

# MRCPCH Clinical examination candidate guide

## Examinations team

MRCPCH Clinical is the final element of the MRCPCH (membership exam). It assesses whether candidates have reached the standard in clinical skills expected of a newly appointed Specialty Trainee 4 (ST4). It is held in hospital sites across the UK and in a number of countries overseas.

This page gives guidance to candidates preparing for the exam.

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## Table of contents

- [Aim](#)
- [Format](#)
- [How it differs from an undergraduate OSCE \(objective structured clinical examination\)](#)
- [Exam circuit](#)
- [Station 1: Child development – clinical assessment](#)
- [Stations 2 and 5: Communication skills](#)
- [Station 3: History taking and management planning](#)
- [Station 4: Clinical video scenarios](#)
- [Stations 6 - 10: Clinical examination](#)
- [Marking scheme and the pass mark](#)
- [Anchor statements](#)
- [Mark sheets](#)
- [Candidates known to examiners](#)
- [General instructions for candidates](#)
- [Possible issues or incidents that may affect performance](#)
- [Downloads](#)

## **Aim**

The aim is to assess whether candidates have reached the standard in clinical skills

expected of a newly appointed ST4.

Candidates are expected to demonstrate proficiency in:

- communication
- history taking and management planning
- establishing rapport with both parents and children
- physical examination
- child development
- clinical judgement
- organisation of thoughts and actions
- recognition of acute illness
- knowledge of paediatrics and child health
- professional behaviour
- ethical practice.

## Format

The exam is guided by important educational principles while holding to the considerable standards of a clinical examination, including the examination of real children.

It includes:

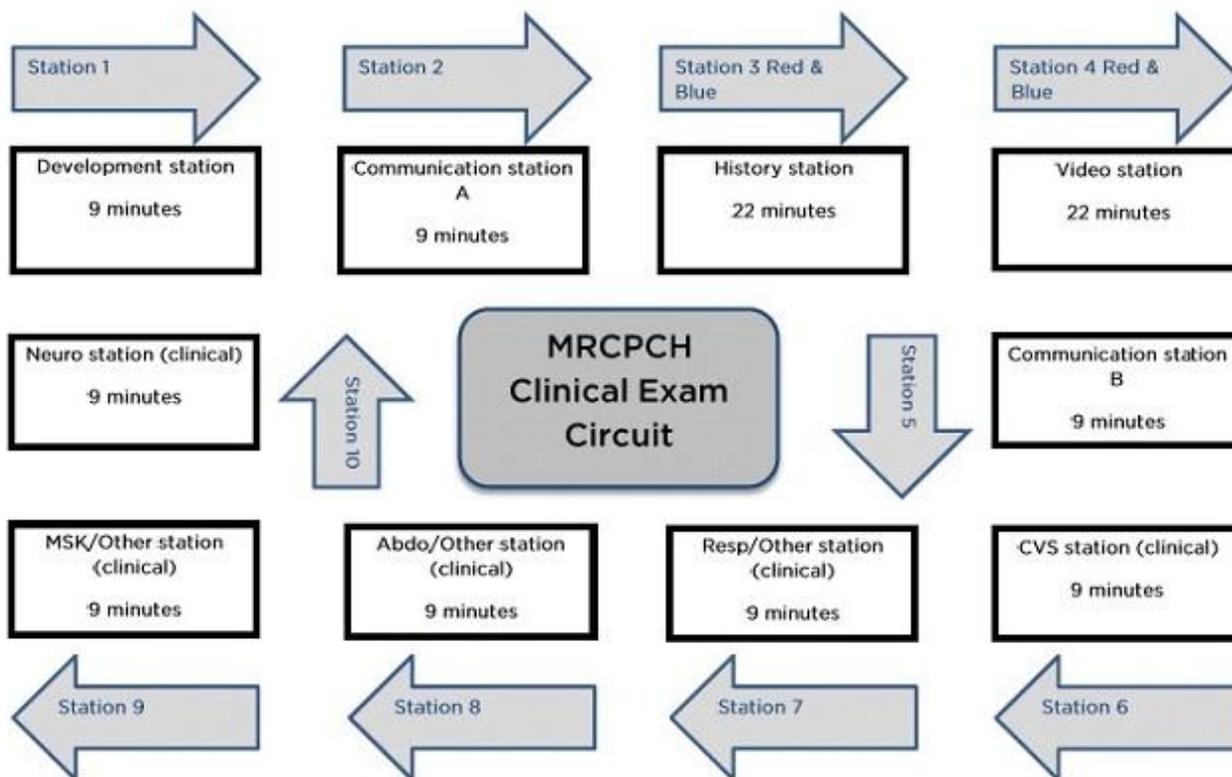
- 10 objective assessments of each candidate - the number and length of time of candidate assessment increases reliability of the exam
- explicit and structured testing of communication skills
- observed history taking and discussion of management
- six "short case" assessments, emphasising clinical examination
- normally, assessment by a different examiner at each clinical station, so performance at one station does not influence the next station
- assessment and management of the child with developmental problems
- acute paediatrics.

