Diploma in Geriatric Medicine

(DGM Examination)

Regulations and Syllabus for 2017
This document provides full details of the Diploma in Geriatric Medicine (DGM) Examination Syllabus and Regulations. This replaces all previous Regulations relating to the DGM Examination.

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The Diploma in Geriatric Medicine Regulations have been revised. You are advised to read this document carefully to make sure you understand the changes.
1. Introduction

The Diploma in Geriatric Medicine (DGM) offers doctors the opportunity to review and consider all aspects of the care of older people and to be recognised as having this knowledge. This is particularly important at a time when the proportion of very elderly people in the population is increasing dramatically.

The diploma is available to all registered doctors. It is designed to give recognition of competence in the provision of care of older people to general practitioner vocational trainees, old age psychiatrists, staff physicians and others working in non-consultant career posts in departments of geriatric medicine, and other doctors with interests in or responsibilities for the care of older people, for example, general practitioners specifically involved with the care of older people in residential or nursing homes. It is not primarily directed towards career geriatricians.

The diploma is likely to be appropriate for those who wish to pursue a career in general practice or old age psychiatry, and is also appropriate for those who wish to complete a Masters degree in gerontology at institutions that recognise this examination (currently the Institute of Gerontology at King’s College, University of London). Holders of the DGM may qualify for exemption from some modules of that Masters degree.

2. Eligibility

All candidates must hold a primary medical qualification recognised by the Royal College of Physicians of London (RCP).

Eligible candidates will normally have held, or be currently holding, a post approved for general professional training in a department specialising in the care of the elderly for a minimum of four months, or have had experience over a period of two years since qualification, in a setting in which care of older people formed a significant part.

The RCP recognises, however, that candidates for the DGM examination come from a wide range of different backgrounds and have a range of different career aspirations. As such applications from candidates who do not fulfil the criteria above will be reviewed on a case by case basis to establish their suitability for the examination. To aid this process, the RCP Examinations department may request a CV with explanatory notes, which expands the career and training notes (Section 7 of the application form). This should outline specific geriatric experience and career intentions, and should be sent, by email or post by the deadlines given, so that eligibility can be assessed.
3. Syllabus

The following outlines the range of topics that may be covered in the DGM examination. The levels of knowledge and skill required are those appropriate for good quality practice in primary care. The examination is divided into two parts: Part 1 is the written component and Part 2 is the clinical component. Emphasis is placed on the candidate’s ability to synthesise understanding of the manifestation and course of age-associated impairments common in old age, with knowledge of the health and social care available in the UK, in order to identify appropriate plans of management and referral. (For the approximate distribution of topics in the Part 1 Written Examination, see Section 5a.)

Epidemiological, demographic and social factors

a) Age structure of the UK population: present pattern and future trends; important factors that determine the implications of demographic ageing for health and social care services

b) Social processes in ageing: roles and expectations with their influence on behaviour; family relationships, effects of social background and life experience; pattern of family care for older people

c) Ageism and strategies to counteract this

d) Health promotion: candidates should be able to explain the:
   i) benefits of a healthy lifestyle in older age, including adequate nutrition, exercise, smoking cessation and moderating alcohol intake
   ii) limits of prevention of disease and disability in later life
   iii) specific techniques for disease prevention and maintenance of active healthy ageing in older persons
   iv) techniques of risk reduction for relevant syndromes (e.g. stroke, falls, fragility fractures)

Clinical aspects of old age

a) Basic science and biology of ageing: candidates should be able to explain:
   i) the process of normal ageing in humans
   ii) the effect of ageing on the different organ systems (cardiovascular, neurological and special senses, gastrointestinal, renal, respiratory, hepatobiliary, immune system, bone and locomotor), and on homeostasis in these systems
   iii) the effect of ageing on functional ability
   iv) the concept of frailty in older people
   v) the concept of a life-course approach to ageing and to frailty
   vi) demographic trends in UK society
   vii) the basic elements of the psychology of ageing
   viii) changes in pharmacokinetics and pharmacodynamics in older people

b) Common geriatric problems (syndromes): candidates should be able to describe the types of multiple pathology encountered in older people and the effect this has on presentation of illness; candidates should be knowledgeable of clinical features, diagnosis, assessment and management of common presentations in older people. These include:
   i) frailty and frailty syndromes; recognition of poorer prognosis and outcomes
   ii) falls:
      (a) causes including multifactorial and transient loss of consciousness (TLOC)
      (b) higher risk of injuries, including fragility fractures and head injuries (especially if on antiplatelets or anticoagulants)
      (c) prevention, including multifactorial interventions and exercise, balance and strength programmes
iii) delirium: recognition of high prevalence in many acute settings; clinical presentations, identification (CAM or other recognised score) and management of predisposing, precipitating and prolonging factors; outcomes and impact on person and others
iv) dementia, depression, insomnia, anxiety
v) hypothermia and thermoregulation
vi) continence problems and management
vii) dizziness, sensory impairments, tinnitus
viii) pain
ix) constipation, diarrhoea
x) leg ulcers, pressure ulcers
xi) diabetes
xii) anaemia
xiii) weight loss and malnutrition

