



# MRCPCH CLINICAL EXAMINATION

## INFORMATION FOR HOSTS

June 2019

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## THE AIM OF THE EXAMINATION

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

Candidates are expected to demonstrate proficiency in:

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

## THE FORMAT OF THE EXAMINATION

The examination is guided by important educational principles while holding to the considerable strengths of a clinical examination including the examination of real children. MRCPCH Clinical Skills Examinations are held in hospital centres across the UK 3 times a year and are held in hospitals overseas at various points in the year.

We refer to these periods as exam diets and in the UK, they are normally held in February, June and October. In the UK, examiners are also asked to volunteer to host the MRCPCH during these periods.

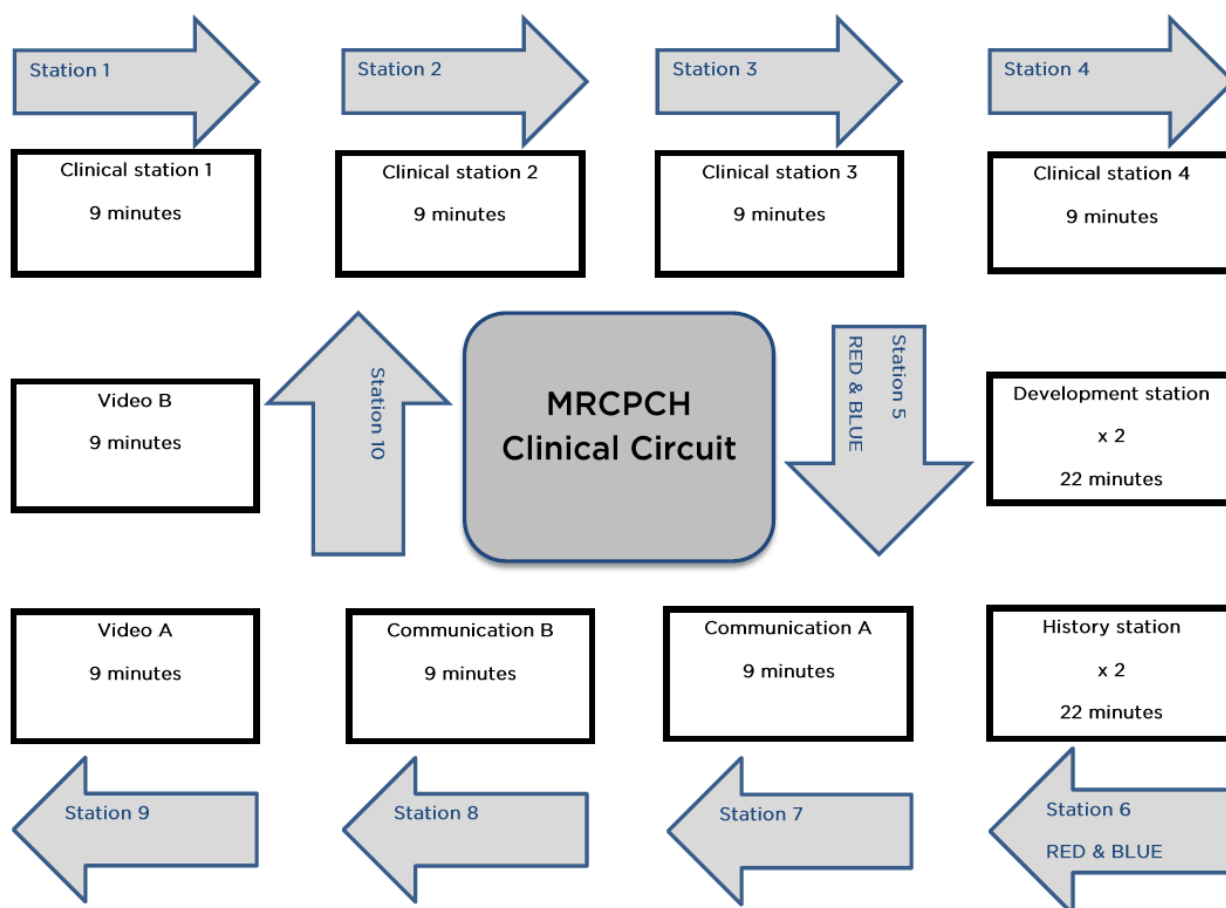
The Clinical Examination is popular with the children and families who help us, to whom we are extremely grateful.

## HOW DOES THIS EXAM DIFFER FROM AN UNDERGRADUATE OSCE?

- In many OSCEs, marks are awarded for each task, performed according to a yes/no checklist. Our exam requires not only correct process, but also the ability to identify problems or signs and the integration of these findings.
- Candidates are assessed on their performance in a number of domains, with each domain assessed across a number of stations. Domain marks (allocated using a three-point scale) will be used to generate a total score for the candidate. The total score will be compared against the exam cut-score (passmark, derived using specific standard setting methodology) to allocate an overall pass/fail grade.
- The stations are longer and the tasks more complex, in keeping with this being a postgraduate exam.

## THE EXAMINATION CIRCUIT

The basic examination circuit is represented in the diagram below



- 1 examiner per station. Candidates assessed by a different examiner at each station - performance at one station does not influence the next
- 12 examiners for each circuit, 1 additional examiner (senior examiner) for quality assurance / back up
- 24 candidates can be examined each day (12 in AM – 12 in PM)
- Candidates join at each station of the circuit (Development and History x 2) making 12 candidates in total. 2 candidates at a History station and 2 at a Development station at any one time (Red & Blue). Both stations are 22 minutes in length - the other 8 stations are 9 minutes duration.
- 4 min breaks between each station, including an initial 4 min of preparation/waiting time before each circuit begins.
- Under optimum conditions the entire circuit will take approx. 160 minutes to complete (all participants should prepare themselves for some delays).
- 6 station rooms requiring 'real' patients (Clinical 1-4 and Development x 2)
- History and Communication stations requiring professional role-players (Overseas centres may use trained staff or trained parents/carers for Comms/History stations)
- History, Communication and Video Consultation stations are all scenario based. Each scenario includes marking guidance/central benchmarking (Overseas centres may choose to develop their own History scenarios using the College History scenario template)
- Video station equipment: RCPCH to provide laptops/data sticks with 1 video clip for Video A and 1 video clip for Video B (laptop/data stick will be encrypted. RCPCH will provide passwords separately).

## BEFORE THE EXAM DAY

For MRCPCH clinical exams held in the UK, the RCPCH Exams Team will regularly send out requests to all MRCPCH examiners requesting offers to host the MRCPCH clinical exam.

Examiners who wish to volunteer their centre to host should confirm with the Exams Team as soon as possible.

The Exams Team will provide dates across a fixed week from Monday to Sunday (normally a week in February, June and October).

Host centres will ideally offer to host on two consecutive days. There is an option to host for just one full day.

Hosts who work in hospitals that have their own education and training centres may choose to hold the exam there while others may request permission to host on an outpatient's ward.

Once a centre is secured, the Exams Team will send the following documents to the host, many of which will need to be completed/filled in/signed and returned to the Exams Team.

- **Host Agreement**
- **Data Sharing Agreement**
- **Directions to the exam venue and delivery instructions for Clinical materials box/laptops/cash-card**
- **Clinical Exams Cash Card Policy**
- **MRCPCH Clinical Exam Financial Principles**

For exams held overseas, the RCPCH Exams Team will confirm exam dates months in advance. Overseas hosts/leads will secure the local examiners available for their exam days. Overseas hosts will need to secure between 7 and 9 local examiners per exam day depending on the centre.

- **Work Plan/Schedule**
- **Data Sharing Agreement (normally already signed unless new centre/host is being used)**
- **Directions to / address of the exam venue**
- **Clinical Exams Advance Request**
- **Any examiner visa requirements**
- **MRCPCH Clinical Exam Financial Principles**

## **NEXT STEPS**

Once Host Agreements/Work Plans are completed and signed, the Exams Team will create secure online workspaces for each host in order to share all relevant exam materials.

The College are currently using **SharePoint** to share files and documents electronically.

We will ask you for an email address and then invite you to a specified workspace which you will accept. Once accepted you must retain the workspace email confirmation link in order to access the workspace.

Many of the files that we will share with you electronically will also be provided to you when you receive the clinical box in the weeks before the exam.

Key documents that you will be able to access will include:

- Blank benchmarking forms for Clinical and Development stations
- Scenarios for History, Communication and Video Stations
- Examiner lists and contacts details (UK examiners)
- Role-player details
- Candidate lists/Register
- Examiner Station Allocation
- The MRCPCH Clinical Financial Principles document
- Family and Patient Information Sheet
- Video Station Laptop / Data stick passwords
- Any candidate Reasonable Adjustment instructions where applicable

## **DATA PROTECTION**

It is essential that all hosts understand the importance of sharing data securely, recognise their responsibilities with regard to data sharing and understand how to minimise personal risk associated with data sharing.

All UK-based organisations that control or process personal data are required to have a contract with any external partners with whom they share personal data. This can be in the form of an information sharing agreement. It is important that agreements are in place due to a legal requirement to comply with the new data regulations (GDPR). Any partner organisation that the RCPCH works with must agree to adhere to best practice principles and processes for data sharing and data retention.

A large amount of personal data and sensitive (or special category) personal data is processed in relation to the MRCPCH Clinical exam.

This data needs to be protected in accordance with UK regulations. As the RCPCH is UK-based, these regulations must be observed in all exam centres, including those outside of the UK. For further information about the College data protection policy please see our website.

### **What is a data breach?**

A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes. An example of a data breach would be losing a mark sheet containing candidate details. It might only be a minor breach, but it is important that you follow the reporting process as the RCPCH has certain obligations under GDPR that it needs to follow.

### **What are the consequences of a data breach?**

A security breach can have a serious impact on the College's reputation, this can lead to a lack of trust in the College.

If found in breach of GDPR regulations the ICO (Information Commissioner Office who regulate UK Data Protection legislation) could fine the College a significant sum.

The ICO can also impose a ban on processing and suspend transfers of personal data, which would bring an immediate end to our ability to hold examinations.

Under Section 170 of the Data Protection Act 2018, individuals can also face criminal prosecution for the offence of knowingly or recklessly obtaining, disclosing, retaining or procuring personal data without the consent of the data controller.

### **What are the Host centres responsibilities?**

If a data breach occurs, it is important that the College knows as quickly as possible. The sooner you report it, the more likely we are able to act to contain the situation to avoid further impact. If you suspect a data breach, please inform your Senior Examiner and the College Exams Team immediately after becoming aware of it, even if you are unsure whether or not the breach has actually occurred or if you don't yet have all of the information in relation to the incident.

The RCPCH have a legal obligation to report certain security breaches within 72 hours of becoming aware of the breach, so it is important we know about it as soon as possible so that we have time to decide about whether or not we need to report the incident to the ICO. Once the College is informed about the security breach, they will follow their security breach procedure and they may contact you to gather further information or to take some action.

If unsure, it is always best to report it.

All exam centre hosts will have signed a contract with the RCPCH confirming that they will transport and store all sensitive information securely. The responsibility for keeping data secure is shared with everyone involved in delivering the MRCPCH exams.

