

Guide to MRCPCH Examinations

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Part 1

General Advice

Firstly, unfortunately the exam is not about being a good or safe paediatrician. Hopefully you are but this alone will not pass the exam. The exam is a game with its own rules and peculiarities. Although having a good knowledge of paediatrics and revising using a textbook can be helpful, Part 1 is all about being able to correctly identify the answer the examiners want (which unfortunately may not be exactly what you have observed in clinical practice).

Do as many questions as possible, and then read around that particular subject. Don't sit down and read at textbook from cover to cover. Passing the exam is based on pattern recognition; the same areas come up again and again. This can only be learnt by repeatedly doing questions. Use a variety of books and website so you don't get bored of always looking at the same thing.

The questions disproportionately cover certain areas while ignoring others. As a consequence the cornerstone to passing the exam is having done lots of similar (and occasionally identical) questions before. Make sure that you cover certain topics well, such as:

- Things that are going to kill that you can't not know about (e.g. meningococcal meningitis/sepsis, coarctation of the aorta and other duct-dependent cardiac defects, non-accidental injury)
- Common syndromes – Down's syndrome, Turner's syndrome.
- Development and growth
- Immunisations – schedule, who to/who not to. Note that immunisation schedules have changed recently so unless you have the most up to date textbook do not use information in textbooks- look at DOH website for up to date schedule.
- Failure to thrive/faltering growth
- Focus on your weak areas e.g. basic science and stats - sorry! While boring areas to revise for they are easy marks to gain as the questions tend to be easier than those for other areas.

Exam technique, revision technique and knowing your own strengths and weaknesses related to revision and written exams are just as important as knowing the subject well.

Think of how you have revised for past exams and what worked well for you. Also beware which subjects you find interesting and are naturally good at and which you find less interesting. It is more important to cover all areas of the curriculum quite well than know some areas very well and others not at all. People often have a tendency to focus on areas they find interesting or good at – this approach may not be helpful for passing the exam. A revision timetable may be useful for some people in this respect, but whether or not you use one make sure you allot time reasonably equally to all areas of the curriculum.

Use the resources available to you. The RCPCH has information on their website about all of the parts of the exam, some of which has been included in this guide. They also have practice papers and answers found at: <http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/mrcpch-part-1-updates/structure-specimen>

Structure

2 papers, 1a and 1b. You may apply to sit just 1a or both parts. Each paper is 2 ½ hours in length.

Part 1 a is also sat by GPs doing the DCH so will include questions that have a more general practice slant, e.g. prescribing contraceptive pill for teenagers, presentations that may not reach hospital paediatrics, but will be seen in general practice and community paediatrics.

Part 1b contains more of the science of medicine – anatomy, physiology, path physiology, side effects and actions of common drug and more complex problem solving questions.

The papers are divided up into the following question types:

- 12 Extended matching questions (EMQ) worth 9 marks each (3 per item)
- 15 Multiple true-false questions worth 5 marks each (1 per item)
- 48 Best of five questions worth 4 marks each

Questions

Examples

Student BMJ has a good article on examine technique when answering MCQ's. The article can be found at: <http://careers.bmj.com/careers/advice/bmj.330.7503.s228.xml>

Multiple choice questions

The examiners are aiming with these questions to “test whether a candidate has true knowledge of a fact or thinks that something similar (but wrong) sounds vaguely familiar.”

These are not negatively marked so you should aim to put down an answer even if you are not sure.

They carry the least marks as a total of the three question types - do not spend too long on the answers.

There are certain “rules” when answering these questions. This does not replace revision and knowing the subject well, but may help you to avoid common tricks and answer questions where you are not sure of the answer.

- Read the question carefully, don't miss out key words. This cannot be emphasised enough. If you are answering a question and you miss out the word “except” in the phrase “all of the statements are correct except” you will put down the wrong answer.
- Trust your instinct - your initial answer is likely to be correct.
- However do leave time to check your answers at the end and that you haven't read the question wrong the first time.
- They usually test subjects where there is little ambiguity - a definite yes/no answer.