c) Other illnesses affecting older persons: candidates should be familiar with the atypical presentations of common illnesses, and should be able to define the causes, pathophysiology, clinical features, laboratory findings, treatments, prognosis and preventative measures for common problems and presentations in older age. These should include:
i) cardiovascular, e.g. chest pain, arrhythmias, hypertension, heart failure
ii) respiratory, e.g. dyspnoea, haemoptysis, infection
iii) gastrointestinal, e.g. nutrition, nausea, dysphagia, vomiting, altered bowel habit, jaundice
iv) endocrine, e.g. hyperglycaemia, thyroid dysfunction
v) renal, e.g. fluid and electrolyte imbalance, renal failure, infection, lower urinary tract symptoms
vi) neurological, e.g. seizures, tremor, altered conscious level, movement disorders, speech disturbance
vii) sensory loss, e.g. balance, impaired vision and hearing, neuropathy
viii) psychiatric, e.g. dementia, depression, delirium, anxiety, sleep disturbance
ix) dermatological, e.g. pruritus, rashes, leg ulcers and pressure sores
x) musculoskeletal, e.g. joint pain and stiffness, degenerative joint disease
xi) non-specific, e.g. dizziness, fatigue, anaemia, suspected abuse

d) Pharmacology and therapeutics in older people: candidates should be able to explain the indications, effectiveness, potential adverse effects, potential drug interactions and alternatives for medications commonly used in older patients. A working knowledge of the basic principles of therapeutics including adverse drug reactions, drug interactions, polypharmacy and effects of disease states on drug pharmacokinetics is important. They should demonstrate understanding of the principles of a medication review for an older person, including what medications might be stopped safely, and what medications are often omitted that might add benefit. Candidates should show awareness of relevant guidelines to support decision making, e.g. STOPP–START, as well as condition-specific guidance (e.g. NICE or best-practice guidance). The following list provides examples of these but is not intended to be exhaustive:
i) gastrointestinal: ulcer healing drugs and laxatives
ii) cardiovascular: inotropes, diuretics, anti-arrhythmics, anti-hypertensives, drugs for heart failure and angina, antiplatelet agents, lipid lowering agents, anticoagulants
iii) respiratory: bronchodilators
iv) CNS: hypnotics and anxiolytics, antipsychotics, antidepressants, analgesics, antiepileptics, drugs for Parkinson’s disease, drugs for dementia
v) infections: antibiotics
vi) endocrine: insulin and oral hypoglycaemics, drugs for thyroid disease, steroids, drugs for osteoporosis
vii) urinary tract: drugs to promote continence and for lower urinary tract symptoms (LUTS)
viii) nutrition: dietary supplements, vitamins and mineral supplements, including but not limited to vitamin B12, folate, vitamin C, vitamin D
ix) vaccines
Rehabilitation in older people: candidates should be familiar with principles of rehabilitation of older people following acute and chronic illness, including:

i) comprehensive geriatric assessment (CGA) including the roles and expertise of the different members of a multidisciplinary team

ii) different measures (assessment scales) used to assess functional status and outcome of rehabilitation and their limitations: these measure are intended to evaluate activities of daily living (ADL) ability and level of activity limitation, cognitive status, and mood requirements

iii) the range of interventions to include physical treatments, aids, appliances and adaptations, and a knowledge of specialist rehabilitation services available

iv) basic requirements of stroke and orthopaedic rehabilitation and falls prevention services

v) the medical and social models of management of functional limitation due to ageing and disease

vi) prevention and management of complications of acute illness such as pressure sores, venous thromboembolism, contractures and aspiration pneumonia

vii) problems of domiciliary care for disabled older people

viii) the use of equipment and services, particularly occupational therapy, physiotherapy and social work

ix) principles of functional assessment, especially the ADL scale and its various measures, and cognitive function

Transfers of care and ongoing care in the community: candidates should be able to explain the:

i) determinants of successful transfers of care outside hospital that meet patient and carer perspectives and needs

ii) suitability for different levels of care within the community

iii) roles of the multidisciplinary team with regard to planning

iv) liaison with primary care and social services to facilitate successful transfer of care from hospital

v) systems of provision of social care, day care, respite care and carer support

vi) palliative care, control of pain and other symptoms; emotional and personal aspects of care for patient and family