## COUNTDOWN TIMETABLE FOR HOST

The following is a guide and timeline to the key considerations and activities that host teams will need to have planned for when preparing to host an MRCPCH clinical exam:

### 6 MONTHS:

- Cancel Clinics/Book venue space or Education Centre
- Work out rooms needed (12 station rooms, examiner room, candidate room, patients waiting area)
- Start identifying suitable patients
- Notify colleagues & registrars of need for patients
- Build exam patient database/spreadsheet

### 4 MONTHS:

- Start list of patients using system heading e.g. Clinical 1-4 (CVS, Respiratory etc.) and Development. Identify which patients to place in the Clinical stations 1-4 and Development
- Assess from the list of patients what number will be needed for Clinical 1-4 and Development for each exam day
- Hosts to access RCPCH SharePoint workspace for their exam to access all relevant College exam documents
- Templates of letters to patients drafted
- Prepare station room plan
- Recruit helpers for exam day/s to help with timing of exam circuit, looking after patients/parents, registering candidates, supporting examiner team etc.
- Host Examiner organises team meeting to include colleagues, nurses, secretary, registrars, ward clerk/admin support, manager.
- Order hand wipes/gel and other important items
- Send college information about exam centre
- Overseas centres only: Recruit role-players for Communication and History stations. Confirm with College if using RCPCH History scenario or developing own scenario using History template
- Book accommodation for examiners (13-15 a day). Use fake names to reserve rooms if necessary. \*

*\* For exams held in UK centres: Once an examiner is approved to examine on the MRCPCH they will be contacted by the RCPCH Exams Team to request availability to examine.*

*The Exams Team will email exam dates and details of centres to examiners asking them to confirm availability approx. 4-5 months in advance of the examination week.*

*Once an examiner has confirmed the centre and date where they will examine, the Examinations Team will confirm and send details of their placement to them.*

**For exams held in overseas centres:** The RCPCH Exams Team will confirm dates with our overseas partners at least 6 months in advance of the exam dates. Once the dates are confirmed we will ask our overseas leads to recruit their local examiner team made up of examiners from that country/region. A percentage of the examiner team for all overseas centres will be made up of UK Senior Examiners which the RCPCH Exams Team will recruit.

Examiner recruitment and placement process will include contact details for the Host and Senior for that centre. Examiners agree for their contact details to be shared with the host team and vice versa.

The College reminds examiners to do everything in their power to attend exams and not to withdraw unless there is an emergency. There are rarely reserve/backup examiners available and non-attendance could result in the cancellation of an exam.

Examiners are asked to contact their host to confirm any required accommodation and whether they wish to attend the Examiners Dinner for that centre.

Examiners should book their travel to the exam centre as early as possible in order to help the College manage costs.

## **2 MONTHS:**

- UK centres only: Receive College bank card (to use for all associated exam costs)
- Overseas centres only: Confirm clinical advance amount – return completed clinical advance request form
- Book venue for examiners' dinner
- Book exam day catering for examiners, children & parents, staff, etc.
- Equipment check list
- Invite patients, including return acceptance form. Confirm consent from parents for their children to participate.
- Host and Senior Examiner to establish contact
- Senior Examiner to confirm patient recruitment details and suitability for exam

## **6 WEEKS:**

- Host Team meeting to familiarise host staff with details
- Check helper and patient numbers attending on exam day and **(for UK centres) order enough vouchers for all – anyone over the age of 15 must not receive monetary payment – vouchers only!**
- For the UK exam only: Professional role players' details for Communication and History Station will be provided by the RCPCH. Chase up if not confirmed.
- Receive Communication, History and Video Scenarios from College through SharePoint - \*If you are an overseas Host you must send copies of the role-player section of each scenario to your Communication and History role-players (make sure these are kept confidential – originals securely stored)
- Discuss all cases recruited plus scenario details with your Senior Examiner/the College. Highlight if you have any concerns.
- Receive examiner contact details from college.
- Send examiners a welcome letter/email with full explanation of arrangements.

## **2 WEEKS:**

- Host pack/box arrives: Check contents & confirm arrival with College. Ensure securely stored in a lockable area.
- Check there are enough patients for each exam station



- Preparation of circuit: Signs labelling for each station, enough staff to man circuit, enough furniture/equipment
- Prepare examiner folders/files
- Review Timetable and Layout of circuit
- Complete relevant sections of Clinical station 1-4 and Development station Benchmarking forms to include Development station checklists for all patients being used
- Host and Senior Examiner to maintain contact.
- Senior Examiner to confirm preparation on schedule and discuss any concerns/issues

#### **1 WEEK:**

- Withdraw any cash required for the day using College bank card
- Confirm patient attendance
- Check Video station laptop x 2 (or data sticks if host centre using own laptops) have arrived. Check Exams Team email guidance on password to access laptops and relevant video folder. Test encryption and video clips work. Ensure materials/equipment securely stored in a lockable area.
- Walk circuit with time keepers and Registrars
- If RCPCH Exam Team have not sent examiner station allocation, Host to think about allocating examiners to stations (in conjunction with senior examiner).

#### **NIGHT BEFORE EXAM DAY:**

- Check examiners have arrived at hotel (if applicable)
- Put up signs around hospital & circuit
- Ensure all the host sections of all patient benchmarking forms have been completed and are ready for examiner team tomorrow
- Manage any last-minute trouble shooting – cancelled patients etc.

#### **EXAM DAY (see page 20)**

#### **AFTER THE EXAM:**

- Liaise with designated RCPCH Exams Team staff regarding arrangements for securely returning mark sheets, benchmarking forms and laptops/data sticks back to College (ideally with all other exam pack materials including Senior Examiner Report) within 2 days of the exam day (DHL).
- Thank you letters to patients and parents
- Pay any outstanding bills (Taxis, catering etc.)
- Confirm reconciliation of all payments to College within 3 weeks of exam day
- Keep MRCPCH book of patients for next time
- Keep your associated exam equipment for next time in box labelled MRCPCH
- Retain contact numbers for hotels, catering, taxis etc....this will save your admin support hours of work next time.
- Complete RCPCH exam questionnaires (online or paper)
- **Please offer to host next year**

## HOSTING CONSIDERATIONS

### ROOM REQUIREMENTS

#### Scenario based Stations

- 2 rooms for the Communications Stations (to hold examiner, candidate, role-player, observer). Minimum requirements: 3 chairs. No bed or cot needed.
- 2 rooms (Red and Blue) for the History Taking stations (to hold examiner, candidate, role-player/parent, observer). Minimum requirements: chairs for role-player, candidate and examiner. No bed or cot needed.
- 2 small rooms not in bright sunlight for Video station (with power sockets, 2 chairs and table). This does not need to be clinical accommodation. A small administrator room or small office should be fine.

#### Clinical Stations – 1 to 4 - options:

- 4 reasonably sized rooms with bed/cot, table and several chairs for examiner, patient, parent/carer, siblings, observer, candidate (candidates normally remain standing in clinical stations)

#### OR

- 1 large area (a ward) to be divided into 4 Clinical Stations with bed/cot (to hold 4 children, 4 parents/carers, 4 examiners and 4 candidates) using blinds/dividers.  
\*If this is the only option, then the area must be large enough to avoid excessive noise/distraction across the 4 separated parts of the room.  
Not ideal!

#### Development Stations (Red and Blue):

- 2 large rooms (to hold 1 child, 1 parent/carer, 1 examiner, 1 candidate, siblings/observer) with low table and low chairs for child. Both rooms will have the RCPCH development materials pack laid out on a higher table for candidates to access and bring to the child on the lower table

#### Other Room Considerations:

- 1 large room for examiners for pre-exam briefing and post-exam meeting (to hold 15 plus)
- 1 large room for candidates for pre-exam briefing and post-exam meeting (to hold 12 plus)
- 1 patient waiting area – large enough for up to 30 patients and their parents
- The exam circuit/rooms/area should not be too noisy so the patient waiting area would ideally not be right next to the circuit
- If you are using Neuro / MSK patients in any of Clinical stations 1-4 you will need enough space for gait testing in that room
- Beds/cots should be appropriate for age of children and conditions
- Chair for candidate outside each station room with hand gel and water
- There may be a requirement for an additional small room or private area if a candidate requiring reasonable adjustment is attending. This will be a quiet, private area where they can read the candidate section of the Communication/ History/Video scenarios for a designated 12-minute period

## HOST TEAM: HELPER RECRUITMENT AND ROLES

Below is a timeline of an MRCPCCH clinical exam day for the Host Team. Timings may vary from centre to centre depending on delays/other issues.

General or station specific	Helper requirements
<b>Help required in build up to the exam day</b>	
<b>Patient recruitment</b>	<ul style="list-style-type: none"> <li>• Hosts may wish to ask consultant colleagues based at their hospital to share responsibility of hosting. Hosts will ideally be examiners, but it is not an essential criterion. We welcome multiple hosts to help with preparation and patient recruitment</li> <li>• Once a host or hosts have identified suitable patients for their exam day/s it is often the case that they will ask their administrative support team to assist with the confirmation of patients/parents. This will potentially include building a patient database for MRCPCH Clinical and sending correspondence to patients/parents</li> <li>• A lead registrar (or a number of registrars) may also be recruited to assist with the above</li> </ul>
<b>Booking of space, catering, financial record keeping and other related event prep</b>	<ul style="list-style-type: none"> <li>• As above, hosts may choose to share this responsibility, but these arrangements are often the responsibility of the hosts admin team. Some hosts may have just one lead admin support person while some may have a small team of admin support staff</li> </ul>
<b>Exam day help</b>	
<b>Timing the circuit</b>	<ul style="list-style-type: none"> <li>• One main time-keeper should be recruited for this responsibility. This is often taken by a lead registrar who will work with the host to coordinate activity on the exam day. It is essential that the lead time-keeper have a full understanding of all station timings</li> </ul>
<b>Clinical stations (1-4)</b>	<ul style="list-style-type: none"> <li>• A minimum of two helpers (registrars, medical students or other team members) are required for the warning knocks for the four clinical stations. These staff will work closely with the examiners in these stations (and the staff in the patient waiting area) to coordinate patients being allocated to these stations. They will ensure there is a patient present in these stations at all times during the exam and will check with the examiner if there is a need to swap a patient. They will also need to have a clear understanding with the host on which patients are assigned to which of the four clinical stations – e.g. what is the system focus for Clinical 1 and which patients have been assigned to this station etc.</li> </ul>
<b>Development</b>	<ul style="list-style-type: none"> <li>• A minimum of two helpers (registrars, medical students or other team members) are required for the warning knocks for the Red and the Blue Development stations. These staff will work closely with the examiners in these stations (and the staff in the patient waiting area) to coordinate patients being allocated to these stations. They will ensure there is a patient present in these stations at all times during the exam and will check with the examiner if there is</li> </ul>

	<p>a need to swap a patient. They will also need to ensure that both rooms are kept tidy between candidates – enter the room and organise the development toys and the room setup.</p>
<b>History</b>	<ul style="list-style-type: none"> <li>• A minimum of one helper (registrar, medical student or other team member) is required for the warning knocks for the Red and the Blue History stations. They will ensure that the role-players are present in these stations at all times during the exam. They will also need to ensure that the correct Candidate Information section of the relevant History scenario is available outside the station whenever a new candidate arrives outside to prepare (start of 4-minute break between stations).</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• A minimum of one helper (registrar, medical student or other team member) is required for the warning knocks for the two Communication stations. They will ensure that the role-players are present in these stations at all times during the exam. They will also need to ensure that the correct Candidate Information section of the relevant Comms scenario is available outside the station whenever a new candidate arrives outside to prepare (start of 4-minute break between stations).</li> </ul>
<b>Video</b>	<ul style="list-style-type: none"> <li>• A minimum of two helpers (registrars, medical students or other team members) are required for the warning knocks for the two Video stations. They will also need to ensure that the correct Candidate Information section of the relevant Video scenario is available outside the station whenever a new candidate arrives outside to prepare (start of 4-minute break between stations). Video station helpers should also take responsibility for setting up the laptop for their station, unencrypting the laptop and video file and setting the video clip up ready for candidates to play before each station starts. Helpers will need to enter their Video station room in between each candidate to ensure the video clip is set up ready to play. The Video station helpers should knock on the door after the first 3 minutes of each video station are over to indicate to stop viewing the video.</li> </ul>
<b>Candidate area</b>	<ul style="list-style-type: none"> <li>• One or two members of the team should be assigned responsibility for registration of candidates before both AM and PM circuits begin. Ideally a desk will be set up in the candidate waiting area for helpers to check candidate ID and then issue the correct candidate mark sheet pack to. They should also provide candidates with pencils and ask candidates to add their name and candidate number to each of their 10-mark sheets</li> </ul>
<b>Patient/Parent waiting area/patient swaps</b>	<ul style="list-style-type: none"> <li>• Depending on the number of patients recruited there may be a requirement for several play helpers to be recruited to cater for and keep patients occupied.</li> </ul>
<b>Porters and cleaners</b>	<ul style="list-style-type: none"> <li>• Hosts may have to recruit some porters/cleaners to help with set up of the exam circuit / exam rooms and to tidy up/clean the circuit/rooms.</li> </ul>

## PATIENT LED STATIONS: KEY CONSIDERATIONS

### PATIENT RECRUITMENT

Please apply the guidance provided below when recruiting patients for the MRCPCH Clinical Exam.