- However, as a rule answers with always or never are usually false as rarely in medicine does something always happen or never happen.
- Beware double negatives, not uncommon and not infrequently both mean often.
- Beware the meaning of words used in questions, for example typically means usually.
- Answers containing numbers can be tricky. Those containing very precise figures for example 59% are unlikely to be true. Ask yourself what the number means in the context of the question. For example if the question states 75% of infants walk by their first birthday, ask yourself do the majority of infants walk by their first birthday?
- In questions where one of the answers is "all of the above" if you know that at least 2 of the stem answers are correct then it is likely that they are all correct, and all of the above is the correct answer.

Extended matching questions

Similar to best of 5 questions. A statement is given, and then the candidate then has to pick the answer from the attached list. Is a good way of using laboratory tests in a question. As in best of 5 questions should only cover one aspect of a topic such as:

- Choose the most likely diagnosis from the following.
- Choose the best treatment for each of these children.
- Choose the organism which matches most closely each of the following case scenarios.

Best of Five

Carry the most marks of the total in part 1 written.

These questions are designed to test judgment and experience. They start with a statement, and are followed by 5 answers. Some of the answers will be correct, but only one will be the most appropriate answer to the statement. This makes them the most difficult question to answer as it can be hard to pick the right option of the 5 possible ones offered. Should only cover one aspect of a topic, so possible questions may be:

- "What is the most likely diagnosis?"
- "Which investigation is most likely to lead to a diagnosis?"
- "What is the best next step?"
- "What is the best advice to give to parents?"
- "What is the most likely pathogenesis of this condition?"
- "What is the most common cause of this?"

As the best of 5 carry the most marks and are more difficult to answer, you should make sure that you complete as many of this question type as possible.

Reference Books

Get one or two good textbooks that work for you, but no more. Different explanations will only confuse you. Here, we have included some **opinions** of paediatric trainees who have

recently sat the MRCPCH exams on some available textbooks which they have used. We aim to give you true opinions which are not biased by having to represent the college/deanery. We advise that with any books you try before you buy, and most of these are available in the libraries in Southampton General Hospital or Portsmouth Hospitals. You may find you love the books we hate or vice versa. If you disagree with any of our opinions, we are happy to add your opinions to this information.

- **Lissauer and Claydon, Illustrated Guide to Paediatrics**
Some may find oversimplified, but lots of pictures and includes lots of summary boxes and tables, which are really helpful. Probably do not need to know many conditions not included in this book, but may need to be able to interpret the associated physiology/pathophysiology.
- **Beattie, Essential Revision notes in Paediatrics for MRCPCH**
Very good reference textbook. Not the easiest to read. You will not need to know everything included in here for part one.
- **Easterbrook, Basic Medical Science for MRCP part 1**
Best book for basic science - particularly good respiratory and cardiology chapters.
- **Sheldon, From Birth to Five Years**
Best book for early child development, which you will need to know, particularly for part 1 and clinical.
- **Levene, MRCPCH Mastercourse**
MRCPCH Mastercourse is endorsed by the RCPCH. It does not cover the complete content of the exam. You will either love or hate the format, with a mixture of standard text and case histories. Bright and colourful, but actually contains no more information than some of the standard undergraduate textbooks and at £200 it certainly is not the cheapest book around. Does come with a CD of various examinations and pictures and access to a website. However the website is not very user friendly and has limited content, although pictures are useful for part 2. Definitely one to try before you buy!

Online and question books

- Pastest offer a number of different books, all of which are good. Pastestonline.co.uk also has a website of over 1500 exam questions which is good valuable for money and easy to use.
- www.onexamination.com has a bank of over 3000 questions. These are much easier than the ones in the exam so aim for an average mark of over 70% (pass mark is around 60-63% in the exam).
- Practice papers on RCPCH website.

Part 2 Written

General advice

- More clinically based, therefore more enjoyable to revise for.
- The questions are more predictable.
- Focus on weak areas - metabolic, renal, growth and endocrine questions are all popular areas that are very boring at time to revise for!
- Do as many questions as possible, and then read around the area.