Administrative aspects of services

Candidates should be able to explain the:

i) structure of the NHS, its financing and organisation; candidates should have knowledge of the functions and responsibilities of the health and social services used by older people

ii) roles of the National Institute for Health and Care Excellence (NICE) and Care Quality Commission (CQC), and familiarity with the advice and guidelines published by these and other statutory and advisory bodies in operation in the UK

iii) principles of audit of quality of primary care for older people

iv) forms of income maintenance for older people: pensions, annuities and main forms of allowances, availability and criteria for eligibility

v) regulations and issues around driving for older people

vi) appropriate use of specialist geriatric and psychogeriatric services, day centres and day hospitals, residential homes and nursing homes; types of housing available and intermediate care

vii) the framework and dynamics of inter-agency and partnership working between the NHS and Social Services

viii) clinical governance and its relevance in geriatric medicine

ix) principles of the appraisal process

x) legislation surrounding long and intermediate term care

xi) legal aspects of medical practice among older people: mental capacity, including testamentary capacity, Court of Protection, Lasting Power of Attorney, advanced directives, compulsory admission and treatment (candidates are expected to be familiar with the main relevant
sections of the Mental Health Act and the Mental Capacity Act, including deprivation of liberty safeguards); the rights of institutionalised older people

xii) ethical aspects of care for older people: setting objectives for care, proper involvement of patient and family in clinical decisions and adherence to the ethical standards of autonomy, beneficence, non-maleficence and justice.
4. Application procedure

The examination for the Diploma in Geriatric Medicine is held twice a year. Candidates are advised to refer to the RCP website for examination dates and details of fees: [http://www.rcplondon.ac.uk/medical-careers-training/postgraduate-exams/diploma-geriatric-medicine](http://www.rcplondon.ac.uk/medical-careers-training/postgraduate-exams/diploma-geriatric-medicine)

Candidates paying by credit or debit card must do so by telephone to MRCP(UK) Central Office, and may then email their completed application form to dgm@rcplondon.ac.uk. Card details received in emails or as attachments will be immediately deleted and payments will not be actioned.

In case of payment by cheque or banker’s draft, the application form should be sent by post (we would strongly advise using a trackable method, such as a courier or recorded delivery service), and be accompanied by the appropriate fee and any other documents required, to: DGM Examination, Examinations Department, Royal College of Physicians of London, 11 St Andrews Place, Regent’s Park, London NW1 4LE. Candidates are advised not to send cash by post.

In all cases, applications must reach the Examinations department by 17.00 h (GMT) on the published closing date (see website).

The number of candidates that can be accommodated at any one examination is limited. Candidates are advised to ensure that their application reaches the RCP as soon as possible within the application period and by the closing date shown on the website. No allowances can be made for postal or other delays, and late or incomplete applications will not be accepted.

When applying for the first time to the DGM Written Examination, candidates with registration (be it full or provisional) with the UK General Medical Council (GMC) do not need to submit documentary evidence of their primary medical qualification, only their GMC number. This regulation is dependent on the primary medical qualification appearing on the GMC website: [www.gmc-uk.org](http://www.gmc-uk.org).

Candidates who are not registered with the UK General Medical Council must submit documentary evidence of their primary medical qualification (authenticated copy only, as above).

The Royal College of Physicians accepts only authenticated copies of Diplomas of Primary Medical Qualification. Official translation must be submitted where the original Primary Medical Qualification is not in English. The official translation must be certified by both the translating body and one of the recognised authorities listed below. **Authenticated copies and translations of primary medical qualifications must have been certified within the last 12 months.** Documents will be accepted only if they have been stamped and dated on the front of the primary medical qualification by one of the recognised authorities shown below. The date must be placed next to the authenticating stamp. Any stamps or dates provided must be in English.

Documents must be certified as a true copy of the original by one of the following:

- the issuing University or Medical School
- a British Consulate or British Council outside the UK
- the British Embassy in the candidate’s own country
- the British High Commission in the candidate’s own country
- the candidate’s own Embassy
- the High Commission in the UK
- a member of the Gardai in the Irish Republic
- Government Ministries of Health
  - the Department of Health
  - the Higher Education Commission
• a notary public/Justice of the Peace; other legal professionals will only be accepted if they are also a notary public or Justice of the Peace
• a Fellow or Member, in good standing, of the Royal Colleges of Physicians of the UK. Verification of the Fellow or Member will be sought.

The authenticated copy should be submitted with the authenticator’s full name, their Royal Colleges of Physicians code, along with the date of authentication and an accompanying official stamp from that Fellow, Member or Chair and it must be dated within the last 12 months. The Colleges reserve the right to request to see the original documents if there is any doubt as to the authenticity of the submitted copies of documents.

Details of candidates’ previous experience are required to assess eligibility for the examination, but are not made available to the examiners at the clinical examination.

Candidates with constraints on their practice

1. Candidates who have been erased from the GMC register (or that of the equivalent international body in their country) for reasons related to fitness to practise are not permitted entry to the DGM examination.
2. Candidates who are suspended from practice by the GMC (or equivalent international body) and/or their employer are not permitted entry to DGM examination until the suspension has been lifted.
3. Candidates who are subject to any warnings, interim orders, undertakings or conditions on their practice from the GMC (or equivalent international body) and/or their employer must declare this information to the Royal College of Physicians of London (RCP), and may be permitted to enter the examination at the discretion of the Chair of the DGM Examining Board only.

