Regulations and Information for Candidates

MRCPI Part II
General Medicine Written Examination

2013 Edition
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January 2013
1. **Introduction**

Membership of the Royal college of Physicians of Ireland (College) is governed by the By-Laws of the College. The following Regulations apply to all candidates entering for the MRCPI examinations. Any decision on the interpretation of these Regulations made by the College is binding. The acceptance of any application is at the sole discretion of the College. Every candidate for the Membership of the College must pass all sections of the Membership Examination unless exemption has been granted as indicated in section 3.2 below.

The MRCPI Part II General Medicine Written Examination consists of two papers which pose questions about the diagnosis and management of clinical conditions, to a level appropriate for entry to specialist training. Candidates who wish to become Members of the College must pass this examination in order to progress to the MRCPI Part II Clinical Examination.

2. **MRCPI Qualification**

Candidates must pass MCRPI Part I General Medicine or the Part I Paediatrics examination or have an exemption (see section 3.2) to apply to sit MRCPI Part II General Medicine Written Examination. Candidates have 7 years from the date of successfully passing MRCPI Part I General Medicine Examination in which to pass MRCPI Part II General Medicine Written Examination. MCRPI Part I General Medicine Examination can be retaken if more than 7 years has elapsed since passing Part I.

Candidates must pass the MRCPI Part II General Medicine Written Examination before applying to enter the MRCPI Part II General Medicine Clinical Examination or have an exemption (see section 3.2). Successful candidates then have an additional two years from the date of passing MRCPI Part II Written in which to pass MRCPI Part II Clinical. There will be no extension to this 7 year period. MRCPI Part II General Medicine Written Examination can be retaken if more than 2 years has elapsed since passing Part II.

Every candidate for MRCPI Part II Written membership exams must have submitted testimonials of his/her professional qualification and character references from two Medical Practitioners of at least 5 years standing and statements on the approved form regarding:

- Professional experience acceptable to the Education and Examination Committee
- Not keeping an open shop for the sale of medicine
2.1 MRCPI Qualification Map

1st attempt 12 months from completion of undergraduate degree

Candidates have 7 years from the date of sitting the MRCPI Part I in which to obtain MRCPI Part II Written

MRCPI Part I General Medicine Examination

Pass

Fail Re-Sit Exam

MRCPI Part II General Medicine Written

Pass

Fail Re-Sit Written

Successful candidates have 2 years from the date of sitting MRCPI Part II Written in which to pass MRCPI Part II Clinical

MRCPI Part II General Medicine Clinical

Pass

Fail Re-Sit Clinical

If the 2 year limit has exceeded, candidates must re-sit the Part II Written

MRCPI conferring

January 2013
3. MRCPI Part II General Medicine Written Examination

3.1 Entry requirements

Candidates must have passed MCRPI Part I General Medicine or Part I Paediatrics Examination or have obtained an exemption (see section 3.2) to apply to sit MRCPI Part II General Medicine Written Examination.

3.2 Exemptions

Candidates with the following qualifications can be considered eligible for exemption from MRCPI Part I General Medicine and can apply directly to MRCPI Part II General Medicine Written Examination:

<table>
<thead>
<tr>
<th>MRCPI (Part I only)</th>
<th>MRCPI (Part I and Part II Written only)</th>
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<tbody>
<tr>
<td>❖ MRCP(UK)</td>
<td>❖ FRACP</td>
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<tr>
<td>❖ The American Boards in General (Internal Medicine and Paediatrics), M. Med.(Malaysia)</td>
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Candidates claiming exemption must accompany their application with attested/certified proof of this qualification. Documents can be attested by any one the following:

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

3.3 Examination locations

The MRCPI Part II General Medicine Written Examination is held in Dublin together with a number of overseas centres. Details of these centres can be accessed via the website at www.rcpi.ie.

3.4 Preparation for MRCPI Part II General Medicine Written Examination

All MRCPI examinations are conducted in the English language.