## How it differs from an undergraduate OSCE (objective structured clinical examination)

- In many OSCEs, marks are awarded for each task performed according to a checklist. Our exam requires not only correct process, but also the ability to identify problems or signs and the integration of these findings.
- The final mark for each station (the only mark which goes towards examination pass or fail) is determined by the examiner assessing the candidate's overall performance.
- The stations are longer and the tasks more complex, in keeping with this being a postgraduate exam.

## Exam circuit

This diagram show the stations that make up the exam circuit.



- One examiner per station, none for clinical video scenario stations
- 10 Examiners for the circuit, one additional examiner for back up / quality assurance
- candidates join at each station of the circuit making 12 total per circuit
- two candidates at the history taking and management planning station and two at the clinical video scenario station at any one time
- In total, 10 objective assessments per candidate
- The history taking and management planning stations and the clinical video scenario stations are 22 minutes in length; the 8 stations are 9 minutes long
- There are 4-minute breaks between each station; the entire circuit takes 152 minutes to complete
- The sequence in which a candidate takes the stations in the circuit varies

## Station 1: Child development – clinical assessment

### Time of station

1 x 9 minutes

### Aim

To assess the candidate's ability to perform developmental assessment by:

- clinical developmental assessment of the child
- any other material provided at the station, e.g. the parent-held record, growth chart.

As time is limited, candidates will usually be asked to assess a specific problem related to a child's development such as assessing a child's fine motor skills.

## Candidate information

You will be asked to assess a specific area of the child's development. The emphasis is on clinical developmental assessment. You will usually be able to ask the parent for information about the child's development, age or history. The parent is usually asked not to tell you about therapy that the child is receiving.

You are expected to make an assessment of development and to be able to discuss the implications of their findings and the child's management. This is a clinical assessment and not a psychometric assessment.

Suitable toys and other equipment will be provided. You will need to select the most appropriate tools for developmental assessment. You should not bring toys or other developmental tools to prevent problems with safety.

Details about what is expected of candidates when performing the clinical assessment of child development is provided below.

Please note:

- The emphasis is on developmental assessment and candidates should not use history taking where clinical assessment is appropriate.
- The children should usually have a developmental abnormality but may occasionally have normal development.
- Children will have a developmental age of less than 5 years.
- Formal psychometric testing will not be required.

This is complex area of paediatrics that relies upon experience and local knowledge of facilities available. In the examination the standard is that of a newly appointed ST4.

General points:

- The child will normally have a mild to moderate developmental problem with or without a syndrome or neurological abnormality.
- The child will have a developmental age of less than 5 years.
- Where there is a syndrome or neurological abnormality, the aim of the station should not be to test the identification of dysmorphic features or abnormal neurological signs.
- As there is not enough time to carry out a full developmental assessment (except perhaps in an infant), the examiners will decide which aspect of development they wish the candidate to assess. Where a candidate has done very well and has completed their assessment quickly or where the child has been fractious, further instructions can be given.
- A selection of appropriate toys and tools will be provided at the station.
- Candidates are not expected to perform psychometric testing. They should not use their own toys.
- Within 9 minutes the candidate should be able to test the indicated area of development and determine the nature and severity of the problem, and the degree of confidence with which this assessment is made.
- The candidate should be able to outline the main areas of management and

demonstrate their knowledge of the roles of the members of the multidisciplinary team dealing with child developmental problems.

