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SEVERN DEANERY

PAEDIATRIC EXAMS FOR PAEDIATRIC TRAINEES

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General information

The days of medical school exams may feel like yesterday for some of you or a distant memory for others. You might be dreading the thought of having to revise again or think it is needed when you've started on the wards. Some of you may have already sat some of the exams, though there is no requirement to do this before you start your Paediatric training!

The MRCPCH exam consists of 4 (3 if you're old school) parts;

Foundation of Practice (FOP) & Theory and Science (TAS)

- Sat typically on the same day with one exam in the morning and the other in the afternoon
- aka. Part 1
- You don't have to sit them on the same day if you do not want to
- TAS is the more scientific based exam, so can cause anxiety for some

Applied Knowledge in Practice (AKP)

- Consists of two papers with AM and PM sittings
- aka. Part 2
- Ideally should sit when you've been exposed to both some neonates and paediatrics for a better grasp on management

MRCPCH Clinical examination

- Paediatric version of PACES
- 12 stations
- Aiming to see if you can examine appropriately, are safe and a nice person
- Needs to be sat by the time you finish ST3*

*though this is changing with the shape of training changing and will be required by the end of ST4 soon

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Foundation of practice (FOP)

FOP assesses knowledge, understanding and clinical decision-making abilities. It aims to ensure you have reached the standard of someone entering core specialist training.

- 2.5 hours duration
- Takes place in morning (with TAS in afternoon if you decide to sit both together)

Question types:

- **SBA's** - Single Best Answer. A single question is posed with typically five alternate answers; you must choose the **best** answer. More than one answer may have elements that are correct, but one answer will be superior.
- **EMQs** – Extended Matching Questions - 10 possible answers offered, with 3 clinical statements or scenarios. Choose the best option from the list.

The questions are typically a combination of:

- SBAs - 79 questions
- EMQs - 6 questions

Questions cover one aspect of the topic. For example the most likely diagnosis, the best treatment option or most likely responsible organism.

Photographic material, investigation reports and pathological material may be used as a basis for questions. Case histories may be used to examine diagnostic and investigation planning.

The key to passing this exam is doing as many practice questions as possible, in addition to textbook learning. The skill of identifying the most correct answer from a list of answers that all have correct elements can be challenging and so practice makes perfect. Online question banks such as **PasTest** or **OnExamination** can help with this. Don't be afraid to start question bank learning early – pattern recognition helps to consolidate the textbook theory knowledge.

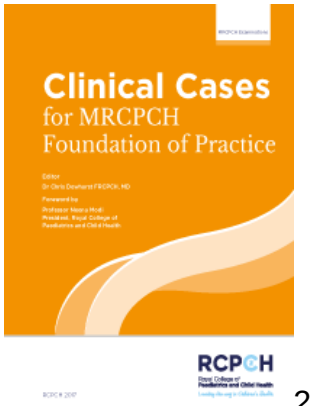
Focusing some of your learning on areas that are generally perceived to be more challenging (such as immunology/nephrology) may be advantageous – questions are weighted and topics which are discriminatory of higher-level candidates will likely have greater weighting. Try to avoid focusing just on areas you find more interesting or easier to retain and leaving the more challenging ones until last minute or not at all!

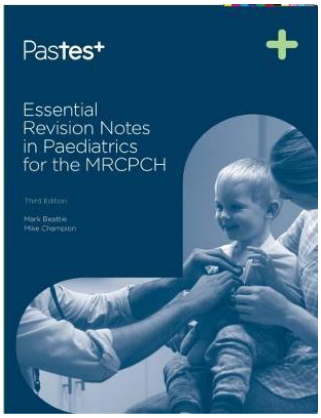
Tips for FOP

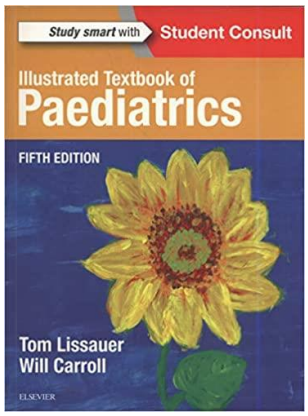
- FOP comprises part of the examination for Diploma in Child Health and therefore has more of a general slant, appropriate for GPs, so may include cases seen in primary care or community.
- Practice papers are available on RCPCH website so be sure to use them!
- Some of the textbooks can be used for both FOP and TAS preparation so bear this in mind when choosing.

Recommended books

1. RCPCH endorsed for FOP – examples of questions and explanations
2. Comprehensive reference textbook. Layout mostly in list format so dependent on preferential learning style. Also useful for TAS.
3. Useful for easy to digest text boxes/diagrams. Some may find oversimplified.

1. 

2. 

3. 

Theory and Science (TAS)

Theory and Science tests basic scientific, physiological and pharmacological principles of clinical practice, and of evidence-based practice.

- 2.5hours duration
- Afternoon examination – can be taken individually or as a combined examination with FOP.

The questions are typically a combination of:
- SBAs - 70 questions
- EMQs - 10 questions

Due to the nature of the knowledge required for this exam, some people find TAS the most challenging of the theory exams and therefore being aware of this and building on basic science principles learnt at university can be helpful from the offset.

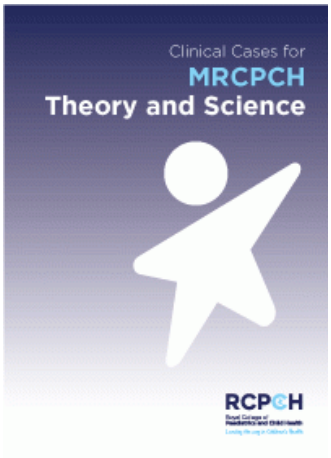
Specific areas such as anatomy, physiology, pathophysiology, immunology, drug actions and side effects are commonly seen in this exam. Other popular areas for questioning include statistical testing and data interpretation.

