Regulations and Information for Candidates

MRCPI Part II
General Medicine
Clinical

2014 Edition
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1. **Introduction**

The Membership of the Royal College of Physicians of Ireland (MRCPI) Part II General Medicine Clinical Examination is available to candidates who have successfully passed MRCPI Part I and MRCPI Part II General Medicine Written. This Examination is held throughout the island of Ireland and in a number of overseas centres. Please refer to the website [www.rcpi.ie](http://www.rcpi.ie) which is updated regularly with local centre information.

2. **MRCPI Qualification**

Candidates must pass the Part II General Medicine Written examination before applying to enter the MRCPI Part II General Medicine Clinical examination, unless they have been granted an exemption (i.e. FRACP). Candidates have 7 years from the date of successfully passing MRCPI Part I General Medicine in which to obtain MRCPI Part II General Medicine Written. Successful candidates then have an additional two years from the date of passing MRCPI Part II General Medicine Written in which to pass MRCPI Part II General Medicine Clinical. There will be no extension to this 7 year period. MRCPI Part I General Medicine examination can be retaken if more than 7 years has elapsed since passing Part I.

2.1 **MRCPI Qualification Map**
3. MRCPI Part II General Medicine Clinical

3.1 Entry requirements

Candidates must pass the Part II General Medicine Written examination before applying to enter the MRCPI Part II General Medicine Clinical examination, unless they have been granted an exemption.

3.2 Exemptions

Candidates who hold FRACP may apply on the basis of exemption from the Part II General Medicine Written exam. Proof of this qualification must be uploaded with your online application in the form of an attested/certified copy. Documents can be attested by a stamp and signature from any one of the following:

- Commissioner for Oaths
- Solicitor
- An Garda Siochana (Police)
- Issuing Authority

3.3 Examination locations

The MRCPI Part II General Medicine Clinical examination is held in a hospital anywhere within the island of Ireland as well as a number of overseas centres. Please refer to the website www.rcpi.ie which is updated regularly with local centre information.

Please note this exam may be held on any day of the week including Saturday and Sunday.

3.4 Preparation for MRCPI Part II GM Clinical Examination

All MRCPI examinations are conducted in the English language.

3.5 Part II Guideline Syllabus

This syllabus can only indicate in broad terms aspects of the clinical sciences, clinical skills and core specialities in which expertise and knowledge should be obtained in preparation for the Membership Examination. Underlying all the core specialities is the knowledge base required for an adequate understanding of cell molecular and membrane biology, immunology, genetics, anatomy, physiology, microbiology, pharmacology and statistics.

Candidates are reminded that, common to all specialities, are certain core competencies which are no less relevant to their medical practice. There are many practical skills such as resuscitation, drug administration and pain relief. There is the burden of psychological disorders common to all specialities. Preventative aspects of medical care and advice in addition to rehabilitation and the recognition of promotion of health should also be recognised.

Core Specialist Competencies

1. Cardiology
2. Gastroenterology
3. Endocrinology
4. Respiratory medicine
5. Haematology
6. Neoplastic disorders
7. Microbiology and infectious diseases
8. Rheumatology
9. Neurology
1. CARDIOLOGY

(a) Principles of clinical cardiovascular evaluation, history taking and examination.
(b) Assessment of ischaemic heart disease
   1. Pathophysiology
   2. Prevention
   3. Diagnosis
   4. Investigation
   5. Management and treatment
(c) Cardiac arrhythmias
   1. Atrial arrhythmias
   2. Ventricular arrhythmias
   3. Pacemaker indications
   4. Ventricular implant devices
(d) Valvular heart disease
(e) Cardiomyopathy – dilated, obstructive cardiomyopathy
(f) Cardiac failure
(g) Pericardial disease
(h) Hypertension and atherosclerosis (peripheral vascular disease)
(i) Heart disease in pregnancy
(j) Congenital heart disease
(k) Cardiac Manifestations of general medical disorders
(l) Cardiac Rehabilitation and secondary prevention of cardio-vascular disease