## **Hints and tips**

The examiners are looking for an organised approach - and the best thing you can do in preparation, is to assess as many children as possible. Start with children who are cooperative and don't have any developmental delay evident.

Follow a clear and systematic pattern - for example, if you are asked to examine the fine motor skills of a three year old, start with building blocks, building towers and bridges. Start with easy tasks before moving on to more difficult ones and gain a good idea of where the child's limits are. Next move on to using crayon or pencils and paper. Again, start with simple tasks - copy a straight line, then a circle, then a T, H, V or an X. Can they draw a man? Demonstrate these to the child and see how they respond.

Next, try threading beads and see how they cope and next see how they use scissors. Make sure you demonstrate these tasks to the child and that the child is interested in the items offered to him.

Try to do all of this with the child sitting at a small table. Clear the items of equipment away each time before moving on to the next one. Don't leave lots of different items on the table to distract the child - a recipe for disaster!

For gross motor skills have a structured approach again. Sitting, standing, walking, running, hopping, jumping, riding a trike, throwing and catching a ball. Show the examiner that you have done this before and understand what you would expect of the child. If the child is unable to perform the tasks required, make things simpler and comment on the gaps in ability.

Some of you are starting well below the child's ability and not getting to their actual developmental age. Don't forget to keep challenging the child until you have found what they can do and what they cannot do.

## **Standards**

The candidate should be competent at assessing any area of development and you should be able to decide whether the child should have further therapy or investigation, whether the child simply needs observation over time or whether the parent can be reassured. You should demonstrate the knowledge you would expect from a newly appointed St4 but not necessarily one who has worked in a child development centre.

## **Examples of children**

This station should examine the candidate's ability to assess specifically requested areas in a child with a developmental problem. This may be a child with a neurological problem or syndrome who is developmentally delayed, or it may be a child who has an abnormal pattern of development, eg autistic spectrum disorder. Children with normal development may occasionally be used.

**Example 1: 4-year old boy with a right hemiplegia. Please assess his fine motor skills.**

Tools should include the following: 12 x 1" blocks, scissors, colouring pencils and paper, small threading beads, picture book.

What is expected:

- Assessment of building blocks skills 12 block tower or patterns of three steps using 6 blocks or more (9-10 blocks and can copy a 3 block pattern at age 3)
- Can he cut paper? (age 3)
- Can he draw a man with head, body, legs and arms?
- Can he copy a X,V,H,T and O?
- Can he lace small beads? (Large at 3)
- How does he turn the pages of a book?

**Example 2: Julie, 3-year old girl with Down Syndrome. Please assess her speech and language development by talking to her mother and assessing Julie.**

Tools should include objects and pictures.

What is expected:

- History from parent – first cooing, babbling, words concerns about hearing, ENT (ear, nose and throat) interventions
- Assessment of concentration and attention
- Assessment of object recognition and selection
- Assessment of picture recognition and selection
- Imitation of sounds and words
- Words together – noun phrases and verb phrases

**Example 3: 4-year old child with autistic spectrum disorder whose sibling has ASD (autism spectrum disorder). Please assess whether you think it is likely that this child has ASD by talking to her mother and assessing her child.**

Tools should include a range of toys, ball and pretend play toys.

What is expected:

- Assessment of speech and language – history from mother
- Assessment of interpersonal communication – does he point? does he take mother to what he wants?, does he share the joy of toys?, how is his eye to eye contact, does he prefer to play on his own?, does he get emotional when his mother does?
- Assessment of ritualistic or obsessive behaviour – does he like spinning objects, is he obsessional about particular things, is he rigidly ritualistic, does he dislike changes in routine?
- Assessment of other traits – does he dislike crowded spaces, does he dislike loud noise? does he dislike having his hair cut or washed?
- Observation: Eye to eye contact, how does he enjoy directed play? Does he bring his toys to share pleasure?