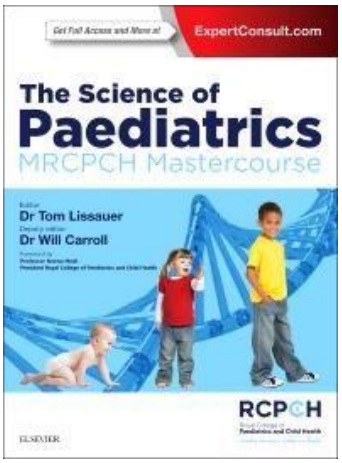
Tips for TAS

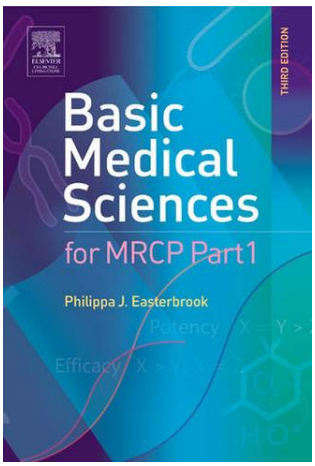
1. If some areas are challenging, have a look at the RCPCH resources to see if it's covered here. RCPCH offer 15 online lecture-based video courses costing £100.
2. Get out your old textbooks and physiology notes from medical school
3. Don't be scared of the exam

Recommended books

1. 50 clinical cases with underpinning science mapped to the cases. Not to be used in isolation but demonstrates depth of expected knowledge.
2. Excellent resource covering all of TAS syllabus. Particularly useful for interpretation of investigations, drug pharmacology and 'best management'.
3. Excellent coverage of basic medical sciences, not paediatric specific.

1. 

2. 

3. 

Applied Knowledge in Practice (AKP)

AKP is intended to test knowledge, understanding and clinical decision making abilities based on a standard of someone entering their core specialist training.

- 2 exams taken on the same day, each 2.5hrs duration.
- Each question carries its own weighting and this will be detailed next to the question.
- The focus of questions in AKP is commonly diagnosis, most appropriate investigation and management.
- Be sure to use RCPCH practice papers and online question banks, in addition to textbook learning.

Question style

- As previously, SBAs and EMQs.
- For AKP, an additional style of question is also used called 'N of many' – this is similar to an SBA but two or three answers need to be selected from a longer list. For example, this can be used in questions such as when two equally important types of investigation are indicated.

Question types

Image interpretation – prepared from medical photography, radiographic images or investigation results. Commonly asked to identify the abnormality or comment on the most appropriate investigation or management steps.

Data interpretation – graphic/tabular display of investigation results requiring interpretation. Examples of this include blood test results, ECG, spirometry, cardiac catheter date, EEG and audiographs. You may also be asked to interpret statistical results from clinical studies or select the most appropriate study design for a particular data set or clinical question.

Case histories – usually start with a fairly lengthy prose about the patient. It is important to highlight key points in the history before attempting the answer the question. It is often possible to discount a number of answers this way, leaving a few remaining diagnoses to differentiate between.

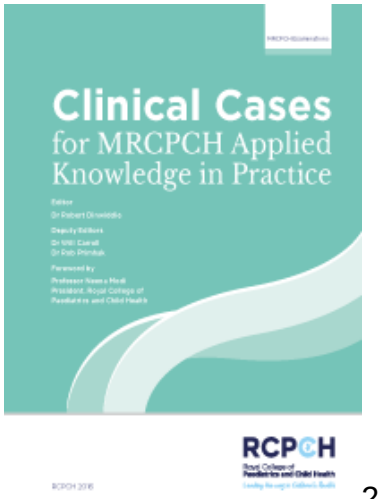
Tips for AKP

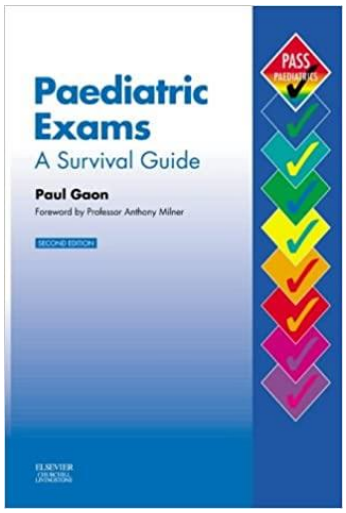
1. Repetition is key when practicing questions – it helps you pick up common themes
2. Focus your learning around cases you may have seen that day/that week to help consolidate

Recommended books

Textbooks as recommended above plus…

1. RCPCH endorsed for AKP
2. Well mapped to curriculum, concise and organised explanations.

1. 

2. 

Top Tips for Theory Exams:

- Register for your exam account on RCPCH Online **BEFORE** the application window opens
- Make sure you know when the application period opens and put this in your diary or set a reminder on your phone
- Be sure to register for exam early within the application period - enables you to have a choice over where you sit the exam.
- Use the sample papers on RCPCH website to familiarise yourself with the technology/layout.
- Trust your instincts, often your first answer is the correct one.
- Ensure you read all questions at least twice – key words like EXCEPT or NOT make all the difference when selecting your answer! Beware of double negatives.
- Questions are not negatively marked so you should always select an answer, even if you're not sure.

MRCPCH Clinical examination

"The aim of the MRCPCH Clinical examination is to assess whether candidates have reached the standard in clinical skills expected of a newly appointed ST4"

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.

Unofficially the exam is aimed to ensure you are a safe and reasonable doctor to your patients and colleagues who a Consultant would be comfortable leaving in charge overnight.

In order to sit the Clinical exam you have to have passed all of the written exams.

So you've passed all the written exams and decided when you want to sit the exam…what next?

