Membership of the Royal Colleges of Physicians of the United Kingdom

Part 2 Clinical Examination (PACES)
Chair’s Briefing to Examiners
Chair’s briefing meeting for examiners

• PACES23
  – The basics of the examination
  – Before the cycle starts
  – During the examination
  – At the end of each cycle

• Marking

• Key points from recent ‘Hot Topics’
PACES23 – Key features

• 5 Stations of 20 mins
• Total of 8 encounters
• Communication Encounters:
  – Two 10 minute communication encounters
  – No question and answer section, the encounter being judged entirely on observation of the interaction.
  – Paired with and precede a physical examination encounter
PACES23 – Key features

• Physical Examination Encounters
  – Four 10 minute physical examination encounters – 6 minutes examination and 4 minutes question and answer
  – CVS and Neurology paired in Station 3
  – Respiratory and Abdomen paired with and follow on from Communication Encounters in Stations 1 and 4
PACES23 – Key features

• Clinical Consultations:
  – Two 20-minute clinical consultations encounters in Stations 2 and 5
  – One acute and one non acute
  – Assess candidates across all seven skills.
  – Candidates have 15 minutes to take a structured history, examine the patient, explain the likely diagnosis and management and address any questions or concerns.
  – 5 minute question and answer section with the examiners.
The PACES23 Carousel

- 2x 10 min communication encounters, each aligned with an examination
  - No examiner interaction

- 2x 20 min clinical consultations
  - One acute, one non-acute
Examiner Training PACES23

• Online module should have been completed

• If not: Inform chair immediately

• Takes about 30 mins

• If time doesn’t allow- untrained examiner MUST examine at station 3.
# Marking scheme in PACES23

<table>
<thead>
<tr>
<th>Station</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td></td>
<td></td>
<td></td>
<td>P + Q</td>
<td>R + S</td>
<td>T + U</td>
<td>T + U</td>
<td>V + W</td>
</tr>
<tr>
<td>Identifying Physical Signs</td>
<td></td>
<td></td>
<td></td>
<td>P + Q</td>
<td>R + S</td>
<td>T + U</td>
<td>T + U</td>
<td>V + W</td>
</tr>
<tr>
<td>Clinical Communication</td>
<td></td>
<td></td>
<td></td>
<td>P + Q</td>
<td>R + S</td>
<td>V + W</td>
<td>X + Y</td>
<td></td>
</tr>
<tr>
<td>Differential Diagnosis</td>
<td></td>
<td></td>
<td></td>
<td>P + Q</td>
<td>R + S</td>
<td>T + U</td>
<td>T + U</td>
<td>V + W</td>
</tr>
<tr>
<td>Clinical Judgement</td>
<td></td>
<td></td>
<td></td>
<td>P + Q</td>
<td>P + Q</td>
<td>R + S</td>
<td>T + U</td>
<td>V + W</td>
</tr>
<tr>
<td>Managing Patient Concerns</td>
<td>P + Q</td>
<td>R + S</td>
<td></td>
<td>V + W</td>
<td>X + Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining Patient Welfare</td>
<td>P + Q</td>
<td>P + Q</td>
<td></td>
<td>V + W</td>
<td>X + Y</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Examiner

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th>Q</th>
<th>R</th>
<th>S</th>
<th>T</th>
<th>U</th>
<th>V</th>
<th>W</th>
<th>X</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td># of judgements</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td># of marks</td>
<td>18</td>
<td>18</td>
<td>14</td>
<td>14</td>
<td>20</td>
<td>20</td>
<td>18</td>
<td>18</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Skills</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>
Calibration

• The calibration process is crucial for reliability

• Examiners should calibrate the physical examination encounters independently without prior knowledge of the patient’s diagnosis or physical signs

• Candidates should only be judged on signs that both examiners agree to be present

• Examiners should consider and agree the specific criteria in all encounters that will be used to judge whether the candidate has met the standard for each skill assessed
The standard for candidates in PACES is set at: *Level 3 (entrusted to act with indirect supervision)* as per the latest Internal Medicine Curriculum.

**Capability Descriptors**

**Level descriptors**

Level 1: Entrusted to observe only – no execution
Level 2: Entrusted to act with direct supervision
Level 3: Entrusted to act with indirect supervision
Level 4: Entrusted to act unsupervised
Method of assessment

