



# ROYAL COLLEGE OF PHYSICIANS OF IRELAND

## **FACULTY OF PUBLIC HEALTH MEDICINE EXAMINATION EXAMINATION REGULATIONS**

### **EXAMINATION DATES & FEES**

For details of the dates and fees please refer to the information located in the following area of the College website:

**Examinations/About Examinations/Examinations Dates & Fees**

### **EXAMINATION PROTOCOL & SECURITY**

Please refer to the notice to all RCPI exam candidates regarding protocol and security.

The notice is located in the following area of the College website:

**Examinations/About Examinations/General Enquiries**

EXAMINATION AND ADMISSION FEES ARE PAYABLE IN EURO ONLY. APPLICATIONS WHICH ARE NOT ACCOMPANIED BY THE EXAMINATION FEE WILL NOT BE ACCEPTED.

**PLEASE NOTE THAT ALL CHEQUES & DRAFTS RECEIVED MUST BE DRAWN ON A BANK IN THE REPUBLIC OF IRELAND OR GREAT BRITAIN.**

### **ADDITIONAL INFORMATION**

The Education and Examinations Committee section of the Faculty's site on [www.rcpi.ie](http://www.rcpi.ie) has further information for examination candidates.

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### **PURPOSE OF THE EXAMINATION**

The overall purpose of the MFPHMI examination is to assess that the candidate's knowledge, attitudes and skills in public health medicine are appropriate for a senior medical practitioner in the discipline.

The purpose of the Part I Examination is to demonstrate satisfactory knowledge across the range of public health topics, together with basic skills in research methods, data analysis, problem solving and communications.

**The purpose of the Part II Thesis Examination is to demonstrate that the candidate has the capacity at the appropriate standard to critically examine an epidemiological or public health question, to carry out in-depth investigations of the issues, and to propose appropriate solutions.**

**The purpose of the Part II General Oral Examination is to demonstrate that the candidate has retained and built on the knowledge, attitudes and skills demonstrated in the Part I examination, across the range of public health topics, at a level appropriate to a senior public health medical practitioner.**

## **MFPHMI EXAMINATION REGULATIONS**

The following Regulations apply to all candidates entering for the MFPHMI Examination. It is the candidate's responsibility to ensure compliance with the Regulations. Any decision made by the College on the interpretation of these Regulations is binding.

The Examination is in two parts. Part I is a written Examination. Part II takes the form of a research report / reports and oral examination, and the General Oral. Every candidate for the Membership of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland must pass both parts of the Membership Examination unless exemption has been granted.

### **PART I MFPHMI EXAMINATION**

#### **Examination Process**

- (1) The two day Examination is ordinarily held in Spring and Autumn each year. From 2008 onwards there will be one sitting of the Part I examination, in Spring.
- (2) Examination
  - (a) The syllabus and examination format are as set out below.
  - (b) The papers are prepared by designated Examiners who are also responsible for marking the scripts.
  - (c) An External Examiner is also nominated.
  - (d) Examination results are posted to candidates approximately six to eight weeks after the Part I Examination and approximately 2 weeks after the Part II Examination. Results will not be given over the telephone.

#### **Examination Format**

Part I is designed to test the candidate's knowledge and understanding of epidemiology, statistics, social sciences in relation to public health medicine, and the principles of administration and management in relation to health and social services.

The Examination consists of four written papers: Papers 1 and 2 are designed primarily to test knowledge, and Papers 3 and 4 primarily to test skills. The knowledge part of the syllabus is broken down into seven sections, which broadly relate to the structure of Papers 1 and 2 of the examination. Material from any part of the syllabus may be tested in the skills part of the examination.

#### **Paper 1 (Day 1 morning) and Paper 2 (Day 2 morning)**

Candidates are required to answer ten compulsory short answer questions (which may include some internal choice) across the range of the syllabus, in order to demonstrate their knowledge of the core sciences of public health.

