

MRCP(UK) CENTRAL OFFICE



ROYAL COLLEGE OF
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December 2007

Dear Colleague,

MRCP(UK) Part 2 Clinical Examination PACES September—December 2007

We write to you with our latest update on the PACES exam.

Since our last letter 1,640 candidates have sat PACES in the UK, Al Ain, Dubai, Egypt, Hong Kong, Kuwait, Malaysia, Oman, and Chennai (where the exam ran for the first time following a satisfactory pilot exam earlier this year). The pass rate was 40.24%.

The demand for candidate places remains buoyant, with 9% more candidates taking the exam in the UK in 2007.3 compared with the previous diet. We are grateful to all of you for making this possible. The research committee is looking into ways to forecast the demand for candidate places, which should reduce the need to add or cancel centres at short notice.

Future developments to PACES

In September a large-scale pilot of PACES was held over two days, in which twenty candidates experienced a new form of the exam including the proposed new marking scheme and a different format for Station 5. Subsequently, a group of about a hundred examiners watched videos of the pilot and gave us feedback on the changes as well as marking the candidates to generate more sample results.

The proposals received a favourable response, and examiners also made some constructive suggestions on how the ideas could be improved. With this in mind, we will be holding a pilot of Station 5 in January 2008 and in the early summer there will be another full pilot. If you wish to tell us your views, or take part as an examiner, please contact alastair.dickins@mrcpuk.org

PACES in Northern Ireland

Following consultation with examiners in Belfast last April, the MRCP(UK) Management Board has approved a strategy which will make it easier to support examiners and administrators in the province. This includes appointing a lead examiner for Northern Ireland, who will have a key rôle in facilitating PACES, and become a member the Clinical Examining Board. More information, and details of how to apply, will shortly be sent to all Fellows in the province.

Questionnaire for patients and surrogates at Stations 2 and 4

Thank-you to everyone who returned questionnaires. The vast majority of replies described the scenarios and other information supplied to patients and surrogates, as well as the organisation at exam centres, as 'very good' or 'excellent.'

A few replies reported difficulties matching surrogates to the scenarios, and we will look into this. If you would like to tell us your experience please contact alastair.dickins@mrcpuk.org

A more detailed analysis of the questionnaire will be completed in the New Year.



Example scenarios on the MRCP(UK) website

The Clinical Examining Board will publish some examples of scenarios for Stations 2 and 4, in keeping with the policy of openness and transparency in the exam. These will be models for those who write and vet scenarios, and a resource for candidates who are practising for the exam.

Please note, however, that it remains strictly forbidden to disclose actual exam material to candidates or allow it to be used for teaching. That would constitute a serious breach of security and copyright, and you should be aware that candidates who are believed to have sought an unfair advantage can suffer severe sanctions. These include being barred from sitting the exam or annulling any results already obtained in examinations for the MRCP(UK). These measures are necessary to preserve the integrity and credibility of the membership exam.

Security and academic misconduct in PACES

This is an opportunity to remind all examiners to be careful to maintain the security of PACES. There are regular allegations or suspicions that candidates have sought to gain an advantage in the exam by cheating, or that information about exam material has been leaked. Host examiners should maintain a small team who compile the patient lists and scenario information. Office and electronic security needs to be tight. Examiners should ensure that scenarios, notes, patient lists, and calibration sheets are not left lying around and that all this information is shredded as soon as it is not required. Copying or disclosing scenarios or information on clinical cases (in part or in whole) is not permitted.

On a related matter, we also wish to remind host examiners to ensure their teams are aware that candidates' results are confidential and must not be disclosed.

Reminders about the conduct of the exam

The Clinical Examining Board reviews the exam after each diet, and as usual we have some points to highlight:

- The board has changed its guidance on how to use the ten minutes allocated to each case at Stations 1 and 3. After five minutes have elapsed, please let candidates know that they have one minute remaining in which to complete their physical examination. After six minutes, you should stop their examination and begin your questioning. This will allow four minutes to explore the three domains on the mark-sheets.

It will be helpful for you to remind candidates of the new timing when the station starts.

Host examiners should also note

- In the scenarios for Station 2 (History-Taking Skills) please use patients' initials rather than their full name. This is to preserve the confidentiality of their personal history, and you should use initials even when the patient is a surrogate.
- With Station 4 (Communication Skills and Ethics) host centres may be unaware that various mechanisms exist so you do not have to find surrogates who exactly match the age, gender and ethnicity in the scenarios supplied to you. Full details are given in the Host Information Pack (page 32) and you can also contact your College or the MRCP(UK) Central Office if you have a question. These procedures exist to ease the burden on host examiners, and we hope you will make use of them. If you delegate the selection of surrogates, or use an agency to provide actors, please pass on this information to the people involved.
- Patients in the PACES exam should normally be at least eighteen years old. If it is necessary to use a younger patient, please comply with the normal chaperoning arrangements in your hospital.

And finally

You may wish to know that Dr Nigel Bateman will be leading a workshop which aims to identify ways to improve the testing of communication skills and ethics in PACES. Examiners from all three Colleges are most welcome to attend this meeting which will start at 3 pm on Thursday 10 January 2008, at the Royal College of Physicians of London. If you are interested, please contact sally-anne.cooke@rcplondon.ac.uk (0207 935 1174 ext 376).

You will also know by now that Peter Kopelman has announced that in July 2008 he will be standing down after four years as chairman of the Clinical Examining Board. The vacancy for Chairman has been advertised, and the outcome will be announced in due course.

We would like to end by thanking you for your contributions to PACES in 2007, and wishing you all the very best for the New Year.



Professor Peter Kopelman
Chairman,
MRCP(UK) Clinical Examining Board



Dr Lawrence McAlpine
Medical Secretary,
MRCP(UK) Clinical Examining Board