Stations	Helpful to have	Better to avoid
<b>Clinical stations (1-4) in general</b>	<ul style="list-style-type: none"> <li>• One of the major systems (majority of patients)</li> <li>• Reliable signs which are not too complicated for a junior doctor to pick up and interpret</li> <li>• Co-operative patients to allow physical examination</li> </ul>	<ul style="list-style-type: none"> <li>• Complex conditions</li> <li>• Children with severe neurodisability</li> <li>• Children with very complex cardiac murmurs</li> <li>• Normal children</li> <li>• 'Please do a general examination' type cases</li> <li>• Similar cases appearing in different clinical stations - Avoid duplication of systems examination for the same candidate Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>• Scars of previous operation</li> <li>• Murmurs that are specific to point to a diagnosis</li> <li>• Systolic murmurs</li> <li>• Examples: VSD, Pulmonary stenosis, Aortic stenosis, post op heart diseases with residual murmurs</li> </ul>	<ul style="list-style-type: none"> <li>• Uncooperative child</li> <li>• Diastolic murmurs</li> <li>• Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>
<b>Neurology/ Neurodisability</b>	<ul style="list-style-type: none"> <li>• Cerebral palsy with hemi or diplegia</li> <li>• Infantile hemiplegia</li> <li>• Cerebellar ataxia</li> <li>• Ataxia telangiectasia with eye signs</li> <li>• Neuromuscular conditions e.g. Duchennes Muscular Dystrophy</li> </ul>	<ul style="list-style-type: none"> <li>• Uncooperative child</li> <li>• Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>

<b>Musculoskeletal</b>	<ul style="list-style-type: none"> <li>• Joint swellings which are not tender or painful</li> <li>• Scoliosis</li> <li>• Ehler-Danlos with demonstrable findings</li> <li>• Marfans Syndrome, other connective tissue disorders with demonstrable findings</li> </ul>	<ul style="list-style-type: none"> <li>• Uncooperative child</li> <li>• Joint laxity without other features of a specific diagnosis</li> <li>• Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>• Cystic Fibrosis</li> <li>• Non CF bronchiectasis</li> <li>• Thoractomy and Sternotomy scars</li> <li>• Asthma and Harrison's Sulcus</li> <li>• Porta-cath in situ</li> </ul>	<ul style="list-style-type: none"> <li>• Uncooperative child</li> <li>• Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>
<b>Abdominal</b>	<ul style="list-style-type: none"> <li>• Hepatosplenomegaly, Hepatomegaly, Splenomegaly</li> <li>• Abdominal scars</li> <li>• Gastrostomy or PEG in situ</li> <li>• Transplanted kidney, palpable</li> </ul>	<ul style="list-style-type: none"> <li>• Uncooperative child</li> <li>• Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>
<b>Ophthalmology</b>	<ul style="list-style-type: none"> <li>• Squint in a cooperative child</li> <li>• Facial palsy like Bells palsy</li> <li>• Unilateral ptosis</li> <li>• Prosthetic eye</li> <li>• Horners syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Papilloedema</li> <li>• Uncooperative child</li> <li>• Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>
<b>Dermatology</b>	<ul style="list-style-type: none"> <li>• Severe eczema</li> <li>• Neurofibromatosis</li> <li>• Tuberous Sclerosis</li> <li>• Psoriasis</li> </ul>	<ul style="list-style-type: none"> <li>• Uncooperative child</li> <li>• Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>
<b>Development stations</b>	<ul style="list-style-type: none"> <li>• Children with a developmental age (not chronologic age) 1-5 years</li> <li>• A background for candidates to explore, in addition to picking up developmental issues</li> <li>• Downs syndrome</li> <li>• Ex preterm with dev delay</li> <li>• HIE with developmental delay</li> <li>• <b>Gross Motor</b> – e.g. 4-year-old with a history of delayed walking, clinical findings of delayed gross motor skills and a diagnosis of a neuromuscular disorder</li> <li>• <b>Fine Motor</b> – e.g. 6-year-old born prematurely with a delay in fine motor skills secondary to cerebral palsy</li> <li>• <b>Social</b> – e.g. 6-year-old with mild/moderate social communicative disorder</li> <li>• <b>Speech and language</b> – e.g. 7-year-old with dysarthric cerebral palsy</li> </ul>	<ul style="list-style-type: none"> <li>• Normal children</li> <li>• Profound delay</li> <li>• Too shy to interact</li> <li>• Too delayed to interact</li> <li>• Too young, likely to have limited cooperation</li> <li>• Severely autistic</li> <li>• Picking up a child from the ward on the day – the history element will limit this option</li> <li>• Patients without a current problem to focus on</li> <li>• Parents unable to give a concise history</li> <li>• Patients with significant communication issues who are not able to stay in the room for 13 minutes</li> <li>• Children who are significantly unwell or unfit to participate for 2.5-hour exam</li> </ul>

## **PATIENT NUMBERS (Minimum)**

There are 12 candidates in each session (AM/PM). The number of patients required will depend on how many times you think your patients can be examined in 2 ½ hours.

If you have 2 patients for each clinical station (Clinical 1-4), each will be examined 6 times in a session - 3 patients = examined 4 times - 4 patients = examined 3 times etc.

If you have 2 patients for each Development stations (RED & BLUE), each will be examined 3 times in a session – 3 patients = examined 2 times etc.

We recommend that host centres do not recruit more than 4-5 patients per station (5 maximum) otherwise the benchmarking process will not be completed in time for the start of the exam. There is always a risk that patients/parents may not turn up/cancel at last minute but having too many patients to benchmark will delay the exam start and may upset parents/patients if there is not enough opportunity for them to contribute.

For this reason, hosts sometimes recruit 5 patients for a station, but parents need to be aware that it is possible their child may not be used for the exam due to limited bench marking time. If this situation arises, parents and the child should be thanked profusely and any money/vouchers due to them, should be given prior to their departure. Hosts also have the option to consider whether this child could be used in another session, the next day etc.

In general, younger children should be examined fewer times in a session. Adolescents may be able to stay for a full day and will be more likely to tolerate being examined multiple times.

Patients (and role-players for overseas exams) can be requested to stay for both sessions (AM/PM). However, it can be tiring for patients to do both a morning and afternoon circuit. It is also important to consider any added difficulty for parents if they are also looking after other siblings. For parents/carers you should check if they have to look after any other children as well and that they do not have any conflicting responsibilities e.g. work, picking up another child from school etc.

Ask patients/parents/role-players to arrive for 08:45 in order that they can be in place for 09:00 latest to be assessed by the examiners. Patients arriving for the afternoon session should report for 12:50 in order to be seen by the examiners at 13:00.

Please remind patients that they are required to stay for the duration of the whole circuit/day and that lunch will be provided.

When confirming / inviting patients and parents to help with the exam please send them a copy of the 'MRCPCH Information for Families' document. This provides an overview of what the exam is about and what we are asking them to do.

Patients will be provided with a certificate (templates/copies provided by the College). Please ask one of your helpers to complete these (add names) to give to the patient before the patient leaves. Patients should also receive either a £20 voucher or £20 payment (15 years of age or below) for each session they help with. Please remember to do the same for patients who have very kindly come to the exam but for time limitations have not been used.

## **LANGUAGE CONSIDERATION**

Ideally, we ask that patients and parents/carers are able to speak/comprehend English. It may be the case that some centres will have families who do not speak English as their first language. Where host teams are not able to recruit patients and parents who understand English, special guidance is available to support the running of stations 1 to 5. Our Senior Examiners are trained in how to manage this.

Where parents/carers of patients recruited for the Development Station are not able to communicate in English a special Development Station pro forma document must be completed in advance of the exam day by the host team. This will most commonly be completed in overseas exam centres.

The host team will be required to meet the parent/carer to ensure they have captured all the key developmental history details and to ask some standard questions relating to the child's problems. The host team must also determine the patient's ability to undertake certain tasks. This can be done face to face or, when this is not possible, over the phone.

Each patient used must have a pro forma document completed before the exam day (see '*MRCPCH Development Station Benchmarking Form Integrated*'). This document can then be used by both the examiners during benchmarking and, if needed, be provided to an interpreter (usually a member of the host team who is able to speak English and the language of the parent/carer) who will be present in the Development station to interpret between the candidate, parent and examiner. It is important not to waste the candidate's time when attempting to gather key information regarding the patient's developmental history.

The candidate will ask key questions they have determined as important and the interpreter can use a combination of the information on the form and speaking with the parent/carer in order to answer the candidate's questions.

## EXAMINER STATION ALLOCATION

The RCPCH Exams Team and relevant Clinical Examination Chairs ideally attempt to allocate examiners to their stations before the exam day. These can be adjusted on the exam day if required during the examiners meeting before the circuit starts (particularly if examiners specialise in development or any of the system focus clinical stations).

All RCPCH examiners are expected to be able to examine on all stations. Some examiners may, for example, feel uncomfortable taking on development if this is not part of their everyday practice. Texts are available for anyone who feels the need to check facts on the day.



## EXAMINER ELECTS AND OBSERVERS

Examiner Elects (examiners in training) may be invited to attend your centre. These examiners will be assigned to a mentor who will normally be a more experienced examiner. We normally only allocate Examiner Elects to 2-day exam centres and try to ensure that no more than 2 Examiner Elects are placed at any exam centre. We communicate to both the Examiner Elect and Mentor in advance of the exam day and they are provided guidance on the first day observation and 2<sup>nd</sup> day shadow marking process. Photocopies of mark sheets should be provided to the Examiner Elect on day 1 and to the Mentor on day 2. These completed mark sheet photocopies should be collected at the end of the exam day along with all other mark sheets and benchmarking forms and returned to the College in the exam materials DHL box. Examiner Elects will participate in benchmarking on both days with their mentors.

Observers may also be invited to attend your centre. These are often staff or clinicians from other Royal Colleges or sometimes future hosts from other centres wishing to see how the exam is run. The Exams Team will request permission from you for observers to attend your centre in advance of the exam day.

## EXAM DAY SCHEDULE

Below is a timeline of an MRCPCH clinical exam day for the Host Team. Timings may vary from centre to centre depending on delays/other issues.