**Paper 1 – (2 hours)**

Candidates are required to answer five questions covering the following subjects:

- (a) Research methods, including epidemiology, statistical methods and other methods of enquiry, including qualitative research methods.
- (b) Epidemiology (communicable and non-communicable disease).
- (c) Disease prevention and health promotion.

**Paper 2 – (2 hours)**

Candidates are required to answer five questions covering the following subjects:

- (a) Health information
- (b) Medical sociology, social policy and health economics
- (c) Organisation and management of health care.

**Paper 3 (Day 1 afternoon) and Paper 4 (Day 2 afternoon)**

These papers are designed to test candidates' public health medicine skills.

**Paper 3 – (2 hours)**

Critical appraisal: Commentary on and application of material in a scientific/medical article from a peer reviewed journal. The article will be provided at the start of the examination paper.

**Paper 4 – (2 hours)**

Preparation of a memorandum to the press, health authority, chief executive, Director of Public Health or a similar person on a local situation or problem. Candidates are expected to demonstrate their ability to apply the basic skills of public health medicine to a set problem. This may include data manipulation and interpretation.

**Marking**

1. Each question is marked by a separate pair of Examiners.

2. Paper 1 50 marks; Paper 2 50 marks.

All questions on Paper 1 and 2 are marked out of 10. Candidates must achieve a minimum of 20 marks in each paper and a total of 50 marks between Papers 1 and 2.

3. Paper 3 50 marks; Paper 4 50 marks

Candidates must achieve a total of 50 marks between Papers 3 and 4.

**Knowledge and Skills**

Division of material into sections is only a guide; candidates should expect questions that draw together knowledge from different sections, and should note particularly that inclusion of a subject area within one section of the syllabus does not preclude its use in a different section of the examination. Candidates should especially note that there will be sharing of subject material between Papers 1 and 2, and Papers 3 and 4.

The Examination is designed to accommodate candidates with experience outside the Irish health care system. In setting questions, the aim is for generic questions which, where appropriate, allow candidates to relate answers to their

particular settings. Candidates are expected to be familiar with recent relevant theoretical developments.

The level of knowledge, skill and understanding required within all sections of the syllabus is that which could reasonably be expected of a competent practitioner in public health. Some basic data handling skills and the ability to perform basic statistical techniques will be required in the examination. Although many public health practitioners will not need to be able to execute some of the more complex techniques described, they will need to understand and interpret results from them: this level of understanding is expected from candidates.

The skills tested at Part I are not the same as those tested at Part II. An ability to extract and manipulate data, to criticise research evidence and to communicate in writing to a non-specialist audience is required, rather than the more complex skills tested at Part II.

### **Calculators**

Candidates are advised that only non-programmable calculators may be used. Relevant statistical formulae will be provided.

### **Syllabus**

The following is an outline of the syllabus for the Part I Examination for the Membership of the Faculty of Public Health Medicine.

The main divisions set out below are not distinct entities; an understanding of their interrelationships and application to public health medicine is essential.

## **1. Epidemiology**

- (a) Measures of disease occurrence: incidence and prevalence; numerators, denominators, populations at risk and possible sources of error in estimation of these data; meaning of risk; direct and indirect standardisation; life tables and expectation of life; years of potential life lost (Y.P.L.L).
- (b) Design and interpretation of epidemiological studies: use of routinely collected statistics to describe distribution of disease; measurement of risk; and rates; association and causation; bias; confounding; design and applications of prevalence (cross-sectional), case-control (retrospective), cohort (prospective) and population intervention studies; randomised controlled trials; use of statistical methods in the analysis and interpretation of epidemiological studies (see also section 2); sampling; questionnaire and survey document design; interviewing techniques; sources of variation and error in epidemiological measurement; ethics of epidemiological research; qualitative research.
- (c) Disease-specific epidemiology: knowledge of clinical features, distribution, causes and determinants of communicable and non-communicable disease; preventive strategies (see also section 4).
- (d) Assessment of health care needs, demand, utilisation and outcome: use of epidemiology in defining need and in planning service delivery; measurements of utilisation and performance; assessment of effectiveness, efficiency and acceptability of services; measures of structure, process and outcome of health care: evaluation of preventive strategies; medical audit (see also section 7).

