



**Regulations relating to the examination for Membership of the
College of Emergency Medicine (MCEM)
Applicable from Spring 2009**

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Introduction

The Membership Examination of the College of Emergency Medicine (MCEM) is competency based and assesses knowledge, skills and behaviours necessary for the clinical practice of Emergency Medicine. As the speciality changes so will the examination. These regulations are effective from and including the **spring diet of 2009** and aim to acquaint examiners and candidates with the way that the examination will be conducted and the specific focus of each of its components. They should also allow candidates to prepare appropriately and give an indication of the standard required.

The examiners' task is to assess whether the candidate's knowledge, skills, and behaviours necessary for:

either the clinical practice of Emergency Medicine are at a level suitable for entry into higher specialist training in Emergency Medicine

or the practice of Emergency Medicine at an intermediate level for those not wishing to enter higher training.

The College recognises that the examination is a critical event in the candidate's career and examiners are aware that candidates are anxious. Examiners will therefore display courtesy, consistency and objectivity as well as endeavouring to create a relaxed and welcoming atmosphere. Unfortunately, there may be instances when a candidate's performance is judged to be below the acceptable standard. Failure may jeopardise a candidate's eligibility for specialist training. With so much dependent on the outcome of the examination it is absolutely essential that decisions are clear cut and defensible. To this end a formalised matrix system is used describing the characteristics of performance judged to be meeting the standard required.

Overview – Content

The examination will be based on the College's curriculum. It will offer an opportunity for the candidate to demonstrate both the breadth of his or her knowledge of Emergency Medicine as well as the application of that knowledge to common clinical scenarios. The candidate must be able to demonstrate good communication skills and knowledge of Emergency Medicine.

The examination consists of three sections, Part A, B and C. Please see Section 2 of these regulations for the format of the examination.

1. Guide to the scope of the examination

- 1.1 The examination is competency-based and assesses knowledge, skills and behaviours necessary for the successful clinical practice of Emergency Medicine.
- 1.2 The areas assessed will include the evaluation and initial management of clinical conditions seen in patients who present, as emergencies, to Emergency Departments. The examination reflects the content of the College curriculum which can be found on the curriculum section of the website www.collemergencymed.ac.uk/cem/training or by clicking here [CEM3945-Curriculum-Approved-by-PMETB.doc](#)
Competence in paediatrics at a level delivered in a general Emergency Department and focus mainly on seriously ill and injured, or the management of common child emergencies.
The MCEM examination is set at a standard commensurate with the level of expertise necessary for entry into higher specialist training in Emergency Medicine as well as that for practice at an intermediate level for those not wishing to enter higher training.

2. Format of the Examination

The examination consists of three parts, Part A, B and C.

2.1 Part A

This consists of a knowledge test in multiple choice format with 50 questions, each with four stems requiring true or false answers, It is not negatively marked. It examines basic sciences as applied to Emergency Medicine. The syllabus for the Part A is found on the College website:

<http://www.collemergencymed.ac.uk/CEM/Training%20and%20Examinations/Curriculum/Basic%20Science/default.asp>

This syllabus is updated annually in June. Candidates are therefore advised to visit the website on a regular basis for further information.

Duration: 2 hours

2.2 Part B

This paper examines data interpretation skills and consists of 16 questions. The questions present a clinical scenario and may have clinical data including radiographs, CT scans, ECGs, blood test results and clinical photographs.

Duration: 2 hours

2.3 Part C

This consists of 18 Objective Structured Clinical Examination (OSCE) stations that assess knowledge, psycho-motor ability, interpersonal skills (including communication and conflict resolution), professional behaviour and clinical decision-making skills.

Duration: 2.5 hours

- 2.4 All parts of the examination will be conducted in English.

- 2.5 Each Part stands alone, candidates being awarded either a "pass" or a "fail" in each part.
- 2.6 Candidates must pass Part A of the Membership of the College of Emergency Medicine or its equivalent before proceeding to Part B. See section 4.3 regarding equivalence for Part A.
- 2.7. Candidates must apply for parts B and C at the same diet. Candidates who do not submit application forms and fees for both parts will have their forms returned. However, the total number of places for Part C is restricted on each diet and a place is not guaranteed. Applicants are given a place in the order in which *completed* application forms are received. Early application is therefore advisable.
- 2.8 Successful completion of both parts is required before being eligible for Membership by examination and before being able to use the post-nominals MCEM.

