domain                           | Meets Standard  | Borderline  | Below Standard  |
|---|---|---|---|
| <b>B Physical Examination</b>             | <ol style="list-style-type: none"> <li>1. Well-structured, systematic exam technique.</li> <li>2. Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine being sought.</li> <li>3. Appropriate use of equipment/development toys (if relevant).</li> </ol> | <ol style="list-style-type: none"> <li>1. Exam technique lacking some structure.</li> <li>2. Limited adaptation to meet needs of patient.</li> <li>3. Unfocused use of equipment/development toys (if relevant)</li> </ol>                          | <ol style="list-style-type: none"> <li>1. Very slow, uncertain, unstructured, unsystematic exam technique.</li> <li>2. Poor adaptation to patient needs. Lack of care. No attempt to seek permission.</li> <li>3. Incorrect or no use of equipment/development toys (if relevant)</li> </ol>  |
| <b>C Identification of Clinical Signs</b> | <ol style="list-style-type: none"> <li>1. Identifies clinical signs that are present.</li> <li>2. Correctly interprets clinical signs that are present.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Misses a few less important signs.</li> <li>2. Some minor errors in interpretation of signs.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Misses one or more important clinical signs and/or describes non-existent signs/invents signs</li> <li>2. Significant errors in interpretation of signs.</li> </ol>   |
| <b>D1 Clinical Reasoning</b>              | <ol style="list-style-type: none"> <li>1. Formulates &amp; proposes likely appropriate differential diagnosis</li> <li>2. Understands implications of findings.</li> <li>3. Able to suggest appropriate steps if exam inconclusive.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Incomplete differential diagnosis.</li> <li>2. Unsure about implications of findings.</li> <li>3. Lacks confidence as to appropriate steps if exam inconclusive.</li> </ol>                               | <ol style="list-style-type: none"> <li>1. Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>2. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident.</li> <li>3. Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ol> |
| <b>D2 Management Planning</b>             | <ol style="list-style-type: none"> <li>1. Relevant investigations to appropriately address identified problems.</li> <li>2. Provides safe, ethical, effective management plan that relates to parental concerns if relevant including appropriate referral or escalation.</li> </ol>                                      | <ol style="list-style-type: none"> <li>1. Investigations suggested don't fully address identified problems.</li> <li>2. Does not fully relate management plan to parental concerns. Some reference made to referral &amp;/or escalation.</li> </ol> | <ol style="list-style-type: none"> <li>1. Unable to suggest appropriate investigations.</li> <li>2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to parental concerns.</li> </ol>   |

