



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

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

#### Introduction

PACES23 continues to bed in successfully and has now completed a full year of assessment over three diets with the new pass thresholds now fully established. As would be anticipated with a new format of examination a number of minor issues have emerged during the course of the year that have led to the inclusion in this letter of the points below and in the Hot Topics.

Please ensure that you do cover these points at the chair's briefing at the beginning of each examining day as it is important that we continue to standardise the delivery of the exam across all of our delivery sites as far as is possible and work to continue to eliminate unwarranted variation.

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

#### 2024/02 diet

The final standard setting group took place in person at the RCP on 28 May to set the pass standard for the 2024/02 diet and subsequent assessment periods. The group reviewed all of the candidate performance from the previous two diets. It was agreed to maintain the same pass standard used in the 2023/03 and 2024/01 diets:

Skill	Pass Mark
A (Physical Examination Skills)	16/24
B (Identifying Physical Signs)	14/24
C (Clinical Communication Skills)	11/16
D (Differential Diagnosis)	15/24
E (Clinical Judgement)	20/32
F (Managing Patients' Concerns)	10/16
G (Maintaining Patient Welfare)	28/32
Overall Pass Mark	126/168

The group discussed the overall 'backstop' score but agreed that this should be retained as very few candidates fail on this having passed all seven skills.

The Clinical Examining Board approved the recommendation and will continue to closely monitor candidate pass rates going forward. Results are now being released within 3 weeks for UK candidates and 6 weeks for those sitting in international centres.

The 2024/02 diet finishes on 15 August with a total of 2000 places made available (1320 in the UK and 680 internationally) run across 65 centres (53 in the UK and 12 internationally).

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## 2024/03 diet

The 2024/03 diet starts on 5 September offering 1490 examination spaces in the UK and 1720 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.

### Important points to note for forthcoming diet

#### Marking guidance for Skill B in Consultation encounters where no abnormal physical signs are present

Examiners should agree at the time of calibration which physical signs a candidate must positively state to be absent in order to achieve a satisfactory mark for Skill B. Simply stating that the examination was normal or that no abnormal signs were present would not in itself be sufficient. In that event examiners should specifically enquire of the candidate as to the presence or absence of the signs agreed at calibration.

Although the principle of no formal linkage between Skill A and Skill B remains it should be noted that an inadequate physical examination as assessed in Skill A may inevitably lead to the inability of a candidate to provide assurance as to the absence of specific physical signs agreed at calibration and therefore lead to inadequate performance in Skill B.

For example, in a case of a probable transient ischaemic attack examiners might require a candidate to state that there was no residual weakness, that the cardiac rhythm was regular with no evidence to suggest atrial fibrillation and that no carotid bruit was audible.

Clearly in order to be able to make such specific statements a candidate would need to have performed the appropriate examination, which in the case of the above example would include an assessment of power, examination of the pulse and auscultation of the neck and possibly heart.

Poor or inadequate performance in Skill A could therefore lead to poor performance in Skill B (just as is the case where abnormal signs are in fact present), albeit that there would continue to be no formal linkage between Skill A and Skill B.

As candidates may not directly proffer the absence of specific signs it is likely that the lead examiner may need to ask direct questions in order to form a judgement for Skill B e.g. *“did you think there was a carotid bruit present”*, *“was the pulse regular”*.

#### Linked Skill marking (Skills B, D & E) Consultation encounters

Please note as previously advised the formal linked skill marking guidance should not be applied in the Consultation Stations 2 and 5 as the diagnosis can often be ascertained from the history alone. However there may be cases in which the correct diagnosis as agreed at calibration can only be precisely ascertained by correctly eliciting physical signs (e.g. Graves disease vs thyrotoxicosis based on the finding of a thyroid bruit). In such circumstances failure to correctly identify the physical signs will inevitably result in a less than satisfactory score for Skill D.