• Seven clinical skills
• Different numbers and combinations of skills assessed at different encounters
• Three point marking scale
• No overall judgement mark required
<table>
<thead>
<tr>
<th>Station Encounter</th>
<th>Patient Interaction (mins)</th>
<th>Reflection (mins)</th>
<th>Examiner Interaction (mins)</th>
<th>Advisory warning at (mins)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Communication 1</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>Marking is by observation alone</td>
</tr>
<tr>
<td>1 Respiratory</td>
<td>6</td>
<td>-</td>
<td>4</td>
<td>5</td>
<td>If candidate indicates they are finished before 6 minutes elapse, questioning can begin</td>
</tr>
<tr>
<td>2 Consultation 2</td>
<td>15</td>
<td>-</td>
<td>5</td>
<td>13</td>
<td>The full 15 mins must pass before questioning can begin.</td>
</tr>
<tr>
<td>3 Cardiovascular</td>
<td>6</td>
<td>-</td>
<td>4</td>
<td>5</td>
<td>If candidate indicates they are finished before 6 minutes elapse, questioning can begin</td>
</tr>
<tr>
<td>3 Neurological</td>
<td>6</td>
<td>-</td>
<td>4</td>
<td>5</td>
<td>If candidate indicates they are finished before 6 minutes elapse, questioning can begin</td>
</tr>
<tr>
<td>4 Communication 4</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>Marking is by observation alone</td>
</tr>
<tr>
<td>4 Abdominal</td>
<td>6</td>
<td>-</td>
<td>4</td>
<td>5</td>
<td>If candidate indicates they are finished before 6 minutes elapse, questioning can begin</td>
</tr>
<tr>
<td>5 Consultation 5</td>
<td>15</td>
<td>-</td>
<td>5</td>
<td>13</td>
<td>The full 15 mins must pass before questioning can begin</td>
</tr>
</tbody>
</table>
## Skill A

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Skill Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td>Demonstrate correct, thorough, systematic, appropriate, fluent, and professional technique of physical examination.</td>
</tr>
</tbody>
</table>

This skill is testing clinical examination technique, NOT the ability to detect physical signs
### Skill B

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Skill Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying Physical Signs</td>
<td>Identify physical signs correctly, and not find physical signs that are not present</td>
</tr>
</tbody>
</table>

The physical signs present MUST be agreed by the examiners during the pre-cycle calibration
Avoid ‘double jeopardy’– do not mark candidates down for physical examination
## Skill C

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Skill Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Communication</td>
<td>Elicit a clinical history relevant to the patient’s complaints, in a systematic,</td>
</tr>
<tr>
<td></td>
<td>thorough, fluent and professional manner.</td>
</tr>
<tr>
<td></td>
<td>Explain relevant clinical information in an accurate, clear, structured,</td>
</tr>
<tr>
<td></td>
<td>comprehensive, fluent and professional manner.</td>
</tr>
</tbody>
</table>
Skill C

• This skill is tested at stations 1a, 2, 4a and 5
• During pre-cycle calibration it is important that the scenario is rehearsed with the surrogate/patient to ensure consistency of responses
• Ensure surrogate/patient can answer any questions the candidate is likely to ask
Skill D

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Skill Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Create a sensible differential diagnosis for a patient that the candidate has personally clinically assessed</td>
</tr>
</tbody>
</table>

The likely diagnoses should be agreed by the examiners during the pre-cycle calibration.
<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Skill Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>E Clinical Judgement</td>
<td>Select or negotiate a sensible and appropriate management plan for a patient, relative or clinical situation. Select appropriate investigations or treatments for a patient that the candidate has personally clinically assessed. Apply clinical knowledge, including knowledge of law and ethics, to the case.</td>
</tr>
</tbody>
</table>
Skill E

• “Can apply clinical knowledge, including knowledge of law and ethics where relevant, to the case”
• Understanding of physical signs
• Investigations
• Management
• Solve a clinical problem
### Skill F

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Skill Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Patients’ Concerns</td>
<td>Seek, detect, acknowledge and address patients’ or relatives’ concerns. Listen to a patient or relative, confirm their understanding of the matter under discussion and demonstrate empathy</td>
</tr>
</tbody>
</table>

In stations 1a, 2, 4a & 5 ensure that the patient/surrogate knows at least one question to ask the candidate
## Skill G

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Skill Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>G Maintaining Patient Welfare</td>
<td>Treat a patient or relative respectfully and sensitively and in a manner that ensures their comfort, safety and dignity.</td>
</tr>
</tbody>
</table>

Domain in which “Roughness” would be indicated (physical or verbal)

Candidates who cause patients significant emotional or physical discomfort, or suggest a management plan that would jeopardise patient safety should be given an Unsatisfactory at Skill G.
Skill G

Awarding an unsatisfactory mark should be uncommon. When it happens:

• Document reasons in detail on the marksheet before handing it in
• Mark “enhanced feedback” lozenge
• Discuss with co-examiner
Marking all skills

• Examiners must manage time to assess all skills
• Take care with
  – Stations 2 & 5 – Ensure the patient asks questions to allow assessment of Skill F (Managing Patients’ Concerns)
• If a skill is “not tested” it will be regarded as not demonstrated and score an ‘unsatisfactory’ mark
Linked Skills Marking Clinical Examination Encounters

• This guidance applies to Stations 1b, 3 and 4b, but not to Consultation Encounters (Stations 2 & 5)
• Credit should not be given for suggesting a credible diagnosis based on incorrect physical signs or for the good management of an incorrect diagnosis
• If a mark other than Satisfactory is awarded for Identifying Physical Signs (Skill B), it is unlikely that the criteria for a Satisfactory mark for Differential Diagnosis (Skill D) or for Clinical Judgement (Skill E) will be met.
Linked Skills Marking Clinical Examination Encounters

- **In most cases** where Skill B is marked as Unsatisfactory, further Unsatisfactory awards will follow for Differential Diagnosis (Skill D) and Clinical Judgement (Skill E).