## **2. Statistics**

- (a) Descriptive statistics: definition and use of the basic statistics to describe and summarise data and their interrelationships; graphical representation, including stem-and-leaf diagrams and box plots, measures of central tendency such as the median and mean; measures of variability such as the range and standard deviation and measures of risk such as rates, odds and proportions; use of comparative measures such as the mean difference, relative difference, odds ratio, relative risk, excess risk and correlation coefficient; measures of agreement such as Kappa for 2 x 2 tables.
- (b) Statistical Inference: techniques of random sampling and random allocation and their central role in statistical inference: principles of confidence interval estimation, calculation of confidence intervals, using large sample normal approximations for means, proportions, counts and rates; dealing with odds, ratios and excess rates, appreciation of the importance of exact sampling distributions such as the normal, Poisson and binomial; an understanding of hypothesis testing, and the concepts of power and significance and their relationship to sample size calculations; use of parametric and non-parametric tests; the problems of multiple comparisons; performance of the following hypothesis tests on appropriate data: the paired and independent t-tests, the independent chi-square test, McNemar's test, the sign test, Wilcoxon's matched pairs signed rank test, Wilcoxon's rank sum test (the Mann-Whitney U test); problems of confounding and the uses (without necessarily undertaking the calculations) of analysis of variance (ANOVA), simple and multiple regression, logistic regression, Cox (proportional hazards) regression and the Mantel-Haenzel stratified chi-square; ability to construct a clinical (actuarial) lifetable and understand the use of (without calculations) the logrank significance tests; familiarity with the basic approaches to meta-analysis is also needed; ability to estimate sample size for two group studies comparing means and proportions; ability to estimate sample size for single group descriptive studies of either means or proportions.
- (c) Vital Statistics: knowledge of the definitions of all the basic rates in vital statistics relating to birth and death; ability to perform direct and indirect standardisation, and familiarity with their uses; the basic method of constructing cohort and current lifetables should be understood.
- (d) Data Processing: the candidate should appreciate the uses of computers for information processing.

## **3. Health Information Systems**

- (a) Population: conduct of censuses and how data are collected and published; demography; important regional and international differences in populations, in respect of age, sex, occupation, social class, ethnicity and other characteristics; methods of population estimation and projection; principles of life-tables and their demographic applications; population projections; the effect on population structure of fertility, mortality and migration; historical

changes in population size and structure and factors underlying them; the significance of demographic changes for the health of the population and its need for health and related services; policies to address population growth; national and international population policies.

- (b) **Sickness and health:** sources of routine mortality and morbidity data and how they are collected and published at national, regional and district levels; the International

Classification of Diseases and other methods of classification of disease and medical care; rates and ratios used to measure health status including regional, occupational and social class variations; routine notification and registration systems for births, deaths and specific diseases, including cancer and other morbidity registers; record linkage.

(b) **Applications:** Use of information for health service planning and evaluation; specification and uses of information systems; common measures of health service provision and usage; the uses of mathematical modelling techniques in health service planning; indices of needs for and outcome of services; the strengths, uses, interpretation and limitations of routine health information; use of computers in management of health services information and in support of provision of health care.

#### **4. Preventive Medicine**

- (a) Disease Prevention and Health Promotion: Principles and practice of health promotion: collective and individual responsibilities for health; interaction between social, political, economic, physical and personal resources as determinants of health; ideological dilemmas and policy assumptions underlying different approaches to health promotion; the prevention paradox; health education and other methods of influencing personal lifestyles which affect health; the value of models in explaining and predicting health-related behaviour; risk behaviour in health and the effect of interventions in influencing health-related behaviour in professionals, patients and the public; theory and practice of communication with regard to health education; the role of legislative, fiscal and other social policy measures in the promotion of health; methods of development and implementation of health promotion programmes; community development methods; partnerships; evaluation of health promotion, public health or public policy interventions; international collaboration and initiatives in health promotion.

