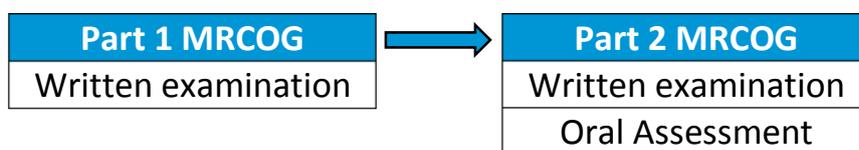


## Changes to the MRCOG Examination in September 2016

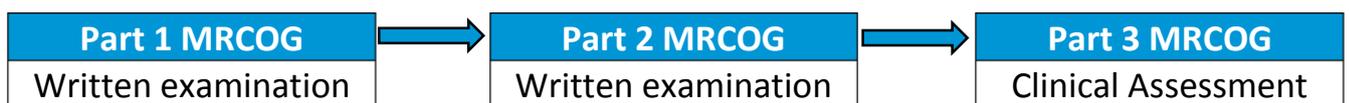
In September 2016 the MRCOG examination will be changing.

There will be no changes to the Part 1 MRCOG. A new Part 3 MRCOG Clinical Assessment will be introduced in November 2016, replacing the existing Part 2 Oral Assessment. The Part 2 MRCOG written examination will be separated from the Part 3 MRCOG Clinical Assessment, and each will function as a standalone assessment.

### Existing format (until May 2016)



### New format (from September 2016)



Progression to the next examination can only occur once the previous examination has been passed.

### **Part 3 MRCOG Clinical Assessment**

The Part 3 MRCOG Clinical Assessment aims to assess candidates' ability to apply core clinical skills in the context of the skills, knowledge, attitudes and competencies as defined in the Part 2 MRCOG curriculum.

The examination will assess the following five core skill domains:

- Patient safety
- Communicating with patients and families
- Communicating with colleagues
- Information gathering
- Applied clinical knowledge

The examination will consist of 14 tasks in a circuit, each task based on one of the 14 O&G curriculum modules listed below:

- Teaching
- Core surgical skills
- Post-operative care
- Antenatal care
- Maternal medicine
- Management of labour
- Management of delivery
- Postpartum problems (the puerperium)
- Gynaecological problems
- Subfertility
- Sexual and reproductive health
- Early pregnancy care
- Gynaecological oncology
- Urogynaecology and pelvic floor problems

Each task will be 12 minutes in length, which includes 2 minutes of initial reading time. A comparison to the existing Part 2 Oral Assessment is outlined below.

|                                     | Part 2 MRCOG<br>Oral Assessment<br>(until May 2016) | Part 3 MRCOG<br>Clinical Assessment<br>(from November 2016) |
|-------------------------------------|---|---|
| <b>Total number of tasks</b>        | 12  | 14  |
| <b>Number of examined tasks</b>     | 10  | 14  |
| <b>Number of preparatory tasks</b>  | 2   | 0   |
| <b>Time per task</b>                | 14 minutes<br>+ 1 minute reading                    | 10 minutes<br>+ 2 minutes reading                           |
| <b>Number of Clinical Examiners</b> | 10  | 14  |
| <b>Number of Lay Examiners</b>      | 0   | 4   |

To allow for more depth in the assessment of applied clinical knowledge, a circuit may contain 'linked tasks', where the second task is connected to the first. Candidates will be expected to build on the knowledge acquired in the first task. There may also be tasks where candidates are required to undertake a writing task.

### Attempts Limit

All candidates (UK-based and non-UK-based) are permitted four attempts of the Part 3 MRCOG. If they do not pass within four attempts, they will be required to retake Part 2 MRCOG.

The existing Part 1 MRCOG and Part 2 MRCOG regulations regarding [numbers of attempts](#) will not change.

### Validity of Part 2 MRCOG written examination passes

Candidates who pass the Part 2 MRCOG Written examination must attempt the Part 3 MRCOG Clinical Assessment within seven years (pro rata). If they do not attempt the Part 3 MRCOG Clinical Assessment within this timeframe, they will be required to take the Part 2 MRCOG examination again.

### Assessment of Training requirements

There is no change to the Assessment of Training requirements. Candidates are required to have their training assessed prior to taking Part 2 MRCOG as per the current regulations.

### Timetable for introduction

|                |   |
|----------------|---|
| April 2016     | Applications for Part 2 MRCOG and Part 3 MRCOG open |
| September 2016 | Part 2 MRCOG Written Examination                    |
| November 2016  | Part 3 MRCOG Oral Assessment (London)               |

## Frequently Asked Questions

### *Why is this change necessary?*

A Working Party was set up in April 2012 to consider all aspects of the MRCOG, in order to ensure that the examination is equipped to fulfil its purpose of assessing the knowledge and certain defined skills required of specialists in women's health care. Discussions and recommendations were organised around the MRCOG's role in specialty training, the achievement of best practice regarding its format and psychometric standards, and the organisational structures required for its delivery in the present and development for the future.