The Exam

2 papers each 2 ½ hours in length. The exam contains a mixture of:

Grey Cases

- Long case histories, often lasting several paragraphs with or without blood gases/blood test results. It's important to highlight key points as you read through and re-read the case several times or you will forget what it says.
- These include common topics and very uncommon. You will almost certainly come across a few things in the answers that you have never heard of!
- Eliminate answers that you know it definitely is not and you will probably be left with 2 or 3 answers, the task is then to pick out the key information that separates the conditions – think about this when revising, look at conditions which present similarly and how they differ.
- Questions will include:
 - Diagnosis
 - Most appropriate investigation
 - Management

Data interpretation

- Blood results – often with case histories as above
- Blood gases – as above
- ECG
 - Have to be obvious e.g. complete heart block, WPW, SVT, sinus tachycardia.
 - Good paper to look at is Paediatric Electrocardiograph BMJ 2002; 234:1382-5
- Spirometry
- EEG – (*Gaon, Paediatric exams, A survival guide* gives an excellent description of EEGs)

- Hypsarrhythmia
- 3 Hz spike and wave
- Encephalitis
- Temporal lobe epilepsy
- Audiograms
 - Sensorineural versus conductive hearing loss
- Cardiac catheter data – draw it out as a diagram
- Statistics/Critical appraisal/Study design
 - Interpretation of p values, confidence intervals
 - Most appropriate study design to answer questions

Pictures

- The images must be obvious enough to be able to be photocopied multiple times and shrunk.
- Tend to be more common diagnoses than appear in the grey case questions.
- Important to know rashes and common dysmorphic syndromes
- Get two good question books, one, which focuses on rashes, etc, and one, which focuses on radiology.
- Good questions to do when you are too tired to focus on anything else
- Google image all syndromes, rashes as you read about them
- Don't forget radiology: CXR, AXR, head CTs and abdo CTs, renal imaging (DMSA, MAG3)
 - Pneumonia
 - Inhaled FB
 - Diaphragmatic hernia
 - Abdominal tumours
- Neonatal radiology lends itself well to the exam. Make sure that you have gone through:
 - Line and tube placement
 - UVC and UAC
 - Central lines
 - ET tube
 - CXR
 - Barotrauma: pneumothorax, pneumomediastinum, pneumopericardium
 - Cystic lesions in the chest: diaphragmatic hernia, cystic Adenomatoid Malformation (CAM), congenital lobar emphysema
 - Diffuse infiltrates: Hyaline membrane disease, Transient tachypnea of the newborn, Neonatal pneumonia, Meconium aspiration syndrome
 - Tracheal-oesophageal fistula, Oesophageal atresia
 - AXR - Meconium ileus, necrotizing enterocolitis, perforation, atesias.
 - HUUS - would have to be obvious, i.e. grade 4 intra cranial bleed or cystic changes.

Question types

- Best of 5 - as in part 1, pick the most correct option from the 5 possible answers.
- Extended matching - a list of options is given at the beginning of each question. In response to each statement you must choose the most appropriate answer from the list given.
- N from many - you are required to choose a number of options from a longer list, such as treatment options.

General Textbooks

- **Paul Gaon, Paediatric Exams, A Survival Guide**
Amazing textbook, all you really need to pass the exam. Well laid out, focuses on knowledge to get you through the exam, not for everyday ward problems. There's no one we know who hasn't found this textbook helpful. Includes lots of examples of data interpretation such as cardiac catheter data, lung function and audiograms. No pictures though.
- **Stephen Stobel, The Great Ormond Street Colour Handbook of Paediatrics and Child Health**
Good photographic material in this book, containing more information on slightly more unusual diagnoses than found in other textbooks.

Question Books

Make sure you buy or borrow a question book that focuses on:

- Data interpretation
- Radiological imaging
- Picture book- syndromes, rashes etc.
- Grey cases (See below number 3)

The Past test revision books are generally very good. Pass Paediatrics and Churchill Livingstone also does a good range of question books.

Below are a list of some examples:

- **Nick Barnes and Julian Forton, Questions for the MRCPCH Part 2 Written Examinations.**
Focuses on grey case questions, which are not seen in part one so most people have not had much practice at this style of question. The questions are very difficult, and include a brilliant question on renal and another on metabolic problems. The metabolic question includes an excellent table at the end of the explanation which if learnt will enable you to answer most metabolic questions.
- **Kate Crease, MRCPCH Part 2 Questions and answers for the new format exam**
Good range of question styles and topics covered in this easy to use book. No pen and paper required, as answers are provided on the back of the question, so can be used absolutely anywhere. Questions seem easier than the actual exam and grey cases are not as detailed or lengthy as found in the real thing!

