

Royal Colleges of Physicians of the United Kingdom

MRCP(UK) PACES Examination

Centre Audit Form

For completion and signature by the Chair of Examiners after discussion with the Host Examiner. Please return to the host College immediately after the examination. In Centres running more than one day of PACES, only one form need be completed.

The Chair of Examiners should gather the information necessary to complete this form from their own observations and discussion with the host, other examiners and patients and supporting staff as necessary during the examination day or days.

Name of Host Hospital:	Name of Host Examiner:	Date(s) of Exam:	Number of Cycles:

Facilities		
1	Was the area in which the examination took place generally suitable for PACES?	
2	Were suitable handwashing facilities available?	
3	Was it possible to ensure the privacy and dignity of participating patients?	
4	Were catering arrangements for patients, candidates, support staff and examiners adequate?	
Support		
5	Were sufficient staff available to support and chaperone patients, facilitate timekeeping and candidate flow, and collection and collation of marksheets?	
6	Had the Host received appropriate support from their parent College Examinations Department?	

Examiners		
7	Did all examiners arrive in time for the briefing and calibration and stay for the full examining day?	
8	Was the calibration process given enough time and conducted to your satisfaction?	
9	Were any cycles conducted with 10 or fewer examiners? If answer is yes, please confirm action taken.	
10	Were any issues that a candidate could believe to have affected their assessment, and relating to the interaction between examiner and candidate, brought to your attention?	
Clinical cases and materials		
11	Stations 2 and 4 and 5 <i>Individual Scenario Evaluation Forms should be completed by examiners at these Stations – please highlight any major concerns here.</i>	
12	Stations 1, 3 Were an appropriate number of patients changed between the morning and afternoon cycles of a three-cycle day?	
13	Were sufficient numbers of patients available for the duration of the examination?	
14	Were there any issues relating to the patients selected (e.g. non-compliance, illness, withdrawal during the examination) that a candidate could believe to have affected their assessment?	
15	Was appropriate examination equipment (e.g. tuning forks) provided?	

Process		
16	Were there any problems with cycle start or finish times, or timings within cycles that might influence candidate assessment?	
17	Were there any candidates with special needs or requirements? If yes, what accommodations were made for these candidates?	
18	Was appropriate supporting paperwork for examiners available? (e.g. calibration sheets; scenarios; introductors; summary of clinical cases)	
19	Were any observers (<u>not</u> trainee examiners) present at the examination?	
20	Was there any other procedural issue of any sort that a candidate could believe to have affected their assessment?	

Additional Comments	
<ul style="list-style-type: none"> Please use this space to provide additional comments regarding any untoward incidents that may have occurred during the examination and that could result in candidate appeal or complaint. 	

Additional Comments – General

- Please use this space to provide any additional comments regarding this Centre that might inform future delivery or development of the examination.
- Please highlight any innovations or areas of good practice at this Centre that might be extended to others.
- Please also highlight any resourcing or support issues that would facilitate future delivery of PACES at this Centre.

Additional Comments – changes to PACES

- Please use this space to provide any comments regarding the changes to Station 5 not covered in the Station 5 assessment form or worthy of emphasis, or issues relating to the new marksheets, pass standard or briefing and future training of examiners.

NAME..... SIGNED.....
DATE.....
(Chair of Examiners)

NAME..... SIGNED.....
DATE.....
(Host Examiner)