Additionally, if candidates are, or have been, registered with the GMC (or equivalent international body), they must include their GMC number (or equivalent registration number).

Candidates should note that failure to declare conditions, warnings or suspension as required:
• at the time of application, or
• prior to the examination date for which they have entered

will result in penalties being applied as defined in the Misconduct Regulations.

Where candidates are making a declaration, the ‘Candidate Declaration Form’ (available at: https://www.mrcpuk.org/declaration-form) must be submitted. Candidates are also required to disclose information as to why the condition or undertaking has been imposed.

The decision on whether a candidate is permitted to take the examination will normally be communicated to candidates within two weeks of the date the information was received.

Withdrawal from the examination and refund of examination fees

Notice of withdrawal from any part of the examination must be given in writing (by letter or email) to the Royal College of Physicians of London Examinations Department. Candidates are asked to quote their RCP Code number, full name and date of birth in their withdrawal notice to allow College staff to identify candidates easily.

Only written requests to withdraw will be accepted as official withdrawal requests.

Under no circumstances can examination applications and/or fees be transferred from one Examination to another.
Candidates submitting withdrawal requests on or before the application period closing date will be eligible for a 90% refund of the examination fee paid (10% of the fee is retained as an administrative charge). Where possible this refund will be paid by the same method as was used for the original payment. Refunds will not be made where candidates submit their withdrawal request after the closing date unless there are circumstances deemed exceptional which can be substantiated (with the inclusion of scanned documentary evidence).

Withdrawal requests submitted after the application period closing date will normally only be considered under the following circumstances:

- illness;
- involvement in an accident;
- death of a close relative (parent, sibling, spouse, child; the candidate must prove their relationship to the relative if they do not share the same surname).

Other cases may be considered on their own merit and at the discretion of the Head of Examinations Candidate Office, Royal College of Physicians of London (RCP); documentary evidence is required in all cases. When submitting documentary evidence please ensure that it is printed on letter-headed paper and stamped or signed appropriately. The RCP will accept evidence that is scanned and emailed. However, they reserve the right to request to see the original documents if there is any doubt as to the authenticity of the submitted copies of documents.

Decisions on these cases will be made by the Head of Examinations Candidate Office, whose decision is final.

Any request (accompanied by supporting evidence) must be submitted not later than four weeks after the Examination date in order to be considered. No fees will be refunded, irrespective of circumstances, thereafter.

Candidates who do not attend the examination without notifying the RCP will be recorded as absent. Absence will count as an attempt at the examination.

**Non-attendance**

*Except as provided for above, examination fees are non-refundable. Should a candidate fail to attend an examination or withdraw after the closing date, the examination fee will be forfeited.*

**Fitness to practise**

All doctors practising in the UK are governed by the principles outlined by the GMC in the publication Good Medical Practice. The DGM Board acknowledges that some good doctors may perform badly and aberrantly under examination conditions. However, where there are genuine concerns that a doctor’s fitness to practise is called into question during the DGM Clinical Examination, then the examiners are duty bound to refer this matter for further consideration. This may include a recommendation to the Education Board that candidates be deferred entry to the examination for 12 months. More serious matters may warrant referral to the candidate’s contractual employer or the GMC.

**Number of attempts**

Candidates will be permitted a maximum of six attempts at the DGM examination. After six failed attempts, a candidate will be required to undertake additional educational experience for each re-sit and submit evidence of this. This evidence will need to be supported by a candidate’s Educational Supervisor, and the Training Programme Director or equivalent. In determining whether a candidate has
sufficiently satisfied the requirements to enable them to undertake a further attempt, the decision of the Royal College of Physicians of London will be final.

In addition, the clinical examination must be passed within 2 years of passing the written examination. Please see the ‘Limit on attempts’ section on the RCP website: [http://www.rcplondon.ac.uk/medical-careers-training/postgraduate-exams/diploma-geriatric-medicine](http://www.rcplondon.ac.uk/medical-careers-training/postgraduate-exams/diploma-geriatric-medicine)

For more information, download the DGM additional attempt FAQs and form from the website.

**Reasonable adjustments**

Any candidate who has a physical disability, specific learning difficulty, or any other condition that they believe would disadvantage them compared with other candidates in an examination, may be entitled to reasonable adjustments.

It is the candidate’s responsibility to notify the Royal College of Physicians of any reasonable adjustment request in writing at the time of application. Applications for reasonable adjustments on medical or compassionate grounds must be supported (e.g. with a medical certificate).

Candidates should not assume that previously agreed reasonable adjustments will be carried forward to a future examination and the RCP should be notified of any request at each examination attempt. Details of any agreed reasonable adjustments will be recorded electronically against the candidate’s record and used for monitoring the effectiveness of the RCP’s processes.

