

The new PACES examination

MRCPUK

MEMBERSHIP OF THE ROYAL COLLEGES
OF PHYSICIANS OF THE UNITED KINGDOM

Information for examiners
Summer 2009

MRCP(UK) PACES is changing

In October 2009, important new changes will be introduced into the PACES examination. A variety of training opportunities will be available to examiners. This short pamphlet summarises the main changes.



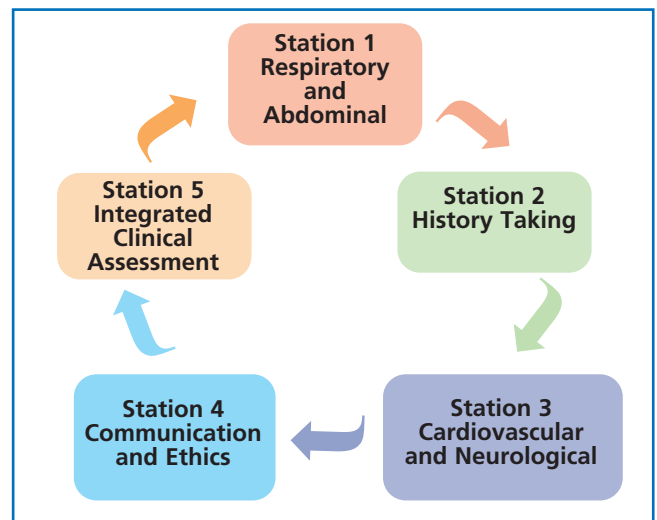
PACES was introduced in 2001 and the basic format has been highly successful with over 30,000 candidates sitting the examination worldwide. In October 2009, significant changes will be made to three components of the examination:

- the content and structure of Station 5
- the method of assessing candidates
- the means by which a final pass standard is set.

As a result of the changes in assessment method, the mark sheets used at all stations will change and examiners will be required to familiarise themselves with the new mark sheets and the principal changes to new Station 5.

The aims of these changes are:

- to realign the content of the examination with the new curricula for general medicine in the UK
- to extend the assessment of communication
- to provide a simple method of providing enhanced feedback to trainees
- to ensure that the high standards of bedside clinical medicine traditionally required to pass the Membership are upheld.



What doesn't change?

PACES candidates will continue to rotate around a five-station carousel, spending 20 minutes at each station, with five minutes to move between the stations and read the scenario before each. The timings at Stations 1, 2, 3 and 4 are unchanged, but at new Station 5, two encounters – each lasting 10 minutes – will now take place. Candidates are therefore assessed in a total of eight patient encounters over the course of the 125-minute carousel.

Examiners will continue to work in pairs and mark independently. They will base their assessment of candidates on the close observation of candidate-patient interactions and the subsequent discussion of their methods, findings, diagnoses and management plans.

Importantly, it is not intended that the overall standard of the examination should change. That is, examiners should continue to pitch the assessment at the same level, and the examination should be no easier or harder for candidates to pass.

New Station 5



Station 5, Integrated Clinical Assessment, will now comprise two 10-minute encounters known as Brief Clinical Consultations. At each of these encounters the candidate will take a focused history and perform a targeted physical examination relevant to the problem posed in a short introductory problem-setting scenario. This will be the first time that integrated history taking and examination have been assessed in PACES, and new Station 5 will be the only station at which all of the seven core clinical skills are assessed.

Examiners, and candidates, should be aware that the emphasis at this Station is on focused and integrated history, examination, and communication rather than the comprehensive and systematic approach demanded in the other stations.

Patients may be real patients, or surrogates with no physical signs, and scenarios may be set in acute inpatient, receiving or outpatient settings. The system focus of each case will not be limited to the four disciplines currently represented at Station 5.