3. Timing

- 3.1 There will be two full sittings of each part of the examination per year as arranged by the Education and Examination Committee of the College of Emergency Medicine.
- 3.2 Candidates working overseas may sit the examination in approved overseas locations. There may be specific regulations for overseas examinations which are available from the College office. Candidates working in the UK and Ireland are not permitted to apply for overseas examinations.
- 3.3 Candidates should consult the website of the College of Emergency Medicine for details of dates and venues for examinations.
- 3.4 Occasionally it may be necessary to amend the dates and venues of an examination without prior notice to candidates. Candidates who have already been accepted to sit the examination will be informed of such changes as soon as possible.
- 3.5 Normally, the Part B will be held approximately 6 weeks before the Part C. The timetable for Parts B and C may vary for overseas examination diets. Only candidates who are successful in Part B will be permitted to progress to sit Part C at the same diet.

Unsuccessful candidates will be required to resit Part B at the next diet before progressing to Part C.

Requirements for completion of MCEM

- 3.6 Candidates may sit Part C three times after passing Part B. Failure at the third attempt will result in the candidate having to retake Part B before being able to attempt Part C again.
- 3.7 Any pass in the SAQ or OSCE achieved before 31st January 2006 (and including the OSCE in January 2006) will be honoured, providing the following criteria are met:
 - 1) Under the old MCEM regulations the candidate has not retaken and failed the Part B.
 - 2) The candidate passes both parts B and C within four years of passing the original Part A.

4. Criteria for Eligibility

4.1 The candidate must hold a primary medical qualification that is acceptable to the United Kingdom General Medical Council for Full Registration or to the Irish Medical Council for Full or Temporary Registration.

4.2 Part A

Part A may be taken in the first SHO year after gaining full registration with the Medical Council. This will be the second Foundation year or equivalent. Part A must be passed prior to progression to Parts B & C.

4.3 Parts B and C

i) **For diets in autumn 2009 and thereafter, candidates must have passed the MCEM Part A** before entry to MCEM Part B.

ii) **Acceptable alternatives are:**

- the Primary examination of the Australasian College of Emergency Medicine.
- the Primary examination of the Hong Kong College of Emergency Medicine.
- the Primary examination of South African College of Emergency Medicine.

iii) **Spring 2009 diet only**

For candidates who qualified from Medical School before 31st December 2004, the Dean of the College of Emergency Medicine may judge other postgraduate examinations as equivalent.

The following list of examinations is not exhaustive but indicates possible appropriate examinations which may be regarded as equivalent at the discretion of the Dean:

- Part 1 MRCP or Part 1 MRCP Ireland
- Part 1 MRCPCH
- Parts 1 & 2 FRCA (prior to August 1996)
- FRCS
- The MCQ component of the MRCS of any of the Royal Surgical Colleges of Great Britain and Ireland
- Parts 1 & 2 of the intercollegiate MRCS

In the event of dispute about eligibility or the requirement to resit during the introduction of Modernising Medical Careers and the transition to the new regulations, the College reserves the right to adjudicate and there will be no right of appeal.

iv) Candidates who are in approved Emergency Medicine SpR Training posts in the UK or Ireland and who are within 2 years of CCT are not permitted to enter for the MCEM examination.

5. Documentation of experience

5.1 Trainees

By the time of the examination the candidate must be able to demonstrate competence and confidence in the relevant areas of the curriculum. The College recommends that candidates do not attempt the Parts B and C until at least the second post in ACCS ST2 or equivalent experience has been gained.

The minimum documentation required to demonstrate eligibility is as follows:

- 1) documented evidence of all Foundation programme competences (F2 sign off sheet would normally be sufficient) or equivalent.

plus

- 2) documented evidence of completion of competence at ST1 level in Emergency Medicine ACCS or equivalent (this would normally require 6 months of Emergency Medicine above F2 level).

plus

- 3) documented evidence of completion of competence in two other specialties within the ACCS common stem or ST3 for Emergency Medicine. (These would normally require a minimum of four months and a maximum of six months of experience in the other specialties above F2 level). These posts include Acute Medicine, Anaesthetics, Intensive Care Medicine, Paediatrics including Paediatric Emergency Medicine, Musculoskeletal emergency medicine.