Example 4: 3 year old child who has gross motor developmental delay. Please examine her gross motor skills.

Tools required: floor mat, stairs if possible, bench, chair, tricycle, ball, small trampoline if possible.

What is expected: Walking on feet, backwards and sideways, walking on toes and heels, standing on one foot, ride a tricycle using pedals, climb stairs with one foot to step, throw a ball overhand, catch a large ball with arms outstretched, kick a ball.

**Example 4: 18 month old with developmental delay to approximately one year. Please assess fine motor skills.**

Tools required: small objects and toys – bricks, ball, doll, rattle, small picture book, in/out container, crayon/paper

What is expected:

- Assessment of grasp – scissor or pincer grasp
- Assessment of pointing – with index finger at objects of interest
- Assessment of release of a small object into someone's hand
- Assessment of crayon grasp and scribble
- Assessment of turning of pages of a book
- Build two brick tower (18 month old should be able to build 3 or more)

## Reference

A good reference is "Child Development: An Illustrated Guide" by Carolyn Meggitt and Gerald Sunderland (ISBN 0-435-42056-9) published by Heinemann Educational Publishers, which outlines normal development at each key stage.

## Stations 2 and 5: Communication skills

### Time of station

2 station x 9 minutes

### Aim

To test the ability to communicate appropriate, factually correct information in an effective way within the emotional context of the clinical setting.

Communication is most frequently with a surrogate parent. You may be asked to talk to a real parent and/or child, a health professional or a member of the public. A telephone conversation e.g. with a parent/doctor/or professional may be included (see below).

### Task

There are six main patterns of communication scenario:

- information giving (eg, please tell this teenager about the diagnosis)
- breaking bad news (eg, please explain the results of ultrasound and the implications)
- consent (eg, please explain why you need to do a lumbar puncture with a view to obtaining consent)
- critical incident (eg, please talk to the parent of the child who has been given the wrong drug)
- ethics (eg, please discuss the problem as Anna has refused to have any blood tests)
- education (eg, please explain to the SHO so that she can deal with the situation)

Candidates may be asked to explain use of common medical devices. A manikin or model may be used in the station.

## **Candidate information**

Written information will be provided about your role, clinical background and the task required. This is provided for you to read while you are sitting outside the station.

If you are doing this station first, make sure you are ready outside the station a few minutes before the exam starts.

You will not be required to examine any patient; information including growth charts and results of investigations may be provided if relevant.

## **Assessment**

To test communication skills. Candidates will be marked on these skills.

This means that you need to:

- select the most appropriate information to communicate
- provide information that is correct
- explain issues in an appropriate way without jargon
- respond and adapt to the emotional context of the station.

It is not a test of the amount of information conveyed in 9 minutes. In some scenarios, the task would normally take more than 9 minutes and may not be completed. Candidates will be penalised for asking irrelevant questions or providing superfluous information.

## **Examiners**

One at each station. The examiner will observe you but not ask questions. The examiner will advise the candidate at seven minutes that there are two minutes left, but will not usually intervene otherwise.

## **Instructions for candidates**

These will be made available/displayed clearly outside the examination room in order that

they are read and understood before the start of the station.

Telephone Scenario - The station will be set up with two chairs, each with a telephone separated by a screen, allowing the candidate to talk to the role player by phone without seeing them. The examiner will observe both candidate and role player. The station will last nine minutes and there will be a warning when there are two minutes remaining.

Not all candidates will encounter a telephone scenario. The written candidate information provided before the station starts will indicate if the scenario is to be conducted by telephone.

In the rare event of technical problems with the telephones the station may be conducted 'through' the screen or a new scenario may be played. The examiners will be aware of how to deal with any technical problems.

You can download example communication skills scenarios below.

