



Royal College of Paediatrics and Child Health

Leading the way in Children's Health

Application for entry to the MRCPCH Clinical Examination

OVERSEAS CENTRES

(Please read accompanying notes on completing Form D before completing this application form)

RCPCH Code Number: (see guidance notes 1-3)

Grid for RCPCH Code Number

SECTION 1 - PERSONAL DETAILS (see guidance notes 4-14)

Form for personal details including fields for Last Name, Forenames, Full Name, File name, Correspondence Address, Postcode, Country, Home Telephone, Mobile, Work Number, Bleep, Extension, Email Address, Fax Number, Date of Birth, and Sex.

SECTION 2 - SECTION 2 - CENTRE (see guidance notes 15-18)

Please insert choice of 1, 2 and 3 in the appropriate boxes to indicate your FIRST, SECOND and THIRD choice of centre

Abu Dhabi [] Dubai [] Hong Kong [] Jeddah [] Malaysia [] Oman [] Singapore [] Sharjah [] Egypt []

Please check that the centre you have ticked is holding an exam in the diet applied for and you are eligible to take the exam at that centre.

SECTION 3 - CURRENT POST (see guidance notes 19-21)

Hospital /NHS Trust:	
Address:	
Country:	Postcode/Zip code:
Grade/Post:	Dates (dd/mm/yyyy): From: To:

SECTION 4 - EXAMINATION DETAILS (see guidance notes 22-33)**FIRST & PRIMARY MEDICAL QUALIFICATION**

Degree:	Date conferred: ____/____/____(dd/mm/yy)
University:	Country:

MRCPC EXAMINATION HISTORY

Please tick the appropriate box and give diet passed:

I passed the MRCPC Part I Examination (prior to January 2004) in the following diet

I passed the MRCPC Part I Examination Paper One A/Paper One B Examination (valid from January 2004) in the following diet

I obtained exemption from the MRCPC Part I Paper One A/Paper One B Examination through the Royal College of Physicians of Ireland (***please attach copy of result letter***)

I passed the MRCP (UK) Part I Examination in the following diet

I passed the MRCPC Part II Written Examination (valid from April 2004) in the following diet

My seven- year clinical registration expires: _____

3. PREVIOUS MRCPC CLINICAL EXAMINATION ATTEMPTS

Diet of Examination				
Hospital in which examination was held				
(F- FAIL) (DF1-Deferred once) (DF2- Deferred twice)				
State if waitlisted or withdrawn				

SECTION 5 - DETAILS OF RELEVANT ACUTE MEDICAL POSTS (see guidance notes 34-40)

Please give details of all posts held. If you are unable to fit all the details on this form, please continue on a separate sheet and attach firmly to this form

<u>GRADE/POST AND BRANCH OF MEDICINE</u> (e.g. SHO Paediatrics)	<u>HOSPITAL NAME</u>	<u>DATES</u> (start & finish)

SECTION 6- TESTIMONIAL (see guidance notes 41-49)

The College fully expects Fellows (or Members) to refuse to sign testimonials for candidates whose training is considered to be unsuitable or who are regarded as being unfit in moral character or professional conduct to be admitted to the Membership.

I/We certify from personal knowledge and repute that:

FULL NAME OF CANDIDATE _____

is as regards to character and professional conduct, a fit and proper person to be admitted as a Member of the Royal College of Paediatrics and Child Health and also that he/she has had a period of training in paediatrics which complies with the Examination Regulations.

PLEASE WRITE IN CAPITALS

(Please ensure you complete this section as fully as possible to avoid the candidate's application being returned due to lack of sufficient or invalid information).

Details of Proposer (1)	Details of Proposer (2)
Full Name in CAPITALS explaining all initials <i>(Please print your name clearly)</i>	Full Name in CAPITALS explaining all initials <i>(Please print your name clearly)</i>
_____	_____
Position _____	Position _____
_____	_____
Hospital _____	Hospital _____
_____	_____
Connection with applicant e.g. Supervisor	Connection with applicant e.g. Supervisor
_____	_____
_____	_____
Please tick Relevant Qualification and include your College code numbers not GMC numbers or candidate numbers.	Please tick Relevant Qualification and include your College code numbers not GMC numbers or candidate numbers.
Please provide your Date of Birth as an additional criterion by which your membership can be confirmed. This is useful where the code provided cannot be verified	Please provide your Date of Birth as an additional criterion by which your membership can be confirmed. This is useful where the code provided cannot be verified
<input type="checkbox"/> FRCPCH Code _____	<input type="checkbox"/> FRCPCH Code _____
<input type="checkbox"/> FRCP (UK) Code _____	<input type="checkbox"/> FRCP (UK) Code _____
<input type="checkbox"/> MRCP (UK) Code (for at least 8 years)	<input type="checkbox"/> MRCP (UK) Code (for at least 8 years)
_____ (London/Glasgow/Edinburgh)	_____ (London/Glasgow/Edinburgh)
*delete as appropriate	*delete as appropriate
<input type="checkbox"/> MRCPCH (UK) Code (for at least 8 years)	<input type="checkbox"/> MRCPCH (UK) Code (for at least 8 years)
_____	_____
NOTE: FRCP Ireland /MRCP Ireland are not acceptable	*NOTE: FRCP Ireland /MRCP Ireland are not acceptable*
Date of Birth _____	Date of Birth _____
Year of Election _____	Year of Election _____
Signature _____	Signature _____
Date _____	Date _____