Assessment method



There are three changes to the way candidates are assessed. These changes are all easily visible to examiners on the new mark sheets:

1. Candidates must now be marked on between four and seven separate clinical skills at each patient encounter. The seven skills are shown in the table opposite and should be regarded as the new anchor statements for the examination. In contrast to the current PACES sub-domain marks, these new individual-skill marks will contribute directly to the total score.
2. The current four-point marking scale is replaced with a three-point scale of Unsatisfactory (0 marks), Borderline (1 mark) and Satisfactory (2 marks). Further information regarding the use of this scale is given on the back page.
3. Importantly, examiners are now no longer required to formulate an overall judgement mark regarding the candidate's performance at each encounter, but simply to mark each separate skill using the three-point scale described above.

The pass standard



In the first three diets of the new examination, the pass mark will be based on the total test score, derived from the summed examiner marks for all skills at all encounters. The range of achievable marks will be 0-172. A pass-mark range has already been defined by conventional standard-setting methodology, and the pass mark will also be informed by the current pass mark of 41/56.

In late 2010, a final pass standard based on performance in each of the skills, rather than total test score alone, will be introduced. The passing candidate will then have to demonstrate attainment of the required standard in each of the seven assessed skills. Provisional minimum standards for each of the seven skills have already been defined and will be refined through analysis of real examination performance data in the first three diets of the examination.

This final pass standard, in which candidates must pass each of seven skills, will allow us to demonstrate clearly, for the first time in PACES, that the passing candidate is competent across the full range of clinical skills assessed.

Seven core clinical skills

As part of the changes, we have redefined what is assessed in PACES. Following review of the current PACES anchor statements and mark sheets, the new curricula for medicine and the General Medical Council's *Good Medical Practice* (2006), we have defined seven core clinical skills. These skills are all necessary for the practice of medicine by the bedside and in the clinic and are recognisable to candidates, examiners and patients. Candidates are assessed on between four and seven of the skills at each encounter allowing a minimum of eight and a maximum of twelve judgements to be made on a candidate's performance in each skill over the course of the carousel.

A total of 86 separate examiner judgements will now directly inform the pass/fail decision. As described above, the initial pass standard will be based on total score, but in late 2010 a new standard based on the performance in each separate skill will be introduced.

Seven clinical skills in the PACES examination

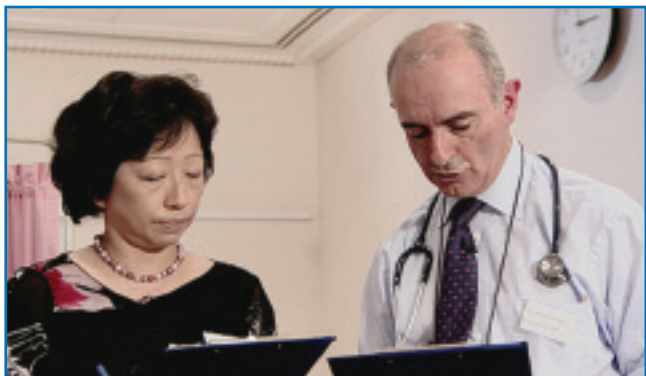
	Clinical skill	Skill descriptor
A	Physical Examination	Demonstrate correct, thorough, systematic, (or focused in Station 5 encounters), appropriate, fluent, and professional technique of physical examination.
B	Identifying Physical Signs	Identify physical signs correctly, and not find physical signs that are not present.
C	Clinical Communication	Elicit a clinical history relevant to the patient's complaints, in a systematic, thorough (or focused in Station 5 encounters), fluent and professional manner. Explain relevant clinical information in an accurate, clear, structured, comprehensive, fluent and professional manner.
D	Differential Diagnosis	Create a sensible differential diagnosis for a patient that the candidate has personally clinically assessed.
E	Clinical Judgement	Select or negotiate a sensible and appropriate management plan for a patient, relative or clinical situation. Select appropriate investigations or treatments for a patient that the candidate has personally clinically assessed. Apply clinical knowledge, including knowledge of law and ethics, to the case.
F	Managing Patients' Concerns	Seek, detect, acknowledge and address patients' or relatives' concerns. Listen to a patient or relative, confirm their understanding of the matter under discussion and demonstrate empathy.
G	Maintaining Patient Welfare	Treat a patient or relative respectfully and sensitively and in a manner that ensures their comfort, safety and dignity.