2. GASTROENTEROLOGY

(a) History taking (main symptoms) and examination
(b) Laboratory investigations
(c) Diagnostic imaging, e.g.: barium radiology, CT, MRI
(d) Special investigations e.g.: breath tests, manometry, pH studies
(e) Upper gastrointestinal disease
   • Oesophageal disease and dysphagia
   • Dyspepsia, peptic ulceration, Helicobacter pylori infection
   • Malabsorption, coeliac disease
   • Gastro-intestinal bleeding
   • Neoplasia
   • Infections
(f) Lower gastro-intestinal disease
   • Inflammatory bowel disease
   • Neoplasia
   • Diarrhoea
   • Functional bowel disorders
   • Infections
   • Ischaemia
• Diverticular disease

Pancreatic Disease
• Acute and chronic pancreatitis
• Pancreatic neoplasia
• Neuro endocrine malignancy

Hepatology
• Hepatitis, viral and auto immune liver disease
• Cirrhosis and portal hypertension
• Hepatic Failure
• Biliary disease
• Inherited liver disease e.g.: haemochromatosis, Wilsons disease
• Transplantation
• Alcohol and the liver

Enteric infection

Nutritional support

3. ENDOCRINIOLOGY

Diabetes mellitus
• Glucose intolerance
• Diabetes mellitus
• Diabetic ketoacidosis
• Complications
• Management

Thyroid disorders
• Hypothyroidism
• Hyperthyroidism
• Goitre
• Nodules

Adrenal disease
• Addison’s disease
• Cushing’s syndrome
• Conn’s syndrome
• Phaeochromocytoma

Pituitary disorders with knowledge of ACTH, prolactin, gonadotropins and growth hormone

Diabetes insipidus

Syndrome of inappropriate antidiuretic hormone (SIADH)

Multiple endocrine neoplasia

Metabolic bone disease – hyperparathyroidism, osteoporosis, osteomalacia and Paget’s disease of the bone

Hormonal disorders of gonads

4. RESPIRATORY MEDICINE

Airways disease
• Asthma
• Chronic obstructive pulmonary disease
• Bronchiectasis

Infections
• Pneumonia
• Hospital acquired
• Community acquired
• Infection in the immunocompromised host

(c) Lung abscess, empyema
(d) Tuberculosis
(e) Aspergillosis
(f) Upper respiratory infection
(g) Pleurisy
(h) Parenchymal lung disease
  • Pneumoconiosis
  • Farmer’s Lung
  • Asbestosis
  • Silicosis
  • Extrinsic allergic alveolitis
  • Idiopathic pulmonary fibrosis
  • Sarcoidosis

(i) Respiratory Failure
  • Adult respiratory distress syndrome
  • Chronic obstructive pulmonary disease (COPD)
  • Sleep apnoea
  • Lung transplantation

(j) Neoplastic disorders
  • Lung cancer
  • Pleural neoplasms

(k) Pulmonary hypertension

(l) Pulmonary embolism

5. HAEMATOLOGY

(a) Disorders of red cell blood cells
  • Anaemia
  • Polycythaemia
  • Haemoglobinopathies
  • Porphyria

(b) Disorders of white blood cells
  • Leukaemia
  • Lymphomas
  • Multiple myeloma

(c) Disorders of platelets
  • Thrombocytopenia
  • Thrombocytosis

(d) Disorders of coagulation
  • Disseminated intravascular coagulation (DIC)
  • Haemophilia

(e) Blood transfusion and blood products

(f) Management of neutropenia and agranulocytosis

6. NEOPLASTIC DISORDERS

(a) Principles of chemotherapy and radiotherapy
  • Choosing treatment modality
  • Medical complications of treatment
  • Communication skills

(b) Palliative care in hospital and at home
7. CLINICAL MICROBIOLOGY AND INFECTIOUS DISEASES

(a) Pathogenesis and epidemiology of infection
   • General principles

(b) General approach to services
   • Pyrexia of unknown origin
   • Systemic inflammatory response syndrome

(c) Laboratory investigation of patient with infection

(d) Common bacterial infections
   • Community versus hospital - acquired infections (principles)
   • Emergencies in infectious diseases
     Neutropenic sepsis
     Necrotising fasciitis
     Meningitis / encephalitis
     Cerebral malaria
   • Common bacterial infections
     Meningitis
     Bacterial endocarditis
     Urinary infections
     Food poisoning
     Soft tissue and skin infections

