

## Clinical Examining Board Chair's letter – April 2024

### MRCP(UK) Part 2 Clinical Examination (PACES)

In January of this year, it gave me great pleasure to take up the position of Associate Medical Director for Clinical Examinations having succeeded Dr Stuart Hood who has taken over as Medical Director for Assessment.

Probably the most important part of the role is to chair the Clinical Examining Board which maintains oversight of the performance and standard of the MRCP PACES exam. The board meets three times per year after the completion of each diet to review the results and to compare them to the longer term statistical norms.

Prior to taking up this position I was the Dean of Examinations for the Royal College of Physicians of Edinburgh for six years. I have been an examiner for PACES since its introduction and have examined in excess of two thousand candidates overall. Clinically I continue to work as an Endocrinologist and Acute Medicine Physician in Inverness in the North of Scotland.

*Dr Rod Harvey, Associate Medical Director for Clinical Examinations / Chair, MRCP(UK) Clinical Examining Board*

#### Points to note

The **chair's Powerpoint presentation** has been updated to reflect the fact that PACES23 is now established. New slides have been added relating to **linked skill marking** and the proper completion of the mark sheets. Please ensure that the presentation is shown at the Examiner's briefing in advance of the start of the exam.

The guidance for linked skill marking for the Clinical Encounters in Stations 1, 3 and 4 is unchanged. The slides emphasise however, using text taken directly from the examiner guidance, that this is not a rigid rule, there being scope for examiner discretion depending on the individual case and candidate performance.

As the correct diagnosis can often be determined from the history in the Consultation encounters the guidance on linked skill marking in the event of an unsatisfactory score for Skill B **does not apply to Stations 2 and 5**.

**Calibration of cases** prior to the start of the exam remains crucial to the reliability of the exam. Please emphasise that examiners must approach the clinical cases in the same way as candidates without prior knowledge of the physical signs present or likely diagnosis. Each examiner should examine independently and then agree with their co-examiner the signs that both agree to be present, those which would be required for a satisfactory score in Skill B as well as the potential diagnoses.

The **Examiner Code of Conduct** on the [MRCP\(UK\) website](#) has been updated. It is important that examiners make no comment or any non verbal communication to candidates that might imply that their performance was good or otherwise, or which could be considered to be discriminatory in any way. In general examiners must strive to remain as neutral as possible at all times in their interaction with candidates as well as their co-examiners.

The **guidance on participation in training courses for PACES** has been updated. As before PACES examiners are not permitted to participate in courses run for commercial gain. It is acceptable to participate in College approved non commercial courses and to receive reimbursement of reasonably incurred expenses for travel

and accommodation etc, but not for loss of income. It is also acceptable to participate in less formal non College approved non commercial training through media such as podcasts and webinars.

A period of two diets must elapse before any individual who has participated in a commercial PACES training course can examine PACES. This rule applies to both new examiners and individuals who have previously examined PACES.

### **PACES23 – 2023/03 diet**

The first diet of the new examination format was successfully delivered, with 2632 candidates sitting (including 79 in Singapore who sat the old format). Results were released from 5 December following the standard setting meeting on 28 November. The overall pass rate was 46.1%; 70.4% for UK graduates and 38.3% for international candidates.

### **2024/01 diet**

The 2024/01 diet finished in March with a total of 2510 places made available (1210 in the UK and 1300 internationally) run across 68 centres (45 in the UK and 23 internationally). As with the previous diet, results were withheld until towards the end of the diet to allow full analysis of candidate performance. A smaller standard setting group, comprised of the AMD, the Medical Secretary, and the three college senior examiners, met in late March to discuss the outcomes and agree the pass standards for this diet, which were in fact unchanged from 2023/03. Results were released in early April, ahead of the application deadline for higher specialty training posts. A full standard setting meeting scheduled for late May will confirm the pass standards for subsequent diets.

### **2024/02 diet**

The 2024/02 diet starts on 14 May offering 1320 examination spaces in the UK and 680 spaces internationally. In anticipation of demand once again exceeding supply prioritisation criteria have once again been developed for the UK places to help facilitate appropriate career progression.



Dr Rod Harvey  
Chair  
MRCP(UK) Clinical Examining Board  
[roderick.harvey@mrcpuk.org](mailto:roderick.harvey@mrcpuk.org)



Prof Hasan Tahir  
Medical Secretary  
MRCP(UK) Clinical Examining Board  
[hasan.tahir@mrcpuk.org](mailto:hasan.tahir@mrcpuk.org)

### **Hot Topics – April 2024**

- ❖ **Marksheet Descriptors:** Examiners should ensure the marksheet description (brief description of the case) are the same.
- ❖ **Starting station box.** The starting station box should be used to state whether the candidate started the 'exam' at that station.
- ❖ **Timing of encounters.** Examiners are reminded that they retain primary responsibility for timing encounters using the timers provided, and that external knocks should be used as a back-up only.
- ❖ **Encounter instructions.** Examiners may read out the instructions to candidates in all clinical encounters (Stations 1, 3 and 4).