Special arrangements purely for candidate convenience cannot always be made; candidate convenience includes provision for night shifts, courses, seminars and any other clinical commitments. If reasonable adjustments cannot be implemented, the candidate may either: (i) withdraw from the examination, or (ii) proceed without special arrangements.
5. Methods of assessment

(a) DGM Part 1: Written Examination

i) Objectives

The written examination of the DGM tests systematic knowledge and the management of clinical problems associated with geriatric medicine.

ii) Method of assessment

The DGM Written Examination will consist of one paper. It is an examination with 100 ‘best of five’ type questions, where candidates choose the best answer from five possible answers. The examination lasts 3 hours. The questions in the Written Examination will be composed of a selection of the following topics in approximately the distribution shown in the table below:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Approximate distribution of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Epidemiological, demographic and social factors</td>
<td>5</td>
</tr>
<tr>
<td>2. Clinical aspects of old age, comprising:</td>
<td>85</td>
</tr>
<tr>
<td>2a. Basic science and biology of ageing</td>
<td>(2)</td>
</tr>
<tr>
<td>2b. Common geriatric problems (syndromes)</td>
<td>(40)</td>
</tr>
<tr>
<td>2c. Other illnesses affecting older persons</td>
<td>(15)</td>
</tr>
<tr>
<td>2d. Pharmacology. and therapeutics in older people</td>
<td>(15)</td>
</tr>
<tr>
<td>2e. Principles of rehabilitation</td>
<td>(8)</td>
</tr>
<tr>
<td>2f. Transfers of care and ongoing care in the community</td>
<td>(5)</td>
</tr>
<tr>
<td>3. Administrative aspects of services including ethics and law</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

Sample written questions are published on the RCP website: [https://www.rcplondon.ac.uk/diploma-geriatric-medicine](https://www.rcplondon.ac.uk/diploma-geriatric-medicine)

The DGM Written Examination is criterion referenced. In advance of the test, the difficulty of each question is considered by a Standard Setting Group, comprising practicing clinicians from Geriatric Medicine, Old Age Psychiatry and General Practice who have participated in setting the DGM Written Examination and those who have medical education experience relevant to this process. The standard setters assess the difficulty of the questions against the level of knowledge expected of candidates using a procedure known as the modified Angoff method.

All judgments by all standard setters on all questions are then collated into a criterion-referenced pass mark. This pass mark is combined with candidates’ marks using the Hofstee compromise method, which will establish the final pass mark after the examination. As a result of the standard setting process, the pass mark and pass rate may vary at each DGM Written Examination.

The marking system adopted for the DGM Written Examination is as follows:

- One mark (+1) will be awarded for each correct answer to a question.
- No marks will be deducted for any incorrect answers.
- No marks will be awarded if the rectangle is left uncompleted.
• No marks will be awarded if more than one response is recorded.

No marks will be awarded for any question that is not completed in accordance with the DGM Written Examination instructions and produces an answer that the marksheet scanner queries as:

• insufficiently erased
• smudged
• identified as a double response to a question.

In these circumstances the RCP does not consider it is appropriate to interpret a candidate’s intentions.

Candidates may request that their examination answer sheet is re-marked. The mark sheets of the written examination are checked manually, read by an optical scanner machine, and any answers not showing are checked manually again. There is a charge of £100 for this service. This charge will be refunded if an error is identified.

(b) DGM Part 2: Clinical Examination

i) Objectives

The clinical section will test the candidate’s ability to:

• establish a friendly and courteous rapport with older patients
• elicit an adequate history
• elicit and interpret physical signs
• formulate a problem list and differential diagnosis
• formulate a management plan
• recognise and be familiar with rating scales commonly used in geriatric practice in the UK
• conduct and interpret a comprehensive geriatric assessment (CGA)

Candidates will not be allowed to undertake the Clinical Examination in a hospital where they have worked or are currently working. If you are inadvertently given an examination place at a hospital where you have recently worked you should notify the RCP immediately.

ii) Method of assessment

The DGM Clinical Examination comprises four clinical stations. Candidates will start at one of the four stations and then move round the carousel of stations, at 14-minute intervals, until the cycle has been completed. The stations are:

<table>
<thead>
<tr>
<th>Station</th>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station 1</td>
<td>History-taking skills</td>
<td>14 mins</td>
</tr>
<tr>
<td>Station 2</td>
<td>Comprehensive Geriatric Assessment (CGA)</td>
<td>14 mins</td>
</tr>
<tr>
<td>Station 3</td>
<td>Communication skills and ethics</td>
<td>14 mins</td>
</tr>
<tr>
<td>Station 4</td>
<td>Clinical examining skills including:</td>
<td>14 mins</td>
</tr>
<tr>
<td>section a</td>
<td>Dermatology or locomotor examination</td>
<td>5 mins</td>
</tr>
<tr>
<td>section b</td>
<td>Neurological, cardiovascular or respiratory examination</td>
<td>9 mins</td>
</tr>
</tbody>
</table>
The DGM Clinical Examination lasts a total of 76 minutes (including a five-minute period before each station begins).