07:45:

- Host and host team staff arrive at centre to ensure all rooms are set-up and properly sign-posted

08:00 – 08:45:

- Examiner team arrive at host centre to meet host examiner
- Examiners gather in area/room allocated for Examiners for refreshments
- Senior Examiner's Briefing is held
- Examiner Pairs for benchmarking allocated / stations allocated

08:45 – 09:50:

- Host team register all exam candidates arriving at centre (check admission document and identification) – cross check against candidate list. Provide them with mark sheet pack and pencil. Ask them to add their name and candidate number to all of their mark sheets **using only pencil**
- Host team registers all patients/parents/carers arriving
- Host team will have assigned all patients to correct stations
- Host takes examiners on tour of the exam circuit
- Host team prepares patients to meet with examiners for benchmarking remembering only 1 hour to complete process for all patients – keep the examiners to schedule.
- Examiners begin to assess all patients/role players with benchmarking partner
- Examiners complete benchmarking forms properly and clearly
- Examiners to communicate with staff/helpers as to their requirements regarding swapping patients when needed
- If assigned to Communication / History station, examiners coach role-players for consistency
- If required, any minor customisation to Communication/History Station scenarios to match role player (rare).
- Host team to register all role-players on arrival and show them to their stations – offer refreshment and update them on timings for the day.
- Host team to leave relevant Communication / History/Video scenario outside correct room face down on chair
- Turn on laptops in both Video station rooms – un-encrypt – load up relevant video clip – check it matches the scenario – get it ready for first candidate
- Examiners for the Video station should watch the videoclip for their station and review the question and answers set by the RCPCH with their bench marking partner to ensure they agree with the guidance provided
- Ensure water available at each examiner station
- Ensure enough blank paper is available outside and inside each station (at least 30 sheets of blank paper per station)
- Senior Examiner and Host to meet all candidates for a briefing and quick Q&A. Read Senior guidance
- Senior or host to provide assistance / guidance to any candidates requiring reasonable adjustment (e.g. extra private scenario reading time)
- Just before start of exam Senior/Host to show candidates around exam circuit and place them at their start stations
- Warn all examiners that the circuit is about to begin and ensure they are prepared

10:00 – 12:30:

- Start exam at 10:00: Everyone must be ready by 09:56: This allows candidates time to read information provided outside their room where relevant. The first bell should ring at 1000
- 4-minute breaks between stations
- Host team ensure timing, knocks and bells are accurate, clear and audible. In addition to each knock, helpers should also open and close the examination room door to ensure this time mark is noted in the room.
- Host team ensure candidates are using their route maps and going to the right station
- Ensure Development patients/parents/role-players and History role-players leave rooms at 13 minutes
- Ensure correct scenario is outside scenario-based station rooms
- Ensure candidates have water if needed during 4-minute breaks
- Ensure examiners have refreshments if needed during 4-minute breaks
- In an emergency ask to speak to the Senior Examiner if you are unsure on how to proceed.

12:30 – 13.00:

**End of AM circuit**

- Examiners have finished completing mark sheets clearly, in full, using pencils and retained all mark sheets in their folder – examiners to leave room and take mark sheets to the examiner area. Ensure they have ticked all domains on front of each mark sheet and all corresponding feedback boxes on back for any Borderline or Below Standard domain marks
- Return all candidate mark sheets and benchmarking forms to senior examiner/host helper
- Ensure all exam materials are stored in a secure lockable area
- Arrange for hand out of patient certificates and vouchers if any patients are leaving at this stage. Ask patients to complete questionnaires and collect to return to College
- **LUNCH**
- Senior, Host and examiner team discuss any individual candidate concerns, particularly any Unprofessional Conduct concerns
- Examiners cross check their mark sheets to ensure they have entered a domain mark and corresponding feedback ticks for each candidate assessed – also check examiner name/number/scenario number or any other important information isn't missing.
- Senior Examiner to add any important information into Senior Examiner Report
- Host helpers may be asked to scan AM candidates mark sheets (front and back) and save to designated folder on laptop (one of the Video station laptops). 120-mark sheets to scan. Check each sheet scanned correctly.
- If host helpers do not scan between morning and afternoon circuits, they can put the morning marksheets in order grouped by candidate from station 1-10 and then return them to a secure spot agreed upon with the Senior Examiner so they can be scanned after the afternoon circuit.

13:00-13:50:

- Examiners asked to go and begin to assess all patients/role players with benchmarking partner for PM circuit
- If same patients used in AM/PM, then examiners allowed to simply review benchmarking forms from AM – make revisions additions only where necessary
- Examiners to communicate with staff/helpers as to their requirements regarding swapping patients when needed
- Host team register all PM exam candidates arriving at centre (check admission document and identification) – cross check against candidate list.
- Host team register all patients/parents/carers arriving
- Host team will have assigned all patients to correct stations
- If assigned to Communication / History station examiners coach role-players for consistency
- Host team to leave relevant Communication / History/Video scenario outside correct room face down on chair
- Turn on laptops in both Video station rooms – un-encrypt – load up relevant video clip – check it matches the scenario – get it ready for first candidate
- Examiners for the Video station should watch the videoclip for their station and review the question and answers set by the RCPCH with their bench marking partner to ensure they agree with the guidance provided
- Ensure water available at each examiner station.
- Ensure enough blank paper is available outside and inside each station (at least 30 sheets of blank paper per station)
- Senior Examiner and Host to meet all candidates for a briefing and quick Q&A. Read Senior guidance.
- Senior or host to provide assistance / guidance to any candidates requiring reasonable adjustment (e.g. extra private scenario reading time)
- Just before start of exam Senior/Host to show candidates around exam circuit and place them at their start stations

- Warn all examiners that the circuit is about to begin and ensure they are prepared

14:00 – 16:30:

- Start exam at 14:00: Everyone must be ready by 13:56: This allows candidates time to read information provided outside their room where relevant. The first bell should ring at 14:00
- 4-minute breaks between stations
- Host team ensure timing, knocks and bells are accurate, clear and audible. In addition to each knock, helpers should also open and close the examination room door to ensure this time mark is noted in the room
- Host team ensure candidates are using their route maps and going to the right station
- Ensure Development patients/parents/role-players and History role-players leave rooms at 13 minutes
- Ensure correct scenario is outside scenario-based station rooms
- Ensure candidates have water if needed during 4-minute breaks
- Ensure examiners have refreshments if needed during 4-minute breaks
- In an emergency ask to speak to the Senior Examiner if you are unsure on how to proceed

16:30 – 17:30:

#### **End of PM exam circuit.**

- Examiners have finished completing mark sheets clearly, in full, using pencils and retained all mark sheets in their folder – examiners to leave room and take mark sheets to the examiner area
- Return all candidate mark sheets and benchmarking forms to senior examiner/host helper
- Senior, Host and examiner team discuss any individual candidate concerns, particularly any Unprofessional Conduct concerns
- Examiners cross check their mark sheets to ensure they have entered a domain mark and corresponding feedback ticks for each candidate assessed – also check examiner name/number/scenario number or any other important information isn't missing.
- Senior Examiner to add any important information into Senior Examiner Report
- Host helpers may be asked to scan PM candidates mark sheets (front and back) and save to designated folder on laptop (one of the Video station laptops).  
120-mark sheets to scan. Check each sheet scanned correctly.
- Hosts and Seniors must email the RCPCH Exams Team to inform them when all mark sheets have been scanned and that once scanned any files saved on hospital systems have been securely deleted.
- Hosts and Seniors must email the RCPCH Exams Team to inform them of any candidates who did not arrive/attend the exam day – please email candidate numbers only – do not include names.
- End of exam day. If examining at a one-day centre examiners will leave/return home. If examining at a 2-day centre, examiner dinner arrangements confirmed.
- Ensure all exam materials are stored in a secure lockable area and available to key staff to arrange for delivery to RCPCH via DHL.
- Arrange for hand out of patient certificates and vouchers. Ask patients to complete questionnaires and collect to return to College

## **BENCHMARKING**

Examiners benchmark in pairs. Each pair will set the criteria that would be expected from the candidate for each station domain to 'Meet Standard'.

The benchmarking for each domain for the History/Communication/Video stations is centrally set by the relevant scenario writing groups and is included on the scenarios. Examiners for these stations need only check the scenario with their bench marking partners in order to prepare for their stations. Examiners on Communication and History should also meet with their role-players to check understanding of what role-players are required to do before the exam circuit begins.

A benchmarking record sheet is provided for all four clinical stations and the development station. Hosts complete part of the form and the examiner pairs complete the rest. Completed benchmarking forms must be referred to during the exam and will be collected and filed with all the papers for that examination and returned to the RCPCH after the exam day for review at CEB and Appeals.

Benchmarking is a great time to remember to thank all the children and families who have been extraordinarily generous in helping us with the exam.

It is not possible to repeat the benchmarking discussion during the circuit.  
If issues arise during the exam, please ask the senior examiner to assist.

In the Clinical stations, if there are any potential concerns relating to protecting the modesty of patients or ensuring that they are treated respectfully, please ascertain this from the patients before benchmarking begins and ensure that the examiners reinforce this to the candidates as part of their introduction.

Benchmarking should ideally not create an extensive tick list. It cannot completely replace the expert judgements examiners make as they mark each domain.

It is important to highlight that benchmarking should not simply be a process of transferring sections of Anchor Statements onto a benchmarking form. Please stress this to the examiners.

### **Benchmarking Forms for Clinical 1-4 & Development**

Both forms need to have the host sections completed in full for each patient used. Host teams will notice that the first 4 pages of the Development Benchmarking form are different to the Clinical forms. These additional pages are there to help overseas hosts in particular when they may be using patients that may not speak the same language as the candidates and examiner.

Hosts are asked to gather all the important details required to complete pages 1 and 2 in order to assist if an interpreter is required. Whether an interpreter is required or not for any of the patients used the Exams Team have highlighted the sections in yellow that Host teams will need to complete for each patient before the exam day and have ready for their interpreters/examiners on the exam day. If Hosts need interpreters we strongly urge you to rehearse these pre-documented sections with them so that they are ready before the exam day.

We have highlighted in yellow sections for the Clinical station benchmarking forms that the Host team will need to complete for each patient before each exam day to have ready for the examiners.

## **TIMING OF THE EXAMINATION**

All candidates can expect to be examined for the full allotted time. There may however be occasions when candidates will finish individual stations early.

If this occurs examiners are instructed to ask the candidate whether they have finished, and the candidate/examiner/patient/role-player should remain seated until the end of the station.

Strict time keeping is essential. It is important to assign the responsibility for time keeping of the exam circuit to a reliable member of your team and to arrange practice runs on circuit timings before the exam day.

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

- Clinical 1 – 4: Start station – candidate enters room  
At 6 mins: Knock on door, signal to examiner/candidate, 3 mins left  
9 mins: Bell rings, door opened
- Development: Start station – candidate enters room  
At 9 mins: Knock on door, signal to examiner, 4 mins left  
(Note – This also provides candidates and examiners an opportunity to evaluate if enough time has been devoted between history taking and developmental assessment of child)  
13 mins: Door opened. Family leaves station  
19 mins: Knock on door, signal to examiner/candidate, 3 mins left  
22 mins: Bell rings, door opened
- History Taking: Start station – candidate enters room  
At 9 mins: Knock on door, signal to examiner, 4 mins left  
(Note - examiners and candidates may hear the bell being sounded outside for the other 9-minute stations)  
13 mins: Door opened. Role-player leaves station  
19 mins: Knock on door, signal to examiner, 3 mins left  
22 mins: Bell rings, door opened/curtain drawn
- Communication: Start station – candidate enters room  
6 mins: Knock on door, signal to examiner, 3 mins left  
9 mins: Bell rings, door opened
- Video: Start station – candidate enters room  
At 3 mins: End of time for candidate to read scenario and view video clip  
6 mins: Knock on door, signal to examiner/candidate, 3 mins left  
9 mins: Bell rings, door opened

## **Stations 1 - 4: Clinical (1-4) - 4 stations x 9 minutes each**

**Aim:** Assess clinical examination technique and interpretation of clinical signs. Cases are modelled on the “short cases” in a traditional clinical examination. 1 patient and 1 examiner for each station.