- (b) Screening: principles, methods and applications of screening for early detection, prevention, treatment and control of disease; statistical aspects of screening tests, including knowledge of and ability to calculate sensitivity, specificity, positive and negative predictive values for tests from raw data; differences between screening and diagnostic tests; likelihood ratios; pre- and post-test probability; ethical and economic aspects of screening; planning, operation and evaluation of screening programmes; evidence for widely implemented screening programmes, antenatal and neonatal screening tests.

- (c) Communicable Diseases: knowledge of the natural history, clinical presentation and methods of diagnosis of communicable disease; surveillance and methods of control of communicable disease; investigation of disease outbreaks; planning and management of immunisation programmes; organisation of infection control; international aspects of communicable disease control.
- (d) Communication: written presentation skills; preparation of papers for publication; preparation of material for different audiences, including expert and non-expert audiences and the media. Information handling. Use of media in advising the public about health services, disease prevention (including communicable disease outbreaks and environmental hazards) and health promotion.
- (e) Environment: environmental determinants of disease; risk and hazard; the effects of global warming and climate change; principles of sustainability; the health problems associated with poor housing and home conditions, inadequate water supplies and sanitation; methods for monitoring and control of environmental hazards (including food and water safety, atmospheric pollution and other toxic hazards, noise and ionising and electromagnetic radiation); the use of legislation in environmental control; appreciation of factors affecting health and safety at work (including the control of substances hazardous to health); occupation and health; transport issues.

## **5. Social Policy And Health Economics**

- (a) Health Service Development: the development and present structure of the health services and their relationship to other services, including social and environmental health services and voluntary bodies; social and demographic trends and the implications these have for the organisation of services; the political process including policy making and planning; methods of organising and funding health services.
- (b) Equity and Policy: concepts of need and social justice; priorities and rationing; inequalities in the distribution of health and health care; psychological, social, environmental and economic factors influencing the development of disease and the provision and use of services.
- (c) Health Economics: principles of health economics (including the notion of scarcity, need and demand, opportunity cost, margins, discounting, sensitivity analysis, efficiency and equity); financial resource allocation; techniques of economic evaluation (including cost-minimization analysis (cost analysis), cost-effectiveness analysis, cost-utility analysis and cost-benefit analysis; cost of illness study; role of health economics in health care planning and decision making.

## **6. Medical Sociology And Health Psychology**

- (a) Concepts of Health and Illness: theoretical perspectives and methods of enquiry of the behavioural sciences; illness as a social role; symptom experience and illness behaviour; culture and health beliefs; doctor-patient relationship; role of medicine in society; implications of labelling, stigma,

disability and handicap; substance abuse, dependency and addictive behaviour in relation to service provision and prevention.

- (b) Aetiology of Illness: the role of social, cultural and psychological factors in the aetiology of health and disease; measures of health status which incorporate a psychological or social dimension.
- (c) Health Care: different approaches to health care including self-care, family care, community care, self-help groups; hospitals as social institutions; professions and professional conflicts, clinical autonomy and the provision of health care; basic psychology relating to attitudes and attitude change, learning and behaviour change; the effect of intervention in influencing health-related behaviour; psychology of decision-making in health behaviour.

## **7. Organisation And Management Of Health Care**

- (a) Organisation of Health Services: Theories of organisation; knowledge and understanding of the current organisation and management structure of the Irish health service or the health service of another country; the role of international organisations in health and health care; theories of organisation in relation to health and social services.
- (b) The Role and Function of Management: operational and strategic management; appreciation of leadership styles; the practice of management in the public sector; the analytical approach to decision making; determination of priorities; planning including service planning; knowledge of economic analysis, financial appraisal, and the use of specific management techniques; operational research; principles of evaluation including medical evaluation, quality assessment and quality assurance; health outcomes and medical audit; principles of human resource management and manpower planning.
- (c) Management and Change: basic management models and theories; frameworks for strategy development; approaches to change; factors that resist change and promote change; principles of delegation; principles of negotiation; evolution and change in management of health services; professional behaviour change; theory and practice of communication with regard to management; principles of motivating people and managing conflict; health service development and planning; planning theory.