Ten marksheets in total will be completed by the examiners. The marks awarded on all 10 marksheets will determine the candidate’s overall Clinical Examination score.

The marks are recorded on a four-point grading system and are detailed on the Clinical Examination marksheet.

These are:
- clear fail
- fail
- pass
- clear pass

These grades will be converted to a numeric value of 1–4 (clear fail = 1, fail = 2, pass = 3, clear pass = 4).

The DGM Clinical Examination is marked out of a total of 40 marks (being the maximum available from the ten marksheets). The nominal pass mark for the Clinical Examination is 29, although this is confirmed at each diet by the DGM Examining Board (see Section 6 below).

iii) Notes for guidance in the Clinical Examination

You will meet eight examiners in the clinical section, two at each station. An observer may also be present, who will play no part in the questioning or assessment (these are usually potential new examiners).

Stations 1 and 3

Candidates will have five minutes before meeting the patient to read a clinical scenario. During the assessment, the examiners will be looking for the following points:

- the effectiveness of your history-taking and communication
- your ability to interpret these findings
- your ability to discuss the management and, if necessary, to make suggestions for appropriate further investigation of the patient
- your understanding of the social and demographic factors relevant to the patient, and of the information that may need to be given to the patient and/or carer.

Station 3 (Communication skills and ethics) will assess the skills and attitudes of the candidates in dealing with common situations in geriatrics. This may include discussing end-of-life issues with nursing home managers or families, dealing with allegations of abuse, angry relatives, testamentary capacity, powers of attorney, advance directives, and so forth.

You will have approximately 10 minutes to talk with the patient or relative, and then about four minutes for discussion with the examiner. If you are not clear what the examiners want you to do, you should ask. The two examiners will take alternate cases in this part of the examination.
Station 2

In station 2, candidates will be tested on their ability to conduct and utilise a comprehensive geriatric assessment (CGA), as well as management of a patient with one or more of six common clinical syndromes, as follows:

- falls
- deteriorating mobility
- continence problems
- confusion
- impairment of the special senses
- palliative care

Candidates will have 5 minutes to summarise and identify the key issues in the scenario, and to say what additional assessments they would want to do, or information they would need. At the end of this period the examiners will confirm all the relevant additional information that is needed for subsequent discussion. In the remaining 9 minutes, candidates should develop a management plan. In this time, you will discuss the case with the examiners, and will be tested on your ability to:

- demonstrate a good understanding of the process of CGA, how the team would address the issues arising from the CGA, which team member(s) would do what, and what the team members would do;
- discuss options for management;
- identify and demonstrate understanding of the missing elements of the assessment;
- bring the elements together and provide a prioritised summary of the patient’s problems;
- discuss how the prioritised problems might be addressed.

Station 2 is not about making a medical diagnosis, as this will be provided. It is about formulating a multidisciplinary management plan for the patient. The best preparation for this station is by attending multidisciplinary teams where CGA is practised.

Station 4

This station tests the clinical examining skills components, and you will not meet the patient before the examination starts. During the assessment, the examiners will be looking for the following points:

- the effectiveness of your physical examination, including relevant clinical aspects of old age;
- your ability to interpret these findings;
- your ability to discuss the management and, if necessary, to make suggestions for appropriate further investigation of the patient.

The examiners are looking for competent clinical skills and an appropriate approach to the patient, as well as the ability to recognise and interpret physical signs. If it is necessary to test a patient’s sensation to pain, only the equipment provided by the centre should be used, and disposed of in the receptacle provided.

Particular notice will be taken of your ability to relate to patients and their carers, and failure to act or speak in a kind and considerate manner could result in your failing the examination. Aggressive or rough treatment, either physical or verbal, of a patient will invariably lead to failure.
(c) Fail in the DGM

A candidate not achieving the pass mark in the DGM Part 1 Written Examination or the DGM Part 2 Clinical Examination will be deemed to have failed that part of the examination.

The DGM Clinical Examination may be failed in the following ways:

i) A candidate may achieve a certain number of fails or clear fails that will lead to automatic failure.

ii) A candidate who has been rough or treated a patient without due consideration will invariably fail the DGM.
6. Regulations for the DGM examination

Written examination:

1 Candidates will **not** be admitted to any written paper if they arrive more than 30 minutes after the examination has started, unless in exceptional circumstances with the express permission of the chief invigilator.

2 Candidates must not start reading or answering the examination questions until the start of the examination is announced by the chief invigilator.

3 While in the examination hall, a candidate must not attempt to read the work of any other candidate or communicate in any way with any other candidate or any other person without the express permission of the chief invigilator.

