

MRCPI Part II Clinical (GM) Examination Information For Candidates

Updated for COVID-19 (Full Changes Listed Below)

The MRCPI Part II clinical GM examination is the third of three assessments which must be successfully completed in order to become a member of the Royal College of Physicians of Ireland (MRCPI). It is a clinical examination for post-graduate doctors. The purpose of this examination is to:

- 1. Provide an exit examination from Basic Specialist Training,
- 2. Satisfy the application requirement to entry into Higher Specialist Training and
- 3. Select Members of the Royal College of Physicians of Ireland.

It comprises of three elements:

- 2 x 25 minute Long Cases
- 4 x 10 minute Short Clinical Cases
- 1 x 10 minute Short Communication Skills/Ethics Case

Long Cases

- Each candidate will perform 2 long cases.
- Each long case will be 25 minutes duration.
- Each case will be examined by one examiner (who remains at this station for duration of the examination).
- The long case will be similar to an outpatient encounter, or a clinical assessment of a patient in a Medical Admissions Unit.
- All long cases are pre-written scenarios with trained role-players/actors.
- The timing breakdown of the Long Case examination is as follows:
 - o 25 minutes total:
 - o **20 minutes** in which
 - to take a history while observed by the examiner.
 - to perform a focused and directed examination.
 - a 10-minute time notification will be given.
 - o **5 minutes** to discuss investigations and management with the examiner.
- The main assessment outcomes are to assess candidate's competence in
 - Clinical communication skills (CCS)
 - Managing relationships with patients (MRP)
 - Physical examination (PE)
 - o Identifying physical signs (IPS) not marked
 - Differential diagnosis (DD)
 - Clinical judgment (CJ)
 - Maintaining patient safety and quality of care (MPSQ)
- The cases will include patients with medical conditions from the following systems:
 - o Cardiology
 - Respiratory
 - Abdominal
 - Endocrine
 - Dermatology
 - Neurology
 - Rheumatology



 Candidates should prepare by performing as many of the above encounters as possible, making problem lists for patients and presenting the cases to senior colleagues under the time constraints of the examination.

Short Cases

There are two types of short cases:

- 1. Clinical cases
- 2. Communication skills cases

Typically, there will be 4 clinical cases and 1 communication skills case.

Clinical Cases

- Each clinical case will last 10 minutes (with a standard period of examiner observation of 6 minutes, and a 4 minute discussion).
- Each case will be examined by one examiner (who remains at this station for duration of the examination).
- The short cases will include patients with medical conditions from the following systems:

Station 1: Communication & Ethics
Station 2: Cardiology or Respiratory
Station 3: Endocrinology/Miscellaneous
Station 4: Neurology or Locomotor

Station 5: Abdominal

- The timing breakdown of the examination is as follows:
 - o 10 minutes total:
 - o **6 minutes** to talk to, or examine the patient (or interact with the communication station's actor)
 - 4 minutes for presentation of findings and discussion of your management plan with the examiner.

Communication Skills/Ethics case

- Each communications skills/ethics case will last 10 minutes (with a standard period of observation of 6 minutes, before a 4 minute discussion).
- The candidate will be expected to interact with a simulated patient.
- The candidate will be provided with a written instruction summarizing the case before the station begins.
- Each case will be examined by one examiner (who remains at this station for duration of the examination).
- The cases will include communication scenarios relating to:
 - Information giving example: discussing of treatment options with a patient with sexually transmitted infection



- Breaking bad news example: telling a person her husband died, or telling a patient he has cancer
- Consent example: obtaining consent for treatment from a patient with a mild cognitive impairment
- Confidentiality example: maintaining confidentiality under pressure from family members
- Managing challenging situations example: discussing organ donation with next of kin of a ventilated patient who has an organ donor card in her pocket but the next of kin objects because it is against his/her religion
- Ethics example: telling a colleague that you need to report their drug abuse as they are unsafe to continue to practise
- Candidates should prepare by attending the following courses:
 - Leadership in Clinical Practice 1 course (BST mandatory)
 - Breaking Bad News course (optional)
 - Guide to Professional Conduct and Ethics for Registered Medical Practitioners (Medical Council Guide)
 - o Good Medical Practice (GMC Guide)
 - o http://www.med.qub.ac.uk/osce/index.html for on-line practice

Additional Information for Candidates:

- Fundoscopy is <u>not</u> assessed in this examination, this is due to the light levels in all centres
 not being controllable. If however a candidate would have assessed this in normal
 practice, it is advisable to note this to the examiner.
- All MRCPI examinations are conducted in English, including centres based outside of Ireland. If a patient, particularly in our international centres, is unable to understand the English instructions then the observing examiner will translate on your behalf as with all other candidates for that case.
- Candidates are required to present themselves before the registration time included on their allocation letters. Candidates need to be registered, briefed and possibly supervised before the examination takes place. If a candidate arrives after their registration time, they risk not being permitted to sit the examination.
- Candidates should be released from the examination around 3 and a half hours following their registration time. However, we must warn candidates this is based on no delays or disruptions that may occur.
- No physical examination equipment is provided, candidates are required to attend with any equipment they will need. A full list of recommended equipment is included in the candidate allocation letter with your exam date and time.
- Candidates are reminded to dress in neat, comfortable and professional attire. As in normal practice, bare below the elbow applies so no watches or bracelets for example.
- All candidates must surrender their mobile phones and any smart devices before the
 examination to prevent outside communication before and during the examination. The
 examination coordinators will advise at the examination when they will collect devices.
 <u>Smart watches are not permitted</u>, if you require one for the examination we advise
 bringing a normal analogue watch with hands.



COVID-19 Exam Changes

The following are the adjustments made to the format of the examination during COVID-19. Confirmed format changes will be communicated to all candidates before the examination as they may be slightly different from the below based on public health advice.

• PPE: As of January 2023, some of the PPE requirements brought into the clinical examination have been removed. Candidates are no longer required to wear their own scrubs during the examination. All other PPE previously used such as aprons and gloves have also been removed. Hand gels and wipes will be used as normal, hand gel will be available in each station while wipes are provided to clean any equipment between cases after use.

As of July 2023, face masks during the examination are no longer mandatory. If a candidate wishes to wear a face mask, they may continue to do so. Additionally, other attendees such as patients, actors or examiners also have this choice. A candidate may be asked to wear a face mask for certain stations by an examiner, patient/actor due to the case itself or the personal preference of the patient/actor or examiner.

Please note, that due to local or hospital guidelines we may require the use of PPE in certain centres. We will endeavour to inform affected candidates before the examination if this is required.

- Long Cases: All long case stations will now have simulated cases with trained actors, known as Surrogate Patients, in place of real patients. The cases will be prewritten and reviewed/approved by the Examination Board. The stations will remain at 25 minutes and you will be expected to examine the Surrogate Patient the way you would have examined a real patient. The purpose of this is to demonstrate to the examiner that you can extrapolate the relevant information from the history into a focussed examination, even in the absence of findings. You will not be told by Examiners what "findings" there are unless it is relevant to the line of questioning at the end of the case. The only change to scoring is that the skill, "Identifying Physical Signs", will not be marked in this station. It will remain in the four clinical short cases; however, you will still be asked to perform an examination in order to test your technique.
- Short Cases: The short case station of Endocrinology has been renamed to "Endocrinology/Miscellaneous". This means the station has been expanded to Endocrinology and any of the other specialities which are noted in the examination guidelines (e.g. Dermatology, Abdominal, CVS, Locomotor, Neurology etc.) This may include medical devices and in such cases you would be expected to examine the device and then examine the patient in the related system to the device. Please be assured, that the station's examiner will have a specific instruction such as "You are an SHO in the cardiology clinic, please examine this man's chest" or "You are an SHO in neurology, please examine this man's cranial nerves".



While we endeavour to have all stations as planned, due to patient recruitment issues we may be required to change the speciality of a Short Case. Please be advised that the speciality will still be one of those included in the exam format. We will aim to inform candidates of any changes to the expected specialties before the examination takes place.

If during the physical examination in any station you need you feel it is clinically relevant to inspect their face you may ask the patient to remove their mask briefly if they have decided to wear one. You should preferably take no longer than 60 seconds to carry out this inspection, however the patient can refuse this if they are not comfortable and the examiner will be advised to note the refusal and that some signs may not be possible to examine.

Marking scheme

In order to pass the examination, candidates have to satisfy **ALL** the following conditions:

- Obtain the minimum pass marks for each skill which have been pre-set (please see skills marking matrix table below)
- Obtain the overall minimum pass mark which is determined by the Board of the Part II Clinical Examination after a thorough data analysis which takes into account both the difficulty of the examination stations and the overall performance of the candidates taking the exam
- Pass the minimum number of stations required:
 - 1 long case station out of 2
 - 3 short case stations out of 5
- Each mark sheet describes characteristics normally associated with **satisfactory** and **unsatisfactory** performances in each skill.
- The **borderline** judgement will be used if the examiner believes that you have not fully demonstrated the skills required but decides that some credit should be given for your performance.
- Thirty eight skills judgements will be made on your performance throughout your seven examiner encounters in 100 minutes allowing you to score a maximum of **88 skill marks** (see skills matrix below).