### **Host Guidance:**

- Parent and child available in each station
- There will be a knock on the door after 6 minutes to indicate to candidates and examiners that there will be 3 minutes remaining before end of station
- The candidate is expected to discuss the implications of their findings with the examiner in the remaining 3 minutes.
- If tired, the parent and child may be swapped during 4-minute break between stations

The College acknowledges the difficulty faced by host examiners in consistently being able to recruit enough cases for a fixed range of specific system stations (e.g. enough Abdo cases for Abdo station).

Hosts now have a number of options to create more flexibility with patient recruitment and are free to choose what the system area/s of each of the 4 clinical stations will be (example options provided below – other options can be considered based on patient availability).

	<b>Clinical 1</b>	<b>Clinical 2</b>	<b>Clinical 3</b>	<b>Clinical 4</b>
<b>e.g. Option 1</b>	CVS	Neuro/MSK	Resp	Abdo
<b>e.g. Option 2</b>	Neuro	CVS/Abdo	MSK	Resp
<b>e.g. Option 3</b>	Resp/Abdo	Neuro	CVS	(combination of others –not CVS/Neuro/Resp/Abdo)
<b>e.g. Option 4</b>	Neuro	CVS	Dermatology	(combination of others – not Neuro/CVS/Dermatology)

Candidates will be presented with a patient whose medical issue could be related to any of the following areas/categories (dependant on patient availability):

- CVS
- Neurology/Neuro-disability
- MSK
- Respiratory
- Abdominal
- Gastroenterology
- Ophthalmology
- Dermatology
- Hepatology/Haematology, Growth and nutrition
- Nephrology
- Other- Syndromes

**\*Please note. It is important that hosts ensure that the same system (e.g. CVS) is not assessed across the 4 clinical stations (as illustrated in table above).**

During the benchmarking process, examiners in clinical stations must agree on an introduction/task related to each child/case used. This introductory statement is to be provided to each candidate verbally at the beginning of each clinical station.

**The system focus must be referenced within the task/introductory statement e.g. CVS.**

Examples of children/cases and possible introductory statements:

Example 1: This is..... She is 14 years old and has difficulty walking can you examine her neurology system

Example 2: This is ..... He is 7 years old and has been referred by his GP after finding a murmur during an examination for a chest infection. Please examine the CVS system.

Example 3: This is ..... She is a 13-year-old with aches and pains. Please look at her back and examine her gait.

Details on what is expected of candidates when performing clinical examination of children are available on the RCPCH website [here](#)

Further guidance for hosts:

It is necessary for the host examiner to carefully select children with important and clear clinical signs. Hosts are asked to avoid selecting children with rare syndromes unless they have appropriate clinical signs, as spot diagnoses are tested elsewhere. It is best not to select children with severe disease (e.g. severe spastic quadriplegia) where a meaningful examination cannot be performed.

A manikin or model may be used in an emergency situation in a clinical station if no child is available.

Testing of life support and resuscitation skills is demanded of all entrants to higher specialist training in the UK so **it is not required in the MRCPCH clinical exam.**

Hosts are instructed to provide completed sets of benchmarking forms with case summaries for the examiners for every case that is to be used. These should include:

- child's first name only, case reference ID and age
- child's problem list
- child's abnormal findings on examination, including those outside the system which is being examined

It is the responsibility of the examiners to ensure that signs are present on the day of the exam.

**Benchmarking:**

The Clinical stations may be paired together with the Communication and Video station (senior examiner to determine).

Hosts are expected to complete their relevant sections of the clinical benchmarking forms for each patient before the exam day. On the day of the exam, examiners will then need to agree criteria for all domains to be tested, If the two examiners have any difficulty with benchmarking, the senior examiner should be asked to join the discussion.

Please refer to the clinical station benchmarking forms for further guidance.

**Station 5: Development station – 1 x 22 minutes (2 stations running in tandem)**

*Please note that there are two Child Development stations running in parallel in each circuit – “Red” and “Blue”. There will be an examiner present in both stations.*

**Aim:** to assess the candidate's ability to perform developmental assessment by;

- Information gathering (relevant history taking) from the parent / carer or child
- Clinical developmental assessment of the child
- Appropriate use of toys and other equipment for assessment provided at the station
- Discussion with examiner on findings and management plan

**Host Guidance:**

- Parent and child available in each station
- There will be a knock on the door after 9 minutes to indicate to candidates and examiners that there will be 4 minutes remaining before the patient and parent will leave the room. Examiners to remind candidates 4 minutes left.
- The parent and child will leave the room after 13 minutes.
- The candidate is expected to discuss the implications of their findings and the child's management with the examiner in the remaining 9 minutes.

Suitable toys and other equipment are provided by the RCPCH and should be arranged neatly inside the room. Candidates are expected to select the most appropriate tools for the specific developmental assessment. Candidates are instructed not to bring their own toys or other developmental tools to prevent problems with safety.

**Further Guidance:**

- This is a 22-minute station
- Children recruited to have a developmental age of no more than 5 years



- Children recruited have mild to moderate developmental abnormality with or without a syndrome or neurological abnormality.
- 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.
- Formal psychometric testing will not be required.
- As there is not enough time to carry out a full developmental assessment, examiners will decide which aspect of development they wish the candidate to assess and this will be provided by the examiner in the task. Only one area to be assessed per candidate. Where a candidate has completed their assessment quickly or where the child is fractious or uncooperative, further instructions may be given.
- The room should contain a small table and two small chairs to allow the candidate to sit opposite the child.
- The toys/equipment should be provided on a separate high table from the small table used for testing. Toys should be laid out so that it is easy for the candidate to see what is available
- A mat should be provided to allow for play/testing on the floor.
- It is essential that a dedicated helper is allocated to the Developmental station to ensure the toys and other materials are tidied away after each candidate, allowing the examiner to focus on the assessment and ensuring that the children are not distracted.

### Examples of Children/Cases:

This station examines the candidate's ability to assess a specific 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 e.g. autistic spectrum disorder.

#### Example 1

4-year-old with right hemiplegia. Please gather the relevant information/history from the parent and assess his fine motor skills.

Tools should include the following:

- 12 x 1-inch blocks
- Scissors
- Colouring pencils and paper
- Small threading beads
- Picture book

History/Information gathered as relevant:

The aim should be to understand the reason for the child's difficulties, whether this is limited to one or multiple areas of development, the impact this has had on the child and family, and the contribution made from health, education and social care to support the child and family.

What is expected in assessment of fine motor skills:

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 using scissors? (age 3)

Can he draw a man with head, body, legs and arms?

Can he copy an X, V, H, T and O? Can he write his name?

Can he lace small beads? (large at 3)

How does he turn the pages of a book?

Does he perform well using both hands? – What is the functional use of each hand – is either used as a prop? Can he open a yogurt lid or a packet of crisps?

Vision – does he have a field defect obviously impairing fine motor skills?

#### Example 2

3-year-old girl with Downs Syndrome. Please gather the relevant information/history from the

parent and assess her speech and language development.

Tools should include small everyday objects and pictures

What is expected:

History/Information gathered as relevant:

The aim should be to understand the reason for the child's difficulties, whether this is limited to one or multiple areas of development, the impact this has had on the child and family, and the contribution made from health, education and social care to support the child and family.

- Information gathering can include– first cooing, babbling, words – when was first word with meaning, is she putting 2 words together – explore to ensure whether she is putting 2 words together, concerns about hearing, ENT interventions

Developmental assessment of speech and language:

Assessment of concentration and attention

Assessment of understanding

- Following a one or two stage command
- Does she know body parts?

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 whose sibling has social communication difficulties, ASD (Autistic Spectrum Disorder). Please gather the relevant information/history from the parent and assess whether you think it is likely that this child has ASD.

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

What is expected:

History/Information gathered as relevant:

The aim should be to understand the reason for the child's difficulties, whether this is limited to one or multiple areas of development, the impact this has had on the child and family, and the contribution made from health, education and social care to support the child and family.

Assessment of Speech and Language – gathering information/history from mother:

Family history of ASD.

Communication: speech history, anything unusual about way he speaks, learned phrases, socially inappropriate questions, pronoun reversal, pretend play and imitative play.

Social interaction: Assessment of interpersonal communication – does he point? Does he take mother to what he wants? Does he share toys? How good is his eye contact with others, does he prefer to play on his own? Does he get emotional when his mother does? Use of gestures? Friends?

Stereotypical behaviour: Assessment of ritualistic behaviour –does he like spinning, is he obsessive, rigid, routines? 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, does he enjoy directed play? Does he bring his toys to share?

### Example 4

18-month-old with development delay. Please gather the relevant information/history from the

parent and assess his fine motor skills.

History/Information gathered as relevant:

The aim should be to understand the reason for the child's difficulties, whether this is limited to one or multiple areas of development, the impact this has had on the child and family, and the contribution made from health, education and social care to support the child and family.

What is expected:

Assessment of grasp – scissors 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 towers (18-month-old should be able to build 3 or more)

Example 5

4-year-old with spastic diplegia GMFCS. Please gather the relevant information/history from the parent and assess his gross motor skills.

History/Information gathered as relevant:

The aim should be to understand the reason for the child's difficulties, whether this is limited to one or multiple areas of development, the impact this has had on the child and family, and the contribution made from health, education and social care to support the child and family.

Tools required: space to walk, stairs,

What is expected:

History: pregnancy and birth, motor development (sitting, cruising, standing on tip toes, cruising).

Enquire about upper limb function, use of a wheelchair if tired, how far can child walk

Observation of child walking with and without shoes. Inspection of any walking aid and of shoes.

Enquiry about skills on other surfaces, of ability on stairs (if unable to provide) and in playground, whether he/she can ride a trike.

Examination of wheelchair shoes and splints and asks appropriate questions about use.

Example 6

3-year-old with some loss of visual acuity. Please gather the relevant information/history from the parent and assess this child's functional vision.

History/Information gathered as relevant:

The aim should be to understand the reason for the child's difficulties, whether this is limited to one or multiple areas of development, the impact this has had on the child and family, and the contribution made from health, education and social care to support the child and family.

Tools required:

Black and white picture boards, keeler cards if possible, books/boards with clear pictures that can be held at a distance to functionally assess what can be seen far away. Small coloured beads or bricks so can name colours. Hundreds and thousands and smarties to assess whether they can see small objects. Fonts of different sizes.

What is expected:

History – birth and general development briefly. First concerns. Response to light – blinking in sun or to light being put on. Object recognition, face recognition (no sound), in isolation and picking a face out of a group. Bumping in to things, tripping up. How close sits to TV, use of a touch screen

Example 7

5-year-old child with ADHD. Please gather the relevant information/history from the parent and assess this child's neurodevelopment.

History/Information gathered as relevant:

The aim should be to understand the reason for the child's difficulties, whether this is limited to one or multiple areas of development, the impact this has had on the child and family, and the contribution made from health, education and social care to support the child and family.

What is required:

Gather information / History from parent of birth (may be premature) and major developmental milestones including behaviour and school performance. Should enquire about difficulties in school. Is there a family history of similar problems? Other possible questions are noted below.

