

MRCGP CLINICAL EXAMINATION

CANDIDATE GUIDE

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THE AIM OF THE EXAMINATION

The aim of the examination is to assess whether candidates have reached the standard in clinical skills expected of a trainee ready to progress into Level 2 training. The exam is mapped to the [RCPCH Progress](#) Curriculum – specifically the ‘*Progress - Level 1 generic syllabus*’.

Candidates are expected to demonstrate proficiency in:

- Communication
- Establishing rapport with children, parents/carers and colleagues
- History-taking
- Management planning
- Physical examination
- Clinical reasoning - Organisation of thoughts and actions
- Child development
- Recognition of acute illness
- Professional behaviour/ethical practice

THE FORMAT OF THE EXAMINATION

The examination is guided by important educational principles while holding to the considerable strengths of a clinical examination including the examination of real children. MRCPCH Clinical Skills Examinations are held in hospital centres across the UK three times a year and are held in hospitals overseas at various points in the year.

We refer to these periods as exam diets. In the UK, they are normally held in February, June and October. Overseas MRCPCH clinical exams are held throughout the year based on our overseas host availability.

ADAPTATIONS IN THE FORMAT OF THE EXAMINATION DUE TO COVID

As a result of the pandemic, MRCPCH Clinical exam delivery has been modified. From 1 January 2023, all UK and Overseas exams will include patients in the 4 short clinical while retaining scenarios in the 1 development station. .

Our How to Apply webpage provides a list of all confirmed exam centres for the upcoming diets - <https://www.rcpch.ac.uk/resources/mrcpch-clinical-exam-how-apply>

Our MRCPCH Clinical Exam Face-to-Face Guidance Hub provides more detailed information about exam delivery and guidance to help candidates prepare.

<https://www.rcpch.ac.uk/resources/mrcpch-clinical-exam-face-face-guidance-hub>

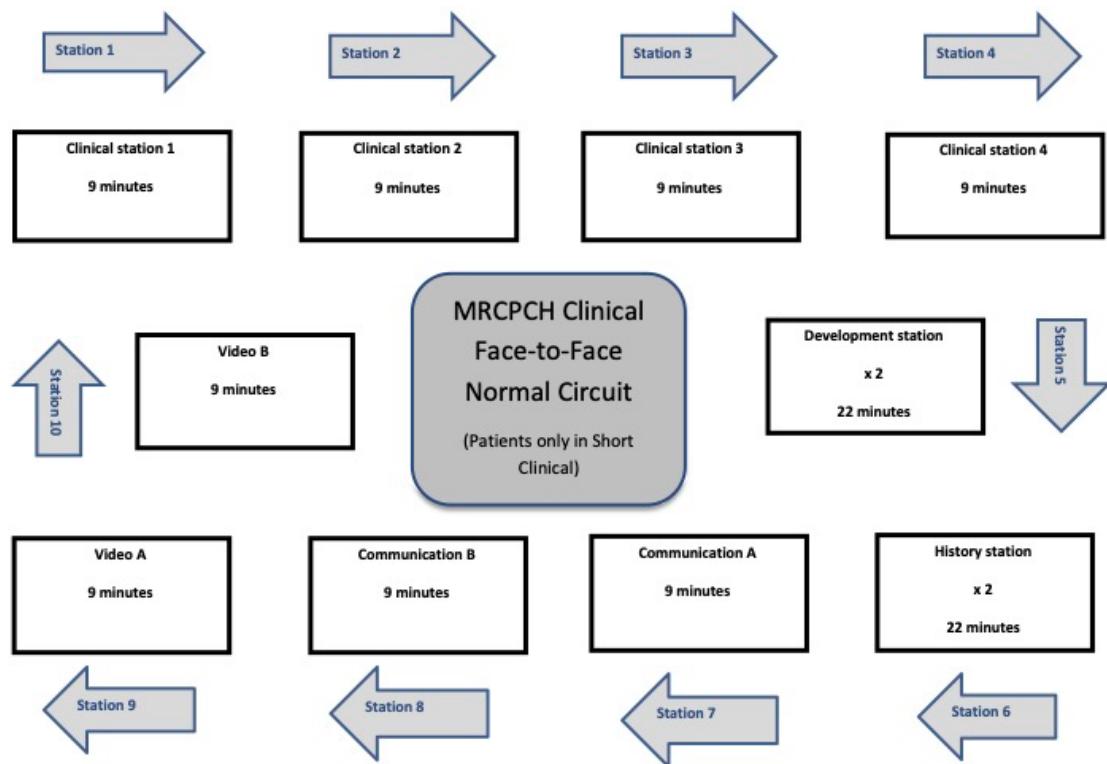
HOW DOES THIS EXAM DIFFER FROM AN UNDERGRADUATE OSCE?