4 Any invigilator or examiner present is empowered to refuse to allow a candidate to continue with the examination on grounds of misconduct.

5 Once admitted to the examination, candidates must stay for the full duration of the paper. Candidates may **not** leave the examination hall if they finish the examination paper early. Those who do so will have their examination attempt annulled, and may be investigated under Misconduct Regulations.

6 Candidates may not temporarily leave the examination hall during the first 30 minutes of any paper or in the 10 minutes before the scheduled end of each paper.

7 Candidates should immediately stop working when instructed to do so and remain in their seats in silence while papers, empty answer books, continuation sheets or other papers are collected.

8 Candidates should **not** remove from the examination hall any papers or examination materials. Question papers or any part of them, or any individual questions, must not be copied or removed from the examination hall.

9 Calculators, mobile phones, pagers, personal stereos, ‘smart’ watches (or any electronic audio or communication device), textbooks or other documents are strictly forbidden on or around candidates’ desks. Electronic devices must be switched off (where applicable) and stored with the candidate’s belongings in the designated area at the exam venue. Any unauthorised material will be confiscated and a report detailing the incident and identifying the candidate will be submitted to the RCP.

Clinical examination:

A candidate is eligible to sit the DGM Clinical Examination after they have passed the DGM Written Examination.

- Candidates who pass the DGM Written Examination will have a maximum of **four** attempts within a two-year period at the DGM Clinical Examination in order to pass this and obtain the diploma (candidates will have the option of deferring the Clinical Examination any time within a two-year period of sitting the Written Examination).
• Candidates who do not pass the DGM Clinical Examination within the two-year period of passing the DGM Written Examination will be required to re-sit the DGM Written Examination and pass it before being permitted to sit the DGM Clinical Examination again.

• Allocation of places in the DGM Clinical Examination will be dealt with on a first-come, first-served basis.

• Poor performance: in cases of roughness, or other exceptional circumstances, candidates may be recommended for counselling by the examiners at the DGM Clinical Examination. Candidates who receive counselling are strongly advised to discuss this with their educational supervisor.

Where there are genuine concerns that a doctor’s fitness to practise is called into question by facts coming to light during the course of the DGM Clinical Examination, the RCP is duty bound to inform those to whom the candidate is contractually or professionally responsible. In exceptional circumstances, where no such person can be identified, this information may have to be communicated directly to the UK GMC or similar professional body. The candidate concerned will be informed by letter when their poor performance in the DGM Clinical Examination warrants referral to a sponsor, employer, or professional body, as outlined above.

• Reporting may take place as a result of consistently poor performance in repeated Clinical Examinations, or, in exceptional circumstances, as a result of poor performance in a single examination.

Candidates are asked to note that any allegation of academic or professional misconduct that is sustained against a candidate is likely to be reported to employers, sponsors and relevant professional bodies such as the GMC.

No ID, no entry

Candidates will not be admitted to the examination unless they produce suitable identification (ID) in addition to the admission document. This will normally be a valid passport. Where candidates do not possess a passport, they should provide another form of primary ID from the list below. Alternatively, two forms of secondary ID, one with a photograph and the other with a signature, will be accepted.

Primary acceptable ID:

• current valid passport (containing photograph and signature)
• full or provisional photocard driving licence
• EEA Member State identity photocard
• national identity photocard for non-EEA foreign nationals
• identity card issued by the Electoral Office for Northern Ireland

Secondary acceptable ID (Please note two forms of secondary ID will need to be shown together eg. NHS/Hospital Identity card and a debit card. At least one of these must contain a photograph):

• certified/attested copy of passport or driving licence*
• valid credit or debit card
• NHS/Hospital Identity card
• paper driving licence
• valid student card with picture

* These documents must be accompanied by an official stamp or letter from the issuing organisation in order to qualify as an acceptable form of ID. Self-made photocopies will not be accepted alone.
The name on the identification document must match exactly the name the candidate provided when registering for the examination. If a candidate has changed their name (e.g. through marriage) or there are any discrepancies, the candidate must contact the RCP at least five working days in advance of the examination. Candidates whose name on their ID does not match the name they provided when registering will be denied access to the examination.

Additional forms of ID will be considered providing candidates contact us well in advance of an examination. If you have any queries surrounding the validity of your ID please email us at: dgm@rcplondon.ac.uk

Admission to the examination will be at the discretion of the invigilator(s), and invigilators have the right to question a candidate further if they are not satisfied with ID that has been provided (including if the candidate does not look sufficiently similar to their photograph). The RCP observes sensitivity in the visual identification of candidates, but advance notice should be given by candidates of any anticipated difficulties.
7. Conferment of the DGM qualification

There will be separate pass marks for the DGM Part 1 Written Examination and the DGM Part 2 Clinical Examination. Candidates must pass both parts in order to be eligible for the award of the Diploma in Geriatric Medicine.