There are no past papers for MRCPI Part II General Medicine Written Examination. The College recommends that candidates prepare by spending time gaining clinical experience in suitable hospital posts, studying up-to-date clinical textbooks and by reading current medical journals.

There is a syllabus to assist with the preparation for the MRCPI Part II General Medicine Written Examination (see section 3.5). The syllabus presents a framework of topics which should be covered, but it is not intended to be inclusive and candidates should not limit their studies solely to these topics.
3.5 Syllabus

This syllabus can only indicate in broad terms aspects of the clinical sciences, clinical skills and core specialties 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
10. Geriatric medicine
11. Nephrology
12. Dermatology
13. Emergency medicine
14. Immunology
15. Occupational medicine
16. Statistics
17. Pharmacology
18. Medico legal issues
19. Psychiatry

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)

January 2013
Heart disease in pregnancy
Congenital heart disease
Cardiac Manifestations of general medical disorders
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 gastrointestinal disease
   - Inflammatory bowel disease
   - Neoplasia
   - Diarrhoea
   - Functional bowel disorders
   - Infections
   - Ischaemia
   - Diverticular disease
(g) Pancreatic Disease
   - Acute and chronic pancreatitis
   - Pancreatic neoplasia
   - Neuro endocrine malignancy
(h) 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
(i) Enteric infection
(j) Nutritional support

3. ENDOCRINOLOGY

(a) Diabetes mellitus
   - Glucose intolerance
   - Diabetes mellitus
   - Diabetic ketoacidosis
   - Complications
   - Management
(b) Thyroid disorders
   - Hypothyroidism
   - Hyperthyroidism
   - Goitre
   - Nodules
(c) Adrenal disease
- Addison’s disease
- Cushing’s syndrome
- Conn’s syndrome
- Phaeochromocytoma

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

(e) Diabetes insipidus

(f) Syndrome of inappropriate antidiuretic hormone (SIADH)

(g) Multiple endocrine neoplasia

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

(i) Hormonal disorders of gonads

4. RESPIRATORY MEDICINE

(a) Airways disease
- Asthma
- Chronic obstructive pulmonary disease
- Bronchiectasis

(b) 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

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- 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
Opportunistic infections in the immunocompromised individual
- Primary immunodeficiency syndromes and transplantation medicine

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

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

Travel related infections
- Clinical and laboratory assessment of the febrile patient returning from abroad

Chronic fatigue syndrome

Antimicrobial chemotherapy
- Antibacterial, including prophylaxis
- Antiviral, including HAART
- Antifungals
- Mechanisms of antimicrobial resistance and it’s prevention
- Antimicrobial prophylaxis

Principles of vaccination

Infection control and prevention
- Vaccination
- Patient isolation
- Protective clothing and hand washing
- Antimicrobial prophylaxis

RHEUMATOLOGY

Osteoarthritis
Rheumatoid arthritis
Connective tissue disorders
- Scleroderma
- Systemic lupus erythematosus (SLE)
- Mixed connective tissue disorder
- Polyanarthritid nodosa

Other inflammatory arthritis
- Gout
- Ankylosing spondylitis
- Cryoglobulinemia

Vasculitis
Osteoporosis, measurement bone density, treatment modalities
Amyloidosis
Polymyalgia rheumatica, temporal arteritis
Rheumatological diagnosis, investigation and management including role of occupational therapy and physiotherapy

NEUROLOGY
Examination of the central and peripheral nervous systems.
Infections
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
   2. Enduring power of attorney
   3. Ward of court

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 alkalois
      • Respiratory acidosis and alkalois
   2. Water and electrolyte disorders
      Disorders of sodium balance
      • Hyponatraemia
      • Hypernatraemia
      • Diabetes insipidus
      Disorders of potassium balance
      • Hypokalaemia

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• 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

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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

4. How to enter the MRCPI Part II General Medicine Written Examination

4.1 Method of application

All exam application forms together with supplemental documentation and payment must be completed online. The method of payment is by credit card and debit/Laser cards.

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

Dublin and Overseas
The application form together, with the examination calendar, can be downloaded from the College’s website at www.rcpi.ie.