(e) Mycobacterial infections
   • Tuberculosis – management and diagnostic work-up
   • Mycobacterium other than tuberculosis (MOTT) infections

(f) Viral infection (excluding HIV)
   • Influenza
   • Herpes viruses
   • Measles
   • Hepatitis

(g) Fungal infections
   • Superficial
   • Systematic

(h) Opportunistic infections in the immunocompromised individual
   • Primary immunodeficiency syndromes and transplantation medicine

(i) HIV & Acquired immunodeficiency syndrome (AIDS)
   • Clinical presentation, management, including drug related complications and prevention
   • Post-exposure prophylaxis

(j) Sexually transmitted diseases/infections
   • Gonorrhoea
   • Syphilis
   • Non-specific urethritis
   • Chlamydia
   • Genital ulcerative disease
   • Assessment of patient with sexually transmitted infection

(k) Travel related infections
   • Clinical and laboratory assessment of the febrile patient returning from abroad

(l) Chronic fatigue syndrome

(m) Antimicrobial chemotherapy
   • Antibacterial, including prophylaxis
   • Antiviral, including HAART
   • Antifungals
   • Mechanisms of antimicrobial resistance and it's prevention
   • Antimicrobial prophylaxis
(n) Principles of vaccination
(o) Infection control and prevention
   • Vaccination
   • Patient isolation
   • Protective clothing and hand washing
   • Antimicrobial prophylaxis

8. RHEUMATOLOGY

(a) Osteoarthritis
(b) Rheumatoid arthritis
(c) Connective tissue disorders
   • Scleroderma
   • Systemic lupus erythematosus (SLE)
   • Mixed connective tissue disorder
   • Polyarthritis nodosa
(d) Other inflammatory arthritis
   • Gout
   • Ankylosing spondylitis
   • Cryoglobulinemia
(e) Vasculitis
(f) Osteoporosis, measurement bone density, treatment modalities
(g) Amyloidosis
(h) Polymyalgia rheumatica, temporal arteritis
(i) Rheumatological diagnosis, investigation and management including role of occupational therapy and physiotherapy

9. NEUROLOGY

Examination of the central and peripheral nervous systems.

(a) Infections
(b) Vascular disease
(c) Demyelinating disorders
(d) Neurodegenerative disease
(e) Space occupying disorders
(f) Peripheral nervous lesions
(g) Cranial nerve disorders
(h) Peripheral neuropathies
(i) Disorders of muscle
(j) Investigation, management, treatment and assessment of disability
(k) Epilepsy
(l) Movement disorders including extrapyramidal disease

10. GERIATRIC MEDICINE

(a) History taking examination with emphasis on functional status
(b) Assessment of patients with the following conditions:
   1. Recurrent unexplained falls and syncope
   2. Dementia
   3. Acute confusional states
   4. Stroke and Parkinson’s disease
   5. Incontinence
(c) Ethical Issues in the ageing patient
   1. Enteral feeding
11. **NEPHROLOGY**

(a) Principles of clinical evaluation
   1. History and examination
   2. Laboratory investigations
   3. Diagnostic imaging

(b) Renal Failure
   1. Acute renal failure
      - Management – non dialysis
      - Dialysis in acute renal failure with special reference to intensive care unit
   2. Chronic renal failure
      - Management – conservative
      - Dialysis – haemodialysis
      - Dialysis – peritoneal
      - Renal transplantation
   3. Complications of chronic renal failure
      - Anaemia – erythropoietin
      - Renal bone disease

(c) Metabolic homeostasis
   1. Disorders of acid base balance
      - Metabolic acidosis and alkalosis
      - Respiratory acidosis and alkalosis
   2. Water and electrolyte disorders
      - Disorders of sodium balance
         - Hyponatraemia
         - Hypernatraemia
         - Diabetes insipidus
      - Disorders of potassium balance
         - Hypokalaemia
         - Hyperkalaemia
      - Disorders of calcium and phosphate
         - Hypocalcaemia
         - Hypercalcaemia

