

## **MRCP(UK) Part 2 Clinical examination (PACES23)**

## **Chair's Guide 2023**

## Checklists: Chair of Examiners (CoE)

The role of the Chair of Examiners is to support the Host. He/she should be conversant with the MRCP(UK) regulations (see [www.mrcpuk.org/mrcpuk-examinations/regulations](http://www.mrcpuk.org/mrcpuk-examinations/regulations)) and guidance pertaining to the PACES examination. He/she is expected to liaise as necessary with the Host Examiner in advance, to provide advice and support in arranging the exam.

### CoE: on examination day

- Ensure the examination is conducted according to regulations.
- Handle any untoward incidents and complete centre incident report
- Supervise and instruct trainee examiners and others observing the exam. (Information about any trainee examiners will be provided by the relevant college)
- Conduct the pre- and post-cycle meetings together with the Host Examiner.
- Assist the Host Examiner with the post-exam administration and complete the Centre Audit Form.

### CoE: at pre-cycle meeting

- Ensure that the day's timetable is followed, by starting and ending the meeting promptly.
- Give welcome, make introduction and give full pre-exam briefing presentation provided by the College.
- Highlight the new features of the examination, and items from the Chair's Letter and Hot Topics.
- Tell the examiners their pairing for the first cycle and to which Station they are allocated.
- Remind examiners to turn off their pagers, mobile phones and any other electronic devices. Remind examiners to ask patients, surrogates and actors to turn off their mobile phones and any other electronic devices.
- Remind examiners to use the time available to assess all Skills relevant to each encounter.
- Remind examiners that a Borderline judgement can be awarded if the examiner feels that the Skill has not been fully demonstrated, but that some credit should be given.
- Remind examiners to write legible comments on the marksheet when awarding borderline or unsatisfactory score.
- Remind examiners that the marksheets include a box to indicate which examiner took the lead and the scenario number for Stations 1a,2, 4a and 5.
- Remind examiners to perform calibration without prior knowledge of the physical signs and agree important features of each case as well as the standards they will use for marking each Skill. At all Stations, they should complete a calibration sheet. Examination should not start until each pair of examiners have fully completed calibration.
- Remind examiners of the criteria which trigger a recommendation for counselling on the marksheet – Specifically on Skill G (physical or verbal roughness causing discomfort to patient/relative) or suggesting care that would jeopardise patient safety.
- Make sure that a discussion sheet is completed for all such candidates
- Remind examiners to comply with local infection control procedures (confirm these with the host)
- If examiners wish to change the introductory sentence at their Station, assist in having the new instructions printed.
- The examiners should then be sent to see their patients/surrogates in good time before the exam. For a centre running three cycles, the pre-cycle meeting starts at approximately 08.15, and should have ended by 08.30. This allows the examiners 40 minutes for patient calibration before candidates take their seats at 09.10.
- Before the cycle commences, check that all examiner pairs have completed calibration and that any necessary changes to the candidate introductors have been made.

### CoE: for post-cycle meeting

- Lead the meeting, assisted by the 11th Examiner and Host Examiner.
- Ask about any problems or issues during the examination, noting in particular any circumstances that may have adversely affected candidate performance.
- Check with the 11th Examiner on any administrative problems (marksheets not completed, missing comments, etc) for examiners to correct.

<input type="checkbox"/>	Lead the discussion of each candidate, supported by the 11th Examiner who will give the scores and overall result.
<input type="checkbox"/>	Agree with the examiner body which candidates need to be recorded on the PACES Discussion Sheet, and complete one Discussion Sheet for each candidate, with as much detail as possible.
<input type="checkbox"/>	Remind examiners that that the results must remain confidential.
<input type="checkbox"/>	Give the pairings for the next cycle.
<input type="checkbox"/>	Ensure the examiners from Stations 1a, 2, 4a and 5 have completed a scenario assessment form and have handed in any copies of the scenario.
<input type="checkbox"/>	Remind the examiners at Stations 1a,2, 4a and 5 to make sure they have been given the correct scenario and that the correct information has been placed outside the Station ready for the next cycle.

