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ROYAL COLLEGE OF
PHYSICIANS OF LONDON

FEDERATION OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

January 2010

MRCP(UK) Part 2 Clinical Examination PACES: October/November 2009

Dear Colleague,

We have pleasure in presenting our regular update on PACES following the meeting of the Clinical Examining Board in November 2009.

The first diet of the modified PACES examination was a large diet by any standards, with over 1700 candidates examined in 62 UK centres and 7 international centres. It ran without major organisational or procedural problems and this was largely down to the huge effort of hosts and their supporting staff at each centre, to the Chairs of Examiners and to the examiners themselves. In addition, staff at each of the three College's examination departments, and at Central Office undertook a large amount of work before, during and after the diet, to ensure that preparations were adequate, mark sheets were processed efficiently, and results posted on the web on schedule. We thank all involved for their efforts in support of the examination.

A great effort was made to train examiners and we hope examiners found the training events and video and written materials useful. Some examiners still require to complete training and can use the training DVD and written material sent to them. Further interactive examiner meetings will be held by each of the Colleges at appropriate regional venues if there is demand.

Pass mark and pass rate

The pass mark for the examination was 138/172. This mark only varied from the pass mark predicted in the pilots by one mark and was precisely in the middle of the range of marks derived from the formal standard setting exercise undertaken by senior examiners last year, suggesting that, amongst other things, examiners had been adequately trained and had used the new marking scheme appropriately.

The overall pass rate, using this pass mark, was 40.1% and the pass rate for UK graduates 66.1%, both commensurate with historic means. Examiner concordance was good, with an average of 80% of paired judgements in agreement across the range of skills assessed. Scores by skill were distributed over appropriately broad ranges, and mean score for each skill in those passing and failing the examination showed good separation.

Examiner feedback.

We were pleased to receive comments from a number of examiners as well as the Chair of Examiner reports, Hosts' feedback, and the Station 5 feedback forms. Several topics were common and will receive further consideration, emphasis or development.

1. Station 5

Most examiners found the new format of Station 5 to be realistic, highly discriminating, and an improvement on the previous format. Some felt the scenarios were too complex and challenging to manage, both for the examiners and the candidates, in the time available. This should improve as examiners become more familiar with the Station. Scenario writers

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will become better at generating suitable scenarios with experience and the large number of example scenarios used in this diet that were felt to be both discriminating and practical will be made available to hosts in all three Colleges.

Some found calibration difficult in the time available. Next diet, only two scenarios (rather than three) will be used and this should make the task easier to manage in the time available.

More detailed advice to examiners at Station 5 is summarised in Hot Topics.

2. The marking system.

Examiners found the new marking system intuitive and easy to use. It is important to ensure that all the skills are marked as a lozenge left blank will score zero marks when the mark sheet is scanned. The borderline grade was used in just under 10% of judgements as had been the case in the pilot examinations and a reminder regarding the use of this grade is included in Hot Topics.

Examiners would appreciate further guidance with the issue of "linked skills marking" and this has been included in Hot Topics and the examiner guidebook.

3. Weighting of skills and encounters

Some examiners are concerned that a disproportionate number of marks accrue from Station 5, in comparison to the previous form of the examination. Analysis following this diet indicates that if the stations were weighted to produce equivalence to the previous form of PACES, the overall pass rate for the examination would not change. Some candidates who passed in the new system would fail in the old, and an almost identical number who failed in the new system would pass in the old. Overall, around 7% of candidates would be reclassified. The CEB therefore decided that there was insufficient justification to re-weight Station 5 in this diet or in 2010/1.

Similarly, some examiners were concerned that 32/172 marks could be gained from Skill G (Maintaining Patient Welfare). We strongly reassure examiners that the standard setting process took account of this, and the relatively easy attainment of marks for this skill by most candidates does not make the examination easier to pass. The routine and explicit assessment of this skill sends a very positive message to candidates, the public and others about the nature of the PACES examination.

The new marking system – in both the temporary compensated and final uncompensated forms - offers the opportunity to accord weighting to specific skills or encounters, or combinations of these, by a variety of methods not available in the former version of the examination. The CEB will explore this issue in the future.

Other issues

Gathering feedback from trainees

The online video proved a great success with trainees, with 3000 accessing the material in the three months between its release and the examination starting.

A trainee feedback questionnaire (not entirely related to the PACES changes) was piloted by the London College at this diet. Completion rate was high and the information useful. The questionnaire will be rolled out to other centres in 2010.