(d) Glomerular disease
   1. Nephrotic syndrome
   2. Glomerulonephritis, primary
      - Acute GN (poststreptococcal)
      - Mesangiocapillary (membranoproliferative)
      - Rapidly progressive
      - IgA nephropathy
   3. Glomerulonephritis, secondary
      - Diabetic nephropathy
      - HIV nephropathy
      - Lupus nephritis
   4. Vasculitis
      - ANCA related including Wegener’s granulomatosis
      - Goodpasture’s syndrome
      - Connective tissue disorders
   5. Thrombotic thrombocytopenic purpura/haemolytic uraemic syndrome

(e) Hypertension
   - Guidelines for management
• Malignant hypertension
• Renovascular hypertension
• Endocrine causes

(f) Inherited diseases
• Alport syndrome
• Polycystic kidney disease

(g) Renal disease and pregnancy

(h) Tubulointerstitial disease
  Urinary tract sepsis
  1. Pyelonephritis, acute
  2. Pyelonephritis, chronic
  3. Renal tuberculosis
  Interstitial nephritis
  4. Interstitial nephritis
  5. Toxic nephropathy
  6. Nephropathy, light-chain
  Obstructive nephropathy
  Renal stone disease

12. DERMATOLOGY

(a) Recognition and management of common skin, nail and hair, infections – viral, bacterial, fungal
(b) Eczema
(c) Psoriasis
(d) Pigmentation
(e) Manifestations of systemic disease including endocrine disease
(f) Blistering disorders
(g) Cutaneous reactions to drugs
(h) Connective tissue diseases
(i) Neoplasia and the skin
(j) Lymphoreticular disorders

13. EMERGENCY MEDICINE

(a) Major medical emergencies
• Assessment of acute confusion
• Assessment of acute dyspnoea
• Assessment of acute chest pain
• Assessment of acute shock
(b) Management of poisoning and self harm

14. IMMUNOLOGY

(a) Effective selection and interpretation of immunological laboratory tests
(b) Allergic disorders
• Treatment of acute allergic episodes
• Investigation of underlying allergies
• Assessment of allergic and non-allergic angioedema
(c) Immunodeficiency
• Primary immunodeficiency
• Secondary immunodeficiency
(d) Immunosuppressive therapy
(e) Intravenous immunoglobulin
• Replacement therapy
• High dose IVIG treatment for autoimmune disorders

15. OCCUPATIONAL MEDICINE

(a) Occupational hazards to health
1. Pathophysiology of occupational disease
   • Occupational respiratory disease
   • Occupational skin disease
   • Occupational cancer
   • Occupational neurological disease
   • Occupational liver and kidney disease
   • Musculoskeletal problems including work related upper limb disorder
   • Noise induced hearing loss
2. Distinctions between occupational and non-occupational disorders
3. The clinical approach to investigation, diagnosis, management and prevention of cases of occupational ill-health
4. Acute poisoning and emergency treatment

(b) Assessment of fitness for work
1. Medical aspects of fitness to work
2. Fitness standards
3. Impairment, disability and handicap

16. STATISTICS

Use and application of descriptive statistics. Knowledge of statistical techniques with respect to clinical trials, evidence-based medicine, and epidemiology.

17. PHARMACOLOGY

Knowledge of pharmacology and therapeutics of major drug groups used in the management of common diseases. Treatment of drug overdose and poisoning. Awareness of important drug interactions, adverse reactions and how altered metabolism and excretion (e.g. pharmacogenetics, renal failure, ageing, pregnancy) can influence drug responses.

18. MEDICO LEGAL ISSUES

• Medical ethical issues
• Brain death – diagnosis and management
• Death certification
• Role of the coroner

19. PSYCHIATRY

(a) Assessment of mental state

(b) Knowledge of
   • affective disorders
   • self-harm
   • schizophrenia
   • psychosis
   • delirium
   • dementia
   • drug and alcohol dependence
   • grief reactions
   • organic brain disease


- management of psychiatric disorders of side affect of treatment modalities

20. **CLINICAL SKILLS**

(a) Ability to conduct a comprehensive systematic examination
(b) Ability to produce a programme of investigations
(c) Presentation of history
   - Systematic presentation and ability to establish correct facts
(d) Communication skills
   - Clarity and pace of presentation of the history and communication and sympathetic attitude with the patient
   - Ability to communicate to the patient and the examiner
   - Ability to communicate information with medical college and hospital eg. ward round, specialist referral
   - Ability to communicate information with colleagues in primary care and other disciplines e.g. discharge and outpatient correspondence and information
(e) Physical Examination
   - Ability to conduct a comprehensive systematic examination with skilled technique enabling the correct clinical findings to be established
(f) Management and acumen
   - Ability to produce a programme of investigations in an appropriate and logical manner, clinical management and problem solving. This requires knowledge of laboratory investigations, diagnostic imaging, specialist investigations including biopsy and endoscopy

