Board of Examiners Newsletter

Winter 2017

Dip Pharm Med Exam Results 2017

The results of the DPM for 2017 were ratified at the Board of Examiners (BoE) annual meeting on 8th December 2017. This year's pass rates were:

- Part 1 (the MCQ paper) - 60% (28 out of 47 candidates)
- Part 2 (the Short Answer and Critical Appraisal Papers) – 41% (16 out of 39 candidates).

Feedback to DPM candidates on the CAP and SAQ

The pass rates for both Critical Appraisal Paper (CAP) and the Short Answer Question (SAQ) paper were lower than last year which led to an overall lower pass rate for the Diploma. Most failing candidates (15 out of 23) failed both papers.

The CAP was less well done this year compared to last year, although several candidates performed very well. The paper was marked out of 50 and the pass mark was 28.5 (57%). The pass rate was 56% (22 out of 39 candidates) for this paper.

The pass mark for the SAQ paper was 55%, with 10 marks being available for each of the 10 questions. The pass rate was 46% (18 out of 39 candidates) for this paper.

General feedback

We have some feedback on some of the questions and some general observations from this year's examination which may be useful in future.

Candidates are still missing out on marks by not carefully reading the question and not providing clear and systematic responses to questions. Just as for any other written exam, candidates are advised to spend a few moments planning their answers and maybe making some rough notes, before starting to write. Short answers in bullet point format are required for each paper.

Most questions are broken down into several parts. Candidates should make sure they attempt all parts, and structure their answer according to the question. Again, careful reading of the question and planning the answer would help.

- In the questions you may see the following terms:
    - "List", "Give" or "State" meaning give a few words or a short sentence for each item - the "what".

- "Describe" meaning give a few sentences for each, addressing key features - the "what, where, why, when & how".
- "Define" meaning explain what the terms mean or the concept in no more than a few sentences.
- "Compare" meaning give a few words or a short sentence giving the similarities and differences of one thing versus another. A table can be given for clarity.
- "Comment" meaning give your opinion. This is a common term used in the Critical Appraisal Paper, where we want your opinion (critique on the paper). Often there are no 'right' or 'wrong' answers but you should be able to support your opinion with reasoned discussion and/or evidence.

More information and a document giving some more examination tips are on the Faculty website.

https://www.fpm.org.uk/trainingexams/exams/dippharmmed

CAP paper

- As usual, candidates are advised to read the question carefully and remember the *so what*. Around 40% marks are description and 60% are for critique. Candidates usually do well on the description questions which are more easily lifted directly from the paper.

- Remember that "comment" means give your opinion, interpretation, assessment or criticism of data; it's not just asking for a description. Comments can be positive or negative. In question 7 which said "Comment on the patient disposition shown in Fig 1" [this was the consort diagram], an acceptable answer could have been: it would be difficult to generalise the results as the screen failure rate was very high (around 85%). *Nil pointes* for simply saying that 13,829 out of 16,241 were excluded. Similarly, the observant candidate would have seen that almost everyone completed the 3-month trial with almost no drop outs, and they might have commented that seemed too good to be true.

- Question 11 asked "Compared to a conventional clinical trial, briefly describe 6 logistical considerations when planning / conducting a future study in children with severe acute malnutrition "to reflect real life". This question brought a wide range of answers, with some very good answers but some answers were generic and not specific to the question. Answers might have included things like, considerations on the storage and stability of the trial antibiotic, how to collect data (e.g., diary card data) when patients are poorly literate, having trial staff go out to patients rather than the patients travelling long distances to the study centres, minimal monitoring, and having wide inclusion criteria/few exclusion criteria to ensure the broadest population is studied.

SAQ paper

- In the SAQ paper we observed that some candidates scored highly on several questions, and very poorly on others. Probably this reflects their area of experience, but candidates should try to cover the whole syllabus and not omit pieces they are less familiar with. To pass the paper, candidates have to score >0 on at least 8 questions, and they need to score reasonably well on

all the questions to pass, so they cannot afford to neglect some areas of the syllabus.

- Question 1 of the SAQ asked candidates to give 4 regulatory support mechanisms, offered either by the EMA or the MHRA to facilitate earlier patient access to medicines. These are PRIME (PRIority MEdicines), Accelerated Assessment, Conditional Marketing Authorisation and Compassionate Use from EMA and Early Access to Medicines Scheme (EAMS) from MHRA. Some candidates gave "named patient programme" supply in their answer which was incorrect as this is not a regulatory mechanism, but offered by companies. Details of these regulatory mechanisms can be found at these links:

  http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general_content_000856.jsp&mid=WC0b01ac0580b18c78

  https://www.gov.uk/guidance/apply-for-the-early-access-to-medicines-scheme-eams

- Question 3 was a pharmacovigilance "old chestnut" although a surprising number of candidates did not know the minimum information required for an adverse event report to be valid (for the people who didn't know, the 4 criteria are an identifiable reporter, an identifiable patient, a suspect drug and an event).