### **Example communications skill scenario**

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

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

You should:

- enter the examination room when the bell sounds
- focus on the task
- note that you are not required to gather a detailed medical history nor examine the patient
- note that the examiner will not ask questions during the nine minutes
- note that there will be a warning when approximately two minutes left.

The good candidate will choose factually correct information, convey this in an appropriate way, and respond appropriately to the emotional context of the station. You will be marked on your ability to communicate effectively, not the speed with which you convey information.

**You are:** An ST4 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 two-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.

## **Station 3: History taking and management planning**

### **Time of station**

1 station x 22 minutes

Please note that there are two history taking and management planning stations running in parallel in each circuit – “Red” and “Blue”. You will only do one of them.

### **Aim**

To assess that the candidate can take a focussed history, be able to summarise, identify key issues, prioritise and formulate a management plan.

### **Task**

This will be similar to a focused “long case”, usually with a parent and child. Occasionally a role player, health care professional or member of the public may be used.

Children could have a new diagnosis (eg epilepsy, headaches, joint pains, etc.). More often, the candidate may be asked to address a specific problem in a child with established problems (eg weight loss in a diabetic child, feeding problems in a child with cerebral palsy, etc.).

The candidate will not be required to examine the patient; relevant information including growth charts and results of investigations may be provided.

### **Candidate instructions**

The instructions to the candidates will provide information about your role and the clinical background. It is often in the form of a letter to you, asking you to see the child/family. The aim of the station is to take a history focused on the child's problems. If parents or children ask questions during the consultation, it may be appropriate to answer these. The emphasis is on history taking during the first 13 minutes. The examiner will test your knowledge of the issues raised and the management plan over nine minutes after the child and family leave the station.

### **Timing of the station**

- The total time with the patient will be a maximum of 13 minutes.

- A warning will be issued after 9 minutes.
- The patient will leave after 13 minutes, 4 minutes after the 9 minute warning.
- The examiner will then discuss the case with the candidate for 9 minutes.

If you have reached the end of the interview in less than 13 minutes, the examiner will check that you have finished and will wait until the 13 minutes has passed before continuing with the exam.

After the patient leaves, the examiner will discuss the case and its management with you.

## **Assessment**

To test ability to take a history focused on the child's current problem. To be able to summarise, recognise the main issues and discuss their management.

It is not a test of the ability to take a comprehensive history and you are unlikely to be asked to repeat the whole history that the examiner has just witnessed you obtaining.

You can download an example history taking and management planning scenario below.

## **Example history taking and management planning scenario**

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 three 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 but must return it at the end of the station

You will have 13 minutes with the patient, with a warning when you have four minutes left. You will then have a short period to reflect on the case, while the patient will leave the room. You will then have nine minutes with the examiner.

You are not required to examine the patient.

**Role:** You are a St4

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

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.

## **Station 4: Clinical video scenarios**

### **Time of station**

1 station x 22 minutes

### **Aim**

The assessment of acute conditions or signs which cannot easily be shown or tested in other parts of the examination.

The emphasis will be on general paediatrics and neonatal medicine. You will watch four to 10 videos and make an assessment of clinical signs, illness severity, management or treatment. Cases may include acute problems such as respiratory distress, seizures, and severe illness. There may be testing of signs found on clinical examination (eg cardiac murmurs or abnormal gaits).

### **Assessment**

The material will be presented on a laptop computer with headphones.

There will be one to three questions relating to each scenario. You will select the best answer ("best of 5" or "best of many" format). The video clip may be replayed as many times as you wish and you can move to any part of the video which you wish to see again at any time. Many of the video clips are accompanied by sound recordings, but not all. Candidates should not be concerned if a particular clip does not have sound. Once you have submitted an answer to a question, you cannot return to that question.

The computer is programmed to allow 22 minutes and will then end the station.

Two candidates will be assessed during each 22 minutes.

You can download a candidate user guide to the video station below.

## **Stations 6 - 10: Clinical examination**

### **Time of station**

5 stations x 9 minutes each

## Aim

To assess clinical examination and interpretation of clinical signs. These cases are modelled on the “short cases” in the traditional clinical examination. There is only one patient at each station and there will be a separate examiner for each station.