Ask questions about:

Hyperactivity

- When seated does your child fidget, wriggle legs or squirm in his/her seat
- Is your child on the go as if driven by a motor?
- Does your child have difficulty staying in his/her seat at mealtimes or at a desk?
- Does your child have difficulty playing quietly?
- Does your child run about or climb excessively when it is not appropriate?

Impulsivity

- Does your child fail to wait their turn?
- Does your child blurt out answers before questions have been completed?
- Does your child interrupt others' conversations or play?
- Does your child often not think before acting e.g. running into the road?

Poor Attention and Concentration:

- Does your child have difficulty concentrating on activities requiring mental effort? Do they avoid such tasks? Give example
- Do you think it is because he/she can't help it or because he/she is deliberately stalling or refusing to do the task?
- Does your child have difficulty completing tasks? Give an example.
- Does your child get easily distracted? Give an example
- Does your child seem not to listen when spoken to directly? Do you think this is deliberate or because your child cannot help it?
- Does your child make careless mistakes?
- Does your child lose things or become forgetful?

Associated problems:

- Does your child have difficulty organising a sequence of activities?
- Does your child have difficulty estimating time e.g. how long 5 minutes is or getting ready for school?
- Does your child have problems with friendships?

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.

Details on what is expected of candidates when performing clinical examination of children are available on the RCPCH website [here](#).

Benchmarking:

The Developmental stations may be paired together or paired with the History station (senior examiner to determine).

Hosts are expected to complete their relevant sections of the Development benchmarking forms for each patient before the exam day.

On the day of the exam, examiners will then need to agree criteria for all domains to be tested including the developmental problems, how the candidate should gather information/take history from the parent and what the candidate should find and conclude. If the two examiners have any difficulty with benchmarking the senior examiner should be asked to join the discussion.

Please refer to the clinical station benchmarking forms for further guidance.

## **Station 6: History Taking and Management Planning – 1 x 22 minutes**

*Please note that there are two History Taking and Management Planning stations running in parallel in each circuit – “Red” and “Blue”.*

**Aim:** to assess that the candidate can take a focused history, be able to summarise, identify key issues, prioritise and formulate a management plan.

The task: will be similar to a focussed “long case”, usually with a role-player acting as a parent or adolescent.

For exams held in the UK: The RCPCH will provide scenarios and role-players. Role-player details will be sent to the host 6 weeks before the exam date.

For exams held overseas: Hosts will need to recruit suitable role-players for the scenario. If the host centre chooses to use the scenarios provided by the College, then role-player recruitment will need to be suitable for the scenario.

If the host centre decides to develop their own scenario, then they must use and complete the College MRCPCH Clinical History scenario template (see below – page 37). The College will check on progress and preparation with the host 6 weeks before the exam date.

The focus of a history could have a new diagnosis (e.g. epilepsy, headaches, joint pains etc.) or more often the candidate may be asked to address a specific problem regarding a child with established problems (e.g. weight loss in a diabetic child, feeding problems in a child with cerebral palsy, etc.).

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

### **Host Guidance:**

- Role-player available in each station
- There will be a knock on the door after 9 minutes to indicate to candidates and examiners that there will be 4 minutes remaining before the role-player will leave the room.
- The role-player will leave the room after 13 minutes.
- The candidate is expected to discuss the implications of their findings and the management with the examiner in the remaining 9 minutes.

### **Further Guidance:**

- This is a 22-minute station
- The room should contain a table and chairs to allow the candidate to sit opposite the role-player

Candidate section of the scenario: Written information will be provided about the candidate's role, clinical background and the task required. This is provided for candidates to read while they are sitting outside the station. The candidates will read these in the period between stations. The candidates should not remove the instructions from the station. The candidate should leave the instructions on the chair outside the examination station before going on to the next station.

Candidates will not be required to examine any patient.

The aim of the station for the candidate is to take a focussed history of the child/adolescent's problems. If role-players ask questions during the consultation, it may be appropriate for the candidate to answer these. The emphasis is on history taking during the first 13 minutes. The examiner will test the candidate's knowledge of the issues raised and the management plan after the role-player leaves the station in the remaining 9 minutes.

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

Examiner section of the scenario: The examiner should be provided with the full scenario including the information given to the candidate and role-player, and notes on important aspects about the child's history, examination and management.

The instructions for the role-player: These will include all relevant information and history that relate to the case.

**UK exams:** the role-players will have been prepared and trained through their agency and will also receive a copy of the scenario approx. 6 weeks before the exam. They will be guided as to what level of knowledge they should expect to exhibit.

Consideration is given as to how they might react if certain aspects are touched upon within the scenario.

**Overseas exams:** overseas hosts will recruit appropriate role-players for the station well in advance of the exam and rehearse the scenario with them regularly before the exam date. Guidance on the process can be provided by the relevant overseas PRE or the Exams Team. It is important that the examiner discusses these aspects with the role-player in advance at the beginning of the station.

**Benchmarking:** The MRCPCH History scenarios have been written and centrally standard set by members of the History Scenario Generation Group. As scenarios are generated and reviewed, the scenario group members set expected standards for 'meet the standard' criteria which are included in the final pages of the scenario. These standards, along with the anchor statements, should be applied for each candidate. In exceptional cases it is acceptable for examiner pairs to add additional information to the benchmarking guidance for the scenario, but it is recommended that the senior examiner be consulted first on the day before the examination begins, if this occurs.

The History station examiners should see the role-players for their station before the start of the circuit. They need to review the scenario and discuss with the role-player what he/she would expect to hear from a candidate. The examiner should gauge how the role-player should react. The role-player should be given some understanding of what a poor candidate might ask/say.

Role-players must be warned to keep details about the scenario confidential. Preparation of the role-players will be comprehensive, but examiners should run through the scenario with them before the start of the station. It is vital that the role-players are aware their "performance" should be consistent throughout the examination.

## **Stations 7 & 8: Communication Skills stations – 2 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 with a role-player. Candidates are asked to talk to a role-player parent and/or adolescent, a health professional or a member of the public. A telephone conversation e.g. with a role-player parent/doctor/or professional may be included.

Candidates may be asked to explain use of common medical devices. A manikin or model may be used in the station. There will be a specific task which will be one which a specialist registrar would be expected to be able to undertake.

**Candidate information:** written information will be provided about the candidate's role, clinical background and the task required. This is provided for candidates to read while they are sitting outside the station. The candidates will read these in the period between stations. The candidates should not remove the instructions from the station. The candidate should leave the instructions on the chair outside the examination station before going on to the next station.

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

**Role-player:** One at each Communication station.

**For exams held in the UK:** The RCPCH will provide role-players. Details will be sent to the host 6 weeks before the exam date.

**For exams held overseas:** Hosts will need to recruit suitable role-players for the scenario. The College will send scenarios to the host 6 weeks before the exam date.

The focus of the history could have a new diagnosis (e.g. epilepsy, headaches, joint pains etc.) or more often the candidate may be asked to address a specific problem regarding a child with established problems (e.g. weight loss in a diabetic child, feeding problems in a child with cerebral palsy, etc.).

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

**Scenarios:** For each scenario, the College will send (at least 6 weeks before the exam) 3 sets of instructions:

- one for the candidate - giving a clear indication of the candidate's role, the setting and the task to be carried out.
- one for the role-player - giving the setting, an explanation of their role, any relevant history and information and a list of questions that they may wish to pose to the candidate.
- one for the examiner - giving the above sets of instructions, an indication of important points of assessment and centrally set standards for examiner benchmarking pairs to work to.

The instructions for the role player: These will include all relevant information that relate to the case. The role-players will have been prepared and trained.

Role-players will be guided as to what level of knowledge they should expect to exhibit. Consideration is given as to how they might react if certain aspects are touched upon within the scenario.

It is important that the examiner discusses these aspects with the role-player in advance at the beginning of the station.

**Benchmarking:** All MRCPCH Communication scenarios are now centrally standard set by the Communication Scenario Generation Team. As Communication Scenarios are generated and reviewed, the Comms Group members set expected standards for 'Meets Standard' criteria which are included in the final pages of the scenario. These standards, along with the anchor statements, should be applied for each candidate. In exceptional cases it may be acceptable for examiner pairs to add additional information to the benchmarking guidance for the scenario, but it is recommended that the senior examiner be consulted first on the day before the examination begins, if this occurs.

The Communication station examiner should see the role-player for their station before the start of the circuit. They need to review the scenario and discuss with the role player what he/she would expect to hear from a candidate. The role-player should be given some understanding of what a poor candidate might say and be aware that such instances may occur, and that wrong information might be imparted – they should not rely on what is said to them by the candidates.

Role-players must be warned to keep details about the scenario confidential.

Role-players will need to be familiarised with any medical devices being used (e.g. inhaler, insulin syringe).

Role-players should also be warned that scenarios may be videoed for examiner training.

For exams held in the UK, the College has moved to recruiting professional actors to improve standardisation and quality of delivery but should there be an emergency and a staff colleague is forced to step-in, it is not essential for a professional to be present.



For some scenarios the age and sex of the surrogate may be important (e.g. father of a newborn, teenage girl etc.). If the scenario is with an adolescent, the College will endeavour to recruit somebody who will be able to role play as realistically as possible.

The examiner should be given all 3 sets of the communication scenario instructions and have read and understood them.

## **Station 9 & 10: Video station – 2 x 9 minutes**

**Aim:** The aim of the station is to assess the candidate's ability to make clinical observations and decisions that a trainee who is ready to progress into Level 2 training would be expected to make in clinical practice. The ability of the candidate to identify clinical signs which cannot be easily or safely assessed in other parts of the examination is examined here. Acute signs seen in emergency departments and neonatal units can be assessed in this station.

In addition to the identification of clinical signs, the candidate will be expected to discuss questions of differential diagnosis and initial management. Questions and pass standards are set and validated by the College exam board to ensure uniformity of benchmarking and appropriateness of content.

**Assessment:** Candidates will be provided with a brief background scenario relating to the video before they view the video clip. The candidate information states that they may pause or repeat the video, but this may affect the time available afterwards for the discussion.

Once in the station, the 1-2 min video can be played on a laptop or desktop computer.

The Examiner information within the scenario describes the clinical signs observed on the video and questions to ask the candidate. The structure for questions in every video station follows a standard pattern.

Expected answers/key observations are provided in the examiner information with those expected for 'meeting the standard' highlighted.

The video clips provided by the College may or may not be accompanied by sound. This will be indicated in the candidate and examiner information/scenario.

### **Station organisation:**

- One examiner will be present in the station.
- The formatted video clip should be saved on a laptop/desktop computer. This will be sent to hosts approx. 1 week before the exam day
- The examiner will also have an encrypted backup for the video clip on a data stick in case of technical issues. This will either have been sent to the senior examiner or the host 1 week before the exam day.
- Candidates will be provided with a scenario sheet relating to the video clip once they enter the station.
- All candidates will be allocated 3 minutes from entering the room to view the video clip.

- The Video station helper should knock on the door after the first 3 minutes are over to indicate to stop viewing the video. It is advised that examiners also time the first three minutes in case the knock is not heard.
- Many of the video clips are accompanied by sound recordings, but not all. The examiner will notify the candidate if the clip has sound or not as well as the general length of the clip. Candidates should not be concerned if a clip does not have sound. If the clip has sound headphones are provided.

Please note: It is very important that candidates do not take notes that they have made during the video station out of the video station room once they have finished.

Guidance for examiners: It is essential that both the senior examiner and host examiner view the video and read the scenario in full as soon as possible once received. They should check audio and visual clarity of the video clips.

Please see page 63 for an example of a completed Video scenario.

## **QUALITY ASSURANCE MEASURES**

Senior examiners are trained to manage any incidents that occur on exam days and are there to assist the host team in the event of any problems. Please consult with your senior examiner in the lead up to the exam and on the exam day.