- Question 4 referred to the EMA's *Guideline on strategies to identify and mitigate risks for first-in human and early clinical trials with investigational medicinal products* and required the candidate to give 10 risks factors that may predict the potential for severe adverse reactions in a first-in-human use of an investigational medicinal product. The updated guideline was finalised in July 2017, so was considered rather a "hot topic". The question-setters thought it could actually have been answered from first principles without any knowledge of this guideline. For example, irreversibility of non-clinical toxicity, toxicity that could not be monitored in man, a steep dose-response curve and a novel mode of action would be risk factors and acceptable answers. However, marks were low and some candidates scored zero. Here's a link to the guideline for future reference.

  http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2017/07/WC500232186.pdf

- Question 7 was about protocol waivers and was generally well answered. However, the markers were concerned to see that some candidates thought it was OK for a medical monitor on a clinical trial to grant protocol waivers. Those candidates might want to refresh their knowledge on GCP.

- Question 9 was about compliance regarding advisory boards. This is "hot topic" in medical affairs, and it was clear that you either knew it or you didn't! Those who work in medical affairs would know it and there were quite a lot of answers scoring 9 or 10.

Board of Examiners AGM

At the BoE AGM on Dec 8th, updates on the other exams overseen by the BoE were also given (Diploma and Certificate in Human Pharmacology and Diploma in Experimental Therapeutics). Two candidates passed the CHP and two passed the DET in February 2017. The next D/CHP and DET exams will be held in March 2018.

The BoE currently stands at 50 members, including a group which focusses on the DHP/CHP and DET. As well as welcoming applications from potential new BoE members at any time, we proactively invite new holders of the CCT in pharmaceutical medicine to apply.

Feedback to BoE members

As a reminder, according to the examiners' specification, all BoE members must attend the examiners' training day once every 3 years, complete E&D training every 3 years, offer to mark or invigilate every 3 years and submit an MCQ or an SAQ question every year (a template is available to guide format of the questions).

BoE members will receive a letter to confirm completion of activities as examiners during 2017 (training, submitting questions, marking, etc) to use as supporting evidence for your annual revalidation appraisal.

The Officers of the BoE (OBoE) will also endeavour to feedback to individual Board members on the questions they've submitted – whether they were suitable, whether they were used in the exam or modified. Sometimes we find that examiners submit questions in their specialty which are above the level of a general pharmaceutical physician who's been in the industry just two or three years. Therefore, we hope that feedback will help you to craft questions more appropriately.

MCQ Bank

The MCQ question bank needs to undergo a thorough review, in order to make sure the questions are up to date and accurate. The OBoE considers that the best way of doing that would be to convene a panel of experts, from the wider BoE, in each of the areas of the syllabus. Each specialist panel would review the bank questions for their area. Volunteers for this exercise in 2018 are most welcome.

Call for questions for 2018 Dip Pharm Med

All BoE members are invited to send in potential MCQs, short answer questions or manuscripts suitable for the CAP for the next DPM exam at any time. All welcome! And finally we expect the IMI Pharmatrain syllabus update very soon in 2018, so stay tuned as to how this will affect the DPM exam specification (i.e. required questions per syllabus section in the MCQ and SAQ papers).

Dates for 2018:

Examiners' Training Day - Friday 2nd March 2018

Closing date for registration for the DPM – 8th August 2018

Part 1 (MCQ paper) - 19th September 2018

Part 2 (SAQ and Critical Appraisal papers) - 15th October 2018

BOE AGM Friday - 7th Dec 2018

Officers of the Board of Examiners

Juliet Roberts (Chair)

Andy Webb (Vice-Chair)

Dylan Costello (Examinations Manager)

Ruth Dixon (Secretary)

Gillian Pover (MCQ paper convenor)

Liz Hancox (SAQ paper convenor)

Sheuli Porkess (Critical appraisal paper convenor) replacing Martin Toal who stood down mid year

Chris Brearley

Kate Owen

Eric Teo

Steve Warrington (Dip/Cert in Human Pharmacology)

Thanks to everyone who contributes to the examinations in any way.

OBoE would like to give their sincere thanks for the dedicated efforts of the MCQ and SAQ paper convenors, Gill Pover and Liz Hancox, who will be stepping down from the OBoE at the end of this year. We look forward to welcoming Jon Sisson to OBoE in 2018.

Previous editions of the newsletter can be found at
https://www.fpm.org.uk/trainingexams/exams/dippharmmed