

Royal Colleges of Physicians of the United Kingdom

MRCP(UK) PACES Examination

Trainee Examiner Assessment Form

Trainee Examiners Name:

Trained at:.....

Centre No.:..... College: Edin / Glasg / Lond:.....

Date:.....

Confirm completion of the following training requirements:

Reviewed Examination Regulations: YES / NO

Reviewed PACES Video/DVD: YES / NO

Attended Examiner Briefing by Chair of Examiners: YES / NO

Shadow-marked Station One or Station Three: YES / NO

Observed Five Stations in Counter Clockwise Rotation: YES / NO

Shadow-marked Station Two or Station Four: YES / NO

Shadow-marked Station Five: YES / NO

Attended each Post-Cycle Discussion: YES / NO

Has equal opportunities training been undertaken within the NHS or elsewhere: YES / NO

Does Trainee Examiner feel confident to examine independently? YES / NO

Comments from Host Examiner/Chair of Examiners

Does the candidate display competence, appropriate attitudes and aptitude for examining independently in PACES? (Host or Chair to respond) YES / NO

Signature of Trainee Examiner:

Signature and number of Host/Chair of Examiners: