



Royal College of Paediatrics and Child Health

MRCPCH CLINICAL EXAMINATION

Notes for completing Form D

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

ALL INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED DIRECTLY. IT IS THE CANDIDATE'S RESPONSIBILITY TO ENSURE THAT APPLICATIONS ARE COMPLETE.

Code Numbers:

Please use the code numbers that have already been issued to you in previous MRCPCH Examinations. This number will be unique to you and will be your identification for as long as you remain a candidate. You will be required to quote this number in all correspondence with the College. If you have misplaced your code numbers, please ensure that you have completed your names and date of birth correctly.

SECTION 1: PERSONAL DETAILS

Full name – Please give your full name **EXACTLY** as it appears on the Diploma of your Primary Medical Qualification (e.g. Zeinab Salah Abd El Rahmin), unless you have since changed your name by marriage or Deed Poll. If you have changed your name by marriage or Deed Poll since you last attempted the Examination, you **MUST** provide evidence of this change with this application, in the form of the **ORIGINAL** certificate, affidavit or statutory evidence.

Correspondence and File Name – If you are known by a name that differs from that given as your last name above, please write this **here** in full. This is the name that will be used for all correspondence. Please note however that the **full name** given **not** the file name is the name that will appear on any diploma certificate.

Correspondence Address – The address you provide will be used in all correspondence including the address to which your admission document and subsequent results letter will be sent. If using a Hospital Address, please also state the relevant Department. If your address changes, please notify the College as soon as possible by sending in a signed fax or letter with your code number and signature.

Contact Details: Please provide the most up-to-date contact details. E-mail addresses should only be provided where this is used regularly and valid as this will normally be the preferred method used to contact overseas candidates regarding any queries, changes and/or updates. If you do not access your E-mail account frequently please provide an alternate means of contact. All telephone numbers should be given in full with country dialling codes.

SECTION 2: CENTRE

Please check which centre is holding the MRCPCH clinical exam in the diet that you wish to take the exam as not all centres hold an exam in each diet. The dates and centres can be found on the RCPCH website.

The choice of centres is usually only applicable to applicants applying to sit in one of the multi-centres in the GULF region. Tick second and third choice centres **only** if you are prepared to attend the exam in another centre if your first choice is oversubscribed and you are eligible to take the exam at these centres. Where your second choice is offered we will contact you so please ensure you provide your current contact details.

SECTION 3: CURRENT POST

Enter here your current position and Hospital where you work.

SECTION 4: EXAMINATION DETAILS

This section needs to be completed in full

First and Primary Qualification – State here which institution you received your medical qualification from, when and the type of Degree: e.g.: MBBS.

MRCPCH Examination History – All candidates must indicate their previous Examination History. Please state diets the Examinations were taken. If you are unsure of the diet, you may insert the dates instead of the diet.

Candidates are allowed up to three attempts in the Clinical Examination during their two-year Clinical registration period before having to re-enter the Part II Written Examination. The whole exam must be completed within 7 years or Candidates will be required to retake Part 1.

Please enter your 7-year and 2-year registration periods to confirm your eligibility to apply for this exam. This will help resolve any potential misunderstandings regarding registration expiry dates early on. **A chart helping you to work out your expiry dates is attached.**

Previous Clinical MRCPCH Examination History

This is applicable for MRCPCH Clinical Examination attempts taken from 2004/1.

If you attended the exam state this and outcome: (F- FAIL) (DF1-Deferred once) (DF2- Deferred twice). If you applied to take the exam but were waitlisted or withdrew state this clearly. This will help verify your eligibility. If you were Waitlisted at the last exam you applied for, please attach any relevant correspondence to confirm this.