## MRCGP CLINICAL EXAMINATION: DEVELOPMENT STATION

| Clinical Domain   | Meets Standard  | Borderline (prompt required?)  | Below Standard   |
|---|---|--|--|
| <b>A1</b><br><b>Information Gathering/History Taking</b>                    | <ol style="list-style-type: none"> <li>Asks key relevant questions.</li> <li>Sensitively gathers appropriate information.</li> <li>Explores main problems/concerns of role-player in structured manner.</li> </ol>  | <ol style="list-style-type: none"> <li>Lacks some focus in exploring relevant lines of questioning</li> <li>Information gathering lacking in sensitivity.</li> <li>Does not fully explore problems/ concerns of role-player. A little unstructured.</li> </ol>   | <ol style="list-style-type: none"> <li>Questions asked not relevant to the patient, poorly understood by role-player.</li> <li>Information gathering approach is insensitive/inadequate.</li> <li>Approach is haphazard/unstructured &amp; does not consider/explore the problems/concerns of role-player.</li> </ol>                                  |
| <b>B</b><br><b>Physical Examination</b>                                     | <ol style="list-style-type: none"> <li>Well-structured, systematic exam technique.</li> <li>Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine sought.</li> <li>Appropriate use of equipment/development toys (if relevant).</li> </ol>  | <ol style="list-style-type: none"> <li>Exam technique lacking some structure.</li> <li>Limited adaptation to meet needs of patient.</li> <li>Unfocused use of equipment/development toys (if relevant)</li> </ol>  | <ol style="list-style-type: none"> <li>Very slow, uncertain, unstructured, unsystematic exam technique.</li> <li>Poor adaptation to patient needs. Lack of care. No attempt to seek permission.</li> <li>Incorrect or no use of equipment/development toys (if relevant)</li> </ol>  |
| <b>C</b><br><b>Identification of Clinical Signs</b>                         | <ol style="list-style-type: none"> <li>Identifies clinical signs that are present.</li> <li>Correctly interprets clinical signs that are present.</li> </ol>  | <ol style="list-style-type: none"> <li>Misses a few less important signs.</li> <li>Some minor errors in interpretation of signs.</li> </ol>  | <ol style="list-style-type: none"> <li>Misses one or more important clinical signs and/or describes non-existent signs/invents signs.</li> <li>Significant errors in interpretation of signs.</li> </ol>   |
| <b>D1</b><br><b>Clinical Reasoning</b>                                      | <ol style="list-style-type: none"> <li>Formulates &amp; proposes likely appropriate differential diagnosis</li> <li>Understands implications of findings.</li> <li>Able to suggest appropriate steps if exam inconclusive.</li> </ol>   | <ol style="list-style-type: none"> <li>Incomplete differential diagnosis.</li> <li>Unsure about implications of findings.</li> <li>Lacks confidence as to appropriate steps if exam inconclusive.</li> </ol>   | <ol style="list-style-type: none"> <li>Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident.</li> <li>Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ol> |
| <b>D2</b><br><b>Management Planning</b>                                     | <ol style="list-style-type: none"> <li>Relevant investigations to appropriately address identified problems.</li> <li>Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation.</li> </ol>  | <ol style="list-style-type: none"> <li>Investigations suggested don't fully address identified problems.</li> <li>Does not fully relate management plan to parental concerns. Some reference made to referral &amp;/or escalation.</li> </ol>  | <ol style="list-style-type: none"> <li>Unable to suggest appropriate investigations.</li> <li>Inappropriate, unsafe or unethical management plan suggested.</li> <li>Inappropriate referral / escalation. No clear relation to parental concerns.</li> </ol>   |
| <b>E1</b><br><b>Communication Skills: Rapport &amp; Communication Style</b> | <ol style="list-style-type: none"> <li>Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal &amp; non-verbal cues.</li> <li>Develops appropriate rapport with role-player. Puts at ease.</li> <li>Clarifies role &amp; shared agenda. Appropriate tone &amp; pace.</li> </ol> | <ol style="list-style-type: none"> <li>Minor issues with level of confidence, body language &amp; non-verbal skills.</li> <li>Develops reasonable level of rapport; could do more to engage role-player.</li> <li>Approach to clarifying role &amp; agenda and tone &amp; pace needs improvement.</li> </ol> | <ol style="list-style-type: none"> <li>Poor body language &amp; non-verbal skills, unprofessional manner, insensitive or overconfident.</li> <li>Poor rapport or detached. Fails to put role-player at ease.</li> <li>No clarification of role. Inappropriate tone &amp; pace.</li> </ol>  |

