

## Chair's letter – September 2019

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

#### PACES 2020

I am pleased to confirm that the changes to PACES (aka PACES 2020) will be introduced in the third diet of 2020. I hope you will have seen the announcements we have made about this.

A significant amount of work continues to go on behind the scenes to prepare for the introduction of PACES 2020, and you will start receiving information about new resources and training later this year. Colleges will also be holding events, and I hope to meet a number of you at these over the next few months.

I would like to express my thanks to the senior examiners and administrative teams in the MRCP(UK) and the Colleges for their continuing support of this project.

#### Report on assessment period May - August 2019

1868 candidates attempted PACES in the 2019/02 assessment period. 1336 of these candidates sat in UK centres, with the remaining 532 sitting at our international centres. The pass rate for candidates in UK training was 59.7%; the overall pass rate was 49.0%. The pass rates for all candidate groups remain stable and in line with historical trends.

#### Recruitment of Medical Secretary

The deadline for applications for Medical Secretary to the Clinical Examining Board has been extended to 27 September 2019. See <https://www.mrcpuk.org/get-involved-examiners/how-become-involved> for full details.

#### Senior Examiner changes

I would like to express my thanks to two of the senior examiners who are demitting their roles.

Dr Brian Murphy stepped down as Director of Medical Examinations for the Glasgow College in June 2019, and Dr Tanzeem Raza demits as Senior London examiner in September 2019.

Recruitment for both posts is underway, and new appointees likely to be in post by the end of September.

#### PACES Champion 2019 Nominations

Nominations for the 2019 PACES Champion open on 23 September 2019. The PACES Champion awards honour individuals for their commitment to PACES. Nominations can be made by anyone who is involved in PACES. Examples of individuals who can be nominated include centre support staff, medical professionals or volunteers who do not receive direct payment for their involvement. Full details can be found at <https://www.mrcpuk.org/get-involved/paces-awards>.

#### Neurology guidance

MRCP(UK) have recently released new guidance for examiners on key aspects of the neurological examination, focusing on areas where general physicians most frequently seek guidance. This was developed in recognition that the neurological encounter can pose challenges due to variation in examination techniques, and that examiner concordance is lowest in this encounter. A copy is included with this letter.

Many thanks to Dr Mike Flower, Mr Michael Rose and Dr Jeremy Stern for their work in putting this together.

Whilst we all look forward to PACES 2020 it is important that we do not forget about the need to maintain the high standards of examining in the last three diets of the current format. As such I would encourage you to review the hot topics below and bear them in mind as you examine over the next few months.

Thanks again for your time and efforts supporting MRCP(UK).



Dr Stuart Hood  
Chair  
MRCP(UK) Clinical Examining Board  
[stuart.hood@mrcpuk.org](mailto:stuart.hood@mrcpuk.org)

# Hot Topics – September 2019

## Marksheet completion

We continue to receive marksheets that are not completed fully or correctly. Each time there is a missing or duplicated mark, this results in significant additional work for the administrative teams. Even writing outside of the permitted area, or insufficiently erasing a mark that you have changed can result in marksheets not being read correctly by the optical scanner. This requires administrators to manually check and enter data, which introduces a risk of incorrect marks being recorded for candidates.

## Guiding candidates

Candidates are advised that it is their responsibility to demonstrate the relevant skills in the time available at each encounter. Occasionally an examiner may wish to advise a candidate that a specific investigation or examination was normal to avoid them wasting time on irrelevant examinations. Please ensure that by giving such guidance this does not leave the candidate unable to demonstrate any required skills.

## Confirming normal physical signs

Examiners are reminded that skills A and B are not “linked” in the same way as Skills B/D and E. Specifically, in cases where a patient has normal physical signs, examiners should calibrate carefully to ensure that a candidate can be marked appropriately. So, if a candidate uses incorrect examination focus or techniques, this can be reflected in scores for Skill A. There is discretion for examiners to apply the marks they consider appropriate for Skill B when candidates conclude that physical examination is normal but have failed to undertake sufficient examination to justify that assertion. For example a candidate may report “no signs of heart failure” but has failed to specifically identify a normal JVP and absence of oedema. Depending on calibration discussions, examiners may form the view that they have failed to identify the normal JVP and absence of oedema and may accordingly mark down for skill B. If such a situation arises the examiners should provide comments to justify the awards they have made.

## *The following points are of particular relevance to Chair and Host examiners*

### Completing PACES documentation

There are a number of forms that you may need to complete at the end of the examination. Chairs of examiners complete a Centre Audit Form (or Chair’s report in international centres). Where an incident has occurred, a Centre Incident form may also be required. All incidents, however minor, should be reported. Such forms are an essential part of our quality management process, and can be invaluable in addressing any issues or appeals that are raised after the examination.

Discussion sheets, completed at the post cycle briefing, are used to provide specific feedback to candidates, and may also be used in any appeal by the candidate. Please ensure that these forms are as detailed and legible as possible.

### Secure destruction of examination materials

Examiners are reminded that all examination material should be securely destroyed after the examination. This includes candidate information, patient introductions and scenarios. Under no circumstances should station 2 or station 4 scenarios be kept and used for training events. If you require scenarios for training purposes please contact MRCP(UK) or download example scenarios from the [MRCP\(UK\) website](#).

### Stopwatches

Candidates may use a watch or stopwatch to help manage their time within an encounter. The watch/stop watch must not have the ability to connect to the internet or other external device (eg must not be a smart

watch, or a timer on a phone), and no audible alarms are permitted. The candidate should present the watch/stopwatch to the host examiner before the examination begins so that it can be checked. It must be kept in view of the examiners at all times during the encounter. The use of a watch/stopwatch will not override the official timing of the examination, and as such cannot be the basis of any challenge or appeal against the examination.