Original articles

How to pass the MRCP (UK) examination – ask a successful candidate!

Robin Salter, Sue Smith

Summary

Recently successful MRCP (UK) candidates were asked to rate the value of clinical experience, reading, practice with past or simulated examination papers and commercially organised courses as preparation for parts 1 and 2 of the examination. With respect to part 1, practice with past and simulated papers was unanimously felt to be of crucial importance with examination-focused reading helpful. Clinical experience was deemed irrelevant and commercially organised courses a matter of individual choice. For part 2, clinical experience was felt to be of fundamental importance but needed to be practised in an 'examination atmosphere'. Both general reading and practice with past and simulated papers were judged helpful and commercially organised courses were perceived to be of more value than for part 1. Trainees should be advised to seek advice on examination preparation from both 'authoritative sources' and their recently successful colleagues.

Keywords: MRCP examination

The MRCP (UK) is not without its critics^{1–5} but because of its central role as an entry criterion, success in passing this examination remains crucial to aspirants to medical specialist status.⁶ In consequence the MRCP (UK) is a source of considerable stress for most candidates with advice on how they should prepare for the examination being available from a variety of sources.

The Examination Regulations and Information for Candidates, published jointly by the three Royal Colleges of Physicians in the UK, includes the following guidance: "The Colleges recommend that candidates prepare for the examination by gaining clinical experience in hospital posts involving the care of emergency medical patients, either adults or children, and by studying up-to-date postgraduate clinical textbooks and the current medical journals".⁷ Reference is also made to the facts that there is no published syllabus for the examination, that books of past papers are available, and that the colleges do not give recommendations with respect to available courses designed to assist candidates with examination preparation. Ad-

vice is also contained in abstracts of conferences on the MRCP.⁸

With respect to part 1 of the examination, it is emphasised that candidates "Require to have read widely, including textbooks and leading journals with special emphasis on editorials and review articles. Although the examination is a theoretical one this does not mean that clinical experience is not a very important contributor to the body of knowledge which will enable them to achieve success". It concludes "In general therefore, training for the examination demands wide reading and extensive clinical experience. The examination is not intrinsically difficult and young physicians should not experience any significant difficulty in passing, provided that they are willing to devote sufficient time and effort in preparation for it".⁸

The section on preparation for the MRCP (UK) part 2 examination concludes "The successful candidate will have prepared well in advance, will have a broad general training, will have kept up-to-date with current medical literature, have been helped by colleagues, attended local meetings and, for some, the attendance at commercially organised teaching courses may be of benefit".⁸ Such guidance has the advantage of being authoritative but a recent survey of candidates taking the MRCP (UK) part 2 examination exposed the wide variety of methods of examination preparation employed and referred specifically to the need to correlate exam preparation with the final outcome.⁹

As staff of a postgraduate department in a busy district general hospital anxious to help local trainees prepare for the MRCP (UK), we report the results of a questionnaire survey of the perception of recently successful candidates as to the most appropriate methods of preparing for parts 1 and 2 of the examination.

Method

A questionnaire was sent to a random sample of 100 registrars/specialist registrars in the Northern Deanery of the former Northern and Yorkshire Health Region in June 1996. All had passed the MRCP (UK) examination within the previous three years. All the major medical specialties, including paediatrics, were represented and a wide range of hospital type and location included.

The recipients were asked to rate the value of clinical experience, reading, practice with

Postgraduate
Department,
Cumberland
Infirmary,
Carlisle CA2 7HY, UK
R Salter
S Smith

Correspondence to
Dr RH Salter,
East Cumbria Postgraduate
Centre, Carlisle Hospitals
NHS Trust, Cumberland
Infirmary, Carlisle CA2 7HY,
UK.

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MRCP (UK)*Part 1*

- clinical experience of little value
- reading helpful but must be examination focused
- repeated practice with past/simulated papers pivotal
- courses confer little additional benefit

Part 2

- clinical experience vital
- wide-ranging reading helpful
- practice with past/simulated papers essential
- courses useful in preparation for both written and clinical parts of the examination

previous or simulated examination papers and commercially organised teaching courses in their success with parts 1 and 2 of the MRCP (UK) examination. The questionnaire was short, easy to complete and accompanied by both a covering letter explaining the purpose of the survey and a stamped addressed envelope for its return.