SECTION 5: DETAILS OF RELEVANT ACUTE MEDICAL POSTS

Candidates must complete a period of training lasting two and a half years from the date of graduation given on their Diploma of Medical Qualification. Within the five years before the date of the Examination, not less than 12 months should be spent in posts involving the care of emergency paediatric patients. (It would be desirable to spend a period of at least six months in a post in which there is a strong emphasis on responsibility for unselected emergency admissions). Please note that Clinical Attachments in the UK do not count towards this 12-month period. It is assumed that all candidates in their first year after graduation will have already spent six months as a house paediatrician. (In the United Kingdom this is a pre-requisite to obtaining full registration with the General Medical Council.) If this is not the case then an additional six months should be spent involving the care of emergency paediatric patients.

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

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

SECTION 6: TESTIMONIAL

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

Please ensure you insert your name where required. We will **not** accept applications where this is left blank and your application will be returned to you. This may result in you losing a potential place at the exam to someone on the wait list who has completed his or her application **fully**. It is proof that the proposers are nominating **you** for this exam.

Two sponsors must propose candidates on their first attempt at the Clinical Examination. For all other attempts candidates are required to be proposed by one sponsor. This can be either one of the original sponsors submitting an updated testimonial or from a new sponsor. Candidates must have worked (or for overseas candidates have taken a clinical attachment or an Honorary NHS Contract) post-registration with a sponsor within the five years prior to the date of registration for the Examination. A sponsor must be one of the following:

- A Fellow of the Royal College of Paediatrics and Child Health
- A member of the Royal College of Paediatrics and Child Health of *at least eight years standing*
- A Fellow of the Royal Colleges of Physicians of the UK
- A Member of the Royal Colleges of Physicians of the UK of *at least eight years standing*

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

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

If your proposer cannot remember their code/membership number they should provide their date of birth.

Please bear in mind that if the proposers cannot be verified then your application will be returned marked ineligible. It is therefore in your best interest to check and ensure that all parts of this section have been completed fully.

(Please note Members or Fellows of the Royal College of Physicians of Ireland cannot be accepted as proposers).

This section must be signed and dated no earlier than **six months** prior to the Clinical Examination. If the signatures are out of the timescales stipulated your application will be returned and deemed ineligible.

SECTION 7: FURTHER INFORMATION AND CANDIDATE INFORMATION

Special Needs - Candidates who have a disability, special need or medical condition that may affect their performance in the Examination are advised to submit details with their application in order that they may be assisted where possible. A medical certificate or consultant's report is required in support of such claims.

Publication Of Successful Completion Of Examinations On The RCPCH Website-

Candidates who successfully complete any part of the MRCPCH Examination will have their success published on the RCPCH website at <http://www.rcpch.ac.uk/>

Candidates should note that only the name and code number of those who successfully complete an Examination would be published. Candidates who fail will not be identified.

Candidates not wishing for their name to be published on the Pass List should inform the RCPCH Examinations Department in writing at the earliest opportunity, preferably by completing the **STOP PRESS** sheet that accompanies the Application Pack.

Examination Fees - All fees are reviewed annually and are likely to increase as of 1st January each year. Please check examination calendar for details. Candidates from overseas, including Republic of Ireland, should submit a banker's draft/cheque drawn on an UK bank for the appropriate amount. Cheques/Drafts should show clearly the UK branch of the bank and their sort code. Candidates should make their cheques payable to 'Royal College of Paediatrics and Child Health'. Cheques made payable to any other name will be returned to the candidate and may delay or render the application invalid.

Candidate Declaration - All candidates must sign **and** date the candidate declaration. Failure to do so will result in the application form being returned.

Candidates applying for the Overseas Clinical Examinations must send the completed Overseas Form D and appropriate fee to the relevant local overseas organiser or the UK as appropriate. Use the checklist provided to ensure you have completed and submitted relevant information. Please check the RCPCH website and Handbook for more details. If the application and fee is to be sent to the UK please send it clearly marked as follows:

Overseas Clinical Examinations Administrator
Royal College of Paediatrics and Child Health
Examinations Department
50 Hallam Street
London W1W 6DE

MRCPCH Clinical Exam: **(state centre)**