These posts should include documented evidence of competence in "on take" duties for that specialty in the Emergency Department or its equivalent. A suggested letter format for confirmation of such competence is found in Appendix 2.

During transition, experience gained by working in mainly surgical specialties will be accepted if appropriate evidence of acute care competences is presented with the application. Such evidence would normally include workplace based assessments demonstrating competence in skills in at least 4 of the following specialties: emergency medicine, acute medicine, and anaesthetics and intensive care medicine paediatric emergency medicine and musculoskeletal emergency medicine. Further information on workplace based assessments can be found on the College website.

5.2 Non-trainees

Non-trainees should provide documented evidence of competences – it is suggested the workplace based assessment forms on the college website may be used for this, as well as evidence of time in posts which have educational components including supervision, appraisal and regular education.

Normally a **minimum** of four months and a **maximum** of six months of any one of the related specialties (twelve months for Anaesthetics and Critical Care combined) will be counted as contributing to suitable relevant experience. Additional posts may be considered at the discretion of the Dean, but must include assessment of patients with undifferentiated acute problems. These posts must be within the last 2 years.

Candidates who are in trust posts must provide a supportive letter from their Consultant confirming that they have been exposed to the same level of supervision and training opportunities as a permanent trainee. A suggested letter format for confirmation of such competence is found in Appendix 2.

5.3 Locum post

Time spent in **fulltime** continuous locum posts which are for four months or more, may be accepted provided evidence of education including appraisal, supervision and regular formal education is provided. The suggested letter in Appendix 2 should be provided, signed by the consultant, as evidence of this education and evidence of competences must also be provided.

Locums of less than four months fulltime working in one department, including multiple short term locums will not be accepted as evidence of supervised experience. Locums at less than fulltime but in one department may be considered at the discretion of the Dean.

5.4 Unemployment

Candidates who have been unemployed for less than four months at the time of the examination are eligible to sit the examination. They must have a valid GMC certificate with Full Registration (or equivalent) and have a signed letter from their last Clinical Supervisor confirming that they are competent to sit the examination.

Candidates who have been unemployed for longer than four months are **NOT** permitted to sit the examination.

Arrangements for candidates who are not working because of temporary illness are covered in the section on special needs.

5.5 Arrangements for applicants who have worked mainly overseas

Experience gained in Emergency Medicine or related specialties overseas will be considered if a candidate can show that his/her experience is at least 'equivalent' to that of a UK trainee. Documentation of the casemix, work pattern and training and supervision received in such overseas posts must be detailed in the structured application form (Appendix 1) and candidates must provide a letter from the consultant confirming this training (Appendix 2). The candidate must also have discussed the application with a Fellow of the College who should confirm that the candidate understands the content and standard of the examination (Appendix 3). In the event that there is no Fellow available locally, the candidate may discuss the examination with the Dean or his deputy. The decision of the College in this regard will be final.

6. Application process

6.1 Application for entry to any part of the examination must reach the Examination Administrator by the published closing date. Applications received after the closing date will be returned.

6.2 Applicants must state clearly which Parts they are applying for, using the correct application form (see website) and include the appropriate fee.

6.3 Application to any part of the examination must be accompanied by **all the required documentation:**

- Copy of certificate of success in exam (other than MCEM Part A)
- Passport sized photo
- Fees as appropriate – **undated cheque** made payable in Pounds Sterling to The College of Emergency Medicine. **(A separate, undated cheque must be submitted for each part applied for).**
- Completed equal opportunities monitoring form
- For overseas candidates - **a copy of your medical registration issued by**

- **the appropriate body**
- **Primary medical qualification** (Overseas only)

Applications will only be considered once all documentation is received, incomplete applications will be returned.

- 6.4 Applicants must be eligible for the relevant part at the time of the examination sitting (not the time of application). This allows candidates to prospectively apply pending completion of the recommended experience. Candidates are however reminded that failure to acquire the relevant experience and thus competences will jeopardise their chance of success in the examination. Candidates should review the requirements for experience detailed in paragraph 5 above.
- 6.5 Candidates who are not successful in Part B, must submit a resit application form for Part B on the next sitting detailing their additional experience gained. The submitted cheque for Part C will be returned to the candidate.

7. Validated proof of eligibility

- 7.1 The application form must be signed in the appropriate places by educational supervisors or relevant consultant confirming experience documented in support of application. The suggested letter (see Appendix 2) must also be submitted with the application form(s).
- 7.2 Candidates are required to bring photographic proof of identity to the examination.