- **J Robertson, 250 Questions for the MRCPCH Part 2**
Separate chapters on each of the data interpretation elements that you may find in the exam. Good for practice once you have an idea of how to start interpreting but explanations are not as detailed as in other books. Good to use in conjunction with the Gaon book.
- **Christopher Schelvan, Paediatric radiology for MRCPCH and FRCR**
Excellent for radiology revision. Well laid out, good quality pictures and explanation explanation/key points.
- **Nagi Barakat, Get Through MRCPCH Part 2: 125 Questions on Clinical Photographs**
Focusing on photographic questions. Contains good quality photographs, but content can be more obscure than in the actual exam.
- **Nagi Barakat, Get Through MRCPCH Part 2: Data Interpretation Questions**
More challenging data interpretation questions than found in other revision books, similar difficulty to the exam although not the same format.
- **Fiona Finlay, Data interpretation questions in paediatrics**
Challenging but useful data interpretation questions, also similar difficulty to the exam though not in the same format

Websites

- www.onexamination.com – rather limited question bank, which are generally not the standard or format of the part 2 examination.
- www.pastestonline.co.uk – a greater number of questions than other online question banks but very few have photographs or data to interpret except for blood results. Cases are significantly shorter than those seen in the exam. Good for knowledge consolidation.
- Exam papers on RCPCH website

Clinical

Approach

- The examiners are asking themselves is this person ready to be a junior SPR?
- The exam format is now standardised.
- You do not have to pass every station; just get a mark of 100 out of 120 to pass – you can therefore fail two stations and still pass if you do well on the other stations.
- Being friendly and nice to the patient will get you most of the marks.

Getting started

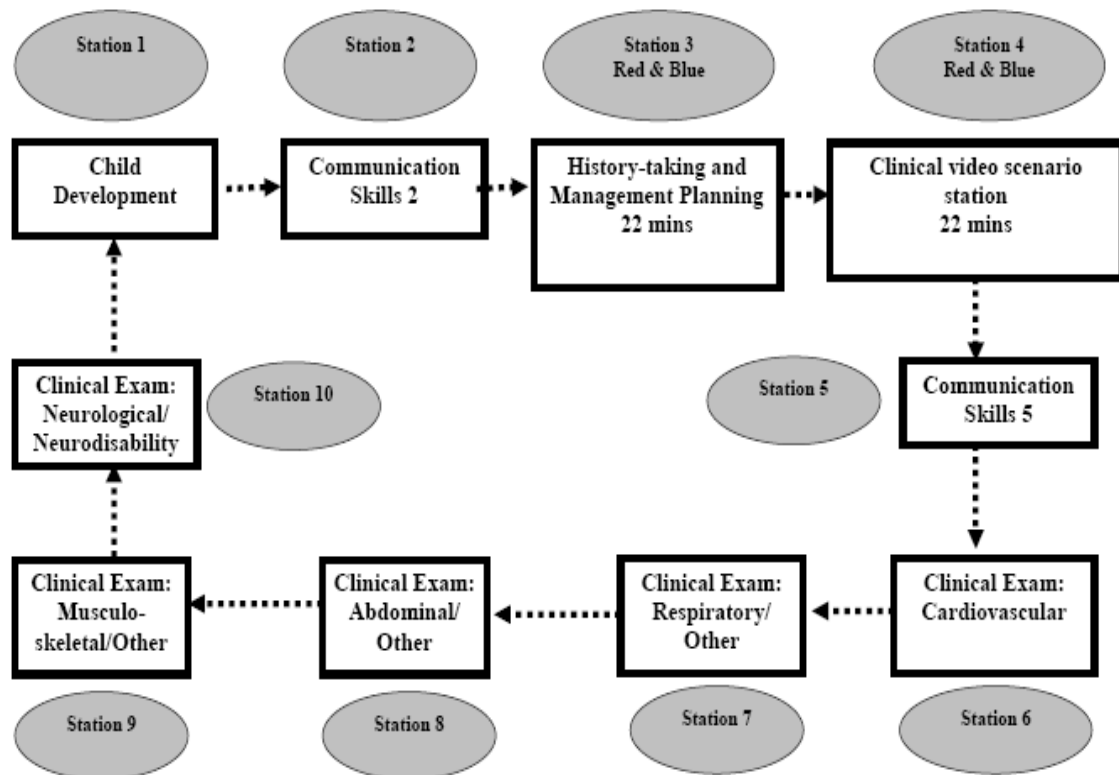
- It is normal to be petrified just thinking about the exam, this will subside with practice. You will then start to feel ready for the exam in the few weeks before, and become absolutely petrified again just before!
- Get organised - arrange a study group so you can support and feedback on each other.
- Practice, practice, practice. Start around 6-7 weeks before the exam, longer than this and you will burn out too quickly.
- Read all the information on the RCPCH website to familiarise yourself with how the exam works. There is also lots of information including guidelines on what is expected when examining different systems and how the marking is performed:
 - <http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/mrcpch-clinical-updates/structure/structure>
 - http://www.rcpch.ac.uk/sites/default/files/asset_library/Exams/MRCPCH%20Clinical/MRCPCH%20Clinical%20Exam%20Technique.pdf

