



# The Society of Apothecaries of London

## Guide to The Diploma in the Medical Care of Catastrophes (DMCC) Incorporating the Regulations and Syllabus

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### **Notice of future amendments to the Regulations and Syllabus and revisions following publication of this version**

The DMCC will continue to change to reflect developments in disaster relief and catastrophe medicine. While every attempt has been made to ensure that this version of the DMCC Examination Regulations and Syllabus is current, changes to the DMCC examination, the Regulations and closing dates may be implemented. Candidates should refer to the Administrative and other Guidance to candidates on the website of the Society of Apothecaries, [www.apothecaries.org](http://www.apothecaries.org), for the most up-to-date information. In order that candidates are fully briefed about any changes, they are advised to check the Society website regularly.

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## Introduction

The Diploma in the Medical Care of Catastrophes was originally instituted by the Society of Apothecaries of London in 1993. It was for doctors who provided the medical, public health and surgical response at the scene of major man-made and natural disasters and in conflict and post-conflict situations. They could demonstrate their expertise through the examination of their specialist knowledge in advance of it being needed. The candidate base has since been broadened to include nurses and dentists.

The aim of the Diploma is to prepare personnel to deploy on humanitarian operations in difficult conditions as independent practitioners. The preparation requires candidates to complete a syllabus by undertaking a number of modules which are designed to cover the whole range of situations which might be encountered, and which reflect the diverse skills needed for an effective and humanitarian health response.

The secondary aim is to teach, within the wider context of the situation, an appreciation of the agencies and actors involved in the organisation of relief responses, codes of conduct, the minimum standards of relief and how to evaluate relief programmes.

Each candidate is expected to show a grasp of these principles through knowledge of the six modules of the syllabus. Module completion may include attendance on an appropriate course, or module of a course, occupational practice or deployed field experience.

## Associated Course

The Society's Faculty of Conflict and Catastrophe Medicine runs a one-year course, successful completion of which (i.e. 70% recorded attendance) counts as an entry qualification to the Diploma examination, providing that the candidate fulfils the other entry requirements (see relevant paragraphs). Further details may be obtained from the Faculty's pages on the Society's website.

Candidates undergoing courses of an equivalent standard may apply to the Registrar for recognition of such courses or training. In particular, an MSc in Disaster Medicine or equivalent will satisfy most of the modules.

Candidates with a great deal of experience in the subject may be able to use that experience retrospectively to gain exemption from modules at the discretion of the Examinations Board.

## Date and Place of Examinations

Please refer to the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://www.apothecaries.org))

## The Examination

The examination for the Diploma comprises:

1. A written, short-answer question (SAQ), theoretical examination of 120 minutes duration comprising compulsory questions testing core knowledge.
2. An objective structured clinical public health examination (OSCPHE) based on a series of stations presenting realistic scenarios that may be encountered in the field of Conflict and Catastrophe medicine. This element of the examination tests the candidates' knowledge and decision-making, and requires candidates to analyse and seek other data and present a coherent course or action. *Typically*, as a guide, a station will have some reading material for 2 minutes and 8 minutes with the examiner. There will normally be 8 active stations in the exercise and one rest station.

**In order to pass the whole examination, candidates must pass both the written paper and the OSCPHE. Only when both the written paper and the OSCPHE have been completed successfully may candidates use the abbreviation DMCC after their names.**