8. Confirmation of eligibility

- 8.1 Candidates will receive confirmation of eligibility within two weeks of receipt of the application(s) wherever possible.
- 8.2 Candidates whose application is incomplete or not eligible (including failure to submit appropriate evidential documentation) will have the application returned. Such candidates will not have a place in the examination reserved until full documentation is received.
- 8.3 All correspondence will be by email with a Royal Mail letter to follow. Candidates must provide a working email address.

9. Withdrawal from examination

- 9.1 Candidates withdrawing from the Examination must do so in writing to the Examination Administrators.

9.2 Withdrawal prior to closing date of the relevant examination

The candidate may choose to have the full entrance fee returned or transferred to a future examination when written notice is received prior to the closing date for receipt of applications.

- 9.3 **Withdrawal more than 21 working days prior to the date of the relevant examination**

The candidate may choose to have half the entrance fee returned or transferred to a future examination when written notice is received more than 21 working days before the commencement of the examination.

9.4 **Withdrawal less than 21 working days prior to the date of the examination**

When written notice is received less than 21 working days before the commencement of the examination, no refund will be made to a candidate who withdraws or failed to attend.

- 9.5 Candidates should note that if the fee for the examination is increased between sittings, candidates who have withdrawn will be required to pay the revised fee for the next examination.

10. Over subscription

- 10.1 Candidates are advised that the Part C examination is likely to be oversubscribed and so need to apply as early as possible. Candidates will be entered for the examination on receipt of a completed application and documentation. A list of applicants will be drawn up in time order, with the later applicants at the bottom. In the event of over subscription to Part C, applicants who applied later will be placed on a reserve list and may be invited to participate in the examination at short notice. Candidates may choose to refuse the offer of late entry and retain their fee.

- 10.2 Candidates on the reserve list who are not accommodated on the diet will be charged the full revised fee for the consequent diet if the examination fee is raised between sittings.

11. Post examination feedback

- 11.1 The College is committed to providing appropriate feedback to unsuccessful candidates in a way that can be used by candidates and their trainers to prepare the candidate for the next attempt.

- 11.2 Feedback will be limited to a list of the areas that the candidate performed poorly.

- 11.3 For the Part A this will list the areas of basic science.

- 11.4 For Part B the candidate will be told how serious the fail was. This will be either an overall mark greater than 10% or less than 10% away from the pass mark, and, for each question, an indication on how they performed relative to the performance of the whole cohort.

- 11.5 For Part C the candidate will be informed which stations he/she failed but will not receive detailed information on what aspects of performance were not satisfactory.

- 11.6 After the release of this structured feedback, the College will **not** provide any more detailed information on performance to either the candidate or their trainer. No marksheet or documentation regarding the examination will be released to the candidate or their trainer and no appeal for further information will be accepted.

12. Grounds for appeal against the examination results.

- 12.1 Candidates who wish to make an appeal about the conduct of the examination must address it to the College within 30 days of the publication of results.

- 12.2 Appeals will be considered which allege maladministration or bias or impropriety of some kind, whether in the conduct or in the determination of the result of the examination.

- 12.3 Appeals disputing the academic judgment of the examiners **will not** be discussed.
- 12.4 Details of the appeals process and fees charged are available from the College office. Appendix 4 provides details of the appeals process. The fees charged are available from the College office.
- 12.5 Candidates should note that appeals that request the results of the examination to be released or further information to be disclosed on a candidate's performance will not be considered under any circumstances.

13. Improper Conduct by Examination Candidates

- 13.1 In the case of improper conduct of an examination candidate as defined below, the College may refuse a candidate entry to the current or future examinations.

Improper conduct is defined as ¹:

1. Dishonestly obtaining or attempting to obtain entry to the examination by making false claims about eligibility for the examination or falsifying any aspects of the entry documentation.
2. Obtaining or seeking to obtain unfair advantage during an examination, or inciting other candidates to do the same. Examples of unfair advantage are:
 - having on the person any material that would give advantage in an examination once the examination has commenced (this includes electronic communication devices),
 - communicating or attempting to communicate with another candidate once the examination has commenced, including passing information about the contents of the Part C to candidates on subsequent days of the same diet,
 - refusing to follow the instructions given by examiners or examinations staff concerning the conduct of and procedure for the examination. For example, any candidate continuing to write after the bell at the end of a written examination will be immediately disqualified.
3. Removing or attempting to remove from the examination any confidential material relating to the conduct of the examination.
4. Obtaining or attempting to obtain confidential information concerning the examination from an examiner or examination official.
5. Passing confidential information on the content of the examination to a third party.