Extending the examiner database

Many of you will already have completed the examiner data collection form sent by your own Examination office. This data is necessary to allow us to address the quality requirements of the PMETB/GMC. We will be finalising our new examiner accreditation system in 2010 and will release full details to examiners at that point.

Standardising the delivery of PACES

As part of ongoing work on quality assurance of the examination and the drive to meet and exceed the external regulatory standards of PMETB/GMC, MRCP(UK) will be undertaking a

major review of all aspects of the delivery of PACES. This will commence in 2010 and focus on the means by which we ensure that the examination experience is as consistent, fair and standardised for candidates as we can across individual delivering centres.

Examiner training

Trainee Examiners must now train over three cycles of the examination rather than two, to allow trainees to shadow mark at either Station 1 or 3, *and* either Station 2 or 4, *and* Station 5.

Educational Events at Overseas Centres.

We are pleased to support the Federation initiative to provide educational events at overseas PACES centres, primarily directed at trainees preparing for future diets of the examination. The precise format of training days is in development, but the emphasis will be on clinical bedside teaching and communication skills training, delivered by the visiting and local examiner teams. We anticipate the first event will take place in Dubai in the second diet of 2010.

Acknowledging the support of trainees at overseas centres.

We are introducing a system at overseas centres whereby host examiners may nominate members of their medical support staff to receive a formal acknowledgement from the Federation of their input into the examination. The three UK Examination Departments will consider whether such a scheme will also be introduced in the UK.

PACES training courses.

PACES courses are an important part of many candidates' preparations for the examination. MRCP(UK) wishes to ensure that no candidate is unfairly advantaged by encountering patients in the examination whom they may have encountered in a preparation course. As such, MRCP(UK) will now require candidates to inform us of the venues at which they have attended courses. We would also be grateful if course organisers who host PACES could consider means by which they could support this initiative.

Medical Director MRCP(UK).

We extend congratulations and a warm welcome to Professor Jane Dacre in her new role as Medical Director of MRCP(UK). Jane has much experience of MRCP(UK) and takes up post in January 2010 in place of Dr Neil Dewhurst, who will become President of the RCPE later that year. Neil has made an outstanding contribution to the development of MRCP(UK) and has given much support to the CEB in recent years, particularly with regard to the development and support of the examination overseas. We thank him and wish him well in his new role.

Yours sincerely,



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Hot Topics

Station 5

Scenarios.

Hosts produced a wide variety of discriminating and practicable scenarios for the 2009/3 diet for which we are grateful. Each College has compiled a list of those that examiners felt were suitable for further use. We will continue to compile a bank of scenarios that hosts might draw from and adapt for local use in future.

It is important that the problem set for the candidate is defined clearly by the scenario and is achievable in the 8 minutes available. The scenario should not resemble a full new outpatient consultation and scenarios that pose a broad introductory problem, for example breathlessness or weight loss, are less likely to perform satisfactorily unless the patient's history is prepared carefully to lead the candidate appropriately. Cases based on the disciplines previously represented in Station 5 can be used, as can material that crosses specialty boundaries or is from otherwise unrepresented specialties.

Ideally, all scenarios will be vetted by the host College Station 5 panel before the examination. However, hosts wishing to use acute cases, or who are required to substitute cases at short notice will have the scenarios vetted by the Chair of Examiners and/or the examiners allocated to the station.

Individual examiner pairs should rehearse the patient or surrogate and ensure the information for candidates is sufficiently focused and directed. They should be clear on the relevant examination the candidates might be expected to perform and also any examination they do not wish the candidate to undertake. It is acceptable to say to candidates who start to do a part of the examination that the examiners feel is not appropriate: "it is not necessary for you to examine ...".

Managing Station 5.

- Examiners should calibrate on two cases only. They should only review a reserve or additional case if either of the two cases is unsatisfactory.
- Examiners should instruct candidates to bring both scenarios and their handwritten notes with them into the Station and refer to them at any time that they wish.
- Examiners should specifically prompt the candidate to review the second scenario and their notes in between the first and second cases.
- Examiners should see the two cases in the same order throughout the cycle. The scenarios for candidates should be labelled BCC1 and BCC2 or first and second (in addition to the specific scenario code.) This enables candidates to know the order they will see the cases in.
- Each case should be introduced to the candidate using the same description as used in the scenario.
- Examiners should decide before the cycle whether they will alternate the lead for each case or not. Examiners may find it simpler if one takes the lead for BCC1 and the other for BCC2 throughout the cycle.
- Examiners should prompt the patient or surrogate to ask their predefined questions during the encounter, if it appears that they may have forgotten to do so. Examiners should consider the need to do this after around 6 minutes have elapsed.
- Examiners should award marks for skills assessed without discussion (e.g. Skill A) during the encounter, rather than waiting to the end of the encounter to complete the marksheet in its entirety.