In order to check on the reliability of the conduct and marking of exams the following steps will be taken:

- Where a child is upset, distracted or uncooperative during a clinical or child development station to such a degree as to make it impossible to undertake an examination, the affected candidates should be (where possible) provided with the opportunity to re-sit the station at the end of the circuit.
  - Should this occur, examiners should inform the senior examiner during an appropriate 4-minute break so that the candidate can be approached to resit the station. The examiner, host and senior should take care to select a suitable child who is unlikely to be distressed or uncooperative to complete the station.
  - If for any reason this is not possible, the senior examiner must provide a detailed account of the sequence of events within the Senior Examiner Report

Candidates will not fail the exam on the basis of a single encounter (unless there is serious unprofessional behaviour/conduct) but will be marked on an accumulation of marks.

### **Candidates Known to Examiners**

As each candidate will meet 10 independent examiners, we 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 very well known or related to the examiner.

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

### **Candidates requiring reasonable adjustment**

Adjustments may be made for a candidate with a disability or impairment (for example by permitting the use of specific equipment, additional time for reading scenarios etc.) but he/she would still be expected to demonstrate competence in all the domains/stations/tasks. The examiner will determine if the candidate reaches the standard expected under 'Meets Standard' in every domain.

Senior examiners and host will be notified by the RCPCH if any candidate is to be granted reasonable adjustment to their exam sitting. The details will be sent in advance of the examinations and the senior/host should arrange to meet and discuss the agreed arrangements with the candidate before they begin their circuit.

Adjustments may include providing the candidate with the relevant scenarios to read in private before their circuit begins. Candidates will normally be allocated 12 minutes to read the Communication, Video and the History scenarios being used on the day before they begin their circuit. Extra time or break stations may also be introduced if there is a requirement and if this is possible.

## SPACE, EQUIPMENT AND PATIENT REQUIREMENTS

Each station will need to be clearly labelled.

Each candidate is provided with a route map outlining the circuit to be followed. These are provided by the College and contained inside mark sheet envelopes.

Each candidate is given the route map with his/her correct starting station; each examiner will ideally be provided with a list of the candidates that they are to examine.

A chair will be required for the candidate to sit outside each station.

For the History Taking & Management Planning, Communication and Video stations, there will also need to be copies of the candidate section of the relevant scenario for the candidates to read. It is important that candidates do not write on these scenario sheets.

The host centre will provide sterile wipes, hand cleansing gel or hand washing facilities available for use either inside or outside the Clinical and Development station rooms before candidates or examiners examine patients.

As the examiners may, in exceptional cases, wish to alter the candidate scenario sheets, the host centre should have them on a computer with a printer nearby.

Blank paper and pencils for notes and pencil sharpeners should also be kept inside rooms and nearby to the circuit.

It is also helpful for each examiner to have a clock in their room.

General space requirements	<p>Waiting room for candidates</p> <p>Waiting room for patients and role players and play area for children and parents plus nearby toilets.</p> <p>Area for “reserve” patients and parents to rest</p> <p>Waiting room for examiners and helpers</p>
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### Stations 1, 2, 3 & 4: Clinical Examination stations 1- 4

Space	<p>Will need either:</p> <p>A combination of individual rooms (4) to hold individual patients, examiners and candidates.</p> <p>OR</p> <p>1 large area divided into 4 stations</p> <p>Host will attempt (based on availability of cases) to group</p>
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	<p>categories of cases together within each of the 4 Clinical stations</p> <p>For MSK and Neuro cases an area that will facilitate gait examination is advised.</p>
Equipment	<p>Clipboard for examiner for writing</p> <p>Folders for mark sheets</p> <p>Mediwipes or hand gel or hand basin with alcohol swabs</p> <p>Medical equipment – stethoscopes, tape measure, torch, neurological tray (tendon hammer, cotton wool, non-penetrating disposable sharps (e.g. neurotips), tongue depressor, ophthalmoscope etc.</p>

### Station 5: Child Development station

Space	<p>2 large rooms ideally near each other.</p> <p>Chairs for candidate, examiner, and parent/child.</p> <p>It is imperative that a helper is assigned to each of these stations to ensure that the toys/equipment are tidied and re-organised after each candidate. The helper will also be required to assist examiner with swapping of patients.</p>
Equipment for child development station provided by RCPCH Examinations Team (2 bags are provided)	<p>Cotton reels</p> <p>Crayons</p> <p>Inset boards – wooden peg puzzle</p> <p>Laces</p> <p>Picture Book</p> <p>Safety Scissors</p> <p>Sponge ball</p> <p>Spoons</p> <p>Toy animals</p> <p>Toy cars</p> <p>Toy cups</p> <p>Toy saucers</p> <p>Wooden cubes</p> <p>Clipboard for examiner for writing</p> <p>Folders for mark sheets</p>
Equipment to be provided by the host centre	<p>Small table and two small chairs – big enough for candidate to sit on – available in both rooms</p> <p>Floor mats for both rooms</p> <p>Paper for drawing and cutting</p> <p>Blank paper and pencils for examiner and candidate</p> <p>Books with pictures of everyday objects and action pictures for describing/understanding assessment</p> <p>Container for assessing in and out, on and under</p>
Patients	3 – 4 per station depending on age and temperament

### Station 6 (Red) & Station 2 (Blue): History Taking and Management Planning (two stations)

Space	<p>2 rooms near each other</p> <p>Chairs for candidate, examiner, and role-player</p> <p>Examiner should be out of candidates' line of vision.</p>
Equipment	<p>Candidate instruction sheet on chair outside</p> <p>Examiner instruction sheet</p>

	Role-player instruction sheet Clipboard for examiner for writing Folders for mark sheets Any device required for station (e.g. inhaler)
Role-players	2 (1 for Red and 1 for Blue) recruited by the College.

### Station 7 & 8: Communication stations

Space	2 rooms Chairs for candidate, examiner and role-player Examiner should be out of candidates' line of vision.
Equipment	Candidate instruction sheet on chair outside Examiner instruction sheet Role-player instruction sheet Clipboard for examiner for writing Folders for mark sheets Any device required for station (e.g. inhaler)
Role players	2 role players per day

### Station 9 & Station 10: Video stations

Space	2 rooms with
Equipment	1 x desk or table with power socket & extension lead, if required. 1 x laptop/desktop computer 1 x headphones that are suitable for the computer (back up computers laptops maybe required if host centre have any concerns regarding the operational functionality of the laptops being used) Area must be shielded from glare on screens. Security for laptops. USB stick with encrypted relevant video clip Relevant scenario (examiner and candidate section inside room – candidate section only outside room Copy of scenario – full printed version for examiner – candidate section only for candidate. Clipboard for examiner for writing Folders for mark sheets

## AFTER THE EXAM

### HOW TO RETURN THE MARKSHEETS & BOX TO THE COLLEGE

The Host Examiner is responsible for the return of all the exam materials to the College.

All of the exam paperwork for each day/circuit will be compiled by the Host / Lead Registrar / Host centre Admin staff.

Important: While it is permitted to discuss candidate marks and feedback concerns in the examiner debriefing meetings on the day of exams, it is not permitted to discuss this outside of this meeting/once the exam day is over. If examiners or host staff are found to be discussing or making records of confidential candidate results outside of these meetings without the express permission of the RCPCH, immediate action will be taken.

### RETURN OF THE CLINICAL EXAM BOXES

Hosts are required to neatly place all of the exam materials back into the clinical exam boxes. These materials include:

- All completed candidate mark sheets
- All completed benchmarking forms for Clinical stations 1-4 and Development station
- Any completed Senior Examiner Reports
- Any examiner pairing charts (if pairing done by the exam centre)
- Any completed Examiner Elect Assessment Forms
- All guides and paperwork including anchor statements and blank spare mark sheets
- Laptop crates for the Video station (If laptops have been provided)

Please organise the marksheets in order by candidate and then in order by station (1-10). Then place the mark sheets in the white Tyvek envelopes provided, seal the envelope and place into the DHL box.

Host centres will have been sent a portable scanner in order to scan mark sheets to save to the video station laptops. Please refer to the guide for the scanner to aid host staff in making scans of all the completed mark sheets (front and back) for each exam day. If we require you to return the scanner (all UK centres), please include this in the DHL box to return along with laptops/exam materials. Hosts will ideally assign these responsibilities to a reliable member of the team. Please contact the Exams Team if you have any queries.

Once all materials are ready to be returned, please send to the RCPCH the day after the last day of your exam by DHL. Please ensure that mark sheets, all records of candidate feedback/scores, laptops and scanner are stored securely and locked away after the exam day has ended. Please ensure that nobody has access to these materials other than the Host Examiner and key Host staff. Candidate results, and feedback must not be discussed or shared with anyone other than the Senior Examiner and the RCPCH Exams Team.

If you or the Senior Examiner notice that there is insufficient information on a mark sheet, please hand back to the relevant examiner and request they provide more details. All domains on front must have a mark and if any mark is a Borderline or a Below Standard then the relevant feedback box for the domain must be ticked on the back.

For the Video station, we have sent you laptops in order to run the video clips. Some host centres may be using their own laptops and playing the video clips from a data stick that we have sent. If laptops have been sent, then we ask that you keep them securely locked away until such time as DHL come to collect them. Laptops should be carefully packed away in the crates and any password materials should be deleted / destroyed once the exam day/s are over.

For the return of MRCPCH Clinical Examination marks please contact the relevant MRCPCH Clinical Administrator:

Telephone: 020 7092 6000

On exam days, staff will be at the College from 8.30am (UK time) each morning until 5:30pm if you have any queries

At the end of each exam day, please email the relevant Exams Team staff the candidate numbers of any candidates that did not arrive/attend the exam.

## FEEDBACK TO COLLEGE

Notes from the exams have been central to much of the examination development and revision. This process continues. Please do discuss problems, ideas, or possible innovations with the senior examiner, or send notes directly to the College.

Hosts and patients will be asked to complete questionnaires (either online or using paper forms) in relation to their observations and experiences of the exam. Please complete and return as soon as possible.

**Thank you for hosting the MRCPCH Clinical Exam**

**APPENDIX 1: MRCPCH CLINICAL CIRCUIT TIMETABLE: EXAMPLE**

Station No.	1	2	3	4	5R	5B	6R	6B	7	8	9	10
<b>Timing</b>	<b>Candidate Number</b>											
- 04	101	102	103	104	105	106	107	108	109	110	111	112
+09	Swap to Next Station in Sequence								Swap to Next Station in Sequence			
+13	102	101	104	103					110	109	112	111
+22	All Out and Swap to Next Station in Sequence											
+26	111	112	101	102	103	104	105	106	107	108	109	110
+35	Swap to Next Station in Sequence								Swap to Next Station in Sequence			
+39	112	111	102	101					108	107	110	109
+48	All Out and Swap to Next Station in Sequence											
+52	109	110	111	112	101	102	103	104	105	106	107	108
+1.01	Swap to Next Station in Sequence								Swap to Next Station in Sequence			
+1.05	110	109	112	111					106	105	108	107
+1.14	All Out and Swap to Next Station in Sequence											
+1.18	107	108	109	110	111	112	101	102	103	104	105	106
+1.27	Swap to Next Station in Sequence								Swap to Next Station in Sequence			
+1.31	108	107	110	109					104	103	106	105
+1.40	All Out and Swap to Next Station in Sequence											
+1.44	105	106	107	108	109	110	111	112	101	102	103	104
+1.53	Swap to Next Station in Sequence								Swap to Next Station in Sequence			
+1.57	106	105	108	107					102	101	104	103
+2.06	All Out and Swap to Next Station in Sequence											
+2.10	103	104	105	106	107	108	109	110	111	112	101	102
+2.19	Swap to Next Station in Sequence								Swap to Next Station in Sequence			
+2.23	104	103	106	105					112	111	102	101
+2.32	END OF CIRCUIT											

## APPENDIX 2: MRCPCH HISTORY STATION SCENARIO TEMPLATE (FOR OVERSEAS HOSTS)

**THIS HISTORY STATION SCENARIO IS RESTRICTED FOR USE IN THE MRCPCH CLINICAL EXAM.  
It must NOT be used for candidate or examiner training.**

MRCPCH HISTORY STATION

Date:

No: H

### CANDIDATE INFORMATION

This is a 22-minute station. 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.