Skills marking matrix

- Satisfactory = 4 points; borderline = 2 points; unsatisfactory = 0
- 2 Satisfactory = 2 points; borderline = 1 point; unsatisfactory = 0

SKILLS DISTRIBUTION	CCSO	MRP❶	DD @	PE ❷	IPS @	CJ ⊘	MPSQ 2	Total
Long case 1	Х	Х	Х	Х	Х	Х	Х	18
Long case 2	Х	Х	Х	Х	Х	Х	Х	18
Communication SC	Х	Х				Х	Х	12
Cardiology / Respiratory SC			Х	Х	Х	Х	Х	10
Endocrinology / Misc SC			Х	Х	Х	Х	Х	10
Neuro / Locomotor SC			Х	Х	Х	Х	Х	10
Abdominal SC			Х	Х	Х	Х	Х	10
Total number of judgements for each skill	3	3	6	6	6	7	7	38
Total for this skill	12	12	12	12	12	14	14	88
Pass mark for each skill*	8	8	8	8	9	10	12	
Overall Examination Pass Mark *								*(set using borderline regression after the examination

^{*} Pass mark for each skill is subject to change by the Board

Candidates will fail if:

- They fail both long cases stations
- They fail more than 2 short cases
- They did not reach the pass mark for the above skills in any of the categories
- They failed to achieve the overall pass mark (set after the exam)

See below for sample examiner mark sheets...



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lle: Sample Communications Case	Session:		c93 c93 c93 c9			
	ent for each of the skills listed belo comments if you award borderline		appropriate			
Clinical communication skills						
OMMENTS.	Satisfactory History is: Relevant/ Fluent/ Focused	Borderline	Unsatisfactory Omits crucial areas/ Unpractised/ Unprofessional			
the contract of the contract o	Satisfactory Listens to patient's concerns/	Borderline	Unsatisfactory Dismisses patient's concerns/			
		Borderline				
Clinical judgement	Listens to patient's concerns/ Empathic		Dismisses patient's concerns/ Not empathic			
Managing relationships with patients OMMENTS Clinical judgement	Satisfactory Manages expectations, distress or confusion		Dismisses patient's concerns/ Not empathic			
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Clinical judgement	Satisfactory Manages expectations, distress or confusion appropriately	Borderline	Dismisses patient's concerns/ Not empathic Unsatisfactory Fails to reassure or manage distress/ Misunderstanding			
OMMENTS Clinical judgement	Satisfactory Manages expectations, distress or confusion appropriately	Borderline	Dismisses patient's concerns/ Not empathic Unsatisfactory Fails to reassure or manage distress/ Misunderstanding			



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	Practised/ Professional		Omits important tests/ Hesitant/ Lacks confidence			
dentifying physical signs						
MMENTS	Satisfactory	Borderline	Unsatisfactory Misses important clinical signs			
	Identifies correct physical signs Miss		Reports signs that			
			are not present			
	-					
Differential diagnosis		- Tries by -				
MMENTS	Satisfactory Borderline		Unsatisfactory			
	Presents a sensible and comprehensive differential		Inappropriate, incomplete differential diagnosis			
	diagnosis		_			
Dinical judgement						
MMENTS	Satisfactory	Borderline	Unsatisfactory			
	Evidence of reflective problem solving/ Suggests appropriate		Poor evidence of problem solvin Selects unsuitable investigation			
	investigations and management		and treatment			
Maintaining patient safety and quality of care						
MMENTS	Satisfactory	Borderline	Unsatisfactory			
	Treats patient respectfully and sensitively, and ensures comfort,		Jeopardises patient safety/ Causes physical or emotional			
	safety and dignity		pain to the patient			
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Physical examination (PE)					
OMMENTS	Satisfactory	Borderline	Uns	atisfactory	
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Identifying physical signs (IPS)					
OMMENTS	Satisfactory	Borderline		Unsatisfactory	
	Identifies correct physical signs		Misses important clinical signs Reports signs that are		
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COMMENTS	Satisfactory	Borderline		atisfactory	
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COMMENTS	Satisfactory	Borderline		satisfactory	
	Evidence of reflective problem solving/ Suggests appropriate		solving/	Poor evidence of problem solving/ Selects unsuitable	
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