



Preparing for the DMCC

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David Ross

- General Practice
- Community Paediatrics
- Public Health
 - Health Protection
 - Travel Medicine
 - Child Health Services
 - Education
 - Research
 - Policy Development



Read the Guidelines!



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Diploma in the Medical Care of Catastrophes

Established in 1994

The Diploma is designed to demonstrate thorough specialist knowledge for those practitioners who are required to provide a medical and surgical response at the scene of major man-made and natural disasters. It is intended for civilian and military physicians, surgeons, dentists and nurses, who will work as members of medical response teams.

By means of the syllabus, it co-ordinates the preparation of personnel and establishes a level of skill for those working in the catastrophe situation. It is also intended to provide a means by which organisations can identify suitable personnel from those who volunteer to respond to such worldwide crises.

The Diploma is designed to assess the candidate's cross-specialty and organisational knowledge and awareness for the provision of a variety of medical and surgical responses.

The Society also runs a 12-month course to fulfil the requirements for admission to the examination. It is held in London one Saturday per month and begins each January. More details are available [here](#).

Further Information

In addition to the London date, the Examination is also held in the Netherlands; these examinations are limited to Dutch candidates.



The Syllabus

- Epidemiology of disasters and societies affected by conflict (defining the situation and gathering information)
- Priorities for intervention in disasters
- Recognition, prevention, treatment and control of communicable diseases.
Recognition, prevention and control of epidemics
- Clinical Knowledge
- The Disaster and Conflict environment
- Management and protection of teams and team members

<https://www.apothecaries.org/wp-content/uploads/2018/08/Course-Syllabus.pdf>

Preparation



Conflict and Catastrophe Medicine

A Practical Guide

Editors: **Ryan, J.M., Hopperus Buma, A.P.C.C., Beadling, C.W., Mozumder, A., Nott, D.M., Rich, N.M., Henny, W., MacGarty, D.** (Eds.)

Core References: Rapid Guide

Reference	Module*					
	1	2	3	4	5	6
Hopperus Buma, A et al. Conflict and Catastrophe Medicine: a Practical Guide. (2009)	X	X	X	X	X	X
MSF. Refugee Health: an approach to emergency situations (1997)	X	X	X	X	X	X
The Sphere Project Humanitarian Charter and Minimum Standards in Humanitarian Response. (2011).		X			X	
WHO. Communicable disease control in emergencies: a field manual. (2005).	X		X			
Heymann D L. Control of Communicable Diseases Manual. (2008).			X	X		
Gill G, Beeching N (Eds) Lecture Notes on Tropical Medicine. 6th edition. (2009)			X	X		
Eddleston M, et al.. Oxford Handbook of Tropical Medicine (3rd Edition), (2008).			X	X		
Davis J, Lambert R. Engineering in Emergencies (2002)		X				

*Modules:

- 1) Epidemiology of Disasters and societies affected by Conflict
- 2) Priorities for intervention in disasters
- 3) Recognition and control of communicable diseases and epidemics
- 4) Clinical Knowledge
- 5) The Disaster and Conflict environment
- 6) Management and protection of teams and team members



Applying

- Please be sure to note the deadline and apply in good time
- Please ensure that you send the fee in full when applying because the Society cannot accept applications without the fee being paid at the time



Components of the Exam

1. A **Short** Answer Question (**SAQ**) Paper
2. An Objective Structured Clinical & Public Health Examination (**OSCPHE**)



SAQ

- Was originally 12 questions
- Since 2018 is 15 questions with between 2 & 4 parts each
- Tests theoretical knowledge
- Blueprinted to cover all main modules of the syllabus
- All to be answered - no choice
- Take care when answering questions that ask for a specified number of answers
- 120 minutes



OSCPHE

- 8 stations
- A mix of questions that focus on:
 - clinical matters;
 - planning; and
 - public health matters
- 3 minutes to transfer between stations and read details of next station outside
- 8 minutes in each station



