

# Membership of the Royal Colleges of Physicians of the United Kingdom

Part 2 Clinical Examination (PACES)  
Chair's Briefing to Examiners

**MRCPUK**

Membership of the Royal Colleges of Physicians of the United Kingdom

# 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