4. **How to enter the MRCPI Part II GM Clinical Examination**

4.1 **Method of application**

All exam application forms together with supplemental documentation and payment must be completed online. Please upload an attested/certified copy of your FRACP diploma if applicable. The method of payment is by credit card and debit/Laser cards.

**Dublin and Overseas**

The application form together with the examination calendar are available online at [www.rcpi.ie](http://www.rcpi.ie).

Applications will not be accepted by the College before the published opening date or after the published closing date.

Candidates must upload certified copies of their original diplomas (first time entrants only) of Medical Qualification, which must be adjudged to be satisfactory to the College. Copy diplomas must be attested by a member of an Garda Siochana (police), Solicitor, Commissioner for Oaths or the Issuing Authority. The receipt of the retention fee issued by the Medical Council is not acceptable as evidence of registration. Official translations will only be accepted if they have been prepared and/or authenticated by:

(i) the issuing University or Medical School
(ii) an Irish or British Consulate
(iii) the candidate’s own Embassy or High Commissioner

Application checklist:
- Application form
- Proof of Qualification (if seeking exemption)
The candidate’s full name must be given at the time of entry to the examination and must agree with the name(s) given on Medical Council documentation. The name you provide will be used on all official correspondence (such as diplomas, qualifications and certificates) issued by RCPI. Candidates who change their name(s) by marriage or deed poll must upload documentary proof of this, if they wish to be admitted to the examination in their new name.

In the instance where the number of applications exceeds the number of places available in the examination, priority is given to all BST trainees who have applied. The membership examination is now a mandatory exit requirement for all BST trainees. Priority is also given to those with only one attempt left. All remaining applications are then accepted on a first come first served basis. For those who do not secure a place in the examination, a full refund of the fee will be arranged. Should there be any withdrawals from the exam the next person in line will be offered a place.

4.2 Visas

If a candidate requires a visa to sit an examination, it is the responsibility of the individual to ensure the visa application is made in sufficient time before the examination date for which it has been sought. The College has no influence in granting or refusing visas. A refund will not be given if a candidate is unable to attend the examination as a result of a visa related problem.

4.3 Examination fees

The fees payable on entry to the MRCPI Part I and Part II General Medicine examinations are published annually.

No candidate will be permitted to take any part of the examination unless all outstanding fees are paid in full.

4.4 Withdrawal from the examination

Notice of withdrawal from an examination must be given in writing to the College. A refund less 10% will be made if written notice of withdrawal is received by the College on or before the closing date of entry to the examination. No fee will be held over to a future examination unless there are exceptional extenuating circumstances. Each request will be dealt with on a case by case basis at the discretion of the Dean of Examinations, whose decision is final. Documentary evidence is required in all cases. Any request (accompanied by supporting evidence) must be submitted no later than two weeks after the date of the examination if it is to be considered.

4.5 Examination Registration

All candidates will be emailed a time to arrive for registration prior to the examination. Please take a careful note of this time as any candidates who arrive after their allocated registration time, will not be permitted to take the examination. Passport, equivalent national identity card or drivers licence must be produced at all parts of each examination.

5. MRCPI Part II General Medicine Clinical Examination Format

5.1 Clinical Examination Format

Two long case stations
You will examine two patients for 25 minutes each. In each, you will be observed for 12 minutes uninterrupted while you take a clinical history. During the next 8 minutes you will summarise the history and perform a focused and directed examination. The remaining 5 minutes of the
examination will be dedicated to discussing investigation and management of the patient’s overall clinical problems and aftercare. Your ability to communicate will be tested throughout these stations by the observed history-taking, your interaction with the patient and your ability to clearly communicate with the examiner.