- In many OSCEs, marks are awarded for each task, performed according to a yes/no checklist. Our exam requires not only correct process, but also the ability to correctly identify clinical problems or signs and then integrate these findings to arrive at a satisfactory conclusion.

- Candidates are assessed on their performance in a number of domains (core skills), with each domain assessed across a number of stations. Domain marks (allocated using a three-point scale) will be used to generate a total score for the candidate. The total score will be compared against the exam cut-score (pass mark, derived using specific standard setting methodology) to allocate an overall pass/fail grade.
- The stations are longer and the tasks more complex, in keeping with this being a postgraduate exam.

THE EXAMINATION CIRCUIT

The examination circuit is represented in the diagram below and is the same whether there are patients or not in clinical stations.



- 1 examiner per station. Candidates assessed by a different examiner at each station
- Candidates will rotate among 10 stations (4 Short Clinical, 1 Development, 1 History, 2 Communication and 2 Video stations).
- Because the Development and History stations are double length stations, we run two identical ones at a time. Each candidate will only visit the History and Development stations once. This also allows us to run 12 candidates along the circuit at once.
- One candidate will be placed in every station of the circuit (Development and History x 2) and will begin their rotation through the circuit from that point, making 12 candidates in total. 2 candidates at a History station and 2 at a

Development station at any one time (Red & Blue). Both these stations are 22 minutes in length - the other 8 stations are 9 minutes long.

- 4-minute breaks between each station, including an initial 3 minutes of reading/preparation time before each circuit begins. Stations 5-10 include a scenario to read.
- 12 examiners for each circuit, 1 additional examiner (senior examiner) for quality assurance / back up
- 24 candidates can be examined each day (12 during AM – 12 during PM)
- Under optimum conditions the entire circuit will take approx. 160 minutes to complete (all participants should prepare themselves for some delays and be flexible with their travel arrangements)
- Under normal delivery circumstances, 5 stations require 'real' patients (Clinical 1-4 and Development). With face-to-face some patient delivery, 4 patients are used in the 4 short clinical stations while the Development station has a scenario.
- History and Communication stations require role-players and in the some patients delivery method, so too does the Development station.
- History, Communication and Video stations are all scenario based in the normal delivery method. With face-to-face some patient delivery, Development, History, Communications and Video stations are scenario-based.
- Video station equipment: RCPCH provide laptops with 1 video clip for Video A and 1 video clip for Video B

PRE-EXAM ACTIVITY

Candidates will have been allocated a seat for the exam and asked to make payment for that seat. Exams team staff will be placing candidates onto specific days and circuits of the exam. Roughly a month prior to the exam, the Exams team administrators will send all allocated candidates their admissions documents which will need to be shown on exam day along with a driving license or passport.

Once a candidate has received confirmation of their placement for the MRCPCH Clinical examination their exam preparation can begin. We are aware that some candidates attend exam preparation courses before sitting their exam. The College does not endorse any clinical exam courses apart from the current courses developed and delivered by the RCPCH Education and Professional Development team.

We recommend that candidates do not book onto courses until they have been informed of their place/received their admission document. The College does not accept any responsibility for candidates already registered on courses who are not successful in securing a place for an exam they have applied for. We also recommend candidates do not book any travel arrangements until they have been informed if they have a place on the upcoming exam. The College is not responsible for travel expenses of candidates, whether they are booked onto an exam or not.

It is also important to note that candidates must provide detail of all hospitals that they have worked in on their application form, particularly hospitals they have worked in within the last two years. Candidates cannot be placed at an exam centre where they have recently worked as they might have had contact with patients who are scheduled to participate in the exam. For face-to-face no patient exams, this will not be an issue. But for any face-to-face some patient exams, the examination team staff will endeavour to place candidates away from their local hospitals/trusts.