- Identify a sponsor – this is ideally your educational supervisor or a Consultant you have worked with for at least 3 months. They have to say that they think you're ready to sit the exam.
- Find some colleagues who are also planning on sitting the exam
- Starting looking at courses (more details below)
- Note when the applications open and put a reminder on your phone/in your diary

Recommended courses

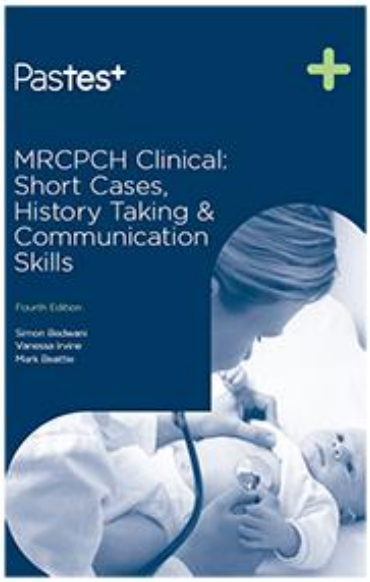
Research exam courses and provisionally register interest. Ask around colleagues – different courses suited to differing learning styles – Do you want a course that teaches you the content versus one which allows you to practice/see signs? Courses now included in study budget so don't be afraid to utilise them.

The Royal London course and Tunbridge Wells course come highly recommended. The RCPCH also runs a theory based course about what is expected in the exam. If you want a longer course Guys & St Thomas run a week long course. There may be a Bristol course coming soon too…!

Recommended books

1. Your exam bible – read it cover to cover, annotate, take it to practices with you
2. Great for communication stations
3. Older but still relevant communication stations

1



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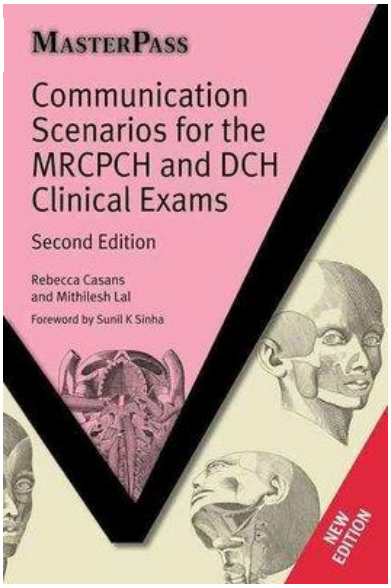

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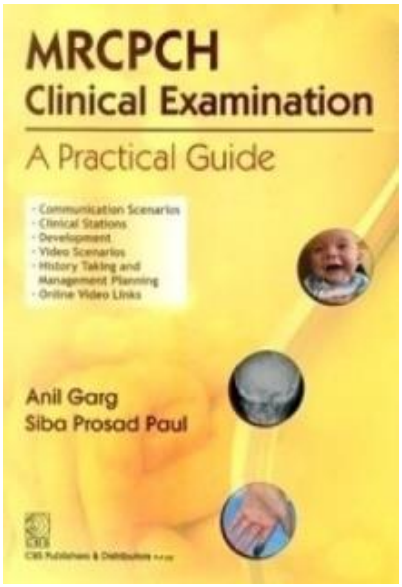


Recommended websites

There are lots of websites that you can use for various stations in the Clinical exam.

https://mrcpch.paediatrics.co.uk/ - for all your basic revision needs. Some parts slightly out of date but goes over examination technique and structure, has links to courses, has videos available.

www.pathways.org – videos of children who have a developmentally normal age

https://www.rcpch.ac.uk/education-careers/examinations - for your examination guide, to apply etc.

www.youtube.com – you can search for videos of stridor, kussmaul breathing, infantile spasms. Some parent videos of these signs are excellent.

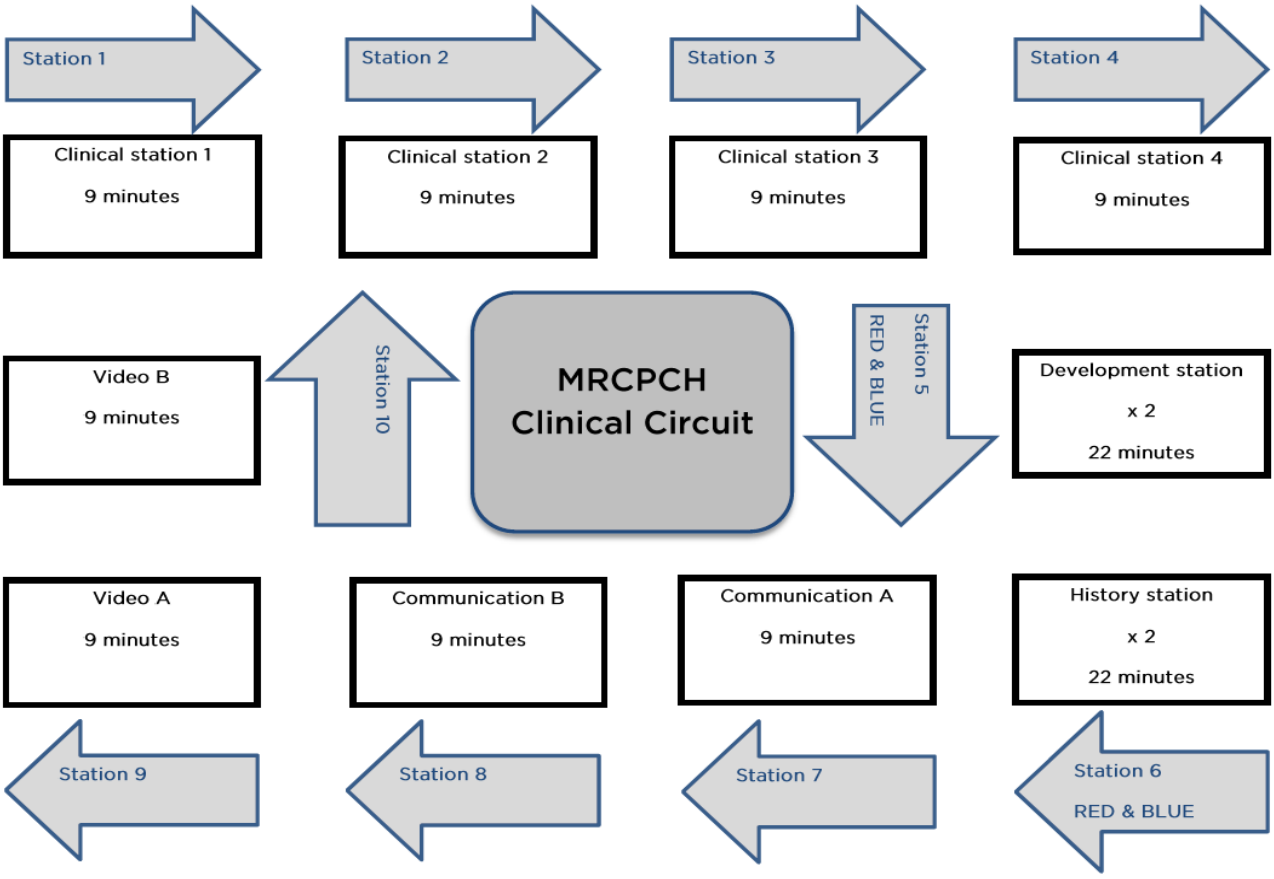
www.pastest.com – also has a number of resources for the exam