The stations will normally be organised as follows:

- Station 6: Cardiovascular
- Station 7: Respiratory/Other
- Station 8: Abdominal/Other
- Station 9: Musculoskeletal/Other
- Station 10: Neurology/Neurodisability

## Candidate information

Each candidate will be given the same brief introduction to each child and the task required. This will be provided verbally by the examiner or as written instruction.

The examiner will introduce the child. The examiner may intervene at any time, and will ask you questions about the clinical findings and their interpretation or management implications at any stage during the nine-minute station.

You can download a clinical examination technique guide below.

## Marking scheme and the pass mark

At the end of each station the examiner will make an overall judgement as to whether or not the candidate’s performance was as below.

Category	Mark	Comment
Clear pass	12	Demonstrates the competencies expected of a newly appointed ST4; this includes candidates who have satisfied the requirements and those who excel
Pass	10	Has achieved the standard despite some minor failings
Bare fail	8	Has made an unacceptable number of minor errors or performed in a way that is not satisfactory
Clear fail	4	Usually means a poor performance

Category	Mark	Comment
Unacceptable	0	Uncommon; for unprofessional behaviour (rough handling of a child, rudeness, etc.) or for extremely poor performance

A similar scale of marks will be awarded for the clinical video scenarios station.

There will be a total of 10 judgements. Candidates will fail if they do not obtain a total of 100 marks. The final pass/fail mark can be raised at the Clinical Examination Board Meeting held after the exam diet/week.

If a candidate's behaviour is unprofessional, under these exceptional circumstances, candidates may be stopped by the Senior Examiner from continuing with the examination.

Candidates will not fail on the basis of a single encounter (unless there is unprofessional behaviour of sufficient severity), but will be marked on an accumulation of marks.

The Examinations Committee of the College has set the minimum acceptable score to pass the examination to be a score of 100 over the whole exam (reflecting an average of ten 'passes' over the 10 stations). Putting on the MRCPCH Clinical is a heavy time and resource commitment with respect to hospital staff, host examiners, examiners, patients and candidates. The Examinations Committee has therefore decreed that candidates who substantially underperform are required to defer application to their next attempt in order to gain more experience and training.

Our analysis has shown when these candidates re-attempt the examination at a sitting immediately following a poor performance that their subsequent performance is still well below the standard expected. Candidate places are finite and a waiting list for candidates does operate, it is therefore unfair for any of this limited number of places to be assigned to candidates who we know are very unlikely to pass the examination.

Based on the analysis of candidate performance in the Clinical exam Examinations Executive Committee has agreed upon the following rules:

- Candidates who score 70 or less (reflecting an average performance grade lower than 'bare fail' in every station) are required to defer from attempting the examination for the following two sittings.
- Candidates whose scores are between 71 and 80 inclusive (reflecting an average performance grade of no better than 'bare fail' in every station) are required to defer from attempting the examination at the next available sitting.

Any time spent on deferment will be included in the 7-year time limit. It is therefore strongly advised that candidates only apply to take the Clinical exam when they and their sponsor feel they are ready. Candidates who are required to defer application are advised to take this time to consider their feedback and gain more experience.

#### Score Action

- 0 – 70 Fail & defer application for two diets
- 71 - 80 Fail & defer application for one diet

- 81 - 99 Fail
- 100 - 120 Pass

## **Anchor statements**

These outline the expected standard for each station, and are provided to all examiners to aid them reach their overall judgments. We advise that you familiarise yourself with the criteria points for the expected standards before sitting the exam.

You can download the anchor statements below.

## **Mark sheets**

These are provided to candidates after registration. Candidates must enter their names and candidate numbers on each sheet before the exam begins. As candidates enter each station they must present their mark sheet to the examiner for them to complete.

You can download more information about mark sheets below.