The Working Party considered the written examinations and the oral assessment, and put forward recommendations for both components, all of which were approved by the Council of the RCOG. Changes to the written examination were implemented in March 2015. The new Part 3 MRCOG Clinical Assessment is the final stage in the implementation of the Working Party's recommendations.

The Part 3 MRCOG places increased importance on clinical skills relating to communication, patient safety, and applied clinical knowledge. These skills are fundamental to high quality patient care, and have been the key drivers of the proposed changes. The GMC's *Good Medical Practice* emphasises 'Knowledge, skills and performance', 'Safety and quality', 'Communication, partnership and teamwork' and 'Maintaining trust' as the duties of any doctor registered with the General Medical Council. The new examination is more closely aligned to these duties.

The changes to the MRCOG examination have been:

- Developed in consultation with clinicians, trainees, lay people and an external assessment expert
- Developed over two and a half years
- Extensively piloted
- Based on sound educational practice and evidence-based methods

### *Will the fees change?*

Separate fees will be introduced for Part 1, Part 2 and Part 3 MRCOG. The fees have not yet been determined at the time of publication.

### *Will I need to take the Part 2 again if I fail Part 3?*

As of September 2016, the Part 2 and Part 3 will be 'uncoupled' to become standalone assessments. This means that once you have passed Part 2 MRCOG, you will not be required to retake - unless you do not pass Part 3 MRCOG after 4 attempts or do not attempt the Part 3 within seven years (pro rata).

### *I passed the Part 2 Written examination before September 2016, can I progress directly to Part 3?*

No. The examination will be uncoupled as of September 2016. Prior to this, the current regulations apply and candidates will need to pass both the Part 2 written paper and Part 2 Oral Assessment (in the same sitting) to achieve their MRCOG.

This is because prior to September 2016, the Part 2 MRCOG written and oral components will be blueprinted together, meaning that elements of the exam not assessed in the oral assessment will be assessed the written examination, and vice versa. As of September 2016, the Part 2 MRCOG and the Part 3 MRCOG will be blueprinted as separate exams.

*Will there be any change to the content of the Part 2 MRCOG written examination?*

No, the content and structure of the Part 2 MRCOG written examination will not change. The [syllabus](#) of the Part 2 MRCOG written examination will remain the same and questions will be based on the current examination blueprint.

At present, the Part 2 MRCOG encompasses the entire syllabus as two examinations. This will change with the Part 3 where the entire syllabus will be examined twice, but in different ways.

*Where will I be able to take the Part 3 MRCOG Clinical Assessment?*

In the first instance, the Part 3 MRCOG Clinical Assessment will be held only in London. Following a review, after the initial exams, the examination is expected to be delivered at the overseas centres currently used for the Part 2 Oral Assessment.

*Will there be any preparation resources available?*

Preparation resources for the Part 3 MRCOG examination will be made available in advance of the examination. The RCOG OSCE course prior to November 2016 will change to reflect the new format.

*Will the new Part 3 MRCOG Clinical Assessment be more difficult than the existing Part 2 Oral Assessment?*

In the new Part 3 MRCOG Clinical Assessment, there is a greater emphasis on the assessment of clinical skills in the five core skill domains listed above. The current Part 2 Oral Assessment puts more emphasis on the assessment of knowledge. As the two examinations are assessing distinctly different areas, it is not possible to make a comparison in terms of difficulty.

Extensive piloting of the new Part 3 examination has allowed us to ensure that the standard is set appropriately, allowing candidates who demonstrate the required level of competency at the level of an ST5 speciality registrar to pass.

*For candidates in the UK Specialty Training Programme, will this change affect progression through training?*

For candidates in the UK Specialty Training Programme, there is no change to the waypoint between ST5 and ST6. Candidates will be required to pass both Part 2 MRCOG and Part 3 MRCOG before progression into ST6.

*What are lay examiners?*

The lay examiners involved in the Part 3 MRCOG examination are non-medically qualified members of the public and will feature on 4 of the 14 tasks; assessing the domains of Communication, Patient Safety and Information Gathering from the perspective of the patient. As with clinical examiners, lay examiners will undertake mandatory examiner training.

*Will Part 3 MRCOG use the same tasks and examiners as the current Part 2 Oral Assessment?*

All Part 3 examiners will undertake extensive training prior to examining for the Part 3 MRCOG. All tasks will be designed specifically for the Part 3 examination.

*Who should I contact if I have further queries?*

Please contact the Examination Department if you have further queries regarding the new format of the examination.

Email: [exams@rcog.org.uk](mailto:exams@rcog.org.uk)

Telephone: 0207 7726210

RCOG, Examination Department  
May 2015