## **PART II MFPHMI EXAMINATION**

Part II is designed to test the ability to the candidate to apply their knowledge to one or more aspects of public health medicine chosen by the candidate, and to enable the candidate of display specialist skills. The Examination consists of the assessment of written material which will take the form of a thesis or two reports on an original project or projects, and of an oral test on the subject of the written work, including its relevance to the practice of public health medicine. In addition, all candidates will have an oral examination on topics relevant to the practice of public health medicine - the 'General Oral'.

On his or her first attempt, the candidate must present for all components of the Part II. Each candidate must sit the Part II Examination within four years of passing Part I. In exceptional circumstances an extension to this may be granted, for which prior written consent must be obtained from the Education and Examinations Committee of the Faculty of Public Health Medicine.: Contact the Committee Secretary at the Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street, Dublin 2. **Candidates must pass the Part II Examination within seven years of passing Part I.**

A candidate who has not passed Part II within the seven year time limit may resit the Part I Examination, providing he or she has attended the Part II Examination on fewer than four occasions. Each candidate will be limited to a total of four attendances at the Part II Examination.

### **Part II Examination: Thesis/Reports**

It is advisable to start planning the thesis for Part II as soon as possible after passing Part I.

Candidates are strongly advised to submit a protocol of the project(s) for approval by the Education and Examination Committee of the Faculty. In order for a candidate's protocol for Part II MFPHMI to be considered by the Committee, documents must be submitted at least four weeks in advance of a meeting. The dates of meetings of the Committee are available from the Faculty Office (see [www.rcpi.ie](http://www.rcpi.ie) for further information).

If the proposed work is considered suitable for the Part II Examination, the Education and Examination Committee will appoint a supervisor for candidates who are based in Ireland. For those based outside Ireland, the Convenor of Examinations can arrange for guidance of a general nature but the Faculty does not appoint a supervisor.

All candidates are required to provide certification by a Faculty Fellow or medically qualified public health practitioner or teacher that the work, except where acknowledged, has been carried out by the candidate.

Written material submitted for another postgraduate qualification may be included as part of the submission but must be clearly acknowledged as such. It is essential that the submission contains further substantial original research and that this new work be clearly delineated in the certificate signed by the Faculty Fellow or supervisor .

Approval to undertake the research should be obtained from the appropriate Research Ethics Committee(s). Information on the Faculty's Research Ethics Committee is available from the Faculty Office.

The thesis reports must describe the project, which must demonstrate the candidate's sound theoretical and practical knowledge of the chosen field, familiarity with the relevant literature and power of independent observation and judgement. The literature review should include a statement of the search strategies which were applied. Particular attention should be paid to writing a lucid, concise and accurate description of the procedures used in the study and of the findings. The data should be analysed in conformity with accepted methods of scientific investigation. The conclusions which may be drawn from

the work should be stated precisely and the candidate should also indicate where an addition has been made to knowledge and the lines on which further investigations, if any, might be carried out.

The candidate must initially submit **three** soft bound copies of the Thesis/Reports which must be typed, on A4 size paper. Ordinarily, the total text should be between 25,000 and 40,000 words in length. The Part II MFPHMI written material must be certified as the work of the candidate by the supervisor, a Fellow of the Faculty or a Fellow of the U.K. Faculty.

(a) Copies of the thesis/reports will be sent to two Examiners (one Internal and one External).

(b) All candidates are invited to attend for an oral examination ordinarily held twice annually in Summer and Winter.

(c) Examination results will be posted to the candidates.

