

## Clinical Examining Board Chair's letter – September 2022

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

Once again, the Federation would like to express its thanks to all who have participated in the PACES examination over the last two years, allowing us to continue offering trainees the opportunity to complete this important assessment and move onto the next stage in their career. The return to the pre-covid format, and the option of running two cycles of 6 candidates in one day has greatly increased the number of spaces that we have been able to offer in the UK, and an increasing number of centres, including some new ones have been able to operate internationally.

#### 2022/1 and 2022/2 diets

The 2022/1 diet ran from the end of January to early April, and was the final diet of the COVID format in the UK. The Clinical Examining Board (CEB) reviewed this diet at its meeting in June 2022. A total of 1666 candidates (891 in the UK, 775 internationally) attempted the examination, with an overall pass rate of 51.4% (56.7% in the UK, 45.4% internationally).

The 2022/2 diet ran from June to August, offering 1452 examination spaces in the UK and we were pleased to be able to offer 797 spaces internationally, a significant increase on numbers in recent diets. Full results from this diet are not yet available.

#### 2022/3

In 2022/3 many centres have again opted to offer two cycles of 6 candidates per day, and the total spaces are expected to be 1680 in the UK and 1107 internationally.

## Hot Topics – September 2022

- ❖ **Infection Control guidance for 2022/3 has been amended.** Fluid resistant masks and rigorous hand hygiene with 70% alcohol gel and/or soap and water will be expected. The use of gloves and plastic aprons will be dependent on local infection control policy at the exam centre. Please continue to ensure that you, and the candidates, continue to follow this as a minimum standard in all stations, even if your hospital no longer requires the use of masks. **Examiners must still complete the health questionnaire prior to attending the examination.**
- ❖ Please ensure that clear comments are made on the marksheets against each Borderline or Unsatisfactory mark. This is particularly important where the post cycle discussion identifies that there is a discrepancy in examiner judgement. Candidates often request copies of their marksheets after the examination, and subsequently lodge an appeal if they believe that the examiner comments do not align with the mark awarded.
- ❖ We continue to see isolated instances of concerns about unprofessional behaviour of an examiner from both candidates and co-examiners. If a candidate raises such an issue with you, or you have concerns yourself, please report it to the Chair of Examiners. Chairs may be able to address the issue on the day, and should always report such concerns in the relevant section of the Centre Incident Form, as this aids any subsequent investigation that may be necessary,

- ❖ Calibration of each encounter by examiners prior to the start of the examination is a crucial element in ensuring a high quality, academically robust, assessment of candidates. Please ensure that you calibrate and agree the criteria for satisfactory performance for each skill that is tested on your station. Guidance on the calibration process is given on Page 10 of the Examiner Omnibus, and is reproduced below. Examiners are encouraged to remind themselves of this guidance ahead of the next examination.

### **Extract from Examiner Omnibus - Calibration**

- Examiner pairs must have time to review and discuss the patients participating in the assessment. This process, known as calibration, is essentially a standard setting process, and is critical to the fair and consistent conduct of the assessment.
- The calibration process takes at least 30–40 minutes and must always be completed before the examination starts.
- It is recommended that examiners at Stations 1 and 3 see and examine patients alone, ideally without first reviewing the clinical information provided, thus seeing the case from the candidates' perspective. Candidates should be judged on their ability to detect what an examiner detects and make diagnoses that an examiner would make.
- The calibration discussion should focus on agreeing the clinical signs or symptoms that are present, and considering together what specific criteria will be used to judge whether the candidate can be awarded a Satisfactory mark in each of the skills assessed.
- Examiners must agree the 'brief description of the case that should be entered into the appropriate part of their marksheets. This will reduce the potential for confusion among candidates who ask to review their own marksheets after sitting the examination.
- In addition to checking physical signs, take time to ensure that patients understand what will happen during the examination and that they know they will have the opportunity after each candidate leaves to clarify anything a candidate may have erroneously stated about their condition or problem.
- Position and expose the patient in a way that will help the candidate, and ensure the introductory statement provided directs the candidate appropriately. If it requires clarification, ask for it to be changed.
- At Stations 2 and 4, the surrogate must be rehearsed; it is suggested that one of the examiners takes the role of the candidate, and specific aspects of the scenario which require clarification or emphasis are discussed. Occasionally, additional information may need to be added to the history, and the specific questions the surrogate is required to ask the candidate should be clarified.
- The patients should be briefed to answer all the candidates' questions as accurately and consistently as they can. They should be advised not to withhold information but also not to volunteer information that has not been sought by the candidate.
- Examiners at Station 5 should ensure that the problem described in each of the scenarios is focused and clear, and that each of the tasks set can feasibly be completed by a competent candidate in the eight minutes available.

- Examiners must rehearse the history, check the physical signs, and consider the important aspects of communication, as part of their calibration.
- Examiners should agree which parts of the physical examination they feel the candidate should undertake, and which parts they will instruct the candidate not to undertake should they volunteer to do so. They should ensure that the patient or surrogate is prepared to ask the candidate one or two questions, and clearly understands the scenario if it varies from their own clinical history. The requirements to pass each of the seven skills should be agreed by both examiners.
- It is only necessary to calibrate two Station 5 cases before the cycle. If either of the scenarios is felt to be unworkable then the reserve scenario should be used. Where an encounter raises an issue subject to legal or other national guidance, for example NICE guidelines or driving restrictions, the examiners must agree what it is reasonable that candidates, who may not live and work in the country, should be aware of.



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