¹ This list is not exhaustive.

In accordance with its Standing Orders, in cases of serious misconduct not relating to the examination, the College may decide that a candidate should not be allowed to proceed further with the examination or, having passed the examination, may not be admitted to Membership.

In the event of suspected improper conduct, the Dean of the College must, in conjunction with the Senior Examinations Administrator instigate an enquiry. The results of this enquiry must be made available within 30 days of the examination and be considered at the College Council. In the case of serious misconduct, the College may decide to refer the case to the GMC.

14. Preparation for the examination

- 14.1 Candidates are strongly advised to prepare adequately for the examination by following the curriculum as published and by consulting current Emergency Medicine textbooks.
- 14.2 Candidates are reminded that the Emergency Medicine encompasses many specialties and that national guidance and evidence based medicine protocols may be utilised in the examination.
- 14.3 Candidates are strongly advised to seek support from an Emergency Medicine consultant in preparing for the examination, in particular to seek feedback on witnessed clinical performance from clinical supervisors.
- 14.4 Past papers are not available at present. Examples of past questions are found on the College website.
- 14.5 Non-trainees are strongly advised to request feed back on their clinical performance within departments and to undertake appropriate work place based formative assessments to allow them to focus their preparation for the examination.

15. Conduct of the examination

- 15.1 A senior member of the Administration staff at the College office will be present throughout the entire period of the examination. Candidates are strongly advised to contact either the Dean or the Administration staff present if they have problems of any kind.
- 15.2 Each paper or section of the examination will be drafted using a blueprint showing its link with the curriculum (Appendix 5).
- 15.3 Each question/station will be reviewed by the OSCE and SAQ subgroup and an appropriate pass mark set before the examination is held.
- 15.4 Any subsequent adjustment to the examination pass mark after the candidates have sat the examination will be made only at the discretion of the Dean and as a result of the evidence of the performance of new questions or stations used in that examination.
- 15.5 Marking of the examinations will utilise both electronic scanning technology and manual checking. Any candidate who fails any section of the examination will have the marksheets double checked by hand before release of the results.

16. Equal opportunities

The College of Emergency Medicine aims to make every effort to provide an environment for candidates that is free from discrimination. It is the policy of the College that no candidate receives less favourable treatment than another on the grounds of age, gender, sexual orientation, marital or parental status, race or ethnic origin, colour, creed or religion, disability, political belief or social class or other irrelevant distinction. The College aims to assess candidates on the basis of merit, competency and potential.

To achieve this, the College has implemented the following strategies:

- formal mechanisms for training examiners
- improved equal opportunities awareness for departmental staff with regard to examinations practice and service

- monitoring admissions and examination results in relation to changes in the candidate population profile
- monitoring of:
 - modes of assessment
 - examiner behaviour
 - examiner population profile
- a review of results and appeals procedure
- review of policies and practices for fairness and relevance
- special arrangements policy for candidates with disabilities and/or other specific requirements
- policy for consideration of candidates' exceptional circumstances

The College is committed to inclusively and promoting a diverse workforce within the specialty. Candidates are therefore required to complete an equal opportunities monitoring form. Personal details of candidates will be kept confidential in line with the data protection act. The College monitors success of different groups as part of the examinations process Quality Assurance.

The College will not accept behaviour from staff, members, examiners or candidates, which constitutes sexual or racial harassment or that which results in unlawful discrimination on any grounds. The College adheres to the provision for the protection of the rights of the individual within the following legislation:

- *The Sex Discrimination Act – 1976/1986*
- *The Disability Discrimination Act – 1995*
- *Special Educational Needs and Disabilities Act 2001*
- *The Race Relations (Amendment) Act – 2000*
- *Data Protection Acts 1984 and 1998*

The College maintains the right to discriminate lawfully in the interests of the medical/dental profession and this policy encompasses any regulations applied by relevant statutory or regulatory bodies such as the General Medical Council and General Dental Council.

17. Provision of services for candidates with special needs

The following table indicates the special provisions available for candidates with special needs. Any candidate who wishes to have special provision made must indicate the requirements at the time of application.