A candidate who is unsuccessful in Part II may resubmit written material for the next Part II if so recommended by the Examiners, unless his/her next attempt has been further deferred by the Education and Examination Committee of the Faculty on account of poor performance. The Examiners may request the candidate to abridge, enlarge or otherwise alter any part of the written material before resubmission, and may request further written material.

Following success in the Examination and final approval of the submitted Thesis/ Report, candidates must submit a hard bound copy of their Thesis/ Report for permanent display in the College Library.

### **Guidelines for the Preparation of Theses for MFPHMI (Part II)**

1. The supervisor and candidate must be familiar with the regulations governing Part II MFPHMI.

2. Candidate and supervisor should meet on a regular basis (probably monthly).

3. The supervisor should read the text as it progresses and offer advice. He/She must not get involved in writing, but merely indicate what changes are necessary.

4. The format of the thesis should be arranged in chapters and generally should be as follows:

Title of thesis on cover with names of author and year of submission.

The title page should contain the title of the thesis, full name of the author, month and year of submission. The title page should be followed by the table of contents.

Acknowledgements

Synopsis (Summary)

Introduction which should include aims and objectives

Survey of previous work, literature review, including details of the search strategy used

Methods

Results

Discussion

Conclusions

## References

Appendices if necessary

Illustrations and tables should be in the relevant part of the text

5. References should be uniform throughout and be either Vancouver or Harvard style. They should in addition contain the full title of the article and the full name of the journal together with the first and last page numbers.

6. All tables should be totalled and percentages brought to one decimal place only.

7. Type should be double-spaced on A4 paper with a left margin of about 1.5 inches. The pages shall be consecutively numbered.

8. Excellence in presentation is required. The candidate must initially submit two soft bound copies of the Thesis/Reports. Following success in the Examination and final approval of the submitted Thesis/ Reports, candidates must submit a hard bound copy of their Thesis/Report for permanent display in the College Library.

## **Submitting Two Reports**

Candidates may submit a single thesis. Alternatively they may submit two reports, spread across two out of five topic groups, as follows:

- policy formation, health economics;
- health information, health information systems;
- health needs assessment, evaluation and audit of services;
- communicable disease, environmental health;
- health promotion, screening, preventive medicine.

The topics for research should be chosen so as to encourage learning across a number of topics in public health medicine practice. For example, a candidate may have decided that one report will deal with a communicable diseases topic and there is the prospect of doing the second report on some aspect of local microbiology services. It would not be acceptable for this second report to deal with the spectrum of pathology identified or the implementation of protocols for managing a specific communicable disease. However, a project from a broader service planning or health economics perspective might well be feasible, as the learning would be relevant to service locations beyond the microbiology service.

Each report should form a complete piece of work in its own right, being of approximately equal weight. Each report requires a literature review, a clear statement of the research question, the methods, analysis, results, discussion, conclusions and recommendations.

At least one report must entail action research (quantitative or qualitative). This will not however need to be of a similar level of depth and detail as required when a single thesis is being submitted. One report may be 'desk' research, involving for example a comprehensive literature review of a topic, or analysis of existing data (or require minimal data collection).

The word content for a single report is from 25 000 to 40 000 words. When submitting two reports, each should be between 15 000 and 25 000 words. Where one represents a larger piece of work, the imbalance between the two should not be greater than 60:40.

## **PART II EXAMINATION: GENERAL ORAL**

The General Oral is conducted as a separate examination, taking approximately 30 minutes. It is held on the same day as the oral examination on the thesis. At the outset, candidates are asked to provide information about where they have been working, so that their answers can be placed in the context of recent work experience. This component of the examination aims to test the candidate's ability to discuss challenges and problems which may present in the practice of public health medicine. Candidates will be expected to demonstrate an understanding of the role of the public health physician as an agent of change and as a member of a multidisciplinary team. Questions may deal with the following:

- health promotion and disease prevention, including screening programmes
- investigation and control of communicable and environmental disease
- health information
- evaluation of health services

**A candidate who passes the General Oral may 'bank' this component of the examination if they are not successful in the examination of the thesis/reports. Conversely, a candidate who fails the General Oral but who passes the examination of the thesis/reports will only be required to resit the General Oral component of the examination.**

## **ADMISSION TO MEMBERSHIP OF THE FACULTY**

Candidates who have satisfied the Examiners in Part II of the Examination will be recommended by the Board of the Faculty to the College for admission to Membership of the Faculty.