### **Standardising the order of encounters in Station 3 (Cardiovascular/Neurology)**

In order to reduce uncertainty and stress for candidates and to help further standardise the exam the default sequence of encounters in Station 3 will in future be Cardiovascular followed by Neurology. There will be a requirement to inform candidates during the preceding 5-minute sitting period if the order is to be reversed for any reason. Failure to do so would constitute a procedural irregularity and hence be a potential ground for a successful appeal. If the neurology encounter is examined before the cardiovascular one then this must be recorded as a comment on the mark sheet together with confirmation that the candidate was informed during the pre-station sitting period.

### **New arrangements for examiner training within PACES23**

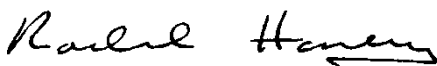
The revised arrangement in PACES23 permits trainee examiners to attend and shadow mark two cycles only. Training for new examiners should always start with Station 1 or Station 4, followed in the second carousel by a Consultation encounter (Station 2 or Station 5). This allows trainee examiners to participate fully in the calibration process for both a Communication and a Clinical Examination encounter. In the second cycle, briefing on the agreed calibration criteria for the Consultation encounter is acceptable.

### **Fair Assessment: Are my judgements unbiased? Equality and diversity training for PACES examiners becomes mandatory for 2024/03**

Examiners are required to undertake one module (every three years) of the bespoke online equality and diversity training (*Fair Assessment: Are my judgements unbiased?*) created especially for MRCP(UK) PACES examiners. Training will be mandatory from 2024/03 onwards. New examiners undergoing training will receive instructions and a registration code to access the e-learning platform from their college examination team. Existing examiners who need to complete a further module should revisit the e-learning platform [HELM \(helmlms.com\)](https://helmlms.com)

### **PACES Champion awards 2024**

PACES Champion awards are designed to recognise individuals for their commitment to the PACES examination. The deadline for nominations for the 2024 awards is 30 September 2024. Details of how to nominate can be accessed [here](#) from mid-August.



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## Hot Topics – September 2024

- ❖ Candidates must be kept informed by the chair/host examiner /senior administrator of any delay in the commencement time of the examination together with the anticipated revised start time. They must be offered appropriate refreshment in the event of a significant delay. Delays in excess of 60 minutes are likely to be regarded as a significant procedural irregularity in the event of an appeal.
- ❖ It is deemed good practice for the chair/host examiner to meet with the candidates prior to each cycle to set them at ease and provide simple advice as to the arrangements for the running of the exam and also to debrief them after each carousel to identify any issues of concern.
- ❖ PACES examiners are reminded that they are required to follow the MRCP(UK) [Examiner code of conduct](#). Please emphasise the importance of maintaining a neutral demeanour at all times in interactions with candidates and to avoid any comments or non-verbal communication that could be perceived by a candidate to be judgemental or undermining.
- ❖ Isolated instances of concern about unprofessional behaviour by examiners continue to be received from both candidates and co-examiners. Any concern of this nature raised by a candidate on the day must be reported to the Chair of Examiners. Chairs may be able to address the issue on the day, and should always report such concerns in the relevant section of the Centre Incident Form, as this aids any subsequent investigation that may be necessary.
- ❖ At International Centres please ensure that all visiting UK examiners are aware of the new expected [Code of Conduct for International Examiners](#).
- ❖ Calibration in the clinical examination encounters should continue to be performed by examiners blind to the diagnosis or physical signs believed to be present. However the confirmed diagnosis / physical examination findings should be made available to examiners to review after calibration has been completed to allow them to validate their findings.
- ❖ Any candidate who has requested and been granted a reasonable adjustment on account of a disability must receive the adjustment that has been agreed through their College of entry. Any discussion with the candidate about the adjustment on the day of the exam must be conducted in private and not in the presence of other candidates. Examiners must be informed of candidates who have been granted a reasonable adjustment and its nature at the time of the chair's briefing.