Results

A total of 59 registrars/specialist registrars (59%) responded to the questionnaire.

PART 1 EXAMINATION

Forty (68%) rated clinical experience as irrelevant to achieving success in passing part 1 of the MRCP (UK) examination and a further 12 (20%) thought clinical experience was of only minimal help in achieving this objective. Only seven (12%) felt clinical experience contributed materially to exam success.

With respect to reading, 37 (63%) felt this was an important part of preparation for part 1 although most also added the rider that reading must be specifically examination-orientated rather than the general reading of reference texts, monographs or journals. Ten (17%) felt this activity was only of moderate help in achieving success and 12 (20%) felt reading was of very limited value.

Practice with former or simulated papers was rated as by far the most effective method of achieving success with respect to part 1, all the responders (100%) indicating this to be absolutely essential.

With respect to commercially organised teaching courses, 28 (47%) felt these were helpful, 26 (44%) felt they were of little benefit and five (9%) were unable to comment as they had no personal experience of this method.

PART 2 EXAMINATION

Fifty seven (97%) rated clinical experience as absolutely vital in achieving success in part 2 of the MRCP (UK) examination although it was repeatedly emphasised that this must be complemented by specifically examination-orientated teaching from registrars/consultants. Only two (3%) felt that clinical experience was of little importance.

Reading books, monographs and journals were rated by 49 (83%) as being very helpful with a further seven (12%) feeling that reading was of moderate importance. Three (5%) rated reading as of only limited importance.

Practice with former or simulated examination papers was felt by 57 (97%) to be very helpful in preparation for success with part 2, and only two (3%) regarded this activity as of doubtful value.

With respect to attendance at commercially organised teaching courses, 46 (78%) reported these as helpful, eight (14%) as of only doubtful value, and five (8%) had no personal experience of this method.

Discussion

Bearing in mind the reluctance of the medical profession to complete and return questionnaires, the response rate of 59% is creditable and the detail included bears testimony to the importance of this issue as seen by doctors in training.

With respect to part 1, the overwhelming opinion that clinical experience is virtually irrelevant to the chances of examination success came as a surprise and is probably disappointing news to the examiners. Similarly, it was felt very strongly that preparatory reading needs to be sharply examination-focused with more generalised reading of texts and monographs, etc, being less helpful and, in the perception of some candidates, even counter-productive.

Clearly, recently successful candidates see persistent practice with old and simulated papers as pivotal to success in passing part 1 of the MRCP (UK) examination. Numerous responders commented that although exam practice in this form was "a drudge" and "a solitary task" it is "the only way to pass". Hard work and a long run-up period were recognised as important contributors to success.

The value attached to commercially organised courses varied widely among the responders and is obviously a matter for the individual candidate. Many responders indicated the main use of courses was to help with motivation and to judge their own standard of performance against their peers prior to the examination itself—particularly valuable when candidates were working in isolation.

With respect to part 2 of the MRCP (UK) examination, clinical experience was rated as overwhelmingly the most important contributor to examination success. However many qualified this by emphasising that unguided clinical experience itself is of little help and needs to be practised in a critical teaching environment generated by supportive registrars and consultants. A typical comment was "all clinical experience should be examination-orientated; you can then learn to be a physician once you have the examination!" This confirms Ellis's opinion that the skills required to be a good doctor are only tangentially related to those necessary to passing examinations.¹⁰ The value of specialist attachments and clinics was repeatedly emphasised.

General reading was felt to be of more value in achieving success in part 2 than in part 1 of the examination.

The majority of responders rated practice with former or simulated examination papers as helpful. Commercially organised courses which allowed an assessment of clinical skills under examination conditions were clearly felt to be of more assistance in achieving success with respect to part 2 rather than those designed to assist with part 1 of the examination.

The conflicting advice on examination preparation emanating from the Royal Colleges and from recently successful candidates is apparent, particularly with respect to part 1. Clearly, when guiding trainees on how to prepare for the MRCP (UK), advice from present or former College examiners should be complemented by that from recently successful candidates.

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