## MRCGP CLINICAL EXAMINATION: HISTORY TAKING & MANAGEMENT PLANNING STATIONS

| Clinical Domain   | Meets Standard   | Borderline (prompt required?)   | Below Standard  |
|---|--|---|---|
| <b>A1</b><br><b>Information Gathering/History Taking</b>                    | <ol style="list-style-type: none"> <li>1. Asks key relevant questions.</li> <li>2. Sensitively gathers appropriate information.</li> <li>3. Explores main problems/concerns of role-player in structured manner.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Lacks some focus in exploring relevant lines of questioning.</li> <li>2. Information gathering lacking in sensitivity.</li> <li>3. Does not fully explore problems/ concerns of role-player. A little unstructured.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Questions asked not relevant to the patient poorly understood by role-player.</li> <li>2. Information gathering approach is insensitive/inadequate</li> <li>3. Approach is haphazard/unstructured &amp; does not consider/explore the problems/concerns of role-player</li> </ol>                                     |
| <b>D1</b><br><b>Clinical Reasoning</b>                                      | <ol style="list-style-type: none"> <li>1. Formulates &amp; proposes likely appropriate differential diagnosis</li> <li>2. Understands implications of findings.</li> <li>3. Able to suggest appropriate steps if exam inconclusive.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Incomplete differential diagnosis.</li> <li>2. Unsure about implications of findings.</li> <li>3. Lacks confidence as to appropriate steps if exam inconclusive.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>2. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident.</li> <li>3. Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ol> |
| <b>D2</b><br><b>Management Planning</b>                                     | <ol style="list-style-type: none"> <li>1. Relevant investigations to appropriately address identified problems.</li> <li>2. Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Investigations suggested don't fully address identified problems.</li> <li>2. Does not fully relate management plan to parental concerns. Some reference made to referral &amp;/or escalation.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Unable to suggest appropriate investigations.</li> <li>2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to parental concerns.</li> </ol>   |
| <b>E1</b><br><b>Communication Skills: Rapport &amp; Communication Style</b> | <ol style="list-style-type: none"> <li>1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal &amp; non-verbal cues.</li> <li>2. Develops appropriate rapport with role-player. Puts at ease.</li> <li>3. Clarifies role &amp; shared agenda. Appropriate tone &amp; pace.</li> </ol> | <ol style="list-style-type: none"> <li>1. Minor issues with level of confidence, body language &amp; non-verbal skills.</li> <li>2. Develops reasonable level of rapport; could do more to engage role-player.</li> <li>3. Approach to clarifying role &amp; agenda and tone &amp; pace needs improvement.</li> </ol> | <ol style="list-style-type: none"> <li>1. Poor body language &amp; non-verbal skills, unprofessional manner, insensitive or overconfident.</li> <li>2. Poor rapport or detached. Fails to put role-player at ease.</li> <li>3. No clarification of role. Inappropriate tone &amp; pace.</li> </ol>  |
| <b>E2</b><br><b>Verbal &amp; Listening Communication Skills</b>             | <ol style="list-style-type: none"> <li>1. Applies active listening &amp; displays interest toward role-player.</li> <li>2. Allows others opportunity to speak.</li> <li>3. Appropriate language used in challenging circumstances with any jargon explained.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Not actively listening throughout the station; misses some subtle cues.</li> <li>2. Interrupts occasionally</li> <li>3. Language not fully tailored to subject with some jargon used.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Does not listen/display interest in views of role-player. Misses cues; obstructive; inappropriate language.</li> <li>2. Interrupts repeatedly; dismisses concerns.</li> <li>3. Language not tailored to subject with an overreliance on jargon.</li> </ol>  |