Many candidates prepare for the MRCPCH Clinical exam through regular bedside review of patients. This may include in-house peer practice sessions, sitting in clinics to gain more exposure to relevant patients (pathology) and enhancing communication skills - for example a specialist clinic such as cardiac or neurology.

Candidates are likely to benefit from practicing timings during consultations (see Timing of the Examination below). It is also recommended that candidates familiarise themselves with the exam station Anchor Statements which provide detail of the domains assessed in each station and the criteria expected of the 'Meets Standard' mark.

ON ARRIVAL AT THE CENTRE

Candidates are advised to plan their journey to the centre in advance and to ensure to check for details of the ward or building where their exam is scheduled to take place. These details are provided on the admission document that you will be emailed roughly a month in advance of the exam.

Candidates will either be booked to a morning or afternoon circuit and should arrive 1 hour before their exam circuit is scheduled to begin. On arrival at the exam venue they should follow the MRCPCH Clinical signs and once at the correct ward, inform staff that they are attending for the exam. Host staff will register candidates and request to see ID and the relevant admission document.

Once ID is checked, staff will provide candidates with their set of mark sheets, their name badge and their personalised route map. Candidates should review their route map and ensure that their mark sheets are placed in the order that they will undertake their circuit.

Candidates will be asked to add their candidate number and name to each mark sheet using pencil (shade in candidate number fields). The Exams Team are unable to scan any pen marks from mark sheets. Once mark sheets are filled in and correctly ordered, candidates should wait in the waiting area until the Senior Examiner and Host arrive for the candidate briefing before the exam begins.

During the briefing the examiner will provide an overview of the schedule for the session and ask if candidates have any questions. Time for the briefing is short and will not normally be longer than 15 minutes. Candidates should try and take toilet breaks before their exam begins.

TIMING OF THE EXAMINATION

All candidates can expect to be examined for the full allotted time. There may however be occasions when candidates will finish individual stations early. If this occurs, candidates may wish to inform the examiner that they have finished/have nothing additional to add or the examiner may check whether they have finished. If finishing early the candidate/examiner/patient/role-player should remain seated in the station room until the end of the station.

Candidates should also be prepared for an examiner to abruptly end discussion if the station has ended.

Host centres are trained to adhere to strict time keeping during a clinical exam circuit but there may be times when delays occur, or the circuit may need to be paused due to unforeseen issues. If this does occur candidates are advised to remain calm and focus on their next task.

All candidates should be shown into stations at the correct time.

EXAM STATIONS

For specific station timings and more details about each station please see the Station Descriptions and Flow Charts and the Clinical Exam Technique documents on the MRCPCH Clinical Exam Face-to-Face Guidance hub at

<https://www.rcpch.ac.uk/resources/mrcpch-clinical-exam-face-face-guidance-hub>

MARKING SCHEME AND THE PASS MARK

Marks will be awarded within the following domains

	Information Gathering/ Information Giving - Accuracy of information
A	A1- Information Gathering
	A2 - Information Giving - Accuracy of information
B	Physical Examination
C	Identification of Clinical Signs
	Clinical Reasoning & Management Planning
D	D1 – Clinical Reasoning
	D2 – Management Planning
	Communication Skills
E	E1 – Rapport & Communication Style
	E2 – Verbal & Non-Verbal Communication Skills
	E3 – Management Concerns

Not every domain is tested in every station (see anchor statements and the Domains by Station chart).

Each time a domain is tested, marks will be awarded as follows:

Meets Standard	Borderline	Below Standard
2	1	0

There are 41 domains that are marked across the 10 stations within the MRCGP Clinical examination. Each domain has a maximum mark of 2.

The maximum total marks available are **82**. For information about the specific passmark, please consult the Exam Results webpage. The pass mark has been determined using a criterion referenced method called Modified Angoff.

If a candidate's behaviour is unprofessional, under these exceptional circumstances, examiners have an additional domain of 'Professional Conduct'. A mark in a Professional Conduct field will not count as a mark towards the final mark but will be considered during the Senior Examiner de-brief and the relevant Clinical Examination Board results review. Candidates will not necessarily fail based on a single encounter (unless there is unprofessional behaviour of sufficient severity) but will be assessed on an accumulation of marks.

