



ROYAL COLLEGE OF
PHYSICIANS OF EDINBURGH



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ROYAL COLLEGE OF
PHYSICIANS OF LONDON

FEDERATION OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

May 2010

MRCP(UK) Part 2 Clinical Examination PACES: February/March 2010

Dear Colleague,

The second diet of the modified PACES examination was again delivered without any significant procedural problem and we thank all Examiners, Chairs, Hosts, and supporting staff for the work that made this possible.

1581 candidates were examined in centres across the UK and at international centres in Al Ain, Cairo, Chennai, Dubai, Hong Kong and Kuwait.

The disruption to travel associated with the eruption of the Icelandic volcano, Eyjafjallajökull, necessitated cancellation of the examination in Oman in April. It has been rescheduled for 30 May – 1 June and we are very grateful to the local Host and examiners and to the visiting teams for their patience and flexibility.

The pass mark was once again established by the Hofstee method, and was identical to that of the first diet, at 138. The overall pass rate was 41%, with a pass rate of 66% for UK graduates. All psychometric analyses of the examination to date show excellent stability between the first two diets of the new format examination.

The majority of PACES examiners have now examined in the new format examination, and no further formal training meetings are planned by any of the three Colleges. The training video will of course remain available on disc or online at <http://www.mrcpuk.org/Examiners/Pages/PACESExaminerVideo.aspx>.

Station 5

Feedback from examiners remains generally positive with regard to both the changes to Station 5 and the marking system. Procedural problems have decreased as examiners become more familiar with the calibration and marking format. Scenarios for Station 5 must however be carefully created, vetted and rehearsed if the Station is to run smoothly. A bank of well performing scenarios is being created by all three Colleges and a small number are available to all hosts. In general, scenarios that attempt to utilise clinical material identical to that included in the previous format of Station 5, for example, a patient with treated acromegaly, can be difficult to adapt to the new format. To date, coverage of systems has been very broad and many new and innovative scenarios have been successfully used, including some set in acute assessment settings. Scenarios with surrogates who have no physical signs do work, but scenario writers and examiners must ensure that a valid test of examination technique exists within the encounter, for example, establishing that the fundus is normal in a patient with visual difficulty. Candidates do not know that the patient is a surrogate and as such, the ability to be confident that no abnormality is present represents a challenge at least equivalent to the ability to confidently detect agreed abnormalities.

WORKING TOGETHER TO SET STANDARDS IN MEDICAL PRACTICE

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Marking and Pass Mark

The current transitional stage of the marking system, in which pass:fail classification is based on total mark, was necessary to allow introduction of the marking changes and the new Station 5, without risking destabilization of the pass rate. This approach will allow analysis of large numbers of candidates' performances across the seven skills, which will inform the pass standard to be set for each of these skills. Some examiners have correctly observed that a candidate can score more than 138 and pass the examination overall, yet score poorly in a single skill, for example "Identifying physical signs". This problem existed in the previous format of the examination, is a problem with all compensatory systems, and is the prime issue that the final PACES methodology is designed to resolve. At present, we remain on course to introduce the non-compensatory system in which candidates must meet the pass standard set for each skill in October 2010.

Some examiners have questioned the relative weighting of each encounter and skill and in particular asked if the relative contribution of Station 5 should be reduced. We were aware that a higher proportion of the marks comes from Station 5 in comparison to the other stations because more skills are assessed at the encounters at that station. Other examiners have pointed out that the marks available at all Stations are not equal, despite the fact that time spent at each is equal and this was also the case in old PACES.

The Clinical Examining Board has examined the effect of varying the weight of the encounters and, in general, reweighting of any skill or encounter does not change the overall pass rate, but reclassifies varying proportions of candidates across the pass:fail divide. Weighting is a complex issue, particularly in the new seven skills system, and a further standard setting meeting is to be held in the summer months to help inform future policy.

eCPS

The eCPS continues to be a great success. We are grateful for continued suggestions on how it could be improved further, and an enhanced version (v3) will be available for the 2010/3 diet.

PACES places

The numbers of candidates sitting MRCP(UK) is once again rising. As of August 2011 it will be mandatory for trainees in the UK to have passed MRCP in full if they are to progress into specialty training. All three colleges are working hard to increase the availability of PACES places, and we ask all examiners to consider the feasibility of their own unit hosting for the first time, or increasing the frequency at which they host.

Facilitating the ST selection process

MRCP(UK) is working closely with each of the three College Examination Departments and the JRCPTB to ensure that the flow of candidates through the diploma is as efficient as is possible and that as many candidates have their results available at the point of selection into specialty as is possible.