Local Teaching

- Organise a timetable
- Southampton consultants are usually more than happy to teach. Arrange individually with them in advance. Some prefer to teach smaller groups (3-4 at max) but do more often if necessary so check with each individual. Don't forget the cardiologists (Dr Tony Salmon does an excellent session on murmurs) and Dr Mike Hall (Neonates) will usually do a session of communication scenarios if requested.
- Dr Ian Rodd in Winchester runs an exam study group for each sitting of the exam. Contact 6-8 weeks before to find out if it is happening. He will cover all aspects including clinical examination and communication stations.
- Dr Saul Faust has some video station videos.

Example of clinical circuit

NEW MRCPCH CLINICAL EXAMINATION CIRCUIT (Revised January 2009)



All stations of 9 minutes' duration, except Stations 3 and 4 which are each 22 minutes in length

- The exam follows an OSCE style format.
- The stations test the following:
 - Physical examination skills
 - Child development
 - Communication skills
 - History taking and management planning
 - Recognition and diagnosis of clinical signs and symptoms.

Clinical stations

- Your clinical examinations of all the systems including the other station must all be so well practiced that they are automatic by the time you sit the exam. This way you can focus on picking up the clinical signs, rather than what comes next in your examination.
- Pick up as many clues before you touch the child. Any clues around the child or bed, scars, level of nutrition etc.
- There are a few chronic conditions with lots of signs that lend themselves well to the clinical, e.g. NF1, CF, post op cardiac surgery e.g. Fallots, Marfans, glycogen storage diseases. Know them all well.

- Know how you will approach any eventuality that may arise. For example doing a cardiac examination on a bouncy 2 year old or a lower limb examination in a child who is in a wheelchair.
- Decide whether you will present your findings as you go or at the end.
- Practice presenting your findings slickly in front of scary consultants. It makes you appear more confident.
- Do not panic if the child cries or refuses examination. Be nice, try distraction but do not upset the child further. The examiners recognize this is a problem with children. Comment on what you can and state what else you would ideally do and that in real life you would return later if possible to complete the examination. Personal experience of one of the authors of this guide confirms that it is possible to pass the cardiac station without listening to the heart of a child with a murmur if the child is screaming.
- Remember that apart from cardiology and development, the clinical stations do not have to be the named examination but can be “other”, as such, examinations such as thyroid, haematology, eyes can occur anywhere. Some children may also be used out of their traditional context e.g. CF as abdomen if abdominal scar from meconium ileus.

Clinical specials

Musculoskeletal and other station

- Can be a difficult station as you may be asked to do a limited musculoskeletal exam which many people are not familiar with.
- It is important to listen carefully to what the examiner is asking you, and focus your examination based on this.
- Joints should be examined using a look feel and move approach.
- A modified pGALS should be used when examining the lower limb, upper limb and neck. However the station is not simply a request to perform pGALS.
- Make sure you also have a scheme for a good eye exam for the other station.
- Arthritis research UK has more information on the pGALS examination, and you can request a free DVD of this examination from their website.