Exam format

The exam consists of 10 stations:

- 4 clinical stations (9 mins)
- 2 video stations (9 mins)
- 2 communication stations (9 mins)
- 1 history and management station (22 mins)
- 1 development station (22 mins)

There are 4 minute breaks between the stations and it takes a total of approx. 2 hours and 36mins. Sittings are either AM or PM with a total of 24 candidates across the day. The exam is completed in a circuit and you could start on any of the stations and not necessarily in numerical order.



Copied from RCPCH website

Clinical stations

- Aim to assess if you can examine in a systematic way, identify signs and form an appropriate differential diagnoses list.
- Management is **not** included or expected
- Total of 6 mins for examination – with a warning when this time is up
- 3 mins for you to present your findings and formulate a differentials list and if time…questions!
- Families stay in room throughout the station

Areas that could be covered:

- Respiratory
- Cardiovascular
- Abdominal (Renal and Gastro)
- Neurological (can be any element of a neuro exam)
- MSK (PGALS or joint specific)
- Short stature
- Tall stature
- Thyroid examination
- Skin examination
- General examination*

*this is being phased out apparently but may still occur.

General exam tips for the clinical stations

- Develop a nice introduction including asking the child if they are comfortable and if they and the parent are happy for you to examine them. Wash/gel your hands!
- Get as much information as you can **BEFORE** touching the child (shoes, wheelchairs, medications, scars, dysmorphic features).
- Talk through the examination if you feel comfortable doing that (sometimes telling the child what you're doing can show rapport and is a nice way of doing this)
- Have 2-3 things ready to say at the end to complete your examination
- Always say plot height and weight on an appropriate growth chart
- Report positive findings and salient negatives
- Don't jump to a diagnosis but do give one if you feel confident and explain what you found that fits with that
- Don't make up signs!

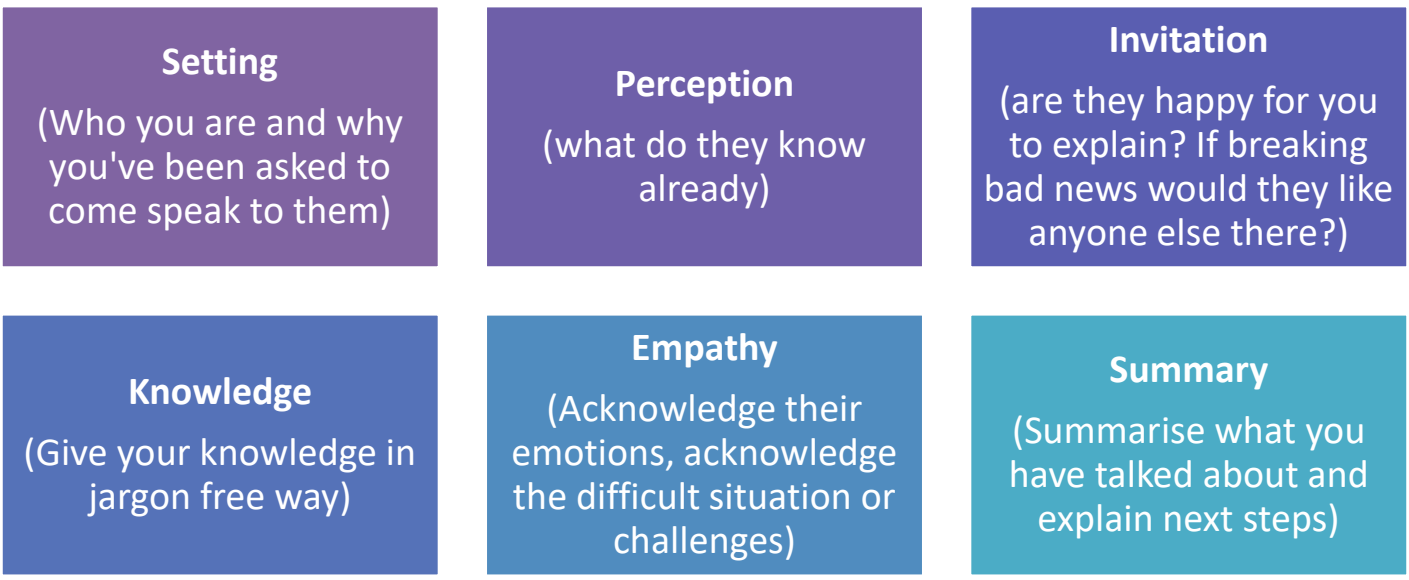
Video stations

- These are 9 minutes each
- Aim to assess more acute paediatric skills
- 3 minutes to watch the video as many times as you like;
    - Typically videos will be 30s to 1min 30
    - Make notes about what you expect to be asked
- 6 minutes to answer the pre-prepared questions
    - What clinical signs did you observe?
    - What additional history would you like?
    - What additional exam would you do?
    - What investigations would you perform?
    - How would you manage this patient?
- Try to enjoy these, though the quality of the videos do vary!