CANDIDATES KNOWN TO EXAMINER(S)

As each candidate will meet 10 independent examiners, we will not attempt to avoid candidates being examined by consultants they know unless candidates and examiners specifically request not to do so. Special measures may be taken when the examiner and senior examiner are both concerned that the candidate is especially well known or related to the examiner.

We will endeavour to avoid placing candidates within trusts/hospitals where they have previously worked and where they may have prior knowledge of any of the patients selected.

GENERAL GUIDANCE FOR CANDIDATES

Please note: we are not examining to find outstanding candidates. We are looking for candidates who meet the standard required. We require successful candidates to demonstrate that they can perform at the standard in clinical skills and knowledge expected of a trainee ready to progress into Level 2 training. Our examiners are looking to see how candidates are likely to perform when going about their usual work.

Candidates are expected to dress in a manner appropriate to a normal working day in clinical practice, and to familiarise themselves with the principles of infection control. If candidates are unsure, they can contact the exams team.

Please allow plenty of time to reach the clinical examination centre. Trains do not always run on time and cars can break down. We suggest candidates stay nearby if their examination begins the next morning. Once the circuit starts, it will be almost impossible for a late candidate to catch up. The Exams Team and Host centres will apply as much flexibility as is appropriate, but we cannot allow late arrivals to affect the performance of other candidates or delay the start of an exam circuit.

Please remember to bring ID (passport or driving license) for exam registration.

Please bring a stethoscope, which must be wiped with alcohol between patients. Do not bring equipment or toys for developmental assessment as these are supplied in the Development stations.

Please ensure to switch off all mobile devices once signed in on exam day.

When candidates arrive, they will be given an envelope containing a personal route map around the circuit, and a set of mark sheets. Candidates must complete all 10 of mark sheets in pencil adding name and candidate number to each and put them in the order of stations on their circuit route map. Candidates will leave the relevant mark sheet with the examiner at each completed station as they go around the circuit.

Candidates will be given a station at which to start and will be taken there shortly before the exam is due to start.

Carefully read any candidate information sheets and review any cues given at the start of the station. There will be time to read this. Candidates must use this time well. Stop reading instructions once the bell announcing the start of the station rings.

In face-to-face some patient exam delivery, the 4 short clinical stations won't have any instructions to read as there is a patient in these stations. The task will be verbally provided by the examiner when a candidate enters the room.

Hands must be cleaned between each clinical station. Candidates can usually do this in the gaps between stations. Performing this function is part of being a successful candidate. Host centres will have hand gel available around the circuit for candidates to use.

Candidates will normally meet each examiner only once but might, in certain circumstances meet an examiner twice. In addition, an extra examiner may be present to monitor examiner performance to check that the exam is fair and consistent. Other observers may also be present. These individuals will normally be senior examiners reviewing how stations run but may include exam team staff or examiners in training.

IMPORTANT

- PLEASE ENSURE YOU PLACE PERSONAL ITEMS, INCLUDING MOBILES, IN A BAG OR COAT IN THE CANDIDATE WAITING AREA. CANDIDATES ARE NOT PERMITTED TO BRING MOBILE PHONES, NOTES OR OTHER ITEMS ONTO THE CIRCUIT UNLESS THEY HAVE BEEN PROVIDED WITH WRITTEN PERMISSION FROM THE EXAMS TEAM IN ADVANCE OF THE EXAM DAY.
- CANDIDATES MUST NOT COMMUNICATE WITH OTHER CANDIDATES ON THE SAME EXAM CIRCUIT/DAY. THEY MUST NOT PASS ON INFORMATION TO OTHER CANDIDATES AT ANY STAGE. IF CANDIDATES FROM AM SESSIONS ARE OBSERVED COMMUNICATING WITH CANDIDATES FROM PM SESSIONS THIS WILL BE DOCUMENTED AND APPROPRIATE ACTION WILL BE TAKEN.
- CANDIDATES MUST NOT DISCUSS THE NATURE OF ANY OF THE PATIENTS, QUESTIONS OR SCENARIOS THEY ENCOUNTER DURING THE BREAK/S BETWEEN OR AFTER EXAM CIRCUITS.
- CANDIDATES MUST NOT DISCUSS OR SHARE ANY INFORMATION ABOUT THE STATIONS/QUESTIONS/SCENARIOS/PATIENTS TO ANYONE. CANDIDATES MUST NOT PROVIDE INFORMATION ABOUT STATIONS/ QUESTIONS/SCENARIOS/ PATIENTS TO ANYONE (FRIENDS, COLLEAGUES, OTHER CANDIDATES, COMMERCIAL ORGANISATIONS OR ANYONE ELSE) OR POST SUCH INFORMATION ON THE INTERNET IN ANY FASHION.