Development

- With a little practice this becomes an easy station. A good way is to spend an afternoon in children’s outpatients playing “guess the age” using simple play. You will therefore see a mixture of normally and abnormally developing children.
- You may have a normally developing child as children of local doctors are used if insufficient patients.

- For speech and language do not forget hearing – try clapping or making loud noise behind child for gross assessment.
- For fine motor, do not forget to make a brief statement on vision/use of glasses.
- You can make comments to the examiner as you proceed such as “this skill would be expected of an xx year old”. This may stop you forgetting where you are at with the examination.
- Make it fun – the child will interact with you better as they are likely to be bored of building towers and drawing circles if you are the 12th person to examine them!

Communication

- They are expecting the candidate to communicate in areas that an ST4 might encounter.
- The main focus is communication, but they also mark you on your knowledge base surrounding the scenario. However there are techniques to get around this, for example if you are asked to teach a medical student on a topic that in the panic of the moment you know very little about, lines such as “I need to check up on some information, shall we meet tomorrow to discuss again”, or if asked a question by a parent then “I will check and get back to you”. Honesty is better than saying something that is clearly factually incorrect, and demonstrates the approach that you would hopefully take in real life!
- Read the question before you start and then re-read it again. There will be certain points that you need to cover in the allotted time to get the full marks. Even if you are amazing at communication, you will not get full marks if you have not covered all areas.
- Explaining subjects to a medical student is quite popular now e.g. problems associated with extreme prematurity.
- Other topics commonly are:
 - Explaining a diagnosis
 - Reason for admission
 - Change in treatment
 - Conflict resolution
 - Breaking bad news
 - Counselling in threatened preterm labour
- All communication scenarios should follow a basic structure of:
 1. Introduction
 2. What the other person knows already and what they want to know
 3. Explanation of what they want to know
 4. Clarification of understanding and opportunity to ask questions
 5. What you are going to do now and what you expect the other person to do now.
- Drawing diagrams can be a useful way of explaining things.

- Telephone conversations are now being used in which the other person may be in another room. This does make some aspects more difficult as you cannot see body language, but similarly you will not be marked on your body language!

Video station

- Wildcard station, able to do very little preparation for.
- Designed to cover topics that cannot be covered elsewhere. Favorites are:
 - Gaits
 - Emergencies – acute asthma, bronchiolitis, DKA
 - Chest and cardiac signs etc using a recording stethoscope to show the signs.
 - Lumps bumps and rashes.
 - NAI
 - Mental health presentations
- Read the question and watch the video (having invigilated this session it is amazing how many people try to answer the question without watching the video – currently the computer program gives you a helpful warning to remind you to watch it!). Remember to put the headphones on (surprisingly some people do forget!).
- You can watch the videos as many times as you want.
- You cannot go back and change an answer once you have submitted it but you can come back to a question you have not answered.

History taking and management

- Outpatient style. Half the time spent taking a history and half discussing the management with the examiner.
- Practice approach to common outpatient scenarios and their management.
 - Asthma
 - Diabetes
 - Constipation
 - Enuresis

Useful books for clinical revision

- **SJ Bedwani: Short Case, History Taking and Communication Skills for Paediatric Membership**
Excellent descriptions of basic examinations and what to expect in common conditions. Fantastic chapter on communication scenarios and how to approach.
- **Rebecca Casans: Communication Scenarios for the MRCPCH and DCH Clinical Exams**
A whole book full of communication scenarios with advice on what should be included. Excellent for practicing in small group.
- **Wayne Harris: Examination Paediatrics**
Written for the Australian paediatric exams however remains a good text for MRCPCH with excellent descriptions of examinations and interpretation of findings.

- **Mary Sheldon: From Birth to Five Years**
You cannot do MRCPCH without this book!