## **Candidates known to examiners**

In the past, we tried to avoid candidates being examined by consultants they had worked for. As each candidate will now meet nine independent examiners, we will no longer attempt to avoid candidates being examined by consultants they know. 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 NHS Trusts where they have previously worked and where they may have prior knowledge of any of the patients selected.

## **General instructions for candidates**

- 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 you stay nearby if your examination begins the next morning. Once the circuit starts, it will be almost impossible to let you catch up if you are late – although we will always do our best to do so. We will not allow your late arrival to affect the performance of other candidates.
- Whilst we always try to start and end circuits on time, that may not always be possible. Therefore, please avoid making return travel arrangements close to the scheduled exam finish time.
- Please ensure to switch off all electronic devices including mobile phone/bleeper as soon as you arrive at the exam centre.
- Please remember to bring ID that includes photo and signature with you.
- Remember, we are not examining to find outstanding candidates. We are looking for candidates who meet the standard required for success. We do not try to trick candidates but look to see how you are likely to perform when going about your usual work.
- Please bring with you your own stethoscope, which must be wiped with alcohol

between patients.

- Do not bring equipment or toys for developmental assessment as these will be supplied for you.
- 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 please contact the hospital/centre you are attending and ask about suitable dress for clinical practice.
- When you arrive you will be given an envelope containing your personal route map around the circuit, and your mark sheets. Complete and sign all nine of your mark sheets (marks for the video scenarios station are collected electronically) and put them in the order in which you will hand them to your examiners – you will leave the relevant mark sheet at each station as you go around the circuit.
- You will be given a station at which to start and will be taken there shortly before the exam is due to start.
- Read all instructions provided to you very carefully at the start of the station. There will be time to read this and you must use the time well. Finish reading instructions even if the bell announcing the start of the station rings – you will be unlikely to be able to perform at the station without knowing the instructions.
- Please clean your hands between each clinical station. You can usually do this in the gaps between stations. Performing this function is part of being a successful candidate.
- You will normally meet each examiner once only 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.
- You may come across a station where video recording is in progress: this is for examiner training and for performance checking of examiners. The video is not used for candidate marking.
- You may also come across observers. These individuals may be examiners in training or may be others such as clinical tutors who need to better understand the examination in order to help their trainees.
- You must not communicate with other candidates on the same examination circuit.
- When you have finished, please remember to collect your belongings before you leave.
- You must not provide details about the stations to commercial organisations or post them on the internet without permission of the College.
- You must not discuss the nature of cases, questions or scenarios during the break/s between exam circuits. Candidates must not pass on information to other candidates at any stage and should attempt to leave the ward where the exam is being held as soon as they have finished the exam and collected their personal items. Any attempt to do this would be viewed as cheating.
- Please refer to the RCPCH malpractice policy within the examinations regulations and rules section of the website

## **Possible issues or incidents that may affect performance**

Candidates should note that if an incident or issue arises during the exam that may have detrimentally affected their performance they must inform the Senior Examiner or Host Examiner at the end of their exam (once their exam circuit has finished and not before).

It is important to remember that 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 organised well and is kept to time. This will not always be possible for many reasons.

The Senior Examiner or Host Examiner at any MRCPCH Clinical Examination provides clear instructions to the Examiner team to ensure that any issue or incident that may occur during an exam is taken into consideration in a candidate's final mark.

If something does occur during your clinical exam and, after a short period of reflection, you strongly feel that a record must be made you must speak to the Senior Examiner or, in their absence, the Host Examiner to ensure that a record of this is made in the Senior Examiner Report Form.

It is also important to note that 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 them using screens. In such cases there may be some background noise or other distractions.

All candidates should be prepared for this as you would in your normal daily work environment. Again it is important to stress that examiners take this into consideration when deciding on the final grade.

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

#### Downloads

[Anchor statements for MRCPCH Clinical.pdf](#) 1.11 MB

[Marksheets used in MRCPCH Clinical.pdf](#) 231.87 KB

[Candidate user guide for the video station in MRCPCH Clinical.pdf](#) 364.67 KB

[Exam technique for MRCPCH Clinical.pdf](#) 4.18 MB