Standards & Requirements

- Questions are blueprinted against the curriculum
- Candidates compete against a standard and not with each other
- The standards are based on assuming candidates have the knowledge of doctors who are fully licensed, have worked for 2 years post-qualification, and have completed a qualifying course
- Candidates who fail one part of the DMCC examination may be eligible to sit that single part again
- The **SAQ**
 - All questions have a pass standard set by a process that is internationally supported before candidates sit the paper
 - Successful candidates must achieve the aggregate standard-set pass score for the SAQ paper across all questions
- The **OSCPHE**
 - All questions have a pass standard set by a process that is internationally supported before candidates sit the examination
 - Successful candidates must pass 5 or more of the 8 OSCE stations AND achieve the overall aggregate standard-set pass score



Marking

- All of the questions asked in the SAQ & OSCPHE stations are set before the examination
- All questions in the SAQ and OSCPHE are marked against marking schemes that are set before the exam takes place
- Each candidate is asked the same question
- The examiners' versions of the SAQ paper and the OSCPHE marking sheets have the items that score marks against each question
- Examiners are not allowed to add their own answers in either examination, but they try to interpret candidates' answers to determine if the intended meaning of a correct answer is offered
- All SAQ questions are marked independently by 2 or more examiners before the scores are collated
- A senior examiner co-ordinates SAQ marking, collation of the scores and may adjudicate if markers vary in the scores they award



Review

- After the examination, the examiners scrutinise the raw scores to determine:
 - Who is likely to have passed
 - Any questions that should be presented to the Society's statistical adviser to examine the performance of the questions
- If there are no concerns over the performance of any of the questions the Convener and the examiners ratify the scores and agree who has passed or failed
- Performance of all diets of the examination are reviewed annually by the Society's statistical adviser
- The DMCC Examination Committee reviews each diet of the examination retrospectively to learn lessons for the future



SAQ Question

Created for the purpose of this lecture and not an actual question but based on the style and format of the DMCC SAQ question set



SAQ Stem & Questions

Scenario or Stem: You are deployed to an area where environmental biological and chemical threats may be present and may affect your deployed team. You will be asked questions about the importance of health intelligence and its acquisition.

Questions:

- Q.1. What is medical intelligence? [2 marks].
- Q.2. Who requires medical intelligence? [2 marks].
- Q.3. Give 3 examples of threats which contribute to useful medical intelligence for a deploying team. [3 marks].
- Q.4. Give 3 examples of diseases where medical intelligence may play a valuable part in leading to the development of force protection measures. [3 marks].



An OSCPHE



Summary

There have been reports of a major outbreak of typhoid in a low income country in West Africa. You have been sent to the area in response to a request from the national government for external assistance.

On arrival in the country, you are sent to a new clinic in a very poor area of the capital city that has been particularly hard hit by the outbreak. The members of staff of the clinic have been brought in from health care facilities outside the capital and have little experience of dealing with this kind of disease. The director asks you to brief his staff on the nature of the disease, the symptoms and control of the disease.

The examiner will ask you:

- 1. What type of organism causes typhoid and what is it called?**
- 2. How is typhoid transmitted and what is the reservoir of the organism?**
- 3. Severe typhoid can be difficult to diagnose clinically because many of the symptoms are non-specific. Give up to 10 early clinical features of severe typhoid infection**

After 4 minutes the examiner will ask you a further question about the laboratory diagnosis of typhoid

After another 2 minutes the examiner will ask you a further question about the prevention and control of typhoid



This is an 8-minute station.

Task

- 1. What type of organism causes typhoid and what is it called?**
- 2. How is typhoid transmitted and what is the reservoir of the organism?**
- 3. Severe typhoid can be difficult to diagnose clinically because many of the symptoms are non-specific. Give up to 10 early clinical features of severe typhoid infection**
- 4. After 4 minutes the examiner will ask you a further question about the laboratory diagnosis of typhoid**
- 5. After another 2 minutes the examiner will ask you a further question about the prevention and control of typhoid**



How Each OSCPHE Station is Conducted

- What candidates should do?
- How the examiners behave:
 - Friendly but neutral
 - Consistent: all candidates are asked the same questions
 - Minimal feedback
 - With an eye to the passage of time
 - They compile the score sheet for each candidate at the time
- There are likely to be observers: they are assessing the candidates' performances
 - The Convener and his deputies: to standardise the examination
 - Examiners in training
 - Very occasionally, visiting experts

Questions