## Regulations for Admission to the Examination

1. Candidates must have possessed for one year either:
  - a. A qualification to practise Medicine, Surgery and Obstetrics & Gynaecology and be registered with the General Medical Council (GMC) of the United Kingdom; **OR**
  - b. A qualification to practise Dental Surgery and be registered with the General Dental Council (GDC) of the United Kingdom; **OR**
  - c. A qualification to practise Nursing and be registered with the Nursing and Midwifery Council (NMC) of the United Kingdom.
2. Medical, dental or nursing graduates who have qualified outside the United Kingdom (UK) who are not registered with the GMC, GDC or the NMC in the UK, but who are registered with an equivalent national medical/dental/nursing council, may be admitted to the examination with the approval of the Examinations Board if they have complied with all the other requirements of the Regulations. Candidates who are not registered with the GMC, GDC or NMC **must** submit the following with their application form:
  - a. Documentary evidence of their primary medical qualification (authenticated copy only); and
  - b. Evidence of current registration in their own jurisdiction
3. Candidates must either have completed the one-year course run by the Society's Faculty of Conflict and Catastrophe Medicine and **by the time of application** have obtained a certificate of completion from the Faculty (which requires that they have attended at least 70% of the lectures on the course), or have completed a course or courses of an equivalent standard – an MSc in Disaster Medicine or equivalent will satisfy most of the modules (see syllabus section for details). Candidates with a great deal of experience in the subject may be able to use that experience retrospectively to gain exemption from modules at the discretion of the Examinations Board.
4. The examination is conducted in English. Candidates must have demonstrable skills in listening, reading, writing and speaking in English that enable effective communication in clinical practice with patients and colleagues, as set out in Domain 3 of the GMC's *Good Medical Practice (2013)*. Precision in communication and legibility of handwriting is therefore essential.
5. Entry and re-entry to the examination must be made within 3 years of completing the Faculty's course.
6. Form A (for those applying for the first time) or Form R (re-entrants) and the fee must have been received by the closing date published in the **Administrative Guidance for Candidates**, available to download.
7. If applicable, Form Q (Application for Special Examination Arrangements) must have been received by no later than 4 weeks before the application deadline for the examination, published in the **Administrative Guidance for Candidates**.

## The Examination

8. The aim of the combination of the written paper and the OSCPHE is to determine whether the candidate has the knowledge and skills to practise effective healthcare in a difficult disaster or conflict situation, both at home and overseas.

9. The examination has two elements, the written paper and the OSCPHE. Both the written paper and the OSCPHE must be passed to complete the examination.
10. Both the written paper and the OSCPHE should be taken at the initial sitting. A pass in one element may be taken forward; the failed element will need to be re-taken, and a re-sit fee paid. The whole examination must be completed within 2 years.
11. The examination fee will be determined from time to time by the Examinations Board and published in the Administrative Guidance for Candidates ([www.apothecaries.org](http://www.apothecaries.org)). Candidates who withdraw from the examination after the closing date will pay the forfeit fee specified in the Administrative Guidance for Candidates.
12. This diploma is not re-certifiable. Evidence of updating is necessary within the clinician's regular appraisal or professional revalidation processes.
13. On the days of the examination candidates are forbidden to bring books, papers, calculators, mobile telephones or any other electronic devices into the examination rooms.
14. It is strictly forbidden for candidates to attempt to communicate with each other in any way whilst an examination is in progress.
15. Candidates must bring photographic evidence of their identity.
16. The Court of Assistants reserves the right to refuse to admit to the examination, or to proceed with the examination of any candidate who infringes a regulation or who refuses to comply with a reasonable request of an officer of the Society.

### **The Written Paper**

17. The written paper will last 120 minutes and comprise short answer questions to test core knowledge. Each question is normally sub divided into a number of parts each requiring a short phrase, a single sentence or a brief explanation.
18. **Late arrivals for the written paper.** Candidates who present themselves for the written paper examination after the start time stated in the admission document will be admitted if they arrive within 30 minutes of this time, but may not be admitted if they arrive thereafter. Candidates will forfeit the time lost. In exceptional circumstances, where all candidates are affected by delays, the examination timings may be amended.
19. Candidates' completed examination scripts become the property of, and will be retained by, the Society. They will not be made available for study.

### **The OSCPHE**

20. Late arrivals for the OSCPHE will not be admitted.
21. The OSCPHE tests the analytical ability and the reasoning and decision making skills of candidates when placed in complex scenarios arising from the core knowledge. The stations are selected from a blueprint to ensure that an appropriate distribution of skills is tested. Candidates must be able to demonstrate a range of capabilities in the active stations comprising the exercise.

22. The details of the OSCPHE procedure will be provided to candidates at the time of their application as the arrangements may vary. Instruction will be provided to candidates about the detailed conduct of each OSCPHE examination at the time it is held.
23. Typically a circuit consists of 8 stations and a rest station (9 in total). The duration of each element may vary but is typically 3 minutes reading time and 8 minutes of discussion with an examiner.
24. No patients or actors are used in the OSCPHE examination.

