

MRCP(UK) Part 2 Clinical Examination (PACES) Guidance notes for candidates

General

Full details of the examination, including demonstration videos, regulations and advice on examination preparation are available at mrcpuk.org

The exam comprises five stations, each assessed by two independent examiners. Candidates start at one of the five stations and move round the carousel until the cycle has been completed. The Stations are:

Station	Encounter	Timing
Station 1	Respiratory system	10 minutes
	Abdominal system	10 minutes
Station 2	History taking skills	20 minutes
Station 3	Cardiovascular system	10 minutes
	Neurological system	10 minutes
Station 4	Communication skills and ethics	20 minutes
Station 5	Brief Clinical Consultation 1	10 minutes
	Brief Clinical Consultation 2	10 minutes

The examination lasts 125 minutes, including the five minutes between each of the stations. At Stations 2, 4 and 5 the five minutes are used to read the clinical scenarios and are therefore a vital part of the examination.

Important things to remember

Arrive in good time (the start of the exam and the reporting time are shown on your Admission Document). Please be aware that the start time may, occasionally, be delayed for reasons such as travel problems, overrunning previous cycles or examiner calibration.

You will be asked to show your photo ID on arrival, without this you will not be permitted entry. Your ID must comply with the guidance given in the MRCP(UK) exam regulations.

You may not take any electronic communication devices into the exam, even if it is switched off. Please hand in any devices you have with you (e.g. mobile phone, pager).

You may not take books, notes or any form of recording device into the exam.

If you wish to use equipment, such as an amplifying stethoscope or magnifying ophthalmoscope, you must declare your intention as soon as you arrive, so the examiners can assess the patients using this equipment should they wish to do so. You will not be able to use such equipment unless you declare your intention in time for the examiners to do this.

Before the examination

You should ensure that you are familiar with the MRCP(UK) exam regulations available at mrcpuk.org

It is an offence to seek to gain prior knowledge of the clinical cases or scenarios used in the exam. Any attempt to visit the hospital or exam centre (including as part of a training course) at which you have been allocated a place, after being notified of that placement, will be regarded as an act of suspected misconduct and be investigated accordingly. If misconduct is proved the details of the case will be passed to the relevant regulatory body (i.e., the General Medical Council) and if you are in a UK training programme, the individual responsible for overseeing your training. Results for the exams under investigation, and in serious cases any previous attempts, may be annulled/withheld and you may be barred from entry for a specified period.

Dress codes and infection control

- Dress and appearance are an important aspect of professionalism. Your fingernails should be short and clean. You should dress in a smart and conservative manner, and in accordance with any dress code in force at the hospital in which the exam is being run.
- You must come prepared to meet any local dress code or infection control requirements. Failure to comply will mean that you cannot sit the exam and, in these circumstances, you will not be eligible for a refund.
- Infection control policies vary from centre to centre. At exam centres in the UK, you are usually required to wear a short-sleeved shirt or blouse (or be prepared to roll up your sleeves), with no neck-tie, false nails, wrist-watch or wrist jewellery (a plain wedding ring is usually acceptable).
- Hand-washing facilities or alcohol gel are provided at each exam centre. You must make appropriate use of them to comply with standard infection control requirements and, if you cannot locate the hand-washing facilities, you should ask your examiners.

At the examination centre

You will receive 16 marksheets and should enter your name, exam number and the centre number on each one, using the 2B pencil provided. Use CAPITAL LETTERS. Some examination numbers and centre numbers have only two or three digits, so you should put zero(s) before the number to make it up to four digits. For example, '123' should be entered as '0123'.

Please hand the appropriate marksheets to the examiners when you arrive at each station.

The examiners record their marks independently and without conferring. During the exam, no examiner knows the marks you have scored at any other station. Do not be concerned by the fact the examiners may be writing on the marksheets during the station, as they are asked to make written comments on candidates' performance, both positive and negative.

All marks are recorded on a three-point grading system (satisfactory, borderline, unsatisfactory) and are detailed on the MRCP(UK) Part 2 Clinical Examination (PACES) marksheet. Grade descriptors are provided on the marksheets and are further refined in the examiner calibration process that takes place before the exam.

The grades are converted to numeric values (satisfactory=2, borderline=1, unsatisfactory=0) which are totalled to give your score for each skill, and a total score.

A trainee examiner or other observer may be present in addition to the examiners. Trainee examiners are there to learn and will complete marksheets, but this is only for their training and does not influence your score in any way.

If, at any encounter, you recognise a patient you are taken to (e.g., from a course or previous attempt at the examination), please inform the examiners. If at all possible, you will be directed to an alternative patient. If this is not practical, you will be permitted to continue with the examination of the patient, but examiners will make appropriate allowances.

Specific Station Guidance

'Clinical' Stations (Stations 1 and 3)

Stations 1 and 3 comprise two encounters of ten minutes each.

In each encounter, one examiner ('the lead examiner') will show you brief written instructions. You should respond to these instructions by examining the patient appropriately.

You must complete your examination within six minutes, and this will leave at least four minutes for discussion with the examiners. They may remind you after five minutes that you have one minute left to complete your examination, but it is your responsibility to ensure you demonstrate the required skills within the six minutes. You are recommended to be structured and focused in your examination to make best use of the time available.

After ten minutes the encounter will end. Both you and the examiners must then stop and proceed to the second encounter, where the procedures and timing are identical. A signal (often a bell or buzzer) will be given at the end of the second encounter to indicate the end of this station.

For testing sensation at the CNS encounter, you must only use the equipment provided by the examination centre (e.g. Neurotips or orange sticks. It is important not to break the orange stick or other sensory testing equipment before using it on the patient). Do not use your own equipment.