Communication stations

- 9 minutes to communicate **something** to **someone** effectively, empathetically and sensitively without the use of jargon
- No interaction with examiners
- Variable topics
    - Genetic diagnoses
    - Breaking bad news
    - Student nurses wanting explanations
    - Ethical discussions re. informing children of diagnoses
    - Safeguarding
    - Antenatal counselling
    - Sexual health/Adolescent medicine
- Don't speak for longer than a minute at a time
- Use SPIKES* model for all communication stations as it provides you with a good structure
- Don't make things up – say if you don't know and what you will do about it

* SPIKES model example



History and management

- 13 mins to take history and 9 mins to discuss management
- Can be acute or chronic cases
- May be an actor or a real patient and their family
- When presenting back don't give full history details – just give salient points
- Management via Bio Psycho Social model if chronic or ABC and ongoing management if acute

Development

- 13 minutes to take history and examine
- Can be tight on time
- 9 minutes to discuss your findings and management
- Four areas of development (Gross motor, fine motor, speech and language, social)
    - Should only be asked to assess one
- May have significant difficulties or have normal development
- Development age will need to be specified within 3 months if <2y and 6 months if over 2y.
- Very variable station; some relaxed some more challenging

And then it's over!

It is natural to think it has gone terribly or not as well as you would have liked but now you cannot do anything about it and your fate lies with the Paediatric examiners. So enjoy the time, go out for a nice meal or some drinks, see some family and friends you have neglected during your revision period and try to forget about it!

A (very) rough timeline for revision

Disclaimer; this is a rough guide for what worked for one group. You might develop your own timetable that works well for you. The most important thing to do is to try and incorporate your learning into your daily activities on ward rounds and during clerkings. Just remember the RCPCH recommends starting 6-8 weeks before the exam.

Things you should think about

Early on (when you've applied for the exam) think about setting up a Whatsapp group or grabbing a coffee so you can plan timetables/rota planning to know who is around and when. You can email severnmrcpchrevision@gmail.com to find out who else is doing the exam and be put in touch with them. Read the RCPCH exam guidance online to get an idea of what is expected at each station.

Try to do some light reading around topics you feel your knowledge lacks in and fish out the revision notes from AKP and FOP/TAS. Think back to medical school OSCEs and the full formal examinations for each system including inspection. Use clinical examination books to make sure you're not missing anything vital. Think about revision flashcards for examinations/signs if this is a way you like to learn.

Next step is to start to do some run-throughs of the examinations on housemates/cuddly toys/children if you have them to get the nuances incorporated into your general flow. Watch videos online of normal development and examinations (suggested websites below). Practice examinations on ward round/clerkings*/with your Registrars watching. Try to attend some specialist clinics to see specific signs.

***Clerkings can be really useful for specific exams if the situation presents such as Neurology and MSK.**

If you can manage it, 2-3 evenings or days/week of practice on the wards with your group should be the aim. Things will not be incredibly efficient initially as you find your feet so 2-3 times a week will allow you to cover the breadth of what you need to cover. Try to identify a topic/system you are going to focus on per session rather than a scattergun approach (you may need a couple depending on patients in the hospital). Get in touch with Consultants and Registrars to see if they could support your learning and watch you examine.

As the time to the exam draws closer continue your practice sessions on the ward – try to increase to 3-4 sessions/week. These don't have to be long sessions. Spend some time on the wards looking at children's development or in outpatients in small groups. You might need to take some equipment with you if they don't have any in outpatients. Don't forget to start practicing the communication and history stations now if you haven't already. You can do this with colleagues in a coffee shop/the mess for a change of scenery.

A word of caution about coffee shops is that you need to be somewhere relatively private as it is very easy to start discussing similar cases you may have seen!

About 3 weeks before, your examinations should feel thorough and the focus should be on timings – needs to be 6 mins or less for your complete examination including your introduction, asking for permission and washing your hands. You should be presenting back to each other after each case and critiquing the presentation and any missed signs. Aim to have a full day of practice a couple of weeks before the exam, preferably with your whole group on the wards. Set a more formal timetable for the day so you have something to stick to, especially if you're a group who gets easily distracted!

In the final couple of weeks it is time to focus on those exams that you've not practiced as much, as well as focusing on finding less common signs, such as VN stimulators or baclofen pumps. Keep going with the communication and history/management practice as this practice tends to be a bit more relaxed! Keep spending time at outpatients to practice development examinations.

None of these sessions need to be long, some days you might only see one patient but every little helps!

In the week before the exam try to take some study leave. If you do have study leave use it in any way you think you'll benefit; that could be reading, practicing at home or examining patients on the wards. By now you should be happy and relatively confident with all the physical examinations. You might want to see more signs if you feel you haven't already seen enough or you might want to focus on more chilled out things like communication stations. Make sure your presentations and planned additional examination points are structured and committed to memory.

The day before the exam

Depending on where your exam is and what time it is consider staying in a hotel nearby. If you can, try not to do anything other than light reading. Have an early night and try to relax.

The day of the exam

DON'T BE LATE

Try and eat something beforehand – it is a long circuit on an empty stomach! When you get given your paperwork and know your order of stations, arrange your mark sheets in that order so you look slick and aren't panicking trying to find the right one during the time between stations. Drink water whilst going round – you're going to be doing a lot of talking! There is time for toilet breaks (if you're quick!) during the circuit. If it isn't clear what they want you to examine you can ask them to clarify. Enjoy it and be yourself!

FAQS

General

1. *I am feeling overwhelmed and stressed trying to revise for my exam, what can I do?*

It can be natural to feel stressed about your exam, particularly if it has been a while since you have revised for one. Do talk to your peers, your registrars and consultants if you are feeling stressed – they have all been through the exams and know how it feels. Sometimes taking a break from revision and having a few days off is better for you than trying to push through. Try and do your revision in short sharp bursts and have treats or do some exercise in between. Do not let revision take over your life, especially if you are working a heavy rota. Plan days or evenings to do social things. There are a number of resources to support your well-being on the BMA website as well.

2. *Do I have to sit the exams in a certain order?*

Your written exams can be taken in any order, though traditionally people sit FOP/TAS first – you can do it anyway you like! Although FOP and TAS are offered on the same day if you feel this might be too stressful to have a whole day of exams you can also sit them on separate sittings if you prefer. The only downside is that it is a little bit more expensive to do it that way...but not as expensive as having to re-sit if you get too stressed!