SECTION 7- FURTHER INFORMATION AND CANDIDATE DECLARATION (see guidance notes 50-61)

Please state any reasonable adjustments that the college need to make in order for you to sit the exams

Examination Fees:

Fee Enclosed: £ _____

Please make cheques payable to “The Royal College of Paediatrics and Child Health.”
Cheques made payable to any other name will be returned to the candidate and may delay or invalidate your application.

Candidate declaration:

I declare that:

- 1) Within the last seven years I have passed one of the following: MRCPCH/MRCP (UK) Part I, MRCP (UK) Part 1 Paediatric option, MRCPCH Part 1A and 1B, or held an exempting qualification
- 2) I have read and understood the Examination Regulations and rules that are outlined in the MRCPCH Examinations Handbook.
- 3) I understand that places are limited and an application to sit the examination DOES NOT guarantee a place.

Signature _____

Date _____

PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETE AND NO SECTIONS HAVE BEEN LEFT BLANK. IF THE SECTION IS NOT RELEVANT, ENTER N/A OR NONE BUT DO NOT LEAVE IT BLANK. YOU MAY FIND THE CHECK LIST USEFUL TO ENSURE YOU HAVE COMPLETED AND ATTACHED ALL RELEVANT DOCUMENTATION WHERE NECESSARY.

PLEASE RETURN THE APPLICATION FORM TO THE LOCAL ORGANISER OR OVERSEAS CLINICAL ADMINISTRATOR AS APPROPRIATE.



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MRCPCH CLINICAL EXAMINATION

Guidance notes for completing MRCPCH Overseas Form D

Please read the MRCPCH Examination Regulations and these notes carefully before completing the application form.

**IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR APPLICATION IS COMPLETE AND CORRECT.
IF YOUR APPLICATION IS INCOMPLETE OR INCORRECT IT WILL BE RETURNED TO YOU.**

Code Numbers:

1. Please use the RCPCH candidate code number that has already been issued to you in previous MRCPCH Examinations. This number is unique to you and is your personal MRCPCH identification for as long as you remain a candidate.
2. Please quote this number in all correspondence with the College.
3. If you have misplaced your RCPCH code number, please ensure that you have completed your full name and date of birth correctly so that we can identify you correctly.

SECTION 1: PERSONAL DETAILS

Full name:

4. Please give your full name **EXACTLY** as it appears on the Diploma of your Primary Medical Qualification (e.g. Zeinab Salah Abd El Rahmin) and underline your last name (e.g. Dr Zeinab Salah Abd El Rahmin).
5. This is the name that will appear on any RCPCH Certificate awarded.
6. If you have changed your name by marriage or Deed Poll since you last attempted the Examination, you **MUST** provide evidence of this change with this application, in the form of the ORIGINAL certificate, affidavit or statutory evidence.

Correspondence and File Name:

7. If you are known by a different name to that given as your last name above, please write this here in full. This is the name that will be used for all correspondence to you (e.g. Dr El Rahmin) and this will **NOT** be used on any certificate awarded.

Correspondence Address:

8. The address you provide will be used in all correspondence including the address to which your admission document and subsequent results letter will be sent.
9. If using a hospital address, please also state the relevant Department.
10. If your address changes, please notify the College or centre as soon as possible by sending in a **signed and dated** fax or letter with your code number and new address.

Contact Details:

11. Please provide the most up-to-date contact details.
12. E-mail addresses are the preferred method used to contact overseas candidates regarding any queries, changes and/or updates so please make sure it is up-to-date.
13. If you do not access your E-mail account frequently please provide an alternate means of contact.
14. All telephone numbers should be given in full with country dialling codes – put all numbers by which we can contact you: mobile, home, work (and state your extension clearly, and your bleep if you have one).

