Name of Hospital(s)



MRCP(UK) Part 2 Clinical Examination PACES

Practical Assessment of Clinical Examination Skills

CENTRE AUDIT FORM

For completion and signature by the Chair of Examiners after discussion with the Host Examiner. Please return to the host College immediately after the examination.

In Centres running more than one day of PACES, only one form need be completed.

The Chair of Examiners should gather the information necessary to complete this form from their own observations and discussion with the host, other examiners and patients and supporting staff as necessary during the examination day or days.

N	lame of H	ost / Federation Lea	ıd				
	Date	of Examination					
	Nur	mber of cycles					
Please indicate the type of venue used for the		Dedicated examinations unit or postgraduate facility	NHS clinic patient fa temporar vacated fo examinati	icility ily or the	NHS clinical out patient facility temporarily vacated for the examination	NHS clinical in patient facility still in use during the examination	NHS clinical out patient facility still in use during the examination
	mination						
Facil	lities						
1	Was the area in which the examination took place generally suitable for PACES?						
2	Were suitable handwashing facilities available?						
Was it possible to ensure the privacy and dignity of participating patients?							
4	patients,	nents for candidates,					

Supp	ort	
5	Were sufficient staff available to support and chaperone patients, facilitate timekeeping and candidate flow, and collection and collation of marksheets?	
6	Had the host received appropriate support from their parent College Examinations Department?	
Exan	niners	
7	Did all examiners arrive in time for the briefing and calibration and stay for the full examining day?	
8	Was the calibration process given enough time and conducted to your satisfaction?	
9	Were any cycles conducted with 10 or fewer examiners? If answer is yes, please confirm action taken.	
Clinic	cal Cases and Materials	
11	Stations 1, 2, 4 and 5 Individual Scenario Assessment Forms should be completed by examiners at these Stations – please highlight any major concerns here.	
12	Stations 1, 3 and 4 Were an appropriate number of patients changed between the morning and afternoon cycles of a three-cycle day?	
13	Were sufficient numbers of patients available for the duration of the examination?	
15	Was appropriate examination equipment (e.g. tuning forks) provided?	

17	ess		
17			
17	Were there any candidates with any reasonable adjustments or requirements?		
	If yes, what accommodations were made for these candidates?		
18	Was appropriate supporting paperwork for examiners available? (e.g. calibration sheets; scenarios; introductors; summary of clinical cases)		
19	Were any observers (not trainee examiners) present at the examination?		
Cent		ghlight any resourcing or support issues that would facilitate future delivery of PACES	

Additional Comme	nts – Changes to PACES			
development of the	examination. Please highli	ght any innovations or	areas of good practice	ght inform future delivery or at this Centre that might be future delivery of PACES at this
NAME	SIGNED	DATE		
(Chair of Examiners)				
NAME	SIGNED	DATE		

(Host Examiner)