

## Chair's letter - September 2018

### MRCP(UK) Part 2 Clinical Examinations Report on assessment period May – July 2018

1792 candidates sat PACES in the 2018/02 assessment period which ran from May to August 2018. 1355 of these candidates sat in UK centres, with the remaining 437 sitting at our overseas centres. The pass rate for candidates in UK training was 55.2%; the overall pass rate was 49.3%. The pass rates for all of the candidate groups remain stable and in line with historical trends.

#### PACES 2020 pilots

The summer has seen two pilot runs of the PACES 2020 carousel. The pilots tested the new sequence of encounters within the existing carousel, the new communication encounters and different ways to deliver the new clinical consultations. Both pilots saw two double-running cycles, testing a total of 40 candidates, and sought feedback from over 40 examiners in addition to lay and trainee representatives. This feedback will be included in a formal submission summarising the changes for approval to the GMC. We are very grateful to Dr Hasan Tahir and Dr Rod Harvey for hosting the London and Edinburgh pilots respectively.

#### PACES 2020 Implementation

The PACES 2020 Implementation Group continues to oversee the project. Each college will be running training events to ensure all examiners are up-to-date with the changes, with events being scheduled closer to the implementation of the new carousel. The training and communications group will continue to actively engage with a range of key stakeholders including the CMT Advisory Committee, College Trainee Committee's and the Deaneries. The group will also continue to provide support to core medical trainees and other candidates as they prepare for the new configuration of the examination.

#### Farewell, Professor Elder

Professor Andrew Elder, Medical Director of MRCP(UK) has now demitted from his role. Professor Elder was instrumental in the creation of nPACES as a skills-based, non-compensatory clinical exam that assesses trainees' ability to examine real patients with real signs. He has an excellent understanding of all parts of the MRCP(UK) diploma, and the complexities of delivering high-stakes exams across the UK and internationally. He leaves a legacy of excellence, and we wish him well in his upcoming Fellowship at Stanford University.



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## Hot Topics – September 2018

### Fewer than ten examiners

In exceptional circumstances a PACES cycle may run with nine examiners. This may occur because of examiner illness on the day of the exam or travel disruption. In situations such as this, it is recommended that an experienced examiner should double mark at either station 2 or 4. Candidates should be informed of the absence of one examiner and offered the opportunity to withdraw from the exam with the attempt expunged and the fee refunded.

Candidates should be reminded that it may not be possible for them to be offered another opportunity to sit the exam within the same assessment period. It is good practice to find an experienced member of the hosting team, who does not need to be a member of the medical staff, to sit in but not mark the candidate. This person could act as a witness for any subsequent appeals or complaints. The incident should be documented in the centre audit and incident forms.

### Linked Skills Marking

In the physical examination encounters, skill B is linked to Skills D and E through linked skills marking. Candidates who receive an unsatisfactory award in skill B should only receive at most a 'borderline' for differential diagnosis and clinical judgment. Skill A is not linked to skill B. A candidate should not be marked down in skill B for a poor physical examination if they detect the correct physical signs.

Linking skill A and B is sometimes referred to as double jeopardy, i.e. candidates may drop marks in one skill as a result of their performance in another. *We request that examiners do not write 'double jeopardy' as this is not regarded as appropriate terminology.* If you have awarded a borderline in skill D or E as a result of a candidate's performance in skill B, you should use the comments box to indicate areas of poor performance and that linked marking has been applied.

### Compliance Surveys

MRCP(UK) previously ran an annual examiner compliance survey to measure the compliance of all examiners against our eligibility criteria. The annual survey was in keeping with GMC and the Academy of Royal Medical Colleges requirements for examiners. The surveys generally had poor return rates, and did not offer a real-time depiction of the compliance of our active examiners. The annual survey has now been replaced with a new real time survey completed when agreeing to examine.

The aim of establishing a new process is to ensure a more accurate picture of the compliance of our active PACES examiners. The new process, requires each examiner to answer five binary-choice questions when signing up to examine before each assessment period. We encourage you to take a minute to answer these questions to ensure that we demonstrate that our examiner pool meets the high standards of compliance required by our regulator.

### Completing marksheets

All marksheets are processed by an optic scanner and marks entered into a database. Incorrectly completed marksheets require manual data entry, and introduces unnecessary risk into candidate results processing.

Common mark sheet errors include:

- Circling the lozenge instead of filling it in
- Writing outside of the designated area
- Missing the mark for one of the skills

Please make sure that you are completing marksheets correctly to reduce the risk of errors.