'Talking' Stations (Stations 2 and 4)

On arrival at these stations, you will receive your written instructions (the 'Scenario'), and have up to five minutes to prepare. If you do not receive your instructions when you sit down at the station, you must ask for them. You will be provided with paper on which you may wish to make rough notes, and you may take these in with you but must leave them with the examiners after the encounter is finished.

When the timekeeper sounds a bell to signal the start, you should enter the station, where you will be introduced to either a patient or a surrogate playing the appropriate role. The interview will involve interaction between you and the patient/surrogate. You may refer to the instructions and your notes, and take notes during the interview, but these will not form part of the assessment.

The interview with the patient/surrogate lasts a maximum of 14 minutes, and after 12 minutes the examiners may remind you that you have two minutes to complete your interview. It is your responsibility to ensure you have demonstrated the required skills within the 14 minutes. If you complete the task before the end of the 14 minute period, you should remain in your seat, and the patient/surrogate will also do so. This could mean a period of silence, as the examiners will not begin the discussion until the full time to complete the task has elapsed.

However, if you think of additional issues you would like to address with the patient/surrogate in the remaining time, this is allowed.

The patient/surrogate leaves the station after 14 minutes, and you will then have one minute to gather your thoughts before being invited to address the examiners' questions, which will usually involve summarising and discussing the important features of the history (Station 2) or interaction with the patient/surrogate (Station 4), over the next 5 minutes.

A signal will be given at the end of the five minutes of discussion (twenty minutes in total) to indicate the end of this Station.

'Integrated Clinical Assessment' Station (Station 5)

This station comprises two encounters (each called a 'Brief Clinical Consultation'), of 10 minutes each.

On arrival at this station, you will receive two sets of short written instructions (the 'Scenarios'), one for each encounter, and have up to five minutes to read them both. If you do not receive your instructions when you sit down at the station, you should ask for them. You will be provided with paper on which you may wish to make rough notes, and you may take these into the station with you but must leave them with the examiners after the encounter is finished.

When the timekeeper gives the signal to start, you will be taken to the first of your two encounters (BCC1), where you will meet either a patient or a surrogate playing the appropriate role for your first case. The examiners will ensure you know which scenario applies to each case.

You will have eight minutes with the patient to take a focused history, carry out a relevant examination, respond to the patient's concerns, and explain your management plan. After six minutes the examiners may remind you that you have two minutes left with the patient, but it is your responsibility to ensure you demonstrate the required skills within the eight minutes.

At the end of the eight minutes, you will then have two minutes to describe to the examiners the relevant physical findings, your preferred diagnosis and any differential diagnoses you have in mind. Do not be concerned if you have already discussed the diagnosis with the patient in front of the examiners – they will ask you this in case you had considered other diagnoses not already mentioned. They may also ask about any other issues they need to clarify to complete the assessment. The examiners will not begin the two-minute discussion until eight minutes have elapsed. This could mean a period of silence if you complete your consultation with the patient sooner.

The procedure and timing are the same at the second encounter. You may wish to take a short time to re-familiarise yourself with the written details of the second case before commencing.

Patients at Station 5 will present a diagnostic challenge to you. This may be a new complaint in a previously well person or a new complaint in a person with known chronic disease. In neither case will the patient know, with certainty, what the cause of their new complaint is. It is legitimate for candidates to ask patients what chronic or established conditions they have, and the patient will provide the answer to such questions. It is also legitimate to enquire whether the patient has been told by any other doctor what the cause of the new problem is, as this reflects day to day clinical practice. You should, however, interpret any answers to such questions as you would do in real life. That is, although the patient will not mislead you intentionally, the information provided may not be correct.

You may examine the patient and take aspects of the history in any order, or concurrently. You should aim to elicit sufficient history to make an assessment of the problem presented, and you should carry out an examination that is relevant to assessing the problem. The history taking and the examination are not intended to

be comprehensive, given the time available – this station is not a ‘long case’ and nor is it a full outpatient consultation.

You must also respond to the questions that the patient raises and explain your management (investigation and/or treatment) plan to the patient during the eight-minute encounter with them.

Results

Results will be released on the MRCP(UK) website no later than six weeks after the exam date. Results letters can be viewed via your [MyMRCP\(UK\) account](#).

Results cannot be collected from the Royal Colleges of Physicians or given over the telephone or by fax or email.

To pass the MRCP(UK) Clinical Examination (PACES), you will be required to attain a minimum standard in each of the seven skills assessed and also attain a minimum total score across the whole assessment. The MRCP(UK) Clinical Examining Board is responsible for setting the pass marks on an annual basis. The Clinical Examining Board has determined that the standards required will be as follows:

	Skill	Pass mark
A	Physical examination	14
B	Identifying physical signs	14
C	Clinical communication	10
D	Differential diagnosis	16
E	Clinical judgement	18
F	Managing patient concerns	10
G	Maintaining patient welfare	28
Minimum total score	All encounters and skills	130

You will fail if you do not achieve the pass mark on one or more skills, or do not achieve the overall minimum total score. In addition, any candidate who receives a mark of 28 for Skill G (Maintaining Patient Welfare) will have their overall performance reviewed by the Clinical Examining Board and may fail the examination, irrespective of total test score.

Confidentiality

You must not share information about the cases used in the exam. Scenarios must not be copied or removed from the centre. Patient confidentiality must be maintained.

Any breach of these conditions may be investigated under the MRCP(UK) Academic Misconduct Regulations (available at [mrcpuk.org](#))

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