Saudi Arabia Centre only
Candidates sitting examinations in Saudi Arabia are required to pay a separate administration fee of SAR200 on the day of examination. Please refer to the website www.rcpi.ie which is updated regularly with local centre information.

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 Síochána (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

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Application checklist:
- Application form
- Testimonial Form (first time applicants only)
- 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.

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 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 MRCPI Part II General Medicine Written 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 transferred over to a future examination. Refunds will not be made unless there are exceptional extenuating circumstances. Each request, which should be submitted in writing, 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.

4.5 Examination Registration

Registration will take place 30 minutes prior to the commencement of the examination. Candidates must bring a current passport, equivalent national identity card or drivers licence to the examination.

5. MRCPI Part II General Medicine Written Examination Format

5.1 Single Best Answer (SBA)

The MRCPI Part II General Medicine Written Examination consists of two papers that pose questions about the diagnosis and management of patients. The examination is five hours in total. Each paper consists of 75 Single Best Answer (SBA) format questions, with 2.5 hours allocated for each paper. Each question consists of an initial stem followed by 5 possible answers, identified A, B, C, D and E. Candidates should select one item they believe to be correct. Every other item in that question must be left blank. Questions may include printed photographic reproduction of clinical findings including retinal photographs, imaging and graphical data or on occasions, pathological material relating to the questions concerned.
The marks of the two papers will be combined. Each correct answer will be awarded 1 mark making a total of 75 available for each paper. There is a total combined mark of 150. Candidates will not be required to pass both papers individually. There is no negative marking; therefore all candidates are encouraged to answer all questions.

The questions will appear in the format of the following example:

Which of the following has the most anti-viral activity?

A. ganciclovir  
B. ranitidine  
C. danazol  
D. amantadine  
E. fluconazole

ANSWER: A

5.2 How to complete SBA answer sheet

An example of the SBA answer sheet is shown on page 20 below. The completed answer sheet is computer scored which means the following instructions must be complied with fully, otherwise they may be rejected by the scoring machine.

5.2.1 Use only the PENCIL (Grade 2B) supplied. Answers in ink or a different grade of pencil cannot be read by the computer.

5.2.2 The answer sheet contains a row of boxes for each question. Each box refers to a single item and is numbered accordingly (i.e. 1A, 1B, 1C, 1D, 1E). Candidates should indicate which of the five possible answers is correct by pencilling in the appropriate box.

5.2.3 Candidates may rub out an answer by using the eraser provided. To avoid too many erasures on the answer sheets, candidates are advised to indicate their answers in the question book in the first instance, before transferring them to the answer sheets. Remember to allow sufficient time to do so.

5.2.4 Do not fold or crease the answer sheets.

5.2.5 At the end of the examination, the question books and answer sheets must be left on the desk. On no account should they be removed from the examination centre.

5.3 MRCPI Part II General Medicine Written Examination Blueprint

The questions are selected to achieve a balanced spread of questions across the specialties, the sciences underlying medical practice and medical diseases, and basic skills required in general medicine. The questions will be on common or important diseases in hospital medical practice. The categories of the 150 questions used in the Part II Written Examination are determined by the percentages outlined in the table below. The skills will be examined across the specialties and not necessarily within any individual specialty.
### 5.4 Examination rules and guidelines

5.4.1 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.

5.4.2 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.

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

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

5.4.5 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.

5.4.6 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.

5.4.7 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.

5.4.8 Candidates are not permitted to have their bags and/or other personal items at their desks during the examination. Invigilators will direct candidates to a secure area for personal items to be deposited for the duration of the examination.

5.4.9 Question papers are individually numbered with Examination Numbers at the top right hand corner.

5.4.10 Candidates must ensure they are sitting at the correct desk and their Examination Number corresponds to the desk number.

5.4.11 Candidates must place their Identity Card at the top right hand corner of the desk to enable the invigilators to carry out a check during the exam.