### **Review and Appeal Procedure**

25. The processes outlined below will be dealt with according to the Examination Review and Appeal Procedure, which is available on the website. In no circumstances should a candidate make representations directly to an examiner.
26. The stages of the review and appeal procedures (which are on the examination area of the website) are as follows:
  - a. Feedback – first, compulsory stage;
  - b. Review – second, optional stage;
  - c. Appeal – third, optional stage.
27. **Feedback.** The feedback process operates through the Registrar. Feedback on examination performance will be provided automatically to all candidates.
28. This information should be read in conjunction with the explanation of the marking scheme and the standard that is required to achieve a pass in the examination contained in this Guide.
29. The Registrar can also relay a transcript of additional general advice directly to the candidate, if such advice is available. This is advice generated by the Examination Panel, which had been agreed at the time of the examination. The Registrar's role is to distribute the prepared information but not to interpret it.
30. There is no charge to the candidate for this service.
31. **Review (optional).** A request by a candidate for a review of a paper must be received in writing within 28 days of the date of the notification informing the candidate of the result and feedback. There is a fee of £175 for a review.
32. **Appeal (optional).** An appeal to the Society's Examinations Board is open to a candidate who is not satisfied with the decision of the Examination Panel, feedback or the Review Panel. In accordance with the Society's Examination Review and Appeal Procedures, available to download, the detailed grounds on which the appeal is made must be stated. The appeal must be received in writing within 28 days of the date of the notification informing the candidate of the examination result or the review. It is not necessary to seek a review before appealing. There is a fee of £250 for an appeal.
33. If the appellant is dissatisfied with the report of the Examinations Board Appeal Tribunal and wishes to make an appeal to the Court of Assistants, this should be communicated to the Registrar within 28 days of the date of the notification informing the candidate of the decision of the Appeal Tribunal.

## The Syllabus

### Introduction

34. The syllabus is summarised in the table below. Full details are available on the website (via The Faculty of Conflict and Catastrophe Medicine).

Module 1	Epidemiology of Disasters and societies affected by Conflict - (defining the situation and gathering information)
Module 2	Priorities for intervention in disasters
Module 3	Recognition and control of communicable diseases and epidemics (for treatment of infectious diseases see Clinical Knowledge section) [Communicable diseases of importance in disasters and societies affected by conflict; Morbidity and mortality; Causes, measurement and reporting; Natural history of disasters and societies affected by conflict in terms of disease]
Module 4:	Clinical Knowledge - The specialised clinical knowledge which gives the aid worker the ability to deal with the health problems likely to be encountered in the disaster environment
Module 5	The Disaster and Conflict environment - Non-medical concepts and subjects important for the understanding and management of catastrophes
Module 6	Management and protection of teams and team members - The core knowledge and understanding required to ensure the safe, efficient and effective operation of individuals and groups attending a disaster or supporting a society affected by conflict.



## **Marking System**

### **The Written Paper**

35. The DMCC Examination Panel assesses the difficulty of the questions set against the level of knowledge expected of candidates.
36. All judgements by the Panel are then analysed and a criterion-referenced pass mark is established for each question which is the standard.
37. The SAQ will then be marked against previously agreed answers which have been standard set against that standard.
38. The overall pass mark for the examination (i.e. the examination written paper standard) will depend on the total answer judged by the examiners to be the minimum level requirement for candidates.

NB. As a result of the standard setting, the pass mark and pass rate can vary from one examination to the next, although the standard will remain the same.

39. The Examination may include pre- and post-test questions (trial questions that are used for research purposes only). A small number of pre-test questions may appear in any paper. Responses to them do not count towards a candidate's final score.

### **The OSCPHE**

40. The standard required on each station is criterion referenced by the Examination Panel just like the components of the written paper.
41. The Panel then determines the overall standard to pass the OSCPHE by reference to a global score using a standard procedure.
42. The minimum requirement to pass is:
  - a. To achieve the minimum total marks to achieve the criterion referenced standard; and
  - b. To fail no more than a certain number of OSCPHE stations, as decided by the Examination Panel for that examination.

### **Examination Performance Feedback**

43. Candidates will be informed whether they passed or failed each question in the written paper.
44. Feedback for the OSCPHE will comprise a pass / fail result for each station.

Mrs J M E Maclean  
Registrar