

Review takes stock of Station 5

One of the unique strengths of the MRCP(UK) Diploma examination is its hands-on clinical component. The Part 2 Clinical Examination (PACES) gives candidates an opportunity to demonstrate a range of clinical and communication skills, and their ability to build a successful rapport with patients.

The two-hour exam consists of five clinical stations, involving real patients or surrogates, providing a broad assessment of candidates by ten senior physicians. These include:

- Station 1. Respiratory and abdominal examination
- Station 2. History taking
- Station 3. Cardiovascular and nervous system examination
- Station 4. Communication skills and ethics
- Station 5. Integrated clinical assessment.

The format for Station 5 was updated in late 2009. Under the old format, four patients were seen covering dermatology, ophthalmology, rheumatology and endocrinology. Candidates assessed each patient and discussed the findings, focusing on diagnosis and management.

The new Station 5 format

The new format was developed to increase the clinical range of material covered in PACES, and to introduce encounters where communication and focused examination could be assessed in an integrated manner. There are two brief clinical consultations with a patient, where the candidate takes a focused history, examines the relevant system and discusses a management plan with the patient, addressing any concerns they may have.

The scenarios for Station 5 are written by the host examiner and their team, or the host centre, before they are submitted to one of the Station 5 scenario vetters for review prior to their inclusion in an exam.

In line with MRCP(UK)'s commitment to continual, evidence-based improvements to keep the exams robust, relevant and up-to-date, a review of Station 5 has recently been completed.

Methodology

The review was carried out by a team from all three Royal Colleges of Physicians, including senior examiners, hosts and administrative staff. A trainee representative also took part, and the group was chaired by Dr Graeme Dewhurst, Senior Clinical (PACES) Examiner for the Royal College of Physicians (London).

The team considered a range of evidence, including:

- a survey of senior physicians who vet the Station 5 scenarios
- analysis of the clinical content of a defined sample of scenarios
- feedback from candidates
- comments and data from PACES appeals
- a review of spontaneous comments about Station 5, from a trainee survey by the Joint Royal Colleges of Physicians Training Board (JRCPTB)
- a review of comments from MRCP(UK) qualitative research on stakeholder perceptions.

Findings

The review team concluded that the new Station 5 is meeting its general aims of broadening the range of clinical material, and provides an integrated assessment of communication and examination skills.

The team did, however, identify a number of areas for improvement, that were mainly associated with the practical aspects to delivering the examination at local host centres. Some of these areas include:

- more guidance for scenario writers and hosts
- more guidance on calibration, rehearsing history and ensuring correct delivery
- more use of acute scenarios to reflect current medical practice
- feedback on scenario performance to hosts and vetters
- formal advice on the re-use of scenarios
- initiation of mapping against the CMT curriculum for station 5 scenarios
- continued review of Station 5.

It also emerged that the majority of scenarios cover chronic conditions, and more scenarios reflecting acute situations are needed.

Next steps

Taking forward all of the review team's recommendations will require more time, but some will be more straightforward than others to implement. For example, there is already scenario-writing guidance for host examiners, but this is being extensively revised. A new version will be available in 2014.

Commenting on the review, Dr Dewhurst said: 'Discussion about Station 5 often produces strong views, frequently relating to the challenges of producing and examining suitable scenarios in the tight time available. The review group firmly believes that our new guidance will greatly assist both hosts and examiners in ensuring that the station consistently reproduces the aims of PACES – a realistic, robust and appropriate clinical assessment of physicians in training. Furthermore, we believe that knowing we are truly supporting our future physicians will add to the satisfaction and intellectual stimulation that is a central feature of being a PACES examiner.'