3. *What if I fail an exam at any stage?*

Although failing exams isn't something that many doctors have experience of before medical school, in postgraduate exam it is quite common. The Royal College allows up to 6 attempts of all the exams so you have plenty of chances to pass. If you do fail an exam, meet with your educational supervisor and try to work through the reasons you might have failed on this occasion. Did you manage to revise sufficiently for the exam? Did you focus on revising the right things for the exam?

.. Most importantly remember sometimes it is just luck on the day and there is always next time!

4. *Can I get the exams paid for by the Deanery?*

The short answer is no. You must pay for the exams yourself. However, there is money available for courses such as for Clinicals or question banks for your written exams so long **as it is written in your PDP**! Don't forget that the hotel for your course and travel can also be paid. You apply for your study leave and the expenses via intrepid.

**funding may change so please always check the latest HEE study leave rules*

5. *I'm on nights/long days/zero day on my exam day, what do I do?*

Ideally you should tell your rota co-ordinator as soon as you are thinking about sitting the exam so they can consider this in their rota planning. However, so long as you have given sufficient notice your teams should be flexible. If you are having issues you could speak to your educational supervisor, contact your trainee rep or the BMA. If you are on a zero day you can apply for study leave and move your zero day to another day.

6. *In medical school exams I had extra time/additional needs, how can I apply for this?*

During your exam applications you can ask for reasonable adjustments. You can upload evidence at the time of application or you may be asked to provide evidence of why you require adjustments at least 7 weeks before the exam. Reasonable adjustments will typically involve extra time in the written exams or a location of your choice and in the Clinical examination time to read all the stations prior to starting the circuit.

7. *Everyone else has progressed quicker than me through the exams, am I behind?*

Everyone will have different experiences and timelines for the exams. Ideally you should aim to sit at least one of the written exams in ST1 and the third written exam early in ST2 so you have enough time to sit your clinicals without a big time pressure. Some people may have started their exams before their training post or want to step up meaning they progress quicker. There is no right or wrong answer so long as you have them all done by the time they are required for ARCP!

8. *I've sat the exam and now am waiting to hear if I've passed, when will I find out?*

Exam results are released onto Kaizen 5-6 weeks after the exam and followed by an email confirming your mark about a week later. They are not released earlier than 5 weeks before so try to avoid the temptation to keep logging on and checking!

MRCPCH written exams

1. *Do I need to take anything with me on the day?*

Yes, you'll need to take your admissions document and proof of ID. Your Admissions document is emailed to you once your place has been confirmed and will detail location and timings for examination.

2. *There are courses available for the written exams, should I go on them?*

This is an individual choice depending on which way you learn best. Some people learn well in lecture style formats reminiscent of medical school days, others prefer

to consolidate their learning with MCQs and repetition. Ask your senior colleagues to see if they went on any courses or can recommend ones they found beneficial. They may even have the notes/slides for you to use.

3. *I have not sat MCQ style exams before, is there anything I can do to improve my exam technique?*

Using question banks such as Pastest can be really useful to get your head around the MCQ style exams. Remember the exam isn't negatively marked so a best guess is better than leaving the question without an answer. Sometimes learning a topic then completing the MCQs on that topic can help consolidate your learning and recognise common themes.

4. *When should I revise?*

This is quite an individual choice. Some people prefer cramming before an exam but it is generally recommended that you start 2-3 months before the written exams with light reading initially and to make sure you cover all the topics appropriately. You could try revising for an hour after work when you are on normal days 3-4 nights per week in the months leading up to the exam. If you commute by train/bus you could also download the MCQ website apps (such as PasTest or OnExamination) and answer questions in this time. Podcasts are another excellent way of gaining knowledge whilst commuting.

Remember it is important to have breaks, plan nice activities too during your revision period.

MRCPCH Clinical exam

1. *When should I sit the exam?*

There is no ideal time to sit the clinical exam – it is about when you feel ready based on your experiences. However you might find it easier if you sit it relatively close to AKP or whilst based at the Children's hospital. It is useful to have at least some experience of tertiary Paediatrics prior to sitting the exam and to feel confident in examining in challenging circumstances!

2. *How can I find out who else is planning on sitting the exam and when?*

You can email SevernMRCPCHrevision@gmail.com to be put in touch with others who are thinking of sitting the exam at the same time.

3. *Will I get a choice over where I sit my clinical exam?*

No, unfortunately you can be sent anywhere for your Clinical exam. During the application period you have to state where you have worked previously and where

you have/are planning to attend a course so you don't end up somewhere you may have been before which may give you an unfair advantage over other candidates. You must tell the truth in line with GMC probity guidelines.

4. *I haven't been able to book onto a course/don't think I will find it helpful, will I fail?*

The short answer is no. The courses are a great place to have exposure to clinical signs and to have a practice at the exam if the course includes a mock exam. If you feel like it isn't for you or you don't manage to get a place that is fine, you just need to recognise that and find other ways to see clinical signs, perhaps go to more clinics or spend more time on the wards. Having a chance to practice the exam in a mock setting is helpful for some people but not everyone.

5. *What is the pass mark and pass rate for the clinical exam?*

The pass mark is 63/82. UK graduates have a pass rate of around 94% with UK workers having a pass rate of 79%.

6. *I don't feel ready and my exam is tomorrow/in a week/two weeks, what should I do?*

Everyone feels this way at some point in the exam process. Try to focus your practice if you have time to do so on the areas you're not confident in. Also try to remember that Severn attracts a high standard of trainee and the standard we expect of ourselves is higher than what they expect in the exam.

BEST OF LUCK IN YOUR EXAMINATIONS, WE HOPE YOU'VE FOUND THIS GUIDE HELPFUL!

Please see overleaf for Covid-19 updates

Covid-19 exams update

FOP, TAS and AKP

Since 2020.3 RCPCH have offered the options of sitting an exam at a centre with social distancing measures in place or remote exams which can be undertaken at home or a private space with online invigilation.