SECTION 2: CENTRE

15. The choice of centres is usually only applicable to applicants applying to sit in one of the multi-centres in the GULF region.

16. Tick second and third choice centres **only** if you are prepared to attend the exam in that centre should your first choice centre be oversubscribed. Note that you will only be offered another centre if there are places available.

17. Where your second choice is offered we will contact you so please ensure you provide your current contact details.

18. Not all overseas centres hold an exam in each diet (e.g. 2007/3). Please check which centres are holding the MRCPCH clinical exam you wish to sit. The dates and centres can be found on the RCPCH website (www.rcpch.ac.uk).

SECTION 3: CURRENT POST

Please enter your;

19. Current position,

20. Hospital address and city where you currently work,

21. Dates of commencement of employment at this hospital and any expected termination date, if applicable.

SECTION 4: EXAMINATION DETAILS

This section needs to be completed in full

First and Primary Qualification:

22. State here which institution you received your medical qualification from, when and the type of Degree (e.g. University of Khartoum, Sudan, MBBS).

MRCPCH Examination History:

23. Please enter your previous Examination History; state the diets that the Examinations were taken*. If you are unsure of the diet, you may insert the date instead of the diet. Please refer to the eligibility chart in the application pack to help you.

24. You are allowed a maximum of three attempts in the Clinical Examination before having to re-enter the Part 1b Written Examination.

25. Please enter your 7-year registration period to confirm your eligibility to apply for this exam.

26. All your exams must be completed within 7 years of passing your Part 1.

27. You will have to re-take Part 1b if your application to the Clinical exam is out of the 7-year period (e.g. Part 1 pass 1999/1, Clinical Exam application 2007/3 – this is over 7 years).

28. Any Wait listing place you hold will extend your 7 –year registration period by the number of diets you are Waitlisted (e.g. your 7 years expires 2007/2, but you were waitlisted once in 2006/3, then your revised 7-year registration is extended by one diet to 2007/3 and you may apply to take the exam in 2007/3, likewise if you were waitlisted on 2 occasions your 7-year registration would be extended by two diets till 2008/1 and so forth).

29. **A chart helping you to work out your expiry dates is attached.**

Previous Clinical MRCPCH Examination History:

30. This applies to any MRCPCH Clinical exam you sat from 2004/1.

31. If you attended the exam put the diet and outcome (F- FAIL), (DF1-Deferred once), (DF2- Deferred twice).

Diet of Examination*	Example: 2009/2	2009/3	2010/1
Hospital in which Clinical Examination was held	Al Wasl Hospital - diatric Outpatient Department Dubai - U.A.E	kh Khalifa Medical Centre, Out-Patients Clinic Abu Dhabi	Hospital Centre
(F- FAIL) (DF1-Deferred once) (DF2- Deferred twice)	F	F	DF 1

32. If you applied to take the exam but were waitlisted or withdrew state this clearly which centre and diet you were waitlisted in. This will help verify your eligibility.

33. If you were Waitlisted at the last exam you applied for, please attach any relevant correspondence to confirm this.

State if waitlisted or withdrawn	Dubai 2009/2: waitlisted Kuwait 2009/1: withdrawn
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*All MRCPCH Exams are held three times a year as follows:

Part 1: 201X/1 usually held in January of each year
201X/2 usually held in May of each year
201X/3 usually held in September of each year

Part 2: 201X/1 usually held in April of each year
201X/2 usually held in August of each year
201X/3 usually held in December of each year

**MRCPCH Clinical Exam: 201X/1 usually held in February of each year
201X/2 usually held in June of each year
201X/3 usually held in October of each year

**Please note the overseas clinical exams may be held at slightly different times e.g. March instead of February for the first diet or May instead of June for the second and November instead of October for the third diet. The overseas dates are confirmed by the Host centres

SECTION 5: DETAILS OF RELEVANT ACUTE MEDICAL POSTS

34. You must complete a minimum period of training of two and a half years from the date of graduation given on your certificate of Medical Qualification before you can apply to the RCPCCH.

35. You should have spent a minimum of 12 months in posts involving the care of emergency paediatric patients. It is desirable also to have at least 6 months experience in a post in which there is a strong emphasis on responsibility for unselected emergency admissions.

36. Please note that Clinical Attachments in the UK do not count towards this 12-month period.

37. It is assumed that in your first year after graduation you will have worked 6 months as a house paediatrician (in the UK this is a pre-requisite to obtaining full registration with the General Medical Council).

38. If you have NOT worked for 6 months as a house paediatrician then you should have worked 12 months in the care of emergency paediatric patients.