In general, candidates who are **not working** at the time of the examination due to temporary ill-health are considered to be ineligible for the examination and will need to submit written medical evidence to the Dean that they are able to take the examination if they wish to sit.

Pregnancy

A deferral may be permitted to a candidate supplying an appropriate medical report which satisfies the Dean indicating that:

- a) the candidate has any pregnancy related problems or illness and/or
- b) the candidate's confinement is due shortly before or around the date of the examination;

in such circumstances a deferral will be permitted and no further fee will be required.

Any candidate who does not inform the College of her pregnancy and is consequently unable to sit for that examination will not normally be allowed to defer this examination without submission of another fee. Details of the candidate expected week of confinement should be notified to the College and where possible, at the time of the application.

Category	Special Provision(s)		
	Separate Rooms	Extra Time	Other
Visual Impairment	Yes	Yes	<ul style="list-style-type: none"> • All written material whether in written examinations, orals or clinics enlarged • Possible use of a computer in written examinations • Possible use of a scribe to transfer MCQ answers to optically marked sheet • Additional lighting • Any photographic material should be enlarged • Inform relevant examiners in orals and clinics
Hearing Impairment or deafness	Yes (for orals)	Possibly in orals	<ul style="list-style-type: none"> • Written instructions issued at the start of an examination or seated near front of examination hall • Sign language interpreter • Inform relevant examiners
Speech Impairment	No	Possibly (in orals & clinical examinations)	<ul style="list-style-type: none"> • Inform the relevant examiners in orals and clinics
Dyslexia	Yes	Yes	<ul style="list-style-type: none"> • All written material in 'dyslexic friendly' fonts • All written material on appropriately coloured paper if required • Use of computer in essay style examinations

			<ul style="list-style-type: none"> • Additional lighting • Specific formatting • Double marking of scripts
<p>Mobility problems which may:</p> <ul style="list-style-type: none"> • Restrict access to certain rooms or ability to carry out clinical examination of patients • Reduced ability to sit for long periods e.g. back or neck problems or later stages of pregnancy 	<p>Yes if access difficult</p> <p>Yes</p>	<p>Not normally</p> <p>Yes</p>	<ul style="list-style-type: none"> • Ensure access is possible for all rooms and appropriate toilet facilities are available • Adjustable desk • In clinical examinations – patients in adjustable beds • Extra time of 5 min per hour to allow candidate to move around • Adjustable desk
<p>Difficulties with writing e.g. Arthritis or RSI</p>	<p>Yes</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Use of a Scribe appointed by the College • Computer + voice recognition software
<p>Reduced stamina e.g. ME</p>	<p>Yes</p>	<p>No</p>	<ul style="list-style-type: none"> • Timetable oral or clinical examination in morning
<p>Dietary problems e.g. Diabetes</p>			<ul style="list-style-type: none"> • Allowed to bring food/drink into the examination hall • Provide refreshments at orals & clinical examinations
<p>Mental Health Problems such as:</p> <ul style="list-style-type: none"> • Claustrophobia • Agoraphobia • Panic attacks 	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p>	<p>Provision of a separate room in case the candidate suffers an attack and behaves in a manner that would disrupt the other candidates</p>
<p>Mitigating circumstances:</p> <ul style="list-style-type: none"> • Recent bereavement • Temporary conditions due to illness or injury on the day of the examination • Disruption during the examination 	<p>No</p> <p>Possibly</p> <p>No</p>	<p>No</p> <p>Possibly</p> <p>No</p>	<p>Possible effect on performance</p> <ul style="list-style-type: none"> • To be considered by the examiners at the adjudication stage • May need scribe or disabled access depending on nature of injury <p>Possible effect on performance</p> <ul style="list-style-type: none"> • To be considered by the examiners at the adjudication stage

18. Election to Membership

Persons holding a medical qualification and who have been successful in the membership examination established by the College, may be elected to Membership of the College by examination by the College Council.

19. Annual Subscription fees

Every Member shall pay each year such annual subscriptions as may be determined by the Council of the College.

20. Diploma Ceremonies

New Members will be invited to a Ceremony for the presentation of a diploma that normally takes place after a Council Meeting at Churchill House.

21. Alison Gourdie Medal

Each year, the candidate with the best overall performance from all successful candidates in both sittings will receive the Alison Gourdie, awarded at the annual College Scientific Meeting.

