



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Membership of the Faculty of Podiatric Medicine (MFPM)

Guidance to Candidates - Part 2 Examination - including sample scenarios

January 2017

Contents**Page No.**

- | | |
|---|---|
| 1. General information – entry to the examination | 1 |
| 2. Structured Oral Examination | 1 |
| 3. Syllabus | 2 |
| 4. Issue of examination results | 2 |
| 5. Sample structured oral scenarios | 4 |

1. General information

1.1 Examination entry

The Part 2 examination is scheduled to take place once a year and is held in Glasgow. Details of examination dates and fee are available on the College website.

1.2 Eligibility

Eligibility requirements are as stated in the Examination Regulations – applicants must have either passed the Part 1 examination or have been granted exemption from Part 1 prior to entering Part 2. At the time of application, in addition to a completed and signed application form, all applicants must provide required documentary evidence (e.g. primary degree or equivalent certificate; confirmation of exemption from Part 1). Details of how to submit acceptable copies of such documents are available in the 'Information for Candidates' section on our website – Applications, Fees and Refund Policy.

1.3 Exemption from Part 1

Those who meet the required criteria may apply for exemption from Part 1 of the MFPM examination by submitting the application form for Part 1 exemption, required supporting documents and fee. Details of the criteria required for granting of exemption are as listed in the 'MFPM – Exemption from Part 1' document: the fee is shown on the 'Dates and Fees' document, both of which are available on the website. Applicants should ensure they provide all signatures required to verify the clinical experience undertaken. For those in private practice, a colleague may sign the form to verify such experience.

2. Structured Oral Examination

2.1 The aim of this part of the examination is to test the range of knowledge of podiatric medicine, including the understanding and management of a range of scenarios at a level expected of a podiatrist with three years' post-registration experience and to test the attainment of competence in the planning and execution of podiatric medicine competence.

Part 2 takes the form of a structured oral examination. Candidates should allow up to 2 hours 30 minutes for the examination. The stations carry equal marks.

The examination circuit will comprise six assessed stations and may also include one or more rest stations. Two examiners will be present in each station. Invigilators will be available to escort candidates around these stations in turn. Candidates will be assessed for 15 minutes in each station, plus 5 minutes for travel to and reading time at the next station.

At each of the stations, you will be presented with a scenario. This may take the form of:

- A simulated patient who presents for advice, proposed treatment and/or management.
- A scenario that requires interpretation but does not involve a simulated patient (e.g. interpretation of results)

Where a simulated patient is used, the two examiners present will observe your interaction with the patient. You will not be asked to carry out any active treatment.

2.2 The emphasis of the Part 2 examination is on practical skills including:

- Utilising available resources – some stations may provide props or prompts

and, where appropriate:

- Taking a detailed history
- Carrying out a comprehensive risk assessment
- Demonstrating communication skills (listening and imparting information)
- Tailoring advice for individuals
- Determining appropriate interventions
- Providing advice
- Demonstrating respect for the patient's ideas, concerns and expectations
- Demonstrating respect for patient's confidentiality and autonomy
- Devising an effective treatment plan (evidence-based where possible)

The examination will be conducted in English.

Candidates will be awarded a pass or a fail.

Two examples of structured oral scenarios can be found at the end of this document.

3. Syllabus

The syllabus consists of three main areas. The syllabus document shows the proportions in which each of these areas will be assessed in the Part 1 and Part 2 examinations respectively.

Details of the syllabus can be found on the College website at [here](#).

4. Issue of Examination Results

Examination results will be publicised on the College website within two weeks of completion of the examination. Results will also be sent to candidates by post approximately three weeks after the examination. If you have been unsuccessful, you will be given feedback on your performance in your result letter.

College website: www.rcpsg.ac.uk

Membership of the Faculty of Podiatric Medicine (MFPM)

SAMPLE SCENARIO 1

CASE 1 (Rheumatology)

Referred by: General Practitioner

Age: 51 years

Sex: Male

History of present complaint:

- Chronic pain at posterior aspect of both ankles
- Pain worse after long periods of walking or standing

Past podiatric history:

- Diagnosed with ankylosing spondylitis 26 years ago

Medical history:

- Recent bout of 'flu

Medication:

- Methotrexate 7.5 mg (with folic acid)
- Paracetamol

Family history:

- No relevant family history

Social history:

- Married with two children
- School teacher
- Does not smoke
- Drinks alcohol rarely

Relevant findings on examination:

- Swelling is palpable around the posterior aspect of the calcaneus at the attachment of the gastrocnemius-soleus tendon
- On standing, both feet have an apparent foot posture index of +9 (i.e. pronated)
- Observation of patient's footwear: well-worn, both rearfoot soles worn down on the lateral sides.

Candidates should be prepared to answer the following questions:

1. Outline your differential diagnoses for this patient's pain.
2. Justify your diagnosis for this patient's foot pain and in doing so explain the possible aetiology and pathology.
3. Explain what further diagnostic information would be useful and why.
4. Explain the possible management strategies for this foot problem.
5. What other healthcare professionals would you liaise with for this patient? Give your reasons.
6. What are the likely contra-indications for this patient?
7. What are the possible complications in this case?
8. What is the likely prognosis for this patient?

Membership of the Faculty of Podiatric Medicine (MFPM)

SAMPLE SCENARIO 2

CASE 2 (Musculoskeletal)

Note to candidates: in this type of scenario, suitable clinical images will be supplied

Referred by: General Practitioner

Age: 62 years

Sex: Female

History of present complaint:

- Left medial ankle pain, getting worse over last 6 months
- Walking distance significantly reduced
- Medial foot arches of both feet become flatter
- Difficulty wearing normal footwear

Past podiatric history:

- Fractured left ankle 6 years ago

Medical history:

- Diagnosed with hypertension and non-insulin dependent diabetes 7 years ago
- Penicillin allergy

Medication:

- Candesartan 2 mg per day
- Bendroflumethiazide 2.5 mg per day
- Glibenclamide 5 mg per day

Family history:

- No relevant family history

Social history:

- Smokes 10 cigarettes a day
- Drinks 12 units of alcohol a week
- BMI of 26 kg/m²

Relevant findings on examination:

- Apropulsive gait
- Left Foot Posture Index of 12+ and right +9
- Navicular drop and drift were increased on the left foot compared to the contralateral foot.
- Left foot relaxed calcaneal stance revealed significant medial bulging, calcaneal eversion and 'too many toes'
- Pain was located in the posterior medial malleolar area of the left foot where there was also evidence of oedema and tenderness of the soft tissues
- Patient experienced difficulty and medial ankle pain when performing a left unilateral heel rise test
- Plain X-rays revealed an increased Meary angle, decreased calcaneal pitch angle and increased talonavicular coverage angle

Candidates should be prepared to answer the following questions:

1. What are the differential diagnoses for this case?
2. Explain and justify your clinical diagnosis for this case.
3. What clinical tests and hospital investigations could be used to support your diagnosis?
4. What are the aetiological factors responsible for the condition presenting in this case?
5. Describe the pathological changes that are linked to the condition presenting in this case.
6. Discuss both your short and long-term management for this case.