

## Chair's letter - January 2018

### **MRCP(UK) Part 2 Clinical Examinations Report on assessment period September – December 2017**

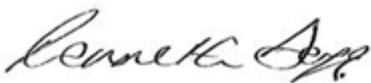
Happy New Year to everyone involved with PACES, both in the UK and internationally. 2017 has been a very busy year for everyone and, as PACES develops even further, 2018 promises to be our busiest year yet. We would like to take this opportunity to thank you all for your hard work in making MRCP(UK) and PACES a world leader in clinical postgraduate medical examinations.

The final assessment period of 2017 was very busy. 2503 candidates sat PACES in the 2017/03 assessment period which ran from September to December 2017. 1470 of these candidates sat in UK centres, with the remaining 1033 sitting at our overseas centres. The pass rate for candidates in UK training was 56.8%; the overall pass rate was 41.4%. The pass rates for all of the candidate groups remain stable and in line with historical trends, taking the new pass mark into account.

We are pleased to see an increasing exchange of examiners and Chairs of examiners between the Colleges running our UK PACES centres. Delivery of the examination remains a key Federation activity and we ask all examiners to review the examining opportunities that are available throughout the UK when considering their availability.

A new template for candidate feedback letters has been agreed by the Clinical Examining Board. These letters will be sent to candidates who have been referred for counselling because of poor performance. The template letter incorporates comments from the mark sheets and the candidate discussion sheet that is completed on the day of the examination. Candidates are given a summary of areas where they have performed poorly and advice on how to improve performance in any future sittings. Your comments from the mark sheets and candidate discussion sheets are crucial in providing that feedback. We would therefore encourage all examiners to continue making helpful comments to ensure we can provide the best possible feedback.

Nominations for the second year of the PACES Champions awards are now closed. The PACES Champion awards are designed recognise individuals for their commitment to the PACES examination. One UK and one international recipient will be chosen each year from your nominations. We look forward to announcing the 2017 winners soon. PACES Champions nominations for 2018 will open in the summer.



Dr Kenneth Dagg  
Chair  
MRCP(UK) Clinical Examining Board  
[kenneth.dagg@mrcpuk.org](mailto:kenneth.dagg@mrcpuk.org)



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

## Hot Topics – January 2018

### *Calibration sheets*

Two examiners independently assessing all candidates at every encounter is a unique strength of PACES. This feature enhances the reliability and fairness of the examination, but is critically dependent on good calibration.

Each examiner pair must agree the key aspects of performance that are necessary to attain a “Satisfactory” judgement, in each clinical skill tested in an encounter. The completed calibration sheets should include the same agreed information for each examiner at the end of the process.

It is rarely useful to have more than three criteria, to achieve a satisfactory award, for any domain – doing so complicates judgement unnecessarily and may make examiners more stringent than is appropriate.

### *Marksheet case description*

We have received a number of appeals that involve cases where the case description documented on the mark sheet by each examiner is different. Candidates – who are entitled to see their marksheets on request – often appeal on the basis that examiners have not been clear about the underlying diagnosis and concern about a possible mix up with marksheets. Examiners should agree a short description for each case during the calibration process and document it consistently on candidate mark sheets.

### *Linked Skills Marking*

The assessment of skill B (identifying physical signs) is linked to skills D (differential diagnosis) and E (clinical judgement). Candidates who fail to correctly identify abnormal physical signs can only subsequently be awarded unsatisfactory or borderline for differential diagnosis and clinical judgment. Skill A (physical examination) is not a link in this chain. The MRCP(UK) regulations state that candidates who are able to correctly identify physical signs, show good clinical judgment and provide an appropriate differential diagnosis should not be penalized for errors in physical examination.

### *Scenario feedback forms*

New feedback forms are being used to evaluate the written material for the PACES examination. The new feedback forms for the station 2, station 4 and station 5 scenarios are shorter, with additional free text space to leave comments regarding any specific issues you may have encountered from the scenarios. Your feedback plays a vital part in ensuring the high quality of the written material for the examination and each pair of examiners are encouraged to complete a form for each scenario that they examine.

### *Changing Marks*

One of the strengths of the PACES examination is the independent marking by ten examiners. It is crucial that examiners do not alter the marks that have been entered onto the mark sheets after the examination cycle has been completed. This includes any changes made following the post cycle discussion, or if an examiner has not applied linked marking in the event of awarding an unsatisfactory judgement for skill B (identifying physical signs). Marks may only be altered if discussions at the post cycle briefing have identified a clear administrative error on the mark sheet and only after confirmation by the Chair of examiners.