Preparing For The MRCP(UK) Part I Examination

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Introduction

The following article is partly based on the author's experience of taking this examination. It is also referenced and based on the opinions of many others who have successfully passed the exam along with those of the professionals who teach them.

Examination Administration

The 3 UK Royal Colleges of Physicians (1,2,3) run a common co-ordinated MRCP (UK) diploma examination. It is recommended that enquiries and applications relating to the Part I examination be directed to the MRCP (UK) Central Office based at the Royal College of Physicians of London. Alternatively visit their very informative website, which gives up to date exam regulations at: http://www.rcplondon.ac.uk/pubs/exam_handbook-contents.htm

(The RCP of Ireland also use the MRCP (UK) Part I as their primary examination).

Eligibility

MRCP Part I applicants must have held a recognised medical degree for a minimum of 18 months.

Examination Timings & Venues

The MRCP Part I examination is held 3 times per year in January, May and September and applications for each sitting must reach the MRCP(UK) Central Office no later than 8 weeks prior to the examination date. The examination is run in a number of cities throughout the UK with candidates indicating a preferred venue on the application form.

Examination format

The examination is a negatively marked multiple-choice paper with 60 questions (5 "questions") in two and a half hours. There is no set pass mark. Presently only the top 35% of candidates pass. Some believe that this pass rate may fall now that an unlimited number of attempts at the examination are allowed.

How to Pass?

This exam has unfortunately been shown to be poorly validated, to contain many ambiguous questions and to be a poor discriminator of medical competence. Validation work on MCQs (4,5,6,7)

Revision Planning

Having decided on a time to do the exam, bought the necessary library and booked the exam course it is necessary to retire from normal life for 2-3 months. A small amount of free time (and also physical exercise) is required to retain sanity but otherwise one must be 100% committed. It is far better to sacrifice this short time of ones' life completely - but once - rather than repeatedly making a partial sacrifice. Certain Military deployments may even facilitate this protected period for study.

The virtues of formal revision timetables can be debated but certainly having an idea of what time is available to cover essential topics is very important. It must be

(Multiple Choice Questions) by the Royal College of General Practitioners has shown negative marking to favour men over women (8) - so ladies adopt male risk taking characteristics for the sake of this exam - see below.

However, the horror stories one hears about people taking the MRCP Part I exam a multitude of times are at least partly due to a candidate's attitude towards the exam.

Although the exam is peer referenced rather than criterion referenced (which one could argue is unfair in itself) many of the 65% who fail have not prepared adequately for the exam. There is no doubt that some candidates find it an incredibly difficult exam to pass even with intensive preparation. However, one must remember during those inevitable "revision lows" and periods of despair that of the 65% who fail, some will not have been in a position to work hard and prepare fully for the exam. This may be due to a variety of reasons including social/domestic causes, work commitments, late application for the exam, inability to attend a revision course and using the 1st attempt to "test the water" before a more serious attempt. The point is that the pass rate of candidates who have planned their work and prepared intensively is likely to be much higher than the overall pass rate of 35%.

This exam is passable with:

- A. The intellect required to get through medical school.
- B. A finite knowledge base, which can be acquired in 2-3 months.
- C. Confidence and the will to pass.
- D. Technique - described below.

appreciated that certain subjects are more heavily weighted in the exam than others and time must be allocated accordingly. PasTest (9) provide a breakdown of the percentage of questions per subject in recent exams to assist with this along with a calculation of recommended time spent on each subject.

It makes sense to revise by subject initially. For each subject it is important to start by reading the basic sciences, then the core clinical knowledge then to do subject specific MCQs. Later in the revision timetable one can move towards doing timed full 60 question practice exams covering all subjects.

Early Preparatory Work

The temptation to try and memorise a large medical text from cover to cover must be resisted at all costs. Reading a brief text early in the exam preparation to have an overall revision of your medicine is useful, but it is not necessary to try and learn the text – you will be learning the wrong things.

Examples of brief core texts for this purpose are;

Lecture Notes on Clinical Medicine;
Rubenstein & Wayne,
Clinical Medicine; Kumar & Clark.

Basic core reading

An absolute minimum for core reading includes the following two books;

Essential Revision Notes For MRCP Part 1;
Kalra PA,
Basic Medical Sciences For MRCP Part 1;
Easterbrook P; Churchill Livingstone.

Both these books are very concise and emphasize the most important facts without excessive verbosity. The first also contains hints, tips and revision checklists.

Reference Books

One should use the same books for reference for the entire period of exam preparation, as retention will be enhanced through familiarity.

The Oxford Handbooks of Clinical Medicine and Specialities;

Oxford Handbook of Clinical Medicine;
Hopel/Longmore/Hodgetts/Ramrakha,
Oxford University Press
Oxford Handbook of Clinical Specialities
Collier/Longmore/Hodgetts,
Oxford University Press

are very comprehensive, covering the majority of the syllabus and can be used as the main reference. Larger texts will only rarely be needed.

Medical school basic science books in Pharmacology / Physiology / Anatomy will also be required for occasional reference.

Flashcards

As in other exams the use of self-made

“Flashcards” to remember particular facts and confusing topics is well worth the effort. Information should be taken from various books but not blindly – flashcards should be focused according to what is asked in MCQs.

Repetition of MCQs Philosophy

Learning must be problem based and means doing MCQs again and again. Nearer the exam it may seem that one's knowledge is like the sun on a clear night – thousands of very fragile particles of information with nothing to hold it all together – and this can be discouraging. This is obviously a very uncomfortable and worrying feeling the nearer the exam and the desire to pick up a comprehensive text and read it cover to cover to “fill the gaps” becomes overwhelming – however the repetition of MCQs philosophy must be persevered with and this discomfort endured.

MCQ Books

Many thousands of good quality MCQs should be done as long as they are relevant to the examination. There is no point in practising questions which will not appear in the examination. It is important to choose MCQ books that have the answers and explanations in the back as this will save time looking for explanations in textbooks.

For various reasons the PasTest MCQ books are considered the most relevant to the exam. However there are also many other Medicine MCQ books on the market of varying relevance to the exam. Which one to buy is best determined by those who have just passed the exam – and maybe your friends! A list of some of the more useful MCQ books presently available is given in appendix 1. The Royal College of Physicians publish 3 actual past papers from the (MRCP (UK) Part 1 Papers; MRCP (UK) examining board) and nearer the exam it is worth practising these. Answers and explanations to these past papers are given in *MRCP Part 1: Explanations to the Royal College of Physicians Past Papers* by Beynon BSc MRCP, C.N. Rev MRCP.

MCQs – other sources

It is well worth investing in or borrowing a computer and using the PasTest 9 CD disc of questions. This has roughly 1000 thousand questions on it and is programmed to stop asking questions once one always gets correct, thereby helping to focus one's learning. It also allows a change in the long 2-3 month revision period to put the books down and work with one's computer!

Another advantage of having a computer is that many more MCQs exist on the worldwide web that can be found without time surfing; typing “mrcppart1” into a

search engines may produce new sites and MCQs that have appeared since this article was written.

A visit to: <http://mrcppart1.co.uk> and <http://www.mrcppart1-bible.co.uk> is well worthwhile as there are 1000s of MCQs on line along with other information about books and revision courses. Many more relevant MCQs will also be issued in course folders to candidates on the major courses.

Courses

An appropriate MRCP Part 1 course (e.g. PasTest (9) or Beynon(10)) although expensive is strongly advised, as there will be formal teaching, instruction on technique, practice exams and hundreds more MCQ questions to do on the course and to take away. Local (in hospital) opportunities for teaching should also be exploited.

Exam Technique

It is vital to read the question very carefully, at least twice. Many of the questions will be familiar but the correct answer may have changed because of substitution of one of the "stems." Answer the question that has been asked.

Practised exam technique is essential and will make the difference between passing and failing (11). The psychology of negative marking is designed to prevent people from guessing (as this would be dangerous in a clinical situation) but in fact the way to score highly in this exam is to do just that. Educated guessing has been shown to reliably increase ones percentage in negatively marked exams.(12,13,14) The difficulty some candidates face is discriminating between what is, and is not an *educated* guess. Many candidates do not want to answer a question if they are not 100% sure of the answer – this will not lead to exam success.

The risk taking behaviour necessary for this exam is intrinsically difficult for the archetypal type of person who generally becomes a doctor and is used to making clinical decisions after carefully thinking through various options. However, a little risk taking is necessary in order to increase the chance of passing. Apart from a small percentage of candidates who have done inadequate preparatory work every candidates' knowledge base will be fairly similar yet only 35% will pass. The difference is in how to apply one's knowledge.

It is important to answer as many questions as possible and only to leave a blank if genuinely in a 50:50 quandary. One could even argue that one should be answering the questions you have absolutely no idea about – as TRUE. This is because MCQ papers contain a higher percentage of True than False answers (4) due to the higher difficulty associated with setting a False answer, therefore any one question

has a higher statistical probability of being True than False.