Appendix 1: Assessment of overseas applications



Membership Examination of the College of Emergency Medicine

Assessment of overseas experience

Personal Details:

Last name.....Title Dr/Mr/Mrs/Miss/Ms.....

Other names (in full).....

Full postal address.....

.....

.....Postcode.....

Tel (home).....(work).....E-mail.....

GMC Number Date of birth.....

Medical degreeUniversity.....

Date of qualifying:

Please attach a letter from the supervisor of **each post** confirming the following:

- Formal training in Emergency Medicine in classroom setting
- Shop floor supervision
- Likely experience gained
- State of preparedness to sit the examination

Supervisor to sign

I confirm that having read the regulations for the Membership of the College of Emergency Medicine, Dr has undergone suitable training and experience and is suitable to sit the examination.

Date

Signed

Details of overseas experience submitted for recognition of equivalence

Dates of post	Location - city/ country	Casemix - adults, paed, selected cases only	Work pattern (oncall, shift etc.,)	Details of regular formal teaching	Availability of senior advice	Supervisor name

Appendix 2: Suggested letter format for consultant to confirm overseas experience and training

To be typed on Hospital letterhead

Dear Sir

Re: '*Candidate name*'

I am pleased to confirm that Dr '*candidate name*' worked under my direct clinical supervision from '*date*' to '*date*'. During this time, **he/she** was responsible for the care of patients with acute conditions, and took part in a rota for oncall cover of cases including receiving undifferentiated patients through the Emergency Department or direct from the community.

The post also involved regular tutorials and classroom style teaching in addition to the shop floor teaching achieved by working together. I personally carried out one to one appraisals with '*candidate name*' where we set educational objectives and discussed progress and development of '*candidate name*'.

I am aware that '*candidate name*' is preparing for the Membership examination and I can confirm that I believe **he/she** understands the standard required and the format of the examination.

Yours faithfully

Dr X
Consultant

Appendix 3: Confirmation of discussion of content and standard of examination

I confirm that I have discussed the MCEM examination

with.....(candidate name)

on.....(date)

and the candidate is aware of the structure and standard of the Membership examination.

Signed

Name.....

GMC number.....

Appendix 4: Appeals process

Appeals will be considered if they allege misadministration, bias or impropriety whether in the conduct or in the determination of the result of the examination. Those allegations disputing the academic judgment of the examiners will not be discussed.

Any appeal must be submitted by the candidate in writing within 30 days of the publication of the results. This should set out in full the details of the case indicating the precise nature of the complaint, the time, the place, and if possible the name(s) of the examiner(s) concerned. A cheque must accompany any appeal for an amount determined by the College to cover the administrative expenses and, in the event it is deemed necessary, to convene a panel to consider the appeal. Further details are available in the appeals procedure available from the College office.

Appendix 5: Examination blueprint

Each examination is planned using a blueprint. Each area of emergency medicine will be represented equally within the examination.

	SAQ	OSCE
Resuscitation		Arterial haemorrhage
Anaesthetics/ pain	entonox use	
Wound management	Pre-tibial laceration	suture
Major trauma	Facial fracture	flail chest ABC moulage
Musculoskeletal trauma	high pressure injection injury	apply POP for colles fracture
Urology		Male catheterisation
STD		Genitourinary history in a male
Eye problems	Painful red eye	
ENT problems		Demonstrate an auricular block
Dental emergencies	Dental abscess	
Gynaecology		Retrieve a lost condom
Obstetrics		
Cardiology	aortic stenosis complications	diagnosis management and referral STEMI
Respiratory		examine respiratory system
Neurology	alcohol withdrawal seizures	Examine cranial nerves
Hepatology/gastroenterology		
Toxicology	cocaine chest pain	
Fluid and electrolytes		Discuss fluid administration with junior doctor
Acid base	salicylate OD	
Renal disease		
Diabetes and endocrine	HONK	
Haematology		Sickle chest history
infectious diseases		
Dermatology	HSP and complications	
Rheumatology		arthritic hands
Neonatology	neonatal conjunctivitis	
Paediatrics	croup management	choking child arrest

Environmental	lightening injury	
Oncology	Febrile neutropenic	
Psychiatry		manic history
Major incidents		
Legal aspects		complaining relative
BreakingBadNews		Break bad news to relative