Any attempt of any of the above would be viewed as cheating. The College regularly reviews websites for evidence of any illegal sharing of exam materials. If sufficient evidence is obtained, exam candidates may not only be barred from sitting future exams but may also be reported to the relevant medical regulatory body. Any evidence of cheating, collusion or general malpractice will be taken extremely seriously and fully investigated.

Please refer to the RCPCH website for further information within the Exams Rules and Regulations - RCPCH Exams Malpractice Policy.

Candidates should only leave the exam venue after attending the candidate de-brief with the Senior Examiner.

SENIOR/HOST EXAMINER & CANDIDATE DEBRIEF: REPORTING INCIDENTS

After candidates have finished their exam they will be asked to return to the candidate waiting area. Once there, the Senior and/or Host examiner will shortly arrive to ask all candidates if they have any concerns or experienced any procedural difficulties during their exam. The candidate debrief will always be held before the examiner debrief so there is opportunity on the day for the Senior or Host to direct concerns to examiners, helpers, role-players and sometimes parents/patients. Candidates who have concerns must raise them at this meeting.

It is vital that any irregularities are highlighted and recorded at this point. If concerns are not raised at this point it will not be possible to investigate them at a later stage or for them to form the basis for a complaint. Should a candidate wish to submit a formal complaint this must be done using the official Complaints Form which can be found on the RCPCH website. The form must be sent to the MRCGP Clinical Exam Team at exams@rcpch.ac.uk within 7 days of the date of the exam sitting. Candidates can only submit a formal complaint about an exam day issue if they have also raised this issue with the Senior Examiner at the candidate debrief. Any concerns not raised with the Senior Examiner on exam day can be raised to the Exams team as feedback.

MRCGP examiners are all trained on the importance of documenting important moments within stations and there is a specified section on each mark sheet for noting down unexpected incidents. Examiners are trained to take such events into consideration in their marking. It is therefore essential that if a candidate believes that an incident or issue may have arisen in a particular station that they inform the Senior/Host during this debrief. This can then be compared to an examiners mark sheet or explored further with role-players/parents and patients.

There may be any number of incidents or issues that may arise during the clinical examination. The RCPCH Examinations Team, the Host centres and their staff will make every effort to ensure that the clinical exam is well organised and is kept to time. This will not always be possible for many reasons. If something unexpected does occur during the clinical exam candidates must speak to the Senior Examiner or, in their absence, the Host Examiner to ensure details of the concern are documented in the Senior Examiner Report Form.

Host centre facilities may not always be able to provide separate rooms for each exam station. Occasionally Host centres will use a ward area for a number of stations and will separate areas using screens. In such cases there may be some background noise or other distractions. All candidates should be prepared for this as they would in their normal daily work environment. Examiners take this into consideration when marking.

All candidates should approach each exam station as a new encounter and leave thoughts or feelings regarding any previous difficulty in a station behind.

Results will normally be published within 6 weeks of the exam day. For overseas centres this could be up to 8 weeks.

We wish you all the best for your exam.

Appendix A: Sample History Scenario

INSTRUCTIONS TO CANDIDATE

The main purpose of this station is to take a focused History. You may answer questions that the subject (role player) may pose to you. After the consultation the examiner will focus on your Management Planning.

This is a 22-minute station. You will have up to 3 minutes before the start of this station to read this sheet and prepare yourself. You may make notes on the paper provided.

When the bell sounds you will be invited into the examination room. You may take this instruction sheet with you.

