**The MRCP (UK) and relevance to the MDPCZ Specialist register for physicians**

 **Historical Transformation of the MRCP diploma**

The training of specialist physicians in the UK has been transformed in recent years. Up until the last 5 decades of the last millennium, different colleges used to run separate programmes that culminated in the MRCP diploma being awarded by either the London, Edinburgh, Glasgow or Irish College. Later, the three Royal Colleges of Physicians of the United Kingdom moved to share a common membership examination in general medicine: the Examination for the Diploma of Membership of the Royal Colleges of Physicians of the United Kingdom. Successful candidates are eligible to apply for the award of the MRCP (UK). In the earlier years, training was structured in such a way that the candidate sat two examinations, parts 1 and part 2, the successful completion of which led to the award of the diploma. Furthermore, the training, with accompanying rotations at senior registrar level was recognised by the General Medical Council for registration as a specialist in internal medicine (eligible for appointment to Consultant grade).

The training of specialists in medicine in the UK has been transformed in the past 20 years. It is clear that the utility of the MRCP(UK) diploma has changed with regards to specialist training. Training of physicians in the UK now falls directly under The Joint Royal College of Physicians Training Board (JRCPTB). Throughout the guidelines of the JRCPTB, the Royal Colleges of Physicians and the GMC, it is made abundantly clear what the place of the MRCP(UK) now has in specialist training. In simple terms, the diploma marks the successful completion of the Core Medical Training (CMT). The CMT forms the first stage of speciality training for most doctors training in physician specialties, i.e. those specialties managed by (JRCPTB). The approved curriculum for CMT is a sub-set of both the curriculum for General Internal Medicine (GIM) and the curriculum for Acute Internal Medicine (AIM). The foundation training (FY) represent equivalent of JRMO and SRMO in Zimbabwe and represents the last point at which all doctors follow the same curriculum, and it is followed by specialty training – the opportunity for doctors to start carving out their respective niches in the medical profession.

Since the introduction of Modernising Medical Careers (MMC) in 2005, the training structure at this level has undergone a number of changes. In August 2007, the senior house officer (SHO) and specialist registrar (SpR) grades were dissolved, and in their place came the new grade of specialty registrar (StR). This is the grade at which doctors operate throughout their specialty training. All physicians in training are now required to complete Core Medical Training, representing a common instruction for all potential specialists. Subsequent specialist training follows, and is specific to the type of specialist who is envisaged. Specialist training was restructured so that some competences that are integral to specialist training are now encountered in the ST3 stages (post-MRCP). Please refer to the flow diagram below.

**The current utility of the MRCP (UK)**

The JRCPTB gives the following advice regarding training:

“**Completion of CMT and acquisition of the full MRCP (UK) Diploma are required in order to enter specialty training at ST3.”**

The features of the CMT programme are:

* **Trainee led** - The ePortfolio is designed to encourage a learner centred approach with the support of Educational Supervisors. The ePortfolio contains tools to identify educational needs, enables the setting of learning goals, reflective learning and personal development.
* **Competency based** - The curricula outline competences that trainees must reach by the end of the programme. The curriculum is directly linked to the ePortfolio as it defines standards required for good medical practice and formal assessments including the MRCP (UK) for CMT.
* **Continuation of good medical practice** - Building on Foundation training the curriculum contains important emphasis on generic competences necessary for practice as a physician.
* **Supervision** - Each trainee has a series of people with clearly defined roles and responsibilities overseeing their training including Clinical Supervisor, Educational Supervisor, College Tutor, CMT Programme Director, and Head of School.
* **Appraisal meetings with supervisor** - Regular appraisal meetings and review of competence progression are set out in the ePortfolio.
* **Workplace-based assessments** - Regular supervised learning events (SLEs) and other workplace-based assessments (WPBA) are conducted throughout training with an annual review of competence progression (ARCP). More information is provided on the WPBA and ARCP webpages.
* **MRCP (UK) examination**- The various parts of the MRCP(UK) have been mapped to the curriculum for CMT and this provides a knowledge base assessment for both CMT.

**The structure of UK training; Run-through and uncoupled training**

Specialty training programmes fall into two different categories: run-through training and uncoupled training. With run-through training, progression is uninterrupted; you start in specialty training year 1 (ST1), and progress through ST2, ST3 etc automatically, provided competency requirements are satisfied. Uncoupled training, however, is split into either two or three years of core training (CT1, CT2 etc), before entering higher specialty training at ST3 level. With this path, entry to ST3 is a competitive process, which involves applying for a post, much as you would at the start of training.

Whether you undertake run-through or uncoupled training depends on your chosen specialty. For example, general practice entails run-through training, whereas anaesthesia follows an uncoupled path. The vast majority of hospital physician specialties are uncoupled, involved core medical training (CMT) or acute care common stem (acute medicine), followed by ST3. It is clear from the above that acquisition of the MRCP (UK) diploma is recognition of completion of an important core component of specialist training (CMT). It is not regarded as a qualification for specialist registration in the UK. The Certificate of Completion of Training (CCT) is now a requirement for all UK trainees who wish to apply for specialist recognition and registration. The architects and administrators or the MRCP (UK) themselves have defined the place of the qualification in the scope of specialist recognition. It is clear that if one’s chosen speciality as a physician is as a generalist, speciality training in General Internal Medicine (GIM) should be undertaken at ST3. If an individual exists the training path before ST3, it will be recognised that the training is incomplete and he/she will not be eligible for registration as a specialist in the UK. It follows that if the same individual migrates to another jurisdiction, there is no basis for expecting to have the same level of training being recognised for specialist recognition. It is logical to seek an evaluation of what contribution the MRCP (UK) diploma would make to the total requirements towards specialist recognition in any given jurisdiction.

**Who is registrable as a specialist physician?**

An individual who holds the necessary credentials for recognition as a specialist in the jurisdiction of origin of those credentials will be considered for specialist registration in Zimbabwe. In the UK, entrants to specialist training in General Internal Medicine or Acute Internal Medicine must have successfully completed Core Medical Training or Acute Care Common Stem training.

Specialty trainees work towards the certificate of completion of training (CCT), which qualifies them for entry to either the Specialist Register or the GP Register held by the General Medical Council (GMC). This qualification would normally entitle the holder for specialist registration with MDPCZ.

The specialist physician on the MDPCZ register commonly reflects the sphere of interest similar to the specialist in General Internal Medicine in the UK. The GIM curriculum defines the process of training and the competencies needed for the award of a CCT in general internal medicine. The GIM curriculum equips trainees in speciality training programs with the competencies needed to allow participation at a senior level on the acute medical take, and to provide advice on the investigation and management of inpatients and outpatients with acute and chronic medical problems. In the case of an individual whose qualifications fall short of these requirements, it is logical to seek an evaluation of what contribution the MRCP (UK) diploma would make to the total requirements towards specialist recognition in any given jurisdiction.