Candidate assessment

Satisfactory, Borderline and Unsatisfactory.

Individual examiner pairs set the standard for the award of a satisfactory for each skill assessed. If a candidate meets the standard defined by an examiner pair for a skill, they

should be awarded a *Satisfactory* judgement. If they fail to meet the examiners' standard they should be awarded an *Unsatisfactory*. If an examiner feels that a candidate has not attained the criteria agreed for award of *Satisfactory*, but deserves some credit for what they have done, a *Borderline* can be awarded. In the 2009/3 diet, the borderline grade was used by examiners in just under 10% of judgements overall, in line with the experience in the pilot examinations.

Linked skills marking

We have revised the guidance to examiners on how to proceed in situations where a candidate does not meet the criteria for award of a Satisfactory for Skill B (Identifying Physical Signs). This guidance can be summarised as follows

- Candidates are assessed on the patients that they encounter in the examination.
- If the clinical signs (skill B) are not identified correctly, the differential diagnosis (skill D) is likely to be incorrect and the discussion related to the case (skill E) is likely to be incorrect also.
- As such, in most cases in which the candidate fails to meet the examiners' criteria for Identifying Physical Signs (B), and receives an *Unsatisfactory* award for this skill, further *Unsatisfactory* awards will follow for Differential Diagnosis (D) and Clinical Judgement (E).
- However, should a candidate demonstrate good knowledge and judgement in constructing a differential diagnosis or discussing management, when their initial findings have been partially correct, credit may be awarded in the form of a *Borderline* judgement for either Skill D (Differential Diagnosis) or Skill E (Clinical Judgement).
- It is permissible for examiners to bring the candidate back to the correct diagnosis during the discussion of patient management (particularly if the candidate has included the correct diagnosis in the differential or suggests investigations that would lead them to the correct diagnosis) but examiners **should not** correct candidates regarding physical signs before a discussion of differential diagnosis has taken place.

Other issues

Counselling.

If a candidate performs very poorly at any encounter and an examiner feels they would benefit from counselling, the examiner should indicate this by shading the counselling box. In addition, *all candidates awarded an Unsatisfactory for Skill G should have the counselling box shaded.*

The Chair of Examiners is responsible for ensuring that all candidates with counselling recommendations are discussed at the post cycle meeting. The purpose of this discussion is for the examiner group on the day to recommend

a) whether counselling needs to be provided, or whether the issues are not sufficiently concerning to justify that,

and

b) in cases of the award of *two Unsatisfactory judgements for Skill G at a single encounter* (or a score of 28 or less attained through any combination of marks for this skill), whether the candidate should **fail the examination outright** on the basis of this, irrespective of their total test score.

Such instances will be rare, and the CEB will review all such occurrences, but can only make reasonable judgements where clear information is provided by the examining team on the day.

Marksheet Completion.

The primary record of the candidates marks remain the marksheets themselves and these are optically scanned in Central Office. As such data completion must be scrupulous and the 11th examiner is responsible for ensuring that marksheets are accurately completed. Any mark lozenge that is blank will be recorded as an *Unsatisfactory* judgement worth zero marks to the

candidate. Marksheet completion and accuracy was very high overall in the 2009/3 diet but we would stress that examiners should complete the “lead examiner” and “scenario number” boxes and ensure that the bar code along the side of the marksheet is not written over.

The eCPS.

The eCPS proved to be extremely popular and successful. The programme has been further developed to include counselling boxes and colour coding of station sheets to match the marksheets. The eCPS provides a back up system should marksheets be lost, and it is not acceptable for data to be entered into the eCPS that has not been entered into the mark sheets.

Security of the examination.

All examiners are reminded that marks discussed at post cycle meetings are confidential to the examiner group and must not be discussed or divulged after the examination. Hosts should note that all electronic versions of candidate marks must be destroyed immediately following the examination.

Amending S2 and S4 scenarios.

On the rare occasions when it is necessary to alter a standardised Station 2 or Station 4 scenario on the examination day (for example to match a particular surrogate’s age or gender), a copy of the final scenario must be returned to the relevant examinations department after the examination. The “sense” of the scenario should not be altered.