

## **MRCP(UK) CENTRAL OFFICE**



ROYAL COLLEGE OF  
PHYSICIANS OF EDINBURGH



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June 2009

Dear Colleague,

### MRCP(UK) Part 2 Clinical Examination PACES: February-April 2009

The Clinical Examining Board met in March, and we have pleasure in presenting our regular update on PACES.

In the first diet of 2009, 1244 candidates sat in diet 09/1 in the UK, Hong Kong, Egypt, and the UAE. The overall pass rate was 37.73%

#### Developments to PACES

As part of the process of introducing change into the clinical examination, it was necessary to submit a detailed description of the proposed changes to Station 5 and the marking and standard setting methodology to PMETB. The written documentation was submitted in December 2008 and the Chairman and Secretary of the Clinical Examining Board, and our chief psychometric adviser Professor Chris McManus, subsequently met with the PMETB assessment panel in February of this year. We are pleased to report that the changes were accepted and that the quality of the overall submission was commended by PMETB. As a result we can now proceed to implement the changes in October 2009 as planned.

A great deal of work is now underway to develop appropriate training materials for examiners and explanatory material for candidates. A new video for examiners will be produced, and for the first time, we hope to produce a separate video specifically designed to familiarise trainees with the examination. These videos will be available as webstreams via the MRCP(UK) website, and will be accompanied by a variety of supporting written material. The material will be published online after completion of the second diet, that is by late July.

In addition, the supporting paperwork used by hosts and organisers of PACES is under review. We intend to revise all our documentation, including centre audit report forms and trainee examiner documentation in time for the introduction of the PACES changes.

Other CEB work at present includes the development of criteria by which the performance of examiners can be measured. We have engaged with other Colleges in the discussion of this and will report in detail towards the end of the year.

## Retired Examiners

Retired examiners make an important and valued contribution to the delivery and quality of PACES. The imminent change in GMC registration procedures, and introduction of PMETB Standards for Assessors, has necessitated review of our procedures for appointment, training and length of service of all examiners, including those who are retired.

The issue has been discussed at Clinical Examining Board and MRCP(UK) Management Board and was felt to be of sufficient importance to be referred to Federation for further discussion. All examiners will be informed of the decisions regarding registration, licensing and certification requirements in the near future.

## Standardised scenarios for Station 2 (History-Taking Skills)

The Scenario Editorial Committee has continued the process of producing standardised scenarios for Station 2 with a view to providing all centres with scenarios by the third diet of 2009. In order to help us monitor the quality of each standardised scenario, we ask that hosts record the number of the scenario used by each candidate, and the *Host Admin Check Sheet* has been modified for this purpose.

## Fitness to practice, probity and PACES

We have recently identified a number of candidates who are subject to ongoing GMC enquiries or have been the subject of investigations by regulatory authorities in other countries, the details of which are unknown to MRCP(UK).

All candidates must declare whether they are the subject of GMC investigation or have been permanently suspended from practice in any part of the world at the time of application to sit PACES. However, we would also request that all examiners who are asked to sponsor a candidate for PACES specifically enquire of the candidate whether any such circumstance applies to them.

Similarly, we would note that it is the responsibility of any examiner who is returning to practice following a period of suspension to inform their College lead examiner of any condition applicable to their practice that might prejudice their ability to participate as an examiner.

## Reminders about the conduct of the exam

The Board has reviewed the delivery of the examination, and wishes to highlight the following points.

### **For examiners:**

- Please take care that candidates cannot see the comments you are writing on their mark sheets, or the marks you award. Some candidates have complained that their subsequent performance was adversely affected by seeing that a poor mark had been awarded.
- Please ensure that candidates at the Nervous System assessment are given instructions that clearly direct them to undertake a part or parts of the Nervous System examination that can be undertaken in 6 minutes. Some candidates are simply asked to “Examine the Nervous System” and understandably feel that this is not an achievable task in the time available.
- Examiners should ensure that one examiner leads candidate questioning and that the other does not interrupt or ask questions. It is acceptable for the second

examiner to ask questions if the first “dries up”, or if it is felt vital to clarify something a candidate has said, but both these occurrences should be infrequent.

- Candidates and examiners should follow the infection-control policy of the host hospital and dress as would be expected for clinical work in that hospital. National guidance is currently being developed and may include the following recommendations:
  - Wear a short-sleeved shirt or blouse
  - Keep fingernails short and clean
  - Don’t wear false nails
  - Don’t wear a neck tie (other than a bow tie)
  - Don’t wear a wristwatch or wrist jewellery (a plain wedding ring may be acceptable)

And finally

We would like to record our thanks to Dr Alastair Dickins for all his work in support of the Clinical Examining Board and wish him well in his future career.



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