## MRCGP CLINICAL EXAMINATION: COMMUNICATION STATIONS

| Clinical Domain   | Meets Standard  | Borderline (prompt required?)  | Below Standard  |
|---|---|--|---|
| <b>A2<br/>Information<br/>Sharing<br/>/Accuracy of<br/>Information</b>                | <ol style="list-style-type: none"> <li>Explains relevant, clinically accurate information.</li> <li>Information provided in a well-structured manner.</li> <li>Verifies understanding - summarises.</li> </ol>  | <ol style="list-style-type: none"> <li>Some inaccuracy/irrelevance in information given.</li> <li>Information provided lacking in some structure.</li> <li>Limited verification of understanding.</li> </ol>   | <ol style="list-style-type: none"> <li>Inaccurate, irrelevant information given.</li> <li>Information provided lacks structure.</li> <li>No verification of understanding.</li> </ol>   |
| <b>E1<br/>Communication<br/>Skills: Rapport<br/>&amp;<br/>Communication<br/>Style</b> | <ol style="list-style-type: none"> <li>Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal &amp; non-verbal cues.</li> <li>Develops appropriate rapport with role-player. Puts at ease.</li> <li>Clarifies role &amp; shared agenda. Appropriate tone &amp; pace.</li> </ol> | <ol style="list-style-type: none"> <li>Minor issues with level of confidence, body language &amp; non-verbal skills.</li> <li>Develops reasonable level of rapport; could do more to engage role-player.</li> <li>Approach to clarifying role &amp; agenda and tone &amp; pace needs improvement.</li> </ol> | <ol style="list-style-type: none"> <li>Poor body language &amp; non-verbal skills, unprofessional manner, insensitive or overconfident.</li> <li>Poor rapport or detached. Fails to put role-player at ease.</li> <li>No clarification of role. Inappropriate tone &amp; pace.</li> </ol>                       |
| <b>E2<br/>Verbal &amp;<br/>Listening<br/>Communication<br/>Skills</b>                 | <ol style="list-style-type: none"> <li>Applies active listening &amp; displays interest with role-player</li> <li>Allows others opportunity to speak</li> <li>Appropriate language used in challenging circumstances with any jargon explained.</li> </ol>  | <ol style="list-style-type: none"> <li>Not actively listening throughout the station; misses some subtle cues.</li> <li>Interrupts occasionally</li> <li>Language not fully tailored to subject with some jargon used.</li> </ol>  | <ol style="list-style-type: none"> <li>Does not listen/display interest in views of role-player. Misses cues; obstructive; inappropriate language.</li> <li>Interrupts repeatedly; dismisses concerns.</li> <li>Language not tailored to subject with an overreliance on jargon.</li> </ol>                     |
| <b>E3- Managing<br/>Concerns &amp;<br/>agreeing next<br/>steps</b>                    | <ol style="list-style-type: none"> <li>Seeks, identifies, acknowledges, attempts to address concerns appropriately.</li> <li>Displays natural empathy with the role-player.</li> <li>Checks knowledge &amp; understanding and agrees next steps.</li> </ol>   | <ol style="list-style-type: none"> <li>Some attempt to seek, identify, acknowledge or address concerns.</li> <li>Some attempt to empathise with the role-player</li> <li>Minimal checking of knowledge &amp; understanding. Next steps not clear</li> </ol>  | <ol style="list-style-type: none"> <li>No attempt to seek, identify, acknowledge or address concerns.</li> <li>No significant attempt to empathise with the role-player</li> <li>Didactic delivery. No clear attempt to check knowledge/understanding/next steps. False reassurances/promises given.</li> </ol> |

## MRCGP CLINICAL EXAMINATION: VIDEO STATIONS

| Clinical Domain                           | Meets Standard   | Borderline (prompt required?)   | Below Standard  |
|---|--|---|---|
| <b>C Identification of Clinical Signs</b> | <ul style="list-style-type: none"> <li>1. Identifies clinical signs that are present.</li> <li>2. Correctly interprets clinical signs that are present.</li> </ul>   | <ul style="list-style-type: none"> <li>1. Misses a few less important signs.</li> <li>2. Some minor errors in interpretation of signs.</li> </ul>   | <ul style="list-style-type: none"> <li>1. Misses one or more important clinical signs and/or describes non-existent signs/invents signs</li> <li>2. Significant errors in interpretation of signs.</li> </ul>   |
| <b>D1 Clinical Reasoning</b>              | <ul style="list-style-type: none"> <li>1. Formulates &amp; proposes likely appropriate differential diagnosis</li> <li>2. Understands implications of findings.</li> <li>3. Able to suggest appropriate steps if exam inconclusive.</li> </ul>                           | <ul style="list-style-type: none"> <li>1. Incomplete differential diagnosis.</li> <li>2. Unsure about implications of findings.</li> <li>3. Lacks confidence as to appropriate steps if exam inconclusive.</li> </ul>                               | <ul style="list-style-type: none"> <li>1. Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>2. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident.</li> <li>3. Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ul> |
| <b>D2 Management Planning</b>             | <ul style="list-style-type: none"> <li>1. Relevant investigations to appropriately address identified problems.</li> <li>2. Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation.</li> </ul> | <ul style="list-style-type: none"> <li>1. Investigations suggested don't fully address identified problems.</li> <li>2. Does not fully relate management plan to parental concerns. Some reference made to referral &amp;/or escalation.</li> </ul> | <ul style="list-style-type: none"> <li>1. Unable to suggest appropriate investigations.</li> <li>2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to parental concerns.</li> </ul>   |