

Royal Colleges of Physicians of the United Kingdom

MRCP(UK) PACES Examination

Trainee Examiner Feedback Form

Trainee Examiners Name:

Exam Centre:

Date:.....

Chair of Examiners' Name:

Stations Observed (*Please circle*): **1 2 3 4 5**

Do you feel you were adequately prepared for today? YES / NO
Any Comments

Was the day informative? YES / NO
Any Comments

Do you feel ready to examine in PACES? YES / NO
Any Comments

If we can improve either the way we train examiners or how the PACES exam is run, please add your comments below:

Examiner Training:

PACES Exam:

If you feel you need to observe the exam again please tick this box:

Any further comments:

Please return this form to the College which arranged your training. Thank you.