

Chair's letter - September 2016

MRCP(UK) Part 2 Clinical examinations PACES Report on assessment period June – August 2016

1678 candidates sat PACES in the 2016/02 assessment period from June to August 2016. The pass rate for UK graduates at their first attempt was 75%; the overall pass rate was 44%. The pass rates for all of the candidate groups remain stable and in line with historical trends. There were 309 candidates sitting in international centres and 1369 candidates sitting in UK Centres in 2016/02; 29 candidates sat in the UK in the fast track diet.

Recent Developments

PACES 2020

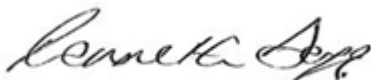
The first meeting of the PACES 2020 Short Life Working Group was held on 25 August 2016. The meeting presented an opportunity to think creatively about how PACES could be developed in the future. The review aims to ensure that the content and structure of the exam remain relevant, that it remains fair to candidates, and that the assessment reflects proposed changes in medical education and training in the UK. Initial discussions focused on the current strengths of the exam and explored opportunities that might exist to develop the exam moving forward. The excellent validity and statistical reliability of PACES was acknowledged as a great strength and is something we will be safeguarding as the project moves forward. We are keen to hear feedback from our examiners and if you have any thoughts, views or suggestions on how PACES could develop, please email them to paces2020@mrcpuk.org or tweet them @MRCPUK using #PACES2020.

Station 5 Steering Group

The first Station 5 Steering Group meeting took place on 16 September. This meeting brings together operational and academic staff with a stake in the preparation and delivery of station 5. The group has been established to fulfil one of the recommendations of the Station 5 review group from 2013 and in recognition of the importance of strengthening processes involved in station 5. The group will be chaired by Dr Liz Berkin on behalf of the Federation and has representation from all three of the colleges. The group will report directly to the Clinical Examining Board.

New Lead Examiner for Royal College of Physicians, London

Professor Graeme Dewhurst stepped down as the Senior Clinical Examiner for RCP London in July 2016. Graeme has been an enthusiastic and thoughtful contributor to the Clinical Examining Board over several years, and chaired the Station 5 review group in 2013. We would like to wish Professor Dewhurst well in his future roles. He is succeeded in the role by Dr Tanzeem Raza. Dr Raza has a long association with MRCP(UK), with a strong interest in improving examiner recruitment and is directly involved in the development of the new equality and diversity training. We look forward to working with him in his new role.



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Hot Topics – September 2016

New Candidate Code of Conduct

The new candidate code of conduct came into effect on 1 August 2016. The code enhances the existing misconduct regulations and will enable issues of poor behaviour to be addressed. This will ensure that we are able to maintain the safety and security of all individuals associated with our examinations. We would like examiners to be familiar with what we expect of our applicants and candidates, and know what to do if the code is breached. Full details can be found on the website [here](#).

Review of Centre Audit form

Hosts and Chairs will be asked to complete a revised centre audit form and a new centre incident form.

Centre Audit Form

This Centre Audit Form (CAF) should be completed on the final day of examining. The Chair of Examiners should complete the form, reflecting information gathered from their own observations and discussions with the Host, examiners and other staff throughout the exam days. The form should be returned to the parent college. Only one CAF should be completed for each centre.

Centre Incident Form

This Centre Incident Form (CIF) should be completed at the end of each day of examining. The purpose of this form is to capture accurate information that may be used when investigating candidate appeals and complaints. Any procedural, timing, or patient issues should be recorded on this form. Candidates who have failed by a single mark in a single skill should be discussed at the post-cycle briefing and the discussions recorded on this sheet. Centres running for more than one day will be required to complete more than one CIF.

PACES pass mark change

The PACES standard setting group met in December 2015 to review the pass standard for the PACES examination. The recommendation of the group was to change the pass standard by raising the pass mark in Skill A by two marks, and raising the pass mark in skills C, D and E by one mark each. The overall pass mark of 130 will remain the same. The pass mark change will take effect from the 2017/01 examinations. The pass mark for examinations for 2016/03 will remain the same.

Candidates requesting reasonable adjustments

Candidates with disabilities may be entitled to reasonable adjustments (such as they would find in their workplace) in order to sit the examination. Candidates should contact the candidate office *before* the examination to discuss and agree any reasonable adjustment and for this to be communicated to their examination centre in advance. Candidates attending a centre that has not been informed of any reasonable adjustments should be discussed with the relevant PACES office on the day for direction on what action should be taken.

Examiner Compliance Criteria

MRCP(UK) is required to comply with the minimum requirements for examiners and assessors agreed by the Academy of Medical Royal Colleges Assessment Committee in 2014. A review of the criteria for MRCP(UK) examiners was carried out by the Clinical Examining Board earlier this year to ensure that these requirements are being met and are clearly described. The newly agreed criteria are available on the MRCP(UK) website.