5.4.12 Candidates must use the pencil provided when filling out the answer sheet.

5.4.13 It is recommended that candidates initially indicate their answer against the questions in the questions box in the question paper. Candidates should leave sufficient time to transfer their answers to the answer sheet.

5.4.14 Rough work paper is not provided and candidates must confine notes to the question paper.

5.4.15 Candidates are not permitted to remove the question paper or image booklet from the examination hall nor are they allowed to copy out questions from the paper.

5.4.16 It is strictly forbidden for candidates to talk or attempt in any way to communicate with other candidates while the exam is in progress.

5.4.17 Pencil in the boxes on the answer sheet neatly and boldly. Completely fill in the area within the box. The scoring machine has been programmed to ignore erasures, which can leave smudges. Faint responses and those boxes that are only partially filled may be ignored by the scoring machine. It is the candidate’s responsibility to ensure only a single clear response is recorded for each question.

5.4.18 Smudges may be caused by dirty erasers. Cleaning can be accomplished by rubbing the eraser against any clean part of the question book. Candidates should inform an invigilator if they are concerned about the appearance of their erasures.

5.4.19 If a candidate wishes to leave the examination early, they must raise their hand and wait for an invigilator to collect the paper. Candidates cannot leave the examination hall 30 minutes before the end of the examination. The College cannot take responsibility for lost or mislaid papers.

5.4.20 At the end of the examination, candidates must stop writing when instructed to do so by the invigilator and remain in their seat until the exam paper and answer sheet have been collected. Any candidate continuing to write after being instructed to stop will have their examination number noted. Their behaviour will be reported to the Dean of Examinations who will make a decision on further action.

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5.4.21 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.

5.4.22 Toilet breaks are permitted during the examination, but in an effort to minimise disruption candidates are requested to visit the toilet before the exam commences. Candidates visiting the toilet during the exam will be escorted by an invigilator.

5.4.23 Candidates are advised to provide their own refreshments during the examination, bearing in mind that hot food is not permitted.

5.4.24 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

6.1 The emergency exits will be pointed out to candidates during the announcements prior to the commencement of the examination.

6.2 All alarms should be treated as an emergency unless otherwise advised. If the alarm is sounded a College staff member will be responsible for the evacuation of the examination venue.

6.3 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.

6.4 On instruction from the College staff member all students should cease writing and leave their answer booklets on the desk.

6.5 The College staff member will instruct the invigilators to act as ‘Fire Marshalls’ and these marshals will be responsible for leading their designated sections of candidates.

6.6 The Fire Marshall should collect the exam register and evacuate the candidates to the assembly point using the emergency exists.

6.7 Do not use the lift.

6.8 When assembled the Fire Marshall will check the candidates against the examinations register.

6.9 If it is possible to resume the examination, candidates will be instructed to endorse their scripts with the words 'examination interrupted' indicating the time of the interruption and the time of resumption. 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 for re-reading the examination paper and settling back into the examination. The invigilator will inform candidates of the revised finishing time for the examination.

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

6.11 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 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 will 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.
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 Written Examination as quickly as possible, consistent with ensuring accuracy, fairness and a stable pass standard. Every effort is made to inform candidates of their result before the closing date for receipt of applications for the next available MRCPI Part II Clinical examination, although admittance to that examination cannot be guaranteed. Secure transport of candidate’s optical mark sheets to the College from overseas centres, human inspection of the adequacy of the candidate’s pencil shadings and optical scanning are required to obtain accurate data. Mathematical performance indicators are then calculated and scrutinised by the Exam Board to confirm the fairness of every question. The Hofstsee method for determining the pass mark is then applied and approved by the Board.

- Examination results for successful candidates only will be posted on the College website, approximately four 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

Candidates can request a recheck of their examination results in any section of the MRCPI examinations. There is a fee of €150 for this procedure. This charge will be refunded if a recheck changes the overall examination result to a pass mark.

Please complete the recheck application form which is available on our website www.rcpi.ie and return to the Examinations Department within four weeks of the results release date.

For details of our appeals policy, please go to the website www.rcpi.ie.