You will have 13 minutes with the patient, with a warning when you have 4 minutes left. You will then have a short period to reflect on the case, whilst the patient will leave the room. You will then have 9 minutes with the examiner. You will receive a warning when you have approximately 3 minutes left.

You are not required to examine the patient.

Role: You are the Specialist Registrar

Setting: Children's Rapid Referral Clinic at a District General Hospital

Talking To: You are talking to: Gregory a six-year-old boy and his mother

Task: Take a focused history, aiming to explore the problem indicated as you would in the clinical situation. You may answer questions that the subject (role player) may pose to you. After the consultation the examiner will focus on your Management Planning.

Dear Dr

Re: Gregory D Age 6 years

This boy, who was born prematurely and has been seen regularly at your outpatient clinic mainly because of respiratory problems, has been noted by his mother to have become tired and listless over the past 3 months. On examination I can find no significant abnormalities.

I should be very grateful if you would see him and advise on appropriate investigations and management.

Yours sincerely,

Dr G. Smith

General Practitioner

Background information: Gregory has been seen regularly at the Outpatient Clinic, having required assisted ventilation for a prolonged period as a neonate.

Any other information: The current findings on physical examination are that Gregory is thin (0.4th centile) and short (2nd centile) but is otherwise normal.

Appendix B: Sample Communication Scenario

In this scenario the candidate is asked to explain to a mother a change to her son's asthma management regime.

INSTRUCTIONS TO CANDIDATE

This station assesses your ability to give information.

This is a 9-minute station consisting of spoken interaction. You will have up to 3 minutes beforehand to read this sheet and prepare yourself. You may make notes on the paper provided.

When the bell sounds you will be invited into the examination room. You may take this instruction sheet with you. The examiner will not ask questions during the 9 minutes but will warn you when you have approximately 3 minutes left.

You are not required to examine a patient.

The encounter should be focused on the task: you will be penalised for asking irrelevant questions or providing superfluous information. You will be marked on your ability to communicate, not the speed with which you convey information.

You may not have time to complete the communication exercise.

You are:

A specialist registrar in paediatrics, working in a district general hospital

You will be talking to:

The mother of David Milligan, a 7-year old boy admitted yesterday with poorly controlled asthma. Yesterday, he had an acute asthma attack with a cold. He has received 2-hourly nebulised salbutamol overnight, and a first dose of oral prednisolone

Task:

To explain your management strategy for David's asthma to Mrs Milligan.

You wish to start David on Beclomethasone dipropionate 200 micrograms twice daily in the first instance, using a large volume spacer. His mother has asked to see you to discuss this in more detail.

Setting:

An interview room adjacent to the ward.

Other information:

He has not been admitted before, but has symptoms of cough and wheeze most days, worsened by exercise and colds. He has previously used a salbutamol metered dose inhaler directly into his mouth as the only treatment for his asthma.

There are no pets at home, and neither parent smokes.

He has a mild Harrison's sulcus, and a Peak Flow rate is 170 l/m (predicted 250). He is on the 10th centile for height.

You are not expected to gather any further medical history during this consultation.

Appendix C: Sample Video Scenario

INSTRUCTIONS TO CANDIDATE

Read this sheet before the station begins.

This is a 9-minute station. You will have up to 3 minutes beforehand to read this sheet and prepare yourself. You may make notes on the paper provided. There will be a prompt when 3 minutes remain.

You will be expected to:

- enter the examination room when the bell sounds
- listen to the introduction from the examiner
- view a brief video clip
- discuss the case with the examiner

You may make notes on the paper provided.

You may view the video clip more than once although this may leave less time for discussion.

You are a paediatric ST4 trainee. You have been asked to see this 4-year old boy who has presented to the emergency department with a short history of difficulty in breathing. He has a temperature of 40 °C.

- This video has sound
- This video is 49 seconds in length

Questions that examiners may ask in relation to the scenario and video clip:

1. What clinical signs have you observed?

Domain: Identification of clinical signs

2a. What additional history would you like to obtain?

2b. What additional clinical examination would you like to perform?

2c. What is the most likely diagnosis? What is the differential diagnosis?

Domain: Clinical reasoning

3a. What investigations would you perform?

3b. How would you manage this patient?

Domain: Management planning