Other useful tips;

- A. If you are 60: 40 sure about the answer to a question – Answer it
- B. If you "have a hunch" about the answer to a question – Answer it
- C. If you have seen the same question marked True in two books and False in one book during your revision – Answer it (True- 2/3 chance that it will be)
- D. If there is a question querying a strange/rare link between two diseases or facts that you have never heard of but you have done 2-3 months hard work – Answer it (False-the chances are it will be if you have never heard of it)
- E. Stems;
Each stem to an MCQ question may contain key words and it is necessary to understand and learn the language of the examiners.
Thus it is useful to learn the percentage chances of false and true answers for all the stems; e.g. "characteristic of," "associated with," "typical of," "commonly," "usually," "rarely," "pathognomic," "may be," "always," "never," etc

Admittedly by making these educated guesses one will get more questions wrong but more correct ones will outbalance this. By answering another 10 questions through educated guesses and getting 4 wrong but 6 correct, a very important 2 marks that may mean the difference between passing and failing will have been gained.

It is vital to practice guessing during your preparatory work and see how it alters the marks you achieve. The key is in identifying which are educated and which are blind guesses. One approach is to use four different colours for answering questions about which you are; 100%, 80%, 60%, and 50% sure. This way it will be possible to work out how much risk you can take but still gaining the odd mark.

How many questions to answer?

Most of the people who pass first time answer a large percentage of the 300 questions. Well over 250 is good, aiming for 290-300 is even better!

If you leave the exam feeling a little uncomfortable this is no bad thing as it means you have taken some risks that will hopefully put you in that top 35%.

Summary

The mention of the MRCP Part 1 examination is enough to bring many out in a cold sweat. However, understanding what the examination is about and preparing properly for it will greatly increase ones chances of success. The main points to remember are summarised below;

- Do not underestimate the amount of work needed to pass
- Consider deferring attempts until able to prepare properly for the examination
- Try and meet other candidates occasionally to help motivation
- Read a basic text.....but do 1000s of MCQs
- Mark all questions as mock exams
- Read up areas of weakness, not strength
- Make and use MCQ subject focused flashcards
- Go on a good course
- Try to enjoy the whole experience!
- Read the question very carefully at least twice
- Answer the question that has been asked
- Take calculated risks

Appendix 1; (***=indispensable, **=useful, *=OK)

MCQs in Basic Sciences for MRCP part 1; Easterbrook P, Mokbel***

500 MCQs for the MRCP Part 1; Baliga R R; **

MCQ with individual subject summaries; O'Neill P; **

MCQs for the MRCP Part 1; A. Zumla, *et al***

MRCP Part 1 MCQs with Key Topic Summaries; Paul O'Neill**

MRCP Part 1 Past Topics; Philip A. Kalra**

MRCP Part 1 Pocket Book Book 1: Cardiology and Respiratory Medicine; Dwight, Ng Man Kung*

MRCP Part 1 Pocket Book Book 2: Neurology and Psychiatry; Moore, Hopkins***

MRCP Part 1 Pocket Book Book 3: Gastroenterology, Endocrinology and Renal Medicine; Higham, Hakim***

MRCP Part 1 Pocket Book Book 4: Rheumatology, Immunology, Haematology and Infectious Diseases; Hakim***

MRCP Part 1 Pocket Book Book 5: Basic Sciences; O'Donoghue***

MRCP Part 1 Pocket Book Book 6: Clinical Pharmacology; M. Pirmohamed***

MRCP Part 1: MCQ Practice Exams; Malcolm Littley ***

Pass the MRCP Parts I and II; Mark Elliott *et al***

MCQ Tutor for MRCP Part 1; Andrew B. Provan **

MCQs in Clinical Medicine; Ragavendra R. Baliga*

MCQs in Human Physiology; Oliver Holmes, Sheila Jennett *

MCQs in Medical Microbiology for MRCP; P.W. Ross, F.X.S. Emmanuel* MCQs in the Basic Sciences for MRCP Part 1; S. Elborn, Evans***

MCQs in the Basic Sciences for MRCP Part 1; S. Elborn, Evans***

MCQs for MRCP Part 1: General Medicine; Ford, Matthews ***

More MCQs in Cardiology for the MRCP Part I; David A. Sandler, Gerald Sandler***

MRCP Part 1: MCQ Revision Book; Philip Kalra MA ***

Multiple Choice Questions in Medicine for the MRCP Examination (Part 1); Patrick M. Bell, *et al****

QBase Medicine 3: MCQs for the MRCP; Punit S. Ramrakha**

Update for the MRCP; T.Andrews, P.Arlett, B.Brett, R.Jones**

MCQs for MRCP Part 1; David Galvani **

The MRCP part 1; C A O'Callaghan** The complete MRCP. MCQs MRCP part 1; Beynon, 1991 *

Modern Medicine for the MRCP; Davies *et al*; **

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