When the bell sounds you should enter the examination room. You may take this instruction sheet with you. Any notes you make must be handed to the examiner at the end of the station.

Up to 3min	22-minute station	
Preparation time before station starts	13 min Gather history from parent/carer/ role-player	9 min Discussion with examiner
	Warning knock at 9mins - 4min left	Warning 3 min left

#### Your role in this consultation:

Trainee at end of Level 1

#### Who you will be talking to:

*Name of parent/guardian, name and age of the patient*

[Insert]

#### Where the consultation is taking place:

*Outpatient clinic, Ambulatory clinic, Community clinic, Emergency department, Ward*

[Insert]

#### Background information for your task:

[Insert]

#### Your task

Take a **focused history** in the **first 13 minutes**.

You will be given a warning when you have 4 minutes left (i.e. 9 minutes after the start of the station).

You will then have **9 minutes with the Examiner** to **discuss the patient's problems, possible diagnoses in rank order and your management plan**. There will be a warning when you have 3 minutes left



**ROLE-PLAYER INFORMATION****NOT TO BE SEEN BY CANDIDATES**

This is a 22-minute station. When the bell rings, the candidate will enter. They will have 14 minutes to gather the history from you. Then they will have 9 minutes to discuss with the examiner.

**It is essential that you are CONSISTENT with your story and emotional response with each candidate.**

In reference to the UK Equality Act 2010, please may we remind you to ensure that

- every single individual you encounter in and out of role is respected and treated fairly
- you identify and acknowledge your own prejudices and then remember not to let them influence your portrayal of the role in the station
- be consistent with the script and not vary owing to independent characteristics of the candidate

Scenarios might raise issues which may seem culturally insensitive; however, the skills and competences that are being tested are essential elements of the curriculum.

For those writing scenarios, it is helpful to include the points shown in blue italics. When you have finished writing, do check:

- is this person credible, is the scenario believable?
- are there enough details for the role player to become the patient or parent/carer? We do not expect a candidate to explore all the areas, but it helps the role player 'to get into the subject's head'
- do the instructions for the role-player, candidate and examiner all inter-relate with no contradictions?

**1. About you for the role you will play**

*Your details*

- *Name, Age (range), Gender, Ethnicity*
- *Family set up and members, nature of relationships with patient if parent/carer, marital status, housing*
- *Education/Work status, Daily activities and interests, Social groups*
- *Health behaviour such as life style, diet, smoking, alcohol, street drugs*

[Insert]

**2. Setting**

- *Where the consultation is taking place and with whom*
- *Where your parents/child are during this consultation e.g. with a relative in the waiting or play area, gone to the toilet*

[Insert]

**3. Personal characteristics including appearance, behaviour and mood**

- *Appearance (e.g. body size), Dress*
- *Posture, behaviour, demeanour, accent, body language, mannerisms*
- *State of mind and level of emotion*

[Insert]

**4. Opening statement: what you will say initially at the start of the consultation**

*What the patient or parent/carer should say at the beginning of the consultation in response to a "What can I do for you?" or "What brings you to hospital?" type of question*

[Insert]

## **5. Current health problem(s) and reason for this consultation**

There is a lot more detail here than what we expect the candidate to gather. You only need to convey what they ask. If the candidate asks a series of open questions, makes an effort to establish rapport and listen, then do give information related to the question being asked.

You can bring a piece of paper that has the medicines and doses. You can also show it to the candidate if they ask.

- *Main problem and events leading up to this consultation (presenting complain and history of presenting complain)*
- *Symptoms and signs - nature, time, frequency, triggers, relievers*
- *Underlying factors, additional problems*
- *What has been done so far*
- *Your understanding about the current situation*

[Insert]

## **6. Your treatment**

*Prescribed medicines (dose, frequency), over the counter medicines, alternative treatments, adherence, allergies, other side effects*

[Insert]

## **7. Your ideas, concerns, expectations and impact on your daily life**

Once the candidate has established some rapport and gives you an opportunity, do start to drop hints about your concerns. You may repeat each hint once during the interview if not picked up initially. If they show interest in this, go on to explain the reason for your concerns

- *What you think, feel and fear about your problem*
- *Where these ideas and concerns come from*
- *How your daily life and future plans are affected*
- *What you expect from the consultation*

[Insert]

## **8. Anything you must reveal even if the candidate does not ask**

- *Information that a patient would willingly provide*

[Insert]

## **9. What you should only reveal if the candidate asks**

- *Information that a patient would only provide if explicitly explored*

[Insert]

## 10. Other details you might be asked about

- *Allergies, adverse reactions*
- *Past medical and surgical history*
- *Pregnancy and birth, Immunisations, Development, School, Diet, Growth and puberty*
- *Medical problems in the family*

[Insert]

## 11. What you might say if asked something that is not in this script

*You have been given all relevant information that the script writers can think of. However, the candidate may ask you something that is not in the script. Please be reassured that the candidate will not get penalised if you do not know the exact answer to a question they ask.*

[Insert]

## 12. Ultimate outcome of this encounter

*What the candidate is expected to find out from you*

[Insert]

**HOST INFORMATION****NOT TO BE SEEN BY CANDIDATES**

This is a 22-minute station. When the bell rings, the candidate will enter. They will have 14 minutes to gather the history from the Role player. Then they will have 9 minutes to discuss with the examiner.

**It is essential that the role player is CONSISTENT with the story and emotional response with each candidate. Please rehearse the scenario well in advance of the exam.**

**Role player requirements**

See Role player (RP) information

**Training and preparation of role player**

*Ideally the Role player should be professionally trained. Whether they are or are not professional role players, the following will optimise standardisation:*

- *a timed practice of the scenario should be done before the start of the exam with the Host or Examiner acting as a mediocre (Borderline) candidate*
- *then clarify any queries the role player has*

**Props for the RP** *e.g. written list of medicines the patient is on*

- 
- 

**Furniture and equipment for the station** *e.g. no. of chairs, table, water for RP, BNF-C*

- 4 chairs (RP, candidate, examiner, senior examiner/observing examiner)
- 1 table
- drinking water for RP
- blank paper and pencils for candidate
- Candidate Information sheet for candidates outside the station and another copy inside the station
- Candidate, Role player and Examiner Information and Anchor statements for examiner inside the station

**EXAMINER INFORMATION****NOT TO BE SEEN BY CANDIDATES**

This is a 22-minute station. The candidate will have up to 3 minutes preparation time before this station starts. They may make notes which must be handed to you at the end of the station. When the bell sounds they should enter the room. They may bring the instruction sheet into the room.

**Introduce yourself and collect the mark sheet. Then introduce the candidate to the role player.**

Initially the candidate has 13 minutes to gather the history. There will be a warning when 4 minutes are left (i.e. 9 minutes after the start of the station). You should listen and observe during these first 13 minutes. If the candidate finishes early, let them know that they have more time. Then you should remain silent until the time when you can start the discussion.

**The candidate will have 9 minutes to discuss the patient's problems and their management plan with you.  
There will be a warning when 3 minutes are left.**

**If the candidate finishes early, they should remain in the room until the session has ended.**

Up to 3min	22-minute station		
Preparation time before station starts	13 min		9 min
	Gather history from parent/carer		Discussion with examiner
	Warning 4min left	♪	Warning 3min left

The candidates' task: [See Candidate Information sheet](#)

Exam centre		Scenario no.	
Date		Role player name &no.	
am /pm		Examiner name & no.	

**Examiner's task BEFORE the start of the exam**

Examiner should act as a mediocre candidate and take a timed history from the role player as a warm up

**Guidance for questions to ask during the discussion**

*Questions should generally be open (What, Why, How, Who), and aimed at assessing higher level thinking and clinical reasoning. These are some examples.*

Clarity	Depth
<ul style="list-style-type: none"> <li>Can you explain what you mean?</li> <li>Can you give me an example?</li> </ul>	<ul style="list-style-type: none"> <li>What are the challenges in management for this patient?</li> </ul>
Accuracy	Breadth
<ul style="list-style-type: none"> <li>How will you confirm/check that?</li> </ul>	<ul style="list-style-type: none"> <li>What other differential diagnosis have you considered?</li> <li>What complications do you foresee?</li> </ul>
Precision	Logic
<ul style="list-style-type: none"> <li>Can you be more specific?</li> </ul>	<ul style="list-style-type: none"> <li>How have you related your findings with your opinion about the problems/diagnoses?</li> </ul>
Relevance	Fairness
<ul style="list-style-type: none"> <li>How does that relate to the patient's problem?</li> </ul>	<ul style="list-style-type: none"> <li>How will you take into account the family's wishes?</li> <li>Who else might you involve in the decisions?</li> </ul>

	<ul style="list-style-type: none"> <li>• What assumptions have you made?</li> </ul>
Significance	Reflective
<ul style="list-style-type: none"> <li>• Why do you think this is the most important problem?</li> <li>• Which of your findings are most important?</li> </ul>	<ul style="list-style-type: none"> <li>• What is daily life like for this patient?</li> <li>• What might you have done if you had been the doctor at that time?</li> </ul>

Questions Examiner will ask each candidate during the discussion	
Centrally standardised  <i>These are standardised questions that the examiner should ask each candidate</i>	1. Please summarise this young person's active problems (not the whole history) 2.
Other that you deem essential  <i>Examiner should note supplementary questions that they added to above list</i>	

### Examiner marking criteria

*This sheet must be returned to RCPCH*

DOMAIN	EXPECTED STANDARD for 'Meets Standard'	YOUR OWN STANDARDS
	<i>These are the central standard setting recommendations by the MRCPCH Exam Boards group. We advise you to adhere to these as closely as possible and to refer to the Anchor Statements</i>	<i>Only include your own standards if you identify important ones not already provided.</i>
A1. History taking/Information gathering	•	
D1. Clinical reasoning/creating a problem list	•	
D2. Management planning	•	
E1. Rapport, communication style	•	
E3. Verbal-nonverbal communication	•	

### EVIDENCE BASED RESOURCES FOR EXAMINERS

*Add relevant evidence base resources, e.g. NICE guidance, Up-to-date*

<sup>1</sup>These are the centrally bench marked recommendations by the History scenarios group. We advise you to adhere to these as closely as possible. <sup>2</sup>Should you and your bench marking partner examiner agree to deviate from these standards please discuss with the Senior Examiner before deciding to include your own bench marked guidance. Submit this to the Senior Examiner and Host at the end of the session.

<b>BORDERLINE</b>	<b>BELOW STANDARD</b>
Demonstrates some of the above. Does not fully meet the criteria necessary for MEETS STANDARD as listed. Does not fulfil MEETS STANDARD criteria.	Does not demonstrate the above in a meaningful way. Does not meet the criteria for a MEETS STANDARD as listed in the anchor statement.

**Please refer to the detailed anchor statement below**

**PROFESSIONAL CONCERN:**

Provides dangerous or inappropriate information. Behaves in an unprofessional manner