Success or failure in the DGM Part 1 Written Examination and Part 2 Clinical Examination is confirmed ultimately by the DGM Examining Board. The Board will recommend whether a candidate should be awarded a ‘pass’, ‘fail’, or ‘deferral’ (see Appendix A: Glossary of terms).

Aggressive or inconsiderate behaviour, either physical or verbal, to a patient will result invariably in failure.

The DGM Examining Board exceptionally may adjust the pass mark for all candidates in a particular cohort. The DGM Examining Board would need to be satisfied that the standards of the DGM would not be compromised by taking such action.

Success in the DGM examination overall is subject to the candidate passing all components as stipulated in the DGM Regulations, and completing the necessary administrative arrangements for conferring the DGM.

After success in the DGM examination, candidates are granted the Diploma in Geriatric Medicine of the Royal College of Physicians of London.

8. Governance and quality assurance

(a) The DGM Examining Board

The DGM Examining Board has overall responsibility for the delivery, assessment and conferment processes relating to the DGM examination. This authority is delegated by the Education Board of the Royal College of Physicians of London (RCP).

Review of the examination by the DGM Examining Board

Results are released when the Board is satisfied that the examination has been conducted appropriately and in accordance with the procedures of the RCP.

Part 1: Written Examination

The Board considers each question before its appearance in the examination and subsequently reviews the question’s performance after the diet. In addition to the final scores obtained by the candidates, the Board will also note the mean score for the diet and the mean scores for, and the discriminatory power of, the questions that make up the paper. A detailed analysis of the responses to each item (including a separate index of discrimination for every item), and a coefficient indicating the internal reliability of the examination as a whole, are also considered by the Board. In the light of these analyses, the Board may make modifications to the questions and answer options that it deems desirable to ensure that the quality of the examination is maintained.
Part 2: Clinical Examination

The Board is responsible for confirming the pass mark and success or failure in the DGM Clinical Examination.

After every examination the Board will review the whole examination. To do so, it considers reports from examiners (and others as necessary) on the delivery of the DGM Clinical Examination, as well as statistical analyses of each candidate’s performance. In the light of these analyses and opinions, the Board may:

- exceptionally agree that the pass mark should be changed from 29
- make modifications to the structure and format of the DGM Clinical Examination that it deems desirable to ensure the future validity of the examination.

(b) The Education Board of the Royal College of Physicians

The Education Board of the Royal College of Physicians has overall responsibility for examinations and assessments. It receives a report each year on the conduct of the DGM.

(c) Academic procedures: Appeals, misconduct and complaints

Details of all academic procedures relating to appeals against DGM Board decisions, investigations into allegations of academic misconduct, and complaints are available from the MRCP website (http://www.mrcpuk.org/mrcpuk-examinations/regulations) in the following documents:

- Examination Appeals Regulations
- Examination Complaint Procedures
- Candidate Code of Conduct
- Misconduct Regulations. (See also Appendix A below).
9. Language requirements

All parts of the Diploma in Geriatric Medicine are conducted in English.

As all assessments are conducted in English, the Royal College of Physicians of London advise candidates that in order to be sufficiently prepared to sit the Diploma in Geriatric Medicine, their English language ability should be equivalent to International English Language Testing System (IELTS) Level 7.5. However, candidates do not need to have taken IELTS, or any other language examination, to sit the Diploma in Geriatric Medicine.

The Diploma in Geriatric Medicine cannot be used to demonstrate competence in the English language.
Appendix A. Glossary of terms

This glossary aims to define some of the terms used in the Regulations, although the glossary does not itself have the status of a Regulation.

Appeals

A candidate may appeal against an assessment decision. The grounds for appeal are stated in the Appeals Regulations. (https://www.mrcpuk.org/sites/default/files/documents/Appeals-Regulations.pdf)

Candidates cannot appeal on the grounds that they have been awarded insufficient marks. A candidate who is dissatisfied with other aspects of assessment (for example, with the administrative processes) may make a general complaint, but this will not meet the criteria for appeal.

Deferral

Deferral is a decision made by the DGM Board on grounds of mitigating circumstances (see below).

Misconduct

Academic or professional misconduct is an attempt by a candidate, or an attempt to aid a candidate, to gain an unfair advantage in an assessment, by deception or by fraudulent means. Candidates are advised to read the Misconduct Regulations. (https://www.mrcpuk.org/sites/default/files/documents/academic-misconduct-regulations-dec-13.pdf)

Mitigating circumstances

Mitigating circumstances are circumstances outside a candidate’s control, where the candidate has provided documentary evidence, and which the relevant Examining Board has accepted as a valid reason for poor performance or non-completion of that part of the examination.

Pass in the DGM

A pass is awarded when a candidate has successfully completed a component of the DGM Examination. The two components are:

DGM Part 1 Written Examination
DGM Part 2 Clinical Examination

Both Part 1 and Part 2 components must be passed for the award of the Diploma in Geriatric Medicine.