39. This information is required by the College to ensure that candidates satisfy the entry requirements that are set out in the Examination Regulations, namely that they have at least two and a half years experience which must include 12 months acute paediatric experience since their date of graduation. This experience may be gained in any hospital throughout the world.

40. If this is your first attempt at the Clinical Examination, please list all posts held since the date of graduation (including all locum posts held). Please account for any gaps in your employment history.

SECTION 6: TESTIMONIAL

Please read carefully the notes below to ensure your form is valid and your application is processed.

41. Please ensure you insert your name clearly on the Testimonial form. It is proof that the proposers are nominating **you** for this exam. We will **not** accept applications where this is left blank - your application will be returned to you. This may result in you losing a potential place at the exam you have applied to.

42. Two sponsors must propose candidates on their first attempt at the Clinical Examination.

43. For subsequent attempt candidates you need to be proposed by one sponsor only. This can be either one of your original sponsors or a new sponsor.

44. Candidates must have worked (or for overseas candidates have taken a clinical attachment or an Honorary NHS Contract) post-registration with a sponsor within the five years prior to the date of registration for the Examination. A sponsor must be **one** of the following:

- o A fellow of the Royal College of Paediatrics and Child Health;
- o A Member of the Royal College of Paediatrics and Child Health of at least eight years standing;

- o A Fellow of the Royal Colleges of Physicians of the UK;
- o A Member of the Royal Colleges of Physicians of the UK of at least eight years standing.

45. For proposers who have MRCP only, please state clearly which College awarded you the membership as this helps verify the membership, i.e. London, Glasgow or Edinburgh.

46. **PLEASE ENSURE YOUR PROPOSER HAS COMPLETED ALL PARTS OF THE SECTION REQUIRED.** Proposers **must** provide their membership codes (NOT their exam or GMC codes). In addition it is useful if they can provide their date of birth as well, as this is another way for verifying their status as often the names are recorded differently on the RCPCH or MRCP databases or if the codes provided are incorrect.

47. If your proposer does not know their code/Membership number they **must** provide their date of birth.

48. If the proposer(s) cannot be verified then your application will be returned to you for you to find another sponsor, which will delay your application. It is therefore in your best interest to check and ensure that all parts of this section have been completed fully.

49. **Please note that Members or Fellows of the Royal College of Physicians of Ireland cannot be accepted as proposers.**

This section must be signed and **dated no earlier than six months** prior to the Clinical Examination date.

SECTION 7: FURTHER INFORMATION AND CANDIDATE INFORMATION

REQUIRED ADJUSTMENTS

50. If you have a disability, special need or medical condition that may affect your performance in the Examination then we advise you to submit details here so that we are aware that you may need assistance where possible. A medical certificate or consultant's report is required in support of this.

Examination Fees:

51. All fees are reviewed annually and are likely to increase as of 1st January each year. Please check the examination calendar for details.

52. Candidates from overseas, including Republic of Ireland, should submit a banker's draft/cheque drawn on an UK bank for the appropriate amount. Cheques/Drafts should show clearly the UK branch of the bank and their sort code.

53. The cheque should be payable to '**Royal College of Paediatrics and Child Health**'. Cheques made payable to any other name will be returned to you and will delay the application.

54. Candidates applying for a second or third attempt should check the validity of their cheques/drafts and send a new cheque/draft as appropriate. Cheques dated over six months old cannot be accepted and will be returned to you.

Candidate Declaration:

55. All candidates must sign **and** date the candidate declaration.

56. Failure to sign will result in the application form being returned.

57. All dates & fees are subject to change.

NOTES

- If you are applying for the Overseas Clinical Examinations then you must send the completed Overseas Form D and the appropriate fee to the relevant local overseas organiser (if you're applying for Kuwait then to the UK).
- Please note that we cannot accept applications by fax.
- Use the checklist provided to ensure you have completed and submitted relevant information.
- Please check the RCPCH website and Handbook for more details.
- If the application and fee is to be sent to the UK please send it to the address below and ensure that the exam centre is clearly marked as follows:

MRCPCH Overseas Clinical Examinations Administrator
Royal College of Paediatrics and Child Health
5 - 11 Theobalds Road
London

WC1X 8SH

MRCPCH Clinical Exam Centre: **(enter the centre you wish to apply for)**

NB: The Disability and Ethnicity form is optional. Its objective is solely to allow us to monitor our progress towards equal opportunities. The information supplied in these two sections will be kept confidential by us, and will be used for our internal monitoring purposes only and will not be published in the handbook. Please send this with your application form if you decide to complete it.