	Skill	Encounters at which this skill is assessed	Number of judgements
A	Physical Examination	Respiratory, Abdomen, CVS, Nervous System, New station 5 (x2)	12
B	Identifying Physical Signs	Respiratory, Abdomen, CVS, Nervous System, New station 5 (x2)	12
C	Clinical Communication	History, Communication, New Station 5 (x2)	8
D	Differential Diagnosis	Respiratory, Abdomen, History, CVS, Nervous System, New station 5 (x2)	14
E	Clinical Judgement	All	16
F	Managing Patients' Concerns	History, Communication, New Station 5 (x2)	8
G	Maintaining Patient Welfare	All	16

Core clinical skill

	A Physical Examination	B Identifying Physical Signs	C Clinical Communication Skills	D Differential Diagnosis	E Clinical Judgement	F Managing Patients' Concerns	G Maintaining Patient Welfare	Total Mark
1 Respiratory	Assessed	Assessed		Assessed	Assessed		Assessed	
1 Abdominal	Assessed	Assessed		Assessed	Assessed		Assessed	
2 History			Assessed	Assessed	Assessed	Assessed	Assessed	
3 Cardiovascular	Assessed	Assessed		Assessed	Assessed		Assessed	
3 Nervous System	Assessed	Assessed		Assessed	Assessed		Assessed	
4 Communication			Assessed		Assessed	Assessed	Assessed	
5 Brief Clinical Consultation 1	Assessed	Assessed	Assessed	Assessed	Assessed	Assessed	Assessed	
5 Brief Clinical Consultation 2	Assessed	Assessed	Assessed	Assessed	Assessed	Assessed	Assessed	
Mark for each skill	0-24	0-24	0-16	0-28	0-32	0-16	0-32	0-172

The importance of calibration



The calibration process is key to the consistent and fair assessment of candidates in a clinical examination such as PACES, in which real patients appear. The purpose of calibration is not only to agree what clinical findings are present but also to define the level of performance required for a candidate to be awarded a satisfactory judgement for each clinical skill assessed. At Stations 2 and 4 (and 5 when appropriate), rehearsal of the surrogate is a mandatory part of this process. Calibration therefore determines the standard of the examination, and examiners must carefully apply their understanding of the level of knowledge and clinical skills required by trainees ready to progress from this stage of their training to the clinical material presented on the day. New calibration sheets are included in the briefing pack. All examiners should familiarise themselves with these and appreciate the need for careful calibration before each PACES cycle.

What is meant by 'Borderline'?

Clear Pass	Pass	Fail	Clear Fail
SATISFACTORY		B	UNSATISFACTORY

The Borderline grade is a new and narrow making option for PACES examiners. When considering each skill to be assessed, examiners are asked whether the candidate's performance was Satisfactory or Unsatisfactory at that skill, using the mark sheet guidelines and their pre-agreed calibration sheets as reference. Broadly, a Satisfactory judgement should equate to a performance level equivalent to Clear Pass or Pass in the current system and an Unsatisfactory judgement should equate to Fail or Clear Fail. Candidates' performances at each skill will usually fit clearly into either of these judgement domains. However, examiners may occasionally feel that a candidate has not done quite enough to merit a Satisfactory judgement, but deserves some credit for what they have demonstrated. In that case, the Borderline grade should be used.

Summary

Most of the current PACES content remains unchanged. Examiners must now ensure that they consider the performance necessary for a Satisfactory judgement to be awarded for each of the clinical skills assessed. A new three-point scale will be used, and there is no need to award an overall judgement mark. After the cycle a different method will be used to determine the pass standard, but the overall standard of the examination will not change. Station 5 will comprise two 10-minute encounters, in which the emphasis is on the demonstration of focused and integrated history taking, examination and communication. The figure below notes the key changes that examiners should consider.

Before the cycle	During the cycle	After the cycle
Calibration (to include surrogate rehearsal when appropriate)	Mark all relevant skills	Different pass mark
	Unsatisfactory - Borderline - Satisfactory	
	No overall judgement	

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