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Studying for the MRCP—was it worth while?

When in 1996 I decided to do part of my further vocational training in Britain, I also decided to attempt the membership examination of the Royal College of Physicians. I knew it was said to be difficult, but as I was advanced in my training and always had passed examinations easily, I thought of it as a challenge.

I started studying and soon was annoyed by the multiple choice questions. So many of them were irrelevant to clinical medicine. Does it really matter whether I know all the rare associations of rare diseases? In a preparation course for part 1 I learnt that questions starting "there is a recognised association" almost always are true while questions containing the words "always" or "never" almost always are wrong. This knowledge helped me to pass the MRCP1—it did not enable me to treat my patients any better.

Part 2 had the same preoccupation with rare diseases. To pass the MRCP, it is more important to know about secondary hypertension caused by endocrine disorders than to know about idiopathic hypertension. You are more likely to encounter a question about pseudopseudohypoparathyroidism than about osteoporosis. Did you ever meet a patient with pseudopseudohypoparathyroidism in real life? Simply to learn how to pronounce this word took me hours of hard work. In the MRCP, a patient with neuropathy will have porphyria or lead intoxication in real life the diagnosis will be diabetes or alcoholism. In Germany I have done close to 1000 echocardiography studies, but I never saw an atrial myxoma until I started learning for the MRCP.

The training of an examination routine for the short cases had some advantages, but once again, the emphasis was placed on details of little meaning. The examination routine taught in Germany is slightly different from the one taught for the MRCP. I had to readjust to the British routine, not because it was better but because it was what the examiners were looking for. By the way, I never saw one of my consultants perform the complete

MRCP routine while examining a patient in outpatients or during a ward round.

I tried part 2 three times and failed. I then returned to Germany where I passed the German examination and now hold the German equivalent of the certificate of completion of specialist training.

Has all the studying been worth while? I learnt hundreds of small facts I have already forgotten again—if I ever need them I know where to look them up; I got proficient at a routine I have shed again; and whenever I notice my consultant's vitiligo I tell myself he is perfectly healthy and unlikely to develop an autoimmune disease. This is real life, after all.

"Non scholae sed vitae discimus"—we learn not for school, but for life—was written above the main entrance of my school. Much of what I learnt in those two years in Britain was for the MRCP and not for practice. Instead of studying most of my time off duty, I could have gone out with friends, visited famous places, enjoyed walking in the Midlands. I would not have worked so hard if I had not wanted to pass the MRCP. I failed, but yes, I would do it again. And I will come back to Britain in my holidays to enjoy all those things I missed because of my studies.

Waltraud Finckh, *specialising in internal medicine, Bad Kissingen, Germany*

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.