CoE: for post-exam administration	
<input type="checkbox"/>	Complete the Centre Audit Form with the Host and return it to the organising College with the other papers. Record any untoward events to the College, complete centre incident form clearly indicating the nature and gravity of any event reported, and the likely impact on candidates.
<input type="checkbox"/>	Confirm that the candidates' marks have been recorded on the electronic Candidate Performance Summary (eCPS).
<input type="checkbox"/>	If scenarios for Stations 1, 2, 4 or 5 have been amended at short notice, ensure that the amended version has been retained to be returned to the organising College.

## Troubleshooting Guidance for Hosts and Chairs of Examiners

Several problems can occur during the conduct of the PACES circuit which disrupt the smooth running of the examination. The following guidance is the Clinical Examining Board's recommended response.

Issue	Resolution
<b>Failure of patients or a surrogate to arrive</b>	Delay starting the cycle until at least one patient or surrogate per Station or encounter is present and the examiners have seen them to agree the signs and Satisfactory/Unsatisfactory criteria.
<b>Failure of examiner to arrive / illness of Examiner prior to examination cycle</b>	:h Examiner acts as a substitute and administrative help to run the circuit is obtained from appropriate available personnel.
<b>Less than 10 examiners</b>	The examination can run with 9 examiners but the 9 Examiner policy must be followed (see below). The examination must be cancelled if there are only 8 examiners.

<b>Failure of candidate to arrive</b>	Contact the candidate using the telephone number provided for that candidate. Delay the circuit for a maximum of ten minutes if the candidate has contacted the centre and is expected to arrive. If there is a spare slot later in the day, it can be offered to the candidate if the delay was beyond their control.
<b>Candidate who is not able to comply with the No ID– No entry policy</b>	A candidate is barred from sitting if he/she is unable to provide the correct ID. This situation will need to be dealt with sensitively by the Host and Chair of Examiners.
<b>Severe disruption to examination e.g. transport failure preventing patients, candidates, and/or examiners attending</b>	Inform the organising College. Agree to cancel one or more cycles and decide with the host when the examination might begin. If candidates arrive, reschedule them during the day (if possible) or advise them that the examination is cancelled, giving reasons and advising them to contact the College of entry for instructions.
<b>Severe disruption during cycle e.g. fire alarm and need to evacuate building, or patient, candidate or examiner suddenly becoming unwell</b>	Note the time. Comply with the instructions from hospital staff and the Host Examiner. Examiners should take the candidate at their Station with them and segregate them from other candidates until the building is deemed safe and the exam can be restarted. Examiners should take the candidate back to the relevant Station and patient. Please resume at the start of the Station if interrupted in the first ten minutes, or at the mid ten-minute point for Station 1, 3 and 5 and the time of interruption for Stations 2 and 4. Then complete the cycle as usual. The Chair of Examiners should document any such disruption on the Centre Audit Form.

Issue	Resolution
<b>Candidate given the wrong instruction at Stations 1a, 2, 4a or 5</b>	Give the candidate the correct scenario information and start the Station five minutes late. Interrupt the cycle for the four other candidates at the end of the Station and allow a ten minute break before the start of the cycle again for all candidates, thereby re-synchronising the cycle for all Stations.
<b>Timing errors during the cycle</b>	These are serious problems that need to be discussed at the post-cycle meeting and their potential impact on the candidate recorded on the Centre Audit Form by the Chair of Examiners to inform the Clinical Examining Board.