- When initial findings for Skill B have been partially correct and a candidate demonstrates good knowledge and judgement in constructing a differential diagnosis or discussing management, credit may be awarded, usually in the form of a Borderline, for either or both Skill D (Differential Diagnosis) and Skill E (Clinical Judgement).
Prior to the examination

- Allow up to 45 minutes to calibrate
- Calibrate blinded to signs and diagnosis
- Calibration must be completed at all stations before the examination can start
- Calibrate on all the skills assessed at the encounter
- Enter the same description on the marksheet
- Ensure patients/surrogates mobile phones are switched off during the exam
- Ensure your own phone/pager is switched off as well!!
During the examination

• Ensure that all relevant skills are marked
• Ensure comments are made whenever a B or U is awarded.
• Ensure all comments are legible and appropriate (as anonymised copies of marksheets are sent to candidates requesting extra feedback)
• Write comments in the designated box only (not in the descriptor boxes)
This refers to the station (not encounter)

If the candidate started the exam at station 3 please mark:

YES on the CVS and Neuro marksheets.

All other marksheets should be checked NO
Examiner errors – important!! These impact results release!

If marksheets are not filled in correctly:
- Missing/duplicate marks can impact academic integrity and must be checked by Dr Roderick Harvey and Prof Hasan Tahir
- Increased manual data entry which may impact the academic integrity
- Delays in processing time spent correcting errors
- Increased appeals with unclear marks and/or comments erased due to being outside lines

Communicating to hosts, examiners, and administrators ahead of examinations about what to look out for will help to eliminate errors and assist with efficient release of results.

2B pencil only - no pens
**Incorrect example - must avoid**

<table>
<thead>
<tr>
<th>Case Scenario</th>
<th>Examiner Initials</th>
<th>Examiner Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient History</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>Physical Examination</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>Communicating Effectively</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>Demonstrating empathy and care</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>Managing Patient Concerns</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>Maintaining Patient Safety</td>
<td>XX</td>
<td></td>
</tr>
</tbody>
</table>

**Correct example**

<table>
<thead>
<tr>
<th>Case Scenario</th>
<th>Examiner Initials</th>
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<td>Patient History</td>
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<tr>
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<td>Maintaining Patient Safety</td>
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Borderline

• Must always be accompanied by examiner comments
• Can be awarded if judged the Skill has not been fully demonstrated but some credit should be given
Close Fails

• If a candidate is one mark short of passing, their marks must not be changed.
• All of the candidate’s marksheets must be reviewed because they are often required during appeals. All ‘B’ and ‘U’ marks should be supported by clear and legible comments from the examiner.
• Should any issues or concerns be raised, they should be clearly recorded in the Chair’s Report.
After each cycle

• Attend the post-cycle briefing
• Report **anything** which potentially might give rise to an appeal or a complaint and clearly document the details - the Chair of Examiners will report this to the college.
• Remember a candidate may think something is significant, even if you are clear that it did not affect their performance.
Discussion sheets

Complete a discussion sheet in each case where a candidate:

• scored 28 on Skill G as a result of two unsatisfactory judgements at one encounter, but passed all other skills and reached the total passing score and recommend Pass or Fail.

• scored under 28 for Skill G.

• failed on 6 skills or more.

• Would benefit from enhanced feedback, for example due to a very low score on one particular skill.

Be as specific as possible in stating the reasons for recommending enhanced feedback and the recommendations on how the candidate could improve
Dress Code Advice To Candidates

What the website says.

• Dress appropriately - in a smart and professional manner and in accordance with any dress code in force at the hospital where the exam is being held.

• Remember that you will be required to examine patients so avoid garments that are either tight or restrictive, or excessively flowing - or anything that makes it more difficult for you to carry out a physical examination satisfactorily.

• Remember also that at stations 1, 2, 4 and 5 you will be expected to communicate with the patient or surrogate, so be aware of anything that might make it more difficult for you to demonstrate empathy and understanding e.g. facial veil or dark glasses. If you do not clearly demonstrate these abilities, examiners may mark the corresponding skills as unsatisfactory.
Hot Topics
Questions
The MRCP(UK) is part of the Federation of the Royal Colleges of Physicians of the United Kingdom