The format and timings of the exams are exactly the same as previously. Please refer to the rest of the booklet for help and guidance on this.

Sitting the exam at an exam centre during Covid-19

- Face coverings are mandatory up to the point of the exam starting. You may choose to take it off to complete the exam or keep it on depending on your personal preference. You will need to put the face covering back on if you require a toilet break and for leaving the exam centre.
- If you have any flu-like symptoms including sore throats and the recognised symptoms of Covid-19 within the past 14 days you will not be permitted to enter.
- Similarly if you have been diagnosed with Covid or in close personal contact with someone who was diagnosed you will not be able to enter.
- If you have returned from travel to a highly infected area in the last 14 days. Please note this is constantly being updated for list of countries and you should check the RCPCH website for the exact list/if able postpone any travel.

When you arrive at the exam centre

- Your face covering must be worn whilst in the waiting area and maintain social distancing of >2m from others in the waiting area or during queuing process.
- You will need to remove your face covering for a brief period to confirm your identity on check in.
- If you decide to wear gloves these must be transparent.
- Only bring essential items.
- Please review your local test centre guidance when emailed to you.

At the exam centre

- Hand sanitising stations will be available
- Where possible one way systems will be in place
- **There will be no access to public water fountains and vending machines so bring a drink/snacks if required**
- Between uses all keyboards, computer mice and desk areas will be sanitised prior to your arrival.
- **You must bring your own pen or pencil**

As social distancing measures will be in place you may not get a place in an exam centre as these will be allocated on a first come, first serve basis.

Sitting the exams at home or other private space with online invigilation

First thing to note is if sitting the exam in work it must be a private office where interruptions are not going to happen, you must ensure IT support is available and do the systems check on the devices you will be using. **RCPCH do not recommend sitting the exam at work.**

You will need

- A desktop or laptop computer
    - To sit the exam and record live audio and video
    - The computer must have an inbuilt microphone and **not** headphones or a headset unless arranged prior to the exam in line with reasonable adjustments
    - A webcam
    - Latest version of google Chrome
    - Dual screens are **not** permitted
    - Windows 8 or higher *or* MAC OSX/the latest
    - Ensure your laptop is plugged in to charge
- A mobile device such as a smartphone or tablet
    - Additional monitoring for online invigilation
    - The ProctorExam app (instructions provided by RCPCH)
    - Android 4.1 or higher or iOS (Apple) 8.0 or higher
    - Use your wifi **NOT** your data
    - Has to be plugged in for the exam to charge

Before the exam

Two weeks before the exam date you will be emailed a link to do a systems check and set up. This is a test run to ensure everything is working as well as showing where you will sit the exam. If anything needs upgrading you will need to request a further system check by emailing exams@rcpch.ac.uk so do not leave it to the last minute!

If you do not do the systems check you will not be allowed to sit the exam

The day of the exam

- You will need your photo ID and admission document
- Make sure your webcam works or you will not be allowed to proceed
- Bathroom breaks will be limited to one 5 minute break in each paper.
- If you have medical needs which means you may need this rule adjusted **this must be declared on your application form**
- You cannot have paper during the exam

- Water must be in a see-through bottle or glass
- If able set up the webcam so the door to the room is behind you to avoid any confusion if someone enters the room.
- You can wear comfortable clothing
- Remember you are being recorded both with audio and video!

FAQs for Covid changes to written exams

1. **I am due to sit the exam at a test centre but have developed symptoms and/or tested positive for Covid and/or need to self-isolate, what should I do?**

   Inform the Royal College ASAP via the examinations team. You may need to cancel or transfer the exam to another time.

2. **What happens if a local lockdown happens in my region or where the exam is due to take place?**

   Depending on when the lockdown happens two options are likely to happen;

   - If the lockdown happens well in advance of the date to confirm online invigilation numbers the College will aim to offer candidates the change to switch to online invigilation instead
   - If it occurs shortly before the examination the College will liaise with candidates to discuss transfers or cancellations

3. **I am sitting my exam at work due to no other suitable facility. What can I do to ensure it goes smoothly?**

Discuss with your IT services ASAP as well as your clinical or educational supervisor to see how this can be facilitated. Ensure that there are signs on doors and walls so people know not to interrupt. Don't take your bleep!

4. **My internet can be temperamental, is this taken into account in terms of time lost?**

If you lose internet connection the timer stops. You will need to re-enter your details when your internet connection is restored and the time will restart.

Good luck!

Please check RCPCH for the most up to date guidance for exam changes with Covid-19

MRCPCH COVID Adapted Clinical Examination – advice and guidance

The RCPCH has worked tirelessly to ensure that our paediatric training has not been compromised by the COVID-19 pandemic. It was their priority that paediatricians were able to develop, progress and be assessed in their training to the same high standard that was previously delivered.

Their hard work has resulted in the formation of the MRCPCH COVID adapted clinical examination, a virtual examination hosted on an online platform called Practique. To minimise disparity between the face to face and virtual exam, several adaptations have been made to optimise the examination format on a virtual platform. The college are clear in their message that **if you have prepared and are capable of passing the face to face examination, there is no reason that you should not be successful in the COVID adapted examination**.

The exam is standard set to ensure fairness to all candidates and the examiners are experienced and trained in the new format. Allowances will not be made to candidates for the exam being of a virtual format but there is support available if a technical issue were to occur. Ultimately this exam has been designed and tested through many pilot attempts by experienced examination officers and medical professionals to ensure the progression of competent and confident paediatricians in a COVID safe way.

What are the main differences?

The first difference is that **there are no children or parents involved in the examination**. As strange as this might seem, having performed as a candidate in the pilot examination this was not a big problem. The use of video clips and photographs worked well to show what type of clinical situation the station was about and talking through the history and examination with the examiner was similar to practicing for the exam with colleagues, describing exactly what you are looking for and why, just without actually performing the examination!

The other main difference is that you do not get to illicit signs through your examination but rather rely on cues from the examiner. I found this a little awkward during the first station but you quickly get the hang of it and I think if you practice in this manner it will not be a challenge on the day.