**Five short case stations**
You will be examined by five independent examiners (one in each station) for 10 minutes each on your ability to elicit and interpret physical signs in various clinical systems in four clinical patients and one communication scenario. In the first 6 minutes of the examination you will be instructed to examine the patient (based on the patient’s presentation) and elicit and interpret physical signs. In the remaining 4 minutes of the examination, the examiner will ask you questions relevant to the clinical examination which you carried out.

**Marking**
The examiners will use standardised marking sheets to record your abilities on a number of different skills including:
- Clinical communication skills
- Managing relationship with patients
- Differential diagnosis
- Physical examination
- Identifying physical signs
- Clinical judgement
- Managing patients’ safety and quality of care

Decisions of pass/fail marking are made by the Board of the Part II Clinical Examination after thorough data analysis and rigorous standard setting.

**5.2 Examination rules and guidelines**

5.2.1 These Regulations apply to all candidates for examinations of the College. Candidates should note that by applying to enter to sit an examination, they are deemed to have understood and agreed to comply by these Regulations.

5.2.2 Candidates are advised to allow for any transport delays when planning time of arrival at the examination centre. The College cannot guarantee candidates will be permitted to enter the examination centre after the start of the examination.

5.2.3 Candidates should assemble outside the examination centre at least 30 minutes before the start of the examination and will not enter until instructed by an invigilator(s).

5.2.4 Candidates will **not** be permitted entry into the examination centre if they arrive 30 minutes after the start of the examination.

5.2.5 Candidates **must** have their personal identity card and notification email with them at all MRCPI examinations as proof of identity. A passport or drivers licence may be accepted if the candidate’s name is stated in the same manner as on their primary medical degree. Candidates will **not** be admitted to the examination unless they produce photographic identification.

5.2.6 Candidates are expected to bring the relevant equipment required for a physical examination e.g. a stethoscope, ophthalmoscope, patella hammer and tuning fork to the clinical examination.

5.2.7 Candidates should note that drugs will almost always be referred to by their UK approved names (National Formulary) rather than their trade names. Biochemical and other measurements will be expressed in SI units.
5.2.8 Candidates are not permitted to bring into the examination centre, mobile phones, pagers, laptop computers, palm pilots, calculators, text books, documents or items of any kind other than those specifically allowed for that particular examination and previously notified to them.

Any candidate found to be in possession of such a device during the examination will receive a verbal warning from the exam invigilator. A written report will be drafted and signed by the invigilator and countersigned by a witness to the event. This report will be forwarded to the Dean of Examinations. If the Dean considers the event to be a serious infringement of the exam regulations, the candidate will be advised that he/she is suspended from the exam. This will result in exam failure, the loss of the exam fee and possible exclusion from re-entry to future exams.

5.2.9 Smoking is not permitted in any part of the examination centre. Candidates will not be permitted to leave the building for a smoke break during the examination.

5.2.10 Any candidate acting in breach of any of the above Regulations, or misbehaving in any way, may be suspended from the examination or be deemed to have failed the examination. If an infringement of the College Regulations is deemed to be particularly severe, the candidate concerned may be permanently disbarred from entering any future College examinations.

6. Fire Evacuation

Candidates should follow the Fire Evacuation procedure as outlined by the hospital in which they are being examined.

6.1 Candidates should note that they remain subject to examination rules during the evacuation and should not communicate or have contact with other candidates. Candidates must not attempt to collect personal belongings.

6.2 On instruction all candidates will evacuate the building to the assembly point using the emergency exits.

6.3 Do not use the lift.

6.4 When assembled candidate names will be checked against the exam register.

6.5 If it is possible to resume the examination, the time of the interruption and the time of resumption will be noted. Candidates will be allowed compensatory time equivalent to the period from the time the alarm sounded to the resumption of the examination, plus 10 minutes to settle back into the examination. The invigilator will inform candidates of the revised finishing time for the examination.

6.6 A written report of the evacuation will be filed by the College staff member and forwarded to the Dean of Examinations.

6.7 A delay of more than thirty minutes will automatically require a re-scheduling of the examination concerned. In this case, invigilators will announce to the students that they should contact the Examinations Department regarding alternative examination arrangements. Students may then leave.

