**MRCP(UK) Part 2 Clinical Examination (PACES)**

### Chair of Examiners Report for International PACES Centres

This report will be circulated to the Medical Directors, Host Examiner and members of the MRCP(UK) Clinical Examining Board. Please answer the survey questions below, using the information boxes to elaborate on your answers if necessary.

Please email this report to – [international.examiners@mrcpuk.org](mailto:international.examiners@mrcpuk.org)

Diet: Please type here

Exam Location: Please type here

**Exam Dates (incl. exam venue):** *Please type here and ensure you include each seperate exam venue and dates*

* **Travel, accommodation & hospitality**  
    
  Was the hotel in a suitable location?  
  Yes  No

Was the hotel of a suitable quality?  
Yes  No

Did you have any problems with either airport or exam transfers?

Yes  No

Were the flights suitable?  
Yes  No

If you wish to elaborate on any of the above please write below:

* **Exam Preparations**  
    
  Was the exam venue suitable and did it have the expected range of facilities?  
  Yes  No   
    
  Do you believe that the hosting teams’ preparations were suitably thorough?  
  Yes  No   
    
  Were you happy with the level of administrative support at the centre?  
  Yes  No   
    
  Do you feel that the support from Central Office was suitable?  
  Yes  No

Do you feel that the support from the Station 5 team was suitable?  
Yes  No

If you wish to elaborate on any of the above please write below:

* Trainee Examiners  
    
  Please list any trainee examiners below:

|  |  |  |
| --- | --- | --- |
| **NAME** | **Approved Yes/No** | **Comments** |
| *Please type here* | Choose an item. | *Please type here* |
| *Please type here* | Choose an item. | *Please type here* |
| *Please type here* | Choose an item. | *Please type here* |
| *Please type here* | Choose an item. | *Please type here* |

*Add any further trainee examiners here*

Was the Examiner Briefing well attended by local examiners?  
Yes  No   
  
Did any issues arise during the course of the Examiner Briefing?  
Yes  No   
  
Did any issues arise during the pre-cycle & post-cycle briefings/feedback sessions?  
Yes  No   
  
If you wish to elaborate on any of the above please write below:

*Please type here*

* **Patients, surrogates & scenarios**

Did you receive the Station 5 scenarios in good time for the exam?  
Yes  No

Were the Station 2 & 4 scenarios of suitable quality, and appropriate for the exam?  
Yes  No

Were the Station 5 scenarios of suitable quality, and appropriate for the exam?  
Yes  No

Did the majority of Station 5 scenarios involved patients with signs?  
Yes  No

Did you have any concerns regarding the patients & surrogates?  
Yes  No   
  
If you wish to elaborate on any of the above please write below:

*Please type here*

Were there any issues that arose with candidate performance?

*Please type here*

* **Conduct of the examination**

|  |  |  |
| --- | --- | --- |
| **Arrangement** | **Satisfactory Yes/No** | **Comments** |
| Security | Choose an item. | *Please type here* |
| Timetable | Choose an item. | *Please type here* |
| Time allocated to candidates | Choose an item. | *Please type here* |
| Time-keeping | Choose an item. | *Please type here* |
| Conducts of examiners | Choose an item. | *Please type here* |

Were there any untoward incidents and circumstances which may have affected candidate results?  
Yes  No   
  
If you wish to elaborate on any of the above please write below:

*Please type here*

* **Other notes**Has progress been achieved towards solving problems mentioned in previous Examiner Chair’s reports (if applicable)?

*Please type here*

Are there any issues you would wish to make future chairs aware of?

*Please type here*

Do you have any useful notes on the centre or the country?

*Please type here*

Any other comments or recommendations for change not mentioned elsewhere?

**Report written by:** *Please type here*

**Date:** *Please type here*