The format of the exam has been altered slightly changing from 10 stations to 9.

- 2 short clinical stations
- 1 extended clinical station*
- 1 development station
- 1 history station
- 2 communication stations
- 2 video stations

* more details below

There will be role players in the communication station, the history station, the development station and the extended clinical station but in the other stations it is just you conversing with the examiner. The role players make excellent parent substitutes as they are well rehearsed and I felt my interaction with them was very believable.

How is the exam delivered?

The examination is run using the Practique system which has also used for the START assessment and GRID interviews this year. It is a platform that enables you to move through a series of virtual rooms in which you face a different station and meet with a different examiner and an invigilator. The software is very intuitive and simple to navigate. You are able to see a document containing information about the patient in the station or watch a short video clip to provide you with a clinical sign before entering your station with the examiner, invigilator and maybe a role player. The invigilators are not examiners but are the time keepers of the whole examination. They interrupt to advise on timings during your station and ensure that everyone starts and finishes at the same time.

They are able to communicate with other invigilators to ensure that if there is a technical problem with a candidate that is resolved before everyone can move on. When you have finished a station and the invigilator tells you to, you click next to move to the next virtual room and perform your next scenario.

Despite the slightly strange feeling of being in a virtual room with complete strangers, it was actually a very calm experience and worked very well. I was amazed at how quickly you became immersed in the scenario despite sitting in the comfort of your own home!

New stations and delivery of original stations on a virtual platform

The **extended clinical station** is a new station in the adapted examination. It is **23 minutes in length with 4 minutes of reading and preparation time**.

In this time you should;

- Take a **focused history** from an actor usually acting as a part and present back to the examiner
- Explain **how** you would carry out your **examination of the child** and what **clinical signs** may be relevant
- Discuss **investigations and management**
    - This is important as it shows your ability to think about the next steps in a child's care as you would as a registrar and consultant

There is a lot to cover and the examiner will try and guide you through to ensure that you get to all parts of the question. They want you to score marks in all domains and so will do their best to move you forwards if you are spending too much time on one particular answer.

The **development station** is the station that I think is the most different. Whilst you have the advantage of not having to contend with a stroppy toddler, you have the disadvantage of maybe losing your flow as the child is not directly in front of you. However, the College has made a photograph of all the equipment you require for a full developmental assessment, which you are allowed to leave up during your station. This acts as a really helpful reminder of all the aspects of development you need to cover. The photograph and list of equipment is available on the RCPCH MRCPCH COVID adapted examination website.

Cues

Cues are what the college has labelled the information given to you during the examination. The college has divided the cues up into universal and dependent cues. The **universal cues** are those given to everyone as a standard. They are things that would be noticed by any candidate as they entered the station ie a large sternotomy scar, an inhaler at the bedside, an abnormal gait. This information is delivered in the text or video clip shown before the station starts.

A **dependent cue** is information given to you by the examiner in response to something that you have said, for example 'I am looking at the nails for peripheral stigmata of disease such as clubbing', the examiner would say, 'you can see clubbing of the finger nails'. Had you not examined the nails then the examiner would not have given you this information. They are allowed to prompt you so if you had said that you would look at the nails but did not say what for, they may ask you to detail what you are looking for. This highlights how important it is to d**escribe in detail how you would perform an examination and what you are looking for**. After each part of the examination, **pause**, to enable the examiner an opportunity to feed back the signs elicited.

Whilst this virtual method of examination may make you thankful that you do not have to manage a child who is not being compliant, the college have said that they can make the virtual child challenging so **be prepared to describe your strategies for calming and distracting an upset child!**

Preparation

There should be few differences in the preparation required for either the face to face or the virtual examination. The main thing is just to ensure that **you practice examination with a colleague, talking through your technique and allowing pauses for cues**. If you practice this it will mean you are more prepared on the day.

In terms of knowledge, there should be no difference in the preparation you need to do for the virtual examination. The stations are essentially the same but just delivered in a slightly different way.

You don't have to plan your travel or buy an expensive suit, you can perform the exam in your kitchen and the examiners can only see your face and shoulders! I'm not advocating jogging bottoms but you might get away with a comfy pair of slippers!

Final points

- Make sure **you do the examination at home**, not at work on an NHS computer as firewalls can interfere with the virtual platform.
- Ensure you are in a well-lit room with a plain backdrop so that your examiner is not distracted by your artwork or cat!
- Make sure you are **not going to be disturbed** for the duration of the examination by family, roommates or pets.
- Your desk should be clear from books, paper and pens. **You are not allowed to take notes at all during the examination**. There should be no prompts stuck to your computer or your walls behind your screen and all other windows on your desktop should be closed.
- **Read the instructions fully before entering a station and look in detail at any video clip or photograph you are given**. Many of the videos by the College's own admission are very dated! Nonetheless, they do show a clinical sign clearly!
- Make sure that you do the **checks on the device you are going to use in the examination, in the location you are going to do it**. The emails that come through explaining what to do are a little overwhelming but they are easy to follow.
- Chime is a programme that checks the microphone and camera of your device as well as your internet connection to ensure that it is adequate to run the software.
- **Use Google Chrome** on your device as this is optimised for Practique.

Doing these checks early can help alleviate any anxieties you have. For the GRID interviews they created a dummy account so that you could run through the Practique programme beforehand.

The Future

Whilst there are advantages to performing the exam virtually remember that this isn't an easy option. If you pass your membership on this attempt, recognition of your achievement is no less valid than if you had done the examination face to face. The RCPCH has worked extensively to ensure that the expectations of candidates in both examinations are comparable.

However, they have decided that if a candidate fails, **this attempt will not be counted in their total number of attempts possible to pass the exam**. This virtual examination will not be forever, once the risks of COVID have passed the examination will return to a face to face setting. Our careers are based around the care of sick children and their families and their involvement in our training is paramount in developing competent and skilled paediatricians for the future.

Good luck!

Please check RCPCH for the most up to date guidance for exam changes with Covid-19