7. Code of Conduct
This code shall apply to all candidates for examinations of the College. Candidates should note by applying to enter to sit an examination they are deemed to have understood and agreed to comply by this code. Misconduct includes, but is not restricted to:

7.1 Introduction into any examination of materials other than those specifically permitted for the examination.

7.2 Any attempt to communicate with another candidate, patient or any person other than an invigilator on duty.

7.3 Any attempt to gain access to or plagiarise the work of another candidate.

7.4 Any attempt to gain or pass on information with regard to the content of the examination in advance of the date of the examination.

7.5 Impersonation of a candidate.

7.6 Bribery of another candidate or examination official.

7.7 Unacceptable or disruptive behaviour during an examination.

7.8 Failure to abide by the instructions of an invigilator or other examination official.

7.9 Falsification or alteration of any results document or qualification.

7.1.1 Report procedure

Suspected misconduct may be reported to the College by examiners, invigilators, candidates, patients and any other person who becomes aware of suspected misconduct.

Where an invigilator suspects a candidate of violation of examination rules and guidelines, they will:

(a) Confiscate any unauthorised material in the possession of the candidate.

(b) Make a note of the time when the alleged infringement was discovered. An invigilator should ask another invigilator to act as a witness to the alleged infringement and countersign the note to confirm this.

(c) Allow the candidate(s) to continue the examination. Ejection from the examination centre will only take place in the event of a candidate(s) causing disruption to other candidates.

(d) Inform the candidate(s) at the end of the examination that a written report of the incident will be submitted to the Dean of Examinations.

(e) Within three working days of the examination, the invigilator will submit a written report on the alleged incident together with any confiscated materials to the Dean of Examinations.

7.1.2 Investigation procedure

The Dean of Examinations will review the report of the alleged case of misconduct and will determine whether there is sufficient evidence of a case to be answered after consulting with other members of College staff where necessary. In cases deemed to be of a very minor or technical nature, a letter of reprimand will be issued, and no further action is taken.
In all other cases the Dean of Examinations will inform the candidate in writing of the allegations that have been made about them within 10 working days of receiving a report of alleged misconduct. The candidate will be invited to reply to the allegation of misconduct.

The candidate will provide their response in writing to the allegation within 10 working days from the date of the Dean of Examinations letter. If no response is received within 10 working days, a warning letter will be sent. If no response to this warning letter is received within another 10 working days, the file will be sent to the College Executive for a final decision along with a recommendation of an appropriate penalty.

Where a candidate admits in writing to the allegations, full details of the case shall be passed to the College Executive to formally consider the case. The candidate will have the opportunity to include with their response a written statement which may be considered by the Executive. On full review of the case, the Executive will make a final decision, together with a recommendation of an appropriate penalty. The candidate will be notified of the Executive’s decision in writing.

8. Adapted Examination Arrangements

Any candidate who has a physical disability, learning disability or any other special need that they believe could affect their performance in an examination, may be entitled to adapted examination arrangements. The purpose of any specific arrangement is to compensate for any restrictions imposed by a disability without impairing the validity of the examination. All such candidates should inform the Examinations Department at the time of application of their circumstances in writing, together with a consultants report to support their application. Failure to include this information at the time of application may affect the arrangements that can be put in place in time for the examination. The information provided is treated strictly confidentially.

9. Examination Results

The College processes the marking of the MRCPI Part II General Medicine Clinical Examination as quickly as possible, consistent with ensuring accuracy, fairness and a stable pass standard. Individual feedback letters giving detailed breakdown of performance are prepared for those who do not pass the examination.

- A provisional list of Examination results for successful candidates only will be posted on the College website, approximately 4 working weeks after the date of the examination. Under no circumstances will examination results be given over the telephone, by fax, email or by visiting the College in person.
- All result letters will be posted to candidates shortly thereafter.
- The result letter will be sent to the address as per the candidate's online application.
- Please refrain from telephoning the College regarding your result during this period, as this will delay the process.

9.1 Recheck procedure and appeals policy

As the Clinical examination is a ‘live’ exam there is no facility for re-checking Clinical Examination results/grading. However should a candidate wish to get clarification of their detailed feedback letter they should contact the examinations department directly by email (examinations@rcpi.ie) within 10 working days of result letter issue.

For details of our appeals policy, please check our website www.rcpi.ie.