Preparing for the MRCP(UK) Part I Examination


Examination Administration

Introduction

The following article is partly based on the book by Smith and Porter.

Preparation for the MRCP(UK) Part I Examination
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, and finally 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; Kabra 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 Specialties;

- *Oxford Handbook of Clinical Medicine; Hope/Longmore/Hodgetts/Ramakaka*, *Oxford University Press*;
- *Oxford Handbook of Clinical Specialties 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 and confusing topics is well worthwhile. Information should be taken from books but not blindly – flashcards focused according to what is asked.

**Repetition of MCQs**

Learning must be problem based and means doing MCQs again and again. Nearer the exam it may mean doing MCQs all night – thousands of very important particles of information with nothing but the text and the desire to pick up a compass to complete the gaps becomes overwhelming. The repetition of MCQs philosophy must be persevered with and this disaster endured.

**MCQ Books**

Many thousands of good quality MCQs should be done as long as they are relevant to the examination. There is no need to buy any MCQs. Practising questions which will not be in the examination. It is important to buy MCQ books that have the answers in the back as this will save time. Explanations in textbooks.

For various reasons the PaSTest exam is considered the most relevant. However there are also many other exam books. Medicine MCQ books presently available include:

*Appendix 1. The Royal College of Physicians publish 3 actual past papers (MRCP (UK) Part 1 Papers; MRCP (UK) Part 2 papers; Examining Board) and nearer the exam worth practising these. Answers to these past papers are available on the website College of Physicians Past Papers.*

**MCQs – other sources**

It is well worth investing in or borrowing a computer and using the PaSTest program, a disc of questions. This has many thousands of questions on it and is programmed to stop asking questions one always gets correct, helping to focus one’s learning. It is a change in the long 2-3 month period to put the books down and use one’s computer!

Another advantage of having a computer is that many more MCQs can be found on the worldwide web that can be found online and "MCQs" worldwide web that can be found online and used for practice.
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 online 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. PassTest (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," "pathognomonic," "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 Kalra**
MRCP Part 1 Pocket Book 1: Cardiology and Respiratory Medicine; Dwight, Ng Man Kung
MRCP Part 1 Pocket Book 2: Neurology and Psychiatry; Moore, Hopkins***
MRCP Part 1 Pocket Book 3: Gastroenterology, Endocrinology and Renal Medicine; Hijazam,
MRCP Part 1 Pocket Book 4: Rheumatology, Immunology, Haematology and Infectious Diseases; Hakim***
MRCP Part 1 Pocket Book 5: Basic Sciences; O’Donohue***
MRCP Part 1 Pocket Book 6: Clinical Pharmacology; M. Pirmohamed***
MRCP Part 1: MCQ Practice Exams; Malcolm Littley ***
Pass the MRCP Parts I and II; Mark Elliot 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; MRCP Part 1; S. Elborn, Evans***
MCQs for MRCP Part 1: General Medicine; Ford, Matthews***
More MCQs in Cardiology for the MRCP Part 1; 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 1: MCQs for the MRCP; Punit S. Ramakrafta**
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, et al.***
Modern Medicine for the MRCP; Davies et al.**

References
2. The Royal College of Physicians and Surgeons of Glasgow, 242 St. Vincent Street, Glasgow, G2 5RJ, Tel: 0141 221 6072, Fax: 0141 248 3414.
3. The Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh, EH1 1QJ, Tel: 0131 225 7324, Fax: 0131 225 2983.
8. Sales D. Comvenor of MCQs to MRCP exam. Royal College of Practitioners.
9. PaTest, Egerton Court, Egerton, Knutsford, Cheshire, WA16 8DJ. Tel: 01626 744 000, Fax: 01626 744 264. enquiries@patest.co.uk.