Clinical Revision Courses

- Clinical revision courses are expensive, but some people find them useful. Many people do manage to pass MRCPCH clinical without attending clinical revision courses.
- They do provide the opportunity to see lots of different clinical conditions in a short space of time, and may provide some exposure to conditions not seen often in Wessex (e.g. sickle cell disease).
- Can help to build confidence (particularly when you see other people's examination techniques!)
- The Imperial College MRCPCH clinical course (<http://www1.imperial.ac.uk/medicine/research/researchthemes/reprodscience/paediatrics/mrcpchcourse/>) was attended and is recommended by one author of this guideline. This course includes a full day dedicated to cardiology which can be useful if you have not done a cardiology job. Also covers communication, clinical examinations and video stations. This course is however expensive and is often fully booked several months before the exam so book early if wanting to attend.

What to do if you fail

There are people who find they are good at passing exams and then there are the rest of us who struggle with them. By now you will probably know which type you are. The section below is for those of you that struggle or are struggling with exams. I make no mistakes for being repetitive as some of the points below are worth repeating.

Firstly you are not alone. Secondly do not despair, the exams are designed to be tough. The pass mark for part 1 and 2 varies, but is usually between 62-65%. To pass the clinical you must get 100/120. The exams are not a representation of your ability to be a good doctor. They are a game and you will get through them, I promise, no matter how awful it feels when you fail.

For parts 1 and 2 you will get a breakdown from the college showing you how you did overall, and in each subject area. You will also get a median and mean mark to compare your breakdown to. For the clinical you will get a breakdown of each station, with additional comments from the examiner. Try to identify the areas using your breakdown that you struggled with and formulate an action plan to tackle them next time. It may also help to talk it through with someone at work or someone who has struggled with the exam.

The main reasons that usually cause candidates to fail are:

- **Not revising for long enough.**
Everyone is different, but we would recommend setting aside 8 weeks revision for the first 2 parts, and 6-8 weeks for the clinical. You will need to plan to revise for longer than in the past as finding the time between working shifts is much harder than revising at medical school. You need to take the week off before the exam to

consolidate and focus wholly on the exam. You should also take a stretch of time off 1 month before to get on top of your study and not leave it all too late.

- **Not enough focus**

A few lucky people can get by and pass while still having a social life and enjoying their time off work. They are in the minority. Most people cannot have a social life whilst doing these exams. On your days off you need to be treating your day as a normal working day and spending the day studying - 9am to 5pm. You are not studying enough if you have time to go out with friends every night or at weekends. It sounds simple and self explanatory but many people think they can study and have a life - you can't, and that includes trying to study in Starbucks! BUT you do get it back when you pass - and you can enjoy it guilt free!

- **Poor revision technique.**

This is more relevant to the written exams. It is impossible to revise and retain all the subject areas that you could be tested on. This is why we recommend doing as many questions as possible and then reading around that area. The same subjects come up again and again. Find easy ways to retain boring subjects such as drawing out flow diagrams.

- **Poor exam technique.**

If you think that this may be the case try and sit down with someone and go through some questions with them, discussing the answers as you go. There pasttest courses are expensive, but it may be worth going on a course, as they go through large numbers of questions and discuss the answers as a group.

- **Not enough confidence**

You need to KNOW you can pass these exams. You are not stupid, you are a good doctor - you wouldn't have got this far otherwise. Saying 'I think I'm going to fail' can be self fulfilling and not useful to your confidence. You have to go into this exam with the knowledge that you can do this.

- **Having the wrong attitude**

If you find yourself saying 'if I fail then it's OK - I can sit it next time' then you are more likely to fail. In this case your attitude to studying and sitting the exam is wrong. You need to be studying to pass.

- **Personal Issues**

Try looking at the reasons you might be failing. If you are planning a wedding, having a baby, breaking up with a boyfriend or girlfriend, moving house or fighting illness it is worth considering putting off the exam until you can focus on it. It is OK to take a break from sitting the exams to sort out your life and your attitude to the exam.

An appeals process does exist, if you feel that you have grounds. The details are available on the college website.

There are many resources available at deanery level if you are struggling with the exams. If you are worried about failing you are more likely to pass if you ask for help earlier. Most candidates struggle with at least one of the three parts of the exam, so don't feel you are alone. Talk to your clinical supervisor or someone on your team if you feel you would like some help.

GOOD LUCK!