<p><b>Candidate who is rough or inconsiderate to the patient/relative</b></p>	<p>The examiner may stop the candidate from examining the patient at any time if the candidate endangers the patient by rough examination, is abusive, bullies the patient, or otherwise behaves inappropriately. The marksheets must record the facts, which must also be discussed at the post-cycle meeting. The candidate must be recommended for counselling. If the offence is of serious concern, the candidate should be prevented from completing the cycle and warned that he/she will fail the examination and that the Clinical Examining Board will consider what further action is required, e.g. informing sponsors or even, for candidates working in the UK, the GMC.</p>
<p><b>Inappropriate behaviour by an examiner</b></p>	<p>If an examiner is thought to have behaved inappropriately during the examination, it is the duty of the Chair of Examiners to discuss this with the examiner before the next cycle commences and agree a change of behaviour and/or change of future Station allocation with the examiner and the Host Examiner. A report must be sent by the Chair of Examiners to the organising College by letter or email so that appropriate follow-up can be assured.</p>
<p><b>Illness of an examiner during the cycle</b></p>	<p>If possible, complete the Station and arrange that the 11th Examiner takes over until the sick examiner recovers. If the illness is severe, stop the cycle and arrange emergency treatment. If necessary, restart the Station or encounter, while other candidates wait until the cycle is again synchronised. Please ensure unaffected examiners remain with their candidate to maintain security.</p>

Issue	Resolution
<p><b>Illness of a candidate during the cycle</b></p>	<p>Any candidate unable to recover within five minutes and complete the Station should be advised to withdraw from the examination and write to the organising College requesting the attempt be annulled and, if necessary, the PACES registration period extended – this is usually granted. This must be noted on the Centre Audit Form, including timings and Stations involved.</p>
<p><b>Enforced last minute changes to scenarios for Stations 1a, 2, 4a and 5</b></p>	<p>To be agreed between the Chair of Examiners and the Host. Changes to be recorded on the Scenario Assessment Form and Centre Audit</p>

Form with details of scenario identity, cycle date and specific changes made.

**Chair of Examiners is unhappy with Host Examiner's arrangements**

This must be discussed with the Host as soon as possible (preferably before the start of the examination) and, if necessary, new arrangements made. The Chair of Examiners should report the problem(s) and any corrections made to the organising College on the Centre Audit Form and/or by separate letter as appropriate.

## STANDARD OPERATING PROCEDURE FOR 9 EXAMINERS

The Clinical Examining Board of MRCP UK has agreed that the PACES23 carousel can proceed with 9 examiners in the event of a late unforeseen call off from an examiner(s). In this eventuality, it is recommended that a senior examiner double mark at either station 2 or station 5 rather than cancel the examination at short notice.

The following guidelines should be followed to mitigate the associated risk:

1. All efforts should be made to replace the missing examiner. For example, the host should examine, or efforts should be made to find a local examiner who can examine at short notice.
2. If a 10<sup>th</sup> examiner cannot be found the Chair of Examiners / Host should work collaboratively and follow the procedure as outlined below:
3. Chair of examiners should speak to the candidates before each cycle informing them that there will be only 1 examiner at station 2 or 5 (specify which station). Candidates should be given the chance to withdraw with a full refund and guaranteed place in the subsequent diet, but if they choose to proceed, they cannot subsequently appeal on the basis that there were only 9 examiners.
4. The single examiner at station 2 or 5 should calibrate the physical findings with one of the other examiners. They will double mark at this station. An observer should be placed in the station with the single examiner.
- 5 **There should be no more than 1 station with a single examiner. If there are only 8 examiners the cycle should be cancelled.**
6. The Chair of Examiners should document in the centre audit form that the examination ran with only 9 examiners and confirm which station had a single examiner. He/she should also state whether an observer was present at the station with a single examiner.
7. The Chair/Host should notify the examination office of the host College at the earliest possible opportunity that there were only 9 examiners.
8. The College examination team should notify Central Office that one of their exam centres ran with only 9 examiners stating on which date and whether the am/pm or both cycles were affected.
9. Central Office will undertake statistical analysis of the affected cycles.