

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.

Name of Hospital(s)	
Name of Host / Federation Lead	
Date of Examination	
Number of cycles	

Please indicate the type of venue used for the examination	Dedicated examinations unit or postgraduate facility	NHS clinical in patient facility temporarily vacated for the examination	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

Facilities		
1	Was the area in which the examination took place generally suitable for PACES?	
2	Were suitable handwashing facilities available?	
3	Was it possible to ensure the privacy and dignity of participating patients?	
4	Were catering arrangements for patients, candidates, support staff and examiners adequate?	

Support		
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?	
Examiners		
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.	
Clinical Cases and Materials		
11	Stations 1, 2, 4 and 5 <i>Individual Scenario Assessment Forms should be completed by examiners at these Stations – please highlight any major concerns here.</i>	
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?	