Educational Days in overseas centres

Plans are being developed to introduce a clinical skills training day following the examination at overseas centres, to which the visiting UK examiners would contribute. It is likely the first such training day will be held in the 2010/3 diet.

Sampling the curriculum in the PACES examination

Work is underway to detail the content of the scenarios in the bank for Stations 2 and 4. This is important to enable MRCP to describe the coverage of the curriculum. In due course, it will be necessary to detail the diagnoses and symptoms of cases at Stations 1, 3 and 5.

New Appointments

We congratulate Dr Lawrence McAlpine on his appointment as International Associate Medical Director to MRCP(UK). Dr Charles Twort has been appointed as Chair of the SQG and Dr Ray Fox as Chair of the Part 1 Board.

Opportunities in MRCP(UK)

The posts of Secretary of CEB and Chair of the SEC both become available this summer and MRCP(UK) seeks to attract enthusiastic and committed examiners to join the current team. Details of the positions and application process can be found on the websites of the three colleges.

And finally.....

We thank Lawrence McAlpine for all his work in support of the PACES examination and in particular his work on the development of Station 5, and wish him well in his new post as International Associate Medical Director.

Yours sincerely,



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Hot Topics - Need to know information for examiners

Skill E Clinical Judgment

Examiners should note that this skill includes how the candidate applies knowledge to the solution of a clinical problem, and is not strictly related to a specific discussion of investigation and management. The skill descriptor includes the statement “**Can apply clinical knowledge, including knowledge of law and ethics where relevant, to this case.**” As such, candidates’ discussion of their understanding of physical signs, can be included in the assessment of this skill. We hope this clarification will help examiners who feel that in some encounters there is insufficient time to discuss investigation and management in sufficient detail to make a judgement about performance in this skill. The mark sheet descriptor for this skill will be altered in due course to emphasise this.

Calibration and assessment of candidates

Examiners are reminded that the agreed calibration following discussion with the co-examiner forms the most important part of the marking criteria. In particular, examiners should take care not to base their entire assessment for any skill on a single issue or point. The scenarios at Stations 2 and 4 contain guidance for examiners, but this should not be applied too rigidly. For example, one recent Station 2 scenario regarding a patient with abdominal pain, suggested to examiners that the likeliest diagnosis was an aortic dissection. Some examiners interpreted this as meaning that this condition must be the first and only diagnosis, if a satisfactory mark was to be awarded for Skill D (Differential Diagnosis), and the CEB felt that such an approach lacked flexibility. Experienced examiners must use their judgement to ensure the assessment of the candidate’s performance “feels right” in relation to the agreed standard and avoid excessive rigidity.

Discussing patients’ problems

A recent complaint from a patient who took part in PACES should remind all examiners of the need for sensitivity when conducting the discussion with a candidate. If it is impracticable, because of time or space, to discuss the patient away from the bedside, then examiners should explain to patients before the start of the cycle that such discussion will be undertaken, ascertain what the patient currently understands about their condition, and explain that it is possible that a candidate may state incorrect or misleading facts about them during discussion. Examiners should offer the patient the chance to ask questions after each candidate has left and reassure them if they believe any particularly alarming or erroneous information has been discussed.

Skill G

Two unsatisfactory awards at skill G can lead to an outright fail of the examination, irrespective of total score. The Clinical Examining Board reviews the marksheets of all candidates who score 28 or less at the Skill G to determine if the candidate should fail. It is essential that the Board has detailed reasons for the examiner’s judgement when Borderline or Unsatisfactory is awarded. For that reason examiners should take particular care to:

- a) document the precise reasons for such an award, conferring if necessary with their co-examiner and/or the patient before the marksheets are handed in, and, via the Chair of Examiners
- b) discuss the issue at the post cycle meeting
- c) seek the views of the assembled examiner group as to whether the described incident should merit outright failure
- d) document the key elements of the discussion on Discussion Sheet (D1)
- e) recommend to the CEB whether or not the candidate should fail outright.

Matching marksheets and scenarios

It is important that examiners use the correct marksheets for each encounter as these are used in giving feedback to candidates after the examination. Centres are encouraged to avoid confusion, in particular between the BCC1 and BCC2 marksheets, by colour coding the scenarios provided for the examiners in line with the colour code of the marksheet, e.g. BCC1 yellow, BCC2 purple.

Scenario Security

Examiners are reminded that the standardised scenarios provided for stations 2 and 4 are part of the MRCP(UK) scenario bank, and should be securely destroyed after the examination. Scenarios used in the examination should not be used for training purposes.