Prior to admission to Membership of the Faculty the successful candidates shall pay such combined admission fee and first annual subscription as will be payable at that time (cheque to be made payable to the Royal College of Physicians of Ireland).

Every Member shall make the following declaration to the Dean of the Faculty in the presence of the President of the Royal College of Physicians of Ireland or his/her Vicarious:

"I ..... do solemnly sincerely declare and promise that I will observe and be obedient to the Statutes, Bye-laws and Ordinances of the Royal College of Physicians of Ireland and that I will to the utmost of my power, endeavour to promote the reputation, honour, and dignity of the said College."

Members from abroad may be admitted in absentia with the consent of the Registrar of the College by signing a written declaration and on complying with the conditions laid down from time to time.

## **APPLICATION AND ENTRY PROCEDURES**

### **Qualifications**

Every candidate for the Membership Examination of the Faculty must hold a medical qualification acceptable to the Board of the Faculty and the College. Candidates whose names do not appear on the Medical Register of Ireland or of the United Kingdom must submit certified copies of their original diplomas of medical qualification which must be adjudged to be satisfactory by the Board of the Faculty.

No candidate will be admitted to Part I of the Membership Examination of the Faculty until three years after the date of his or her original qualification in medicine.

### **Exemptions**

Exemption from Part I of the Membership of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland is granted to a registered medical practitioner who has been successful in the Part A Examination of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom.

### **Repeat Attempts**

A candidate who is unsuccessful in Part I may repeat Part I at the next examination unless his/her next attempt has been further deferred by the Education and Examination Committee of the Faculty on account of poor performance.

Candidates will ordinarily be allowed no more than four attempts at either part of the Membership Examination except at the discretion of the Education and Examination Committee of the Faculty. For this purpose attempts at Part A of the Examination for Membership of the Faculty of Public Health of the United Kingdom will be counted. Permission to exceed four attempts will be granted only if the candidate's record shows that he/she is likely to succeed at a subsequent attempt.

### **Testimonials**

Every candidate entering for the Membership Examination of the Faculty will be required to produce a testimonial signed by a Fellow of the Faculty of Public Health Medicine of Ireland or the United Kingdom or from a lecturer in an academic department of Public Health Medicine or equivalent stating that he/she believes the candidate to have the ability and to have had sufficient training to justify admission to Part I of the Membership Examination.

### **Identification**

Candidates will be admitted to the Examination in the names (surname and first names) as given in the current edition of the Medical Register of Ireland or of the United Kingdom or on their original medical registration certificates or diplomas of medical qualification or official translations of the diplomas. The last name will be taken as the surname.

Candidates who change their names by marriage or deed poll must submit the original documentary proof of this if they wish to be admitted to the examination in their new name.

The Personal Identity Card issued to each candidate must be produced at all parts of each Examination. Two recent passport size photographs are required. These photographs will be used for the preparation of an identity card which will be issued to the candidate prior to the Examination and must be presented at the Examination. Candidates who fail to provide their identity card will not be permitted to sit or proceed with the Examination until their identity is established.

## **APPLICATION PROCEDURES**

### **Application Forms**

Application for entry or exemption must be made on the prescribed forms obtainable from the Examinations Office, Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street, Dublin 2. Application must be accompanied by the fees (cheques should be made payable to the Royal College of Physicians of Ireland).

Each candidate must apply separately to be admitted to Part I and Part II. Part I must be passed or exemption have been granted before applying for Part II.

The application form duly completed and accompanied by the appropriate fee and any other documents required must reach the Examinations Office not later than the stated closing date. The stated closing dates for entry to the Examination are final.

### **Dates and Centres**

Part I and the orals for Part II of the Membership Examination of the Faculty will be held in the Royal College of Physicians of Ireland on dates as stated.

### **Fees**

A fee is payable for each attempt at Part I of the Membership Examination of the Faculty. A fee is payable for each attempt at Part II of the Membership Examination of the Faculty. Fees must be paid in Euro.

No refund will be made unless (a) the withdrawal is in writing, and (b) the withdrawal is received by the Faculty on or before the closing date for the examination.

The fee cannot be held by the Faculty for a future Examination. If a refund is made, 10% of the fee will be forfeited.

### **Withdrawals**

A candidate withdrawing after commencing either part of the Examination is considered to have made an attempt at that part.

### **How to enter the Part I Examination**

(a) Application for entry must be made on the appropriate form (Form I), which together with the examination calendar, is available from the Royal College of Physicians of Ireland.

(b) Careful note should be taken of dates of entry. Applications will not be accepted after the published closing date.

(c) Candidates should submit two recent passport size photographs with their first entry for the purposes of issuing an identity card.

### **How to enter the Part II Examination**

(a) Application for entry must be made on Form 2 which together with the Examination calendar is available from the Examination Office, Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street, Dublin 2.

(b) Careful note should be taken of dates of entry. Applications will not be accepted after the published closing date.

(c) Candidates who are claiming exemption from Part I must submit the required proof of qualification and have had exemption granted prior to applying for Part II.

### **GENERAL NOTES**

You are advised to allow for any transport delays when planning your time of arrival at the Examination centre, as under no circumstances will you be permitted to go into the Examination room later than half an hour after the start of the Examination.

Candidates for the MFPHMI Part I can obtain specimens of the Part I questions set in recent years, by application to the College, price €15.00. (The fees must be paid in Euro).

Copies of theses which have been submitted for previous MFPHMI Part II Examinations are available for perusal at the Library in the College.

Enquiries in relation to the Examination should be addressed to:

Examinations

The Royal College of Physicians of Ireland,  
Frederick House, 19 South Frederick Street,  
Dublin 2

Telephone: (01) + 353 1 8639 700 Fax: + 353 1 6724 707

E-mail: mfphmi@rcpi.ie

Enquiries in relation to protocols for Part II, the Research Ethics Committee, conferring or general queries should be addressed to:

The Secretary,

Faculty of Public Health Medicine,  
The Royal College of Physicians of Ireland,  
Frederick House, 19 South Frederick Street,  
Dublin 2

Telephone: + 353 1 8639 730 Fax: + 353 1 6724 707

### **PLEASE CHECK YOUR APPLICATION**

#### **FOR ENTRY TO PART I SEND:**

Form 1

Form 3 (testimonial)

Proof of qualification

Two passport size photographs

Examination Fee (Fees must be paid in Euro)

#### **FOR RE-ENTRY TO PART I SEND:**

Form 1

Two passport size photographs (if Identity Card not already issued)

Examination Fee (Fees must be paid in Euro)

#### **WHEN APPLYING FOR PART II WITH EXEMPTION FROM PART I SEND:**

Form 2

Form 3 (testimonial)

Form 4 (a statement signed by a Fellow of the Faculty)

Proof of qualification

Proof of qualification and postgraduate diploma (see section on exemption)

Two soft bound copies of the thesis/report

Two passport size photographs (if Identity Card not already issued)

Examination Fee (Fees must be paid in Euro)

**FOR ENTRY OR RE-ENTRY TO PART II SEND:**

Form 2

Form 4 (a statement signed by a Fellow of the Faculty)

Two soft bound copies of the thesis/report

Two passport size photographs (if Identity Card not already issued)

Examination Fee (Fees must be paid in Euro)

Incomplete applications will be returned forthwith.