The DRCOG Exam

In this chapter we explain the format of the exam and discuss how to approach questions and apply your knowledge logically in order to answer correctly. This will be consolidated in subsequent chapters as we explain each of the examples.

The Exam Format and a Bit of History

The format of the examination was changed from a written paper and an objective structured clinical examination (OSCE) to just a written exam quite a few years ago, with the first written-only exam appearing in April 2007. This change proved popular with candidates, who clearly did not like the OSCE component, and the number of doctors taking the exam increased noticeably.

The exam then comprised 2 written papers; the first paper consisted of 10 extended matching questions (EMQ) with several parts to each question and 18 SBA questions. The second was a multiple choice question (MCQ) paper consisting of 40 questions each with 5 parts (200 questions in total). The whole paper was marked by computer, significantly improving validity by standardisation.

The format was changed again from 2017 onwards because it is widely acknowledged that MCQ true/false-style questions are less effective at testing applied clinical knowledge. They do not discriminate as effectively between candidates, and they are not really suitable for assessing medics as they rely on 'absolutes', which seldom exist in medicine.

When the MCQs were removed, the exam still had 2 papers, with the first paper consisting of 40 EMQs and the second consisting of 60 SBA questions. The questions were weighted differently: the EMQs scored 3 for each correct answer and represented 50 per cent of the total marks, whereas the SBA questions scored 2 each and comprised the other 50 per cent of the marks. The reason for this was that there was thought to be a lot more reasoning and application of knowledge needed when answering an EMQ, so those questions were worth more.

After a few years in this format, the exam committee realised that the EMQ questions were harder to construct than the SBAs and were not as effective as originally thought because the statistics done on the actual candidate answers showed that they were less discriminatory. For that reason, the exam will consist of just SBA questions from October 2020 onwards, so you no longer need to practise doing EMQs during your revision. There is no negative marking, so there is no reason not to attempt to answer every question.

There are still 2 papers each containing 60 SBA questions. Each paper will last 90 minutes, and you will get 2 time warnings: at 30 minutes and then 10 minutes before the end of the examination. At the end of this book there is a complete mock examination – Paper 1 and Paper 2 – which you could use to practise time management under examination conditions, not forgetting that your answers must be transferred to the computer-marked answer paper before

leaving the exam hall on the actual examination day. Within the year, the College is planning to transfer the DRCOG examination to a digital format, so the examination you sit may not even be on paper.

Whilst the examination is still in the paper format, you can use the question booklet to write on and make notes (as it is not read when it is returned to the RCOG), but you must transfer your answers to the computer-marked sheet before the examination finishes. The risk of leaving gaps on the answer sheet as you progress through the examination is that you might incorrectly transcribe your answers and lose marks when your answers were originally correct.

The exam is subjected to a standard-setting process whereby a team of GPs assesses each question on the paper to decide how difficult it is. A 'more difficult' examination paper will have a lower pass mark than an 'easier' paper, ensuring that the pass mark constantly reflects a competent candidate with the necessary knowledge skills and attitudes, no matter how hard the paper is.

In reality the pass mark is somewhere between 60 and 70 per cent, usually towards the upper part of the range. It differs between exams because of the standard setting, but if you are scoring over 70 per cent in your revision practice, you are probably doing well enough to pass. The top mark is usually between 85 and 95 per cent, and the highest scoring candidate (on their first attempt) is awarded the DRCOG Prize Medal, which is presented at an awards ceremony at the College in London. Could this be you?

As well as history taking, examination, investigation and management of clinical problems, we try to examine your knowledge of issues relating to medical certification, ethics and legal issues. We also try to cover time management, prioritisation skills, decision making and communication.

It is easy to set clinical questions on history, examination or investigation but quite a challenge to set written questions to test the other areas. Previously viva voce examinations such as the OSCE were used to test communication skills, but the OSCE component of the DRCOG was abandoned because in reality nobody ever failed due to poor communication skills.

Although you might imagine that attributes such as 'good time management' could not be tested in a written format, we can test this to some extent – for example, whether a candidate can prioritise clinical cases safely.

We have also tried to look at attitudes and behaviour using written questions concentrating on issues such as consent, domestic violence and confidentiality. We recommend that you have a look at the General Medical Council (GMC) website (especially 'Duties of a doctor') to find information about these attitudinal and ethical issues, and of course you should discuss cases with your supervisors in both O&G and general practice.

Single Best Answer Questions

Single best answer questions – they used to be called 'best of fives' – require application of knowledge as opposed to direct recall of facts. The majority of SBAs are also based on a clinical scenario which requires interpretation of facts in order to select the SBA, but this can be either the most appropriate or the least appropriate answer depending on how the question is phrased. Be aware that the options are in alphabetical order so that you won't be distracted by the position of any particular option on the list.

The author (who has been a member of the DRCOG committee) has deliberately chosen the questions to reflect potential clinical scenarios that could be encountered by a GP or GP trainee. When a member of the committee is constructing a question, they usually choose an up-to-date topic, and then the rest of the committee will attempt to answer the question in order to

refine it. We check that it is reasonable to expect a GP to know the information contained within – or whether the question should actually be in the MRCOG examination (in the latter case, it is discarded). Because of the amount of work that goes into a question there is a gestation period of a few months before that question appears on the examination paper.

A sample SBA based on a scenario with a toddler in a supermarket might be:

Q. **A woman is trying to cope with her 2-year-old child, who is having a temper tantrum in the middle of a supermarket.**

Which of the following is the most appropriate course of action?

A. Distract the child with something interesting to look at
B. Ignore the child until it calms down
C. Leave the store and go home
D. Pacify the child with sweets
E. Remove the child to a safe place

Don't worry, parenting skills are not part of the DRCOG curriculum, but this example can be used to show how knowledge skills and attitudes can be applied to ensure the correct answer is selected.

So how should you answer this question? Firstly, use your experience; if you have looked after a toddler, this will be a familiar situation. You will need some knowledge of the psychology of parenting (clinical knowledge gained from reading text books), and you will need to be aware of child protection issues and safety concerns (ethics and law). For a clinical question you will be using your experience of working in O&G.

These options initially all look plausible and very similar; however, if you have read any parenting manuals you will recall that bribing with sweets will set up a vicious cycle resulting in worsening behaviour, and your experience tells you that a toddler in a full-blown tantrum is not distractible. Leaving the store rewards bad behaviour, and if you review the scenario carefully it's hard to imagine a supermarket as being a particularly dangerous place unless you 'over think' the question and imagine the child to be next to an unstable display of baked bean cans. Do not 'over think' the question and apply 'what if' thoughts to it because the examiners have not. The answer is B – ignore the child until it calms down.

The message here is: carefully assess the information given, but don't read complexity into the scenario where there is none.

The examiners try hard to avoid predictable patterns when selecting the questions. Great care is also taken to avoid questions that have 'always' or 'never' as these are obviously incorrect given the nature of clinical medicine. If a question looks like an 'always or never' scenario, re-read it as you may have missed a crucial part of the question.

Revising for the Exam

The DRCOG exam strives to be relevant to general practice and therefore focuses on core knowledge rather than rarities and minutiae; however, facts such as maternal mortality rates, prevalence and incidence rates are considered core knowledge and may feature in the exam. These facts are unlikely to be the topic of your ward rounds, handovers or reflective practice sessions, so it really does pay to revise.

Each examination diet is blueprinted to ensure that all areas of the syllabus are covered, so the best advice is to ensure that you have covered the whole syllabus

in your reading and revision, rather than trying to 'spot' questions. The syllabus was updated in 2019, and the new version is added as an appendix to this book.

In addition to the textbooks you used as an undergraduate, there are several books on the market covering issues relevant to women's health in general practice, and we suggest that you also access specific texts on contraception and genitourinary medicine. We have provided a list of websites where you will find helpful information about some topics which could come up in the examination, and, although this list is not exhaustive, we think you will find that these websites contain interesting revision material.

To pass the exam, reading and revision are required, but understanding the style of questions and practising questions will improve your chance of success. Doing exam questions is a very good way to revise, and it is highly recommended that you re-read a topic where your score is disappointing – you will be even more disappointed if it comes up in the examination and you have neglected to revisit that topic and top up your knowledge.

Whilst you are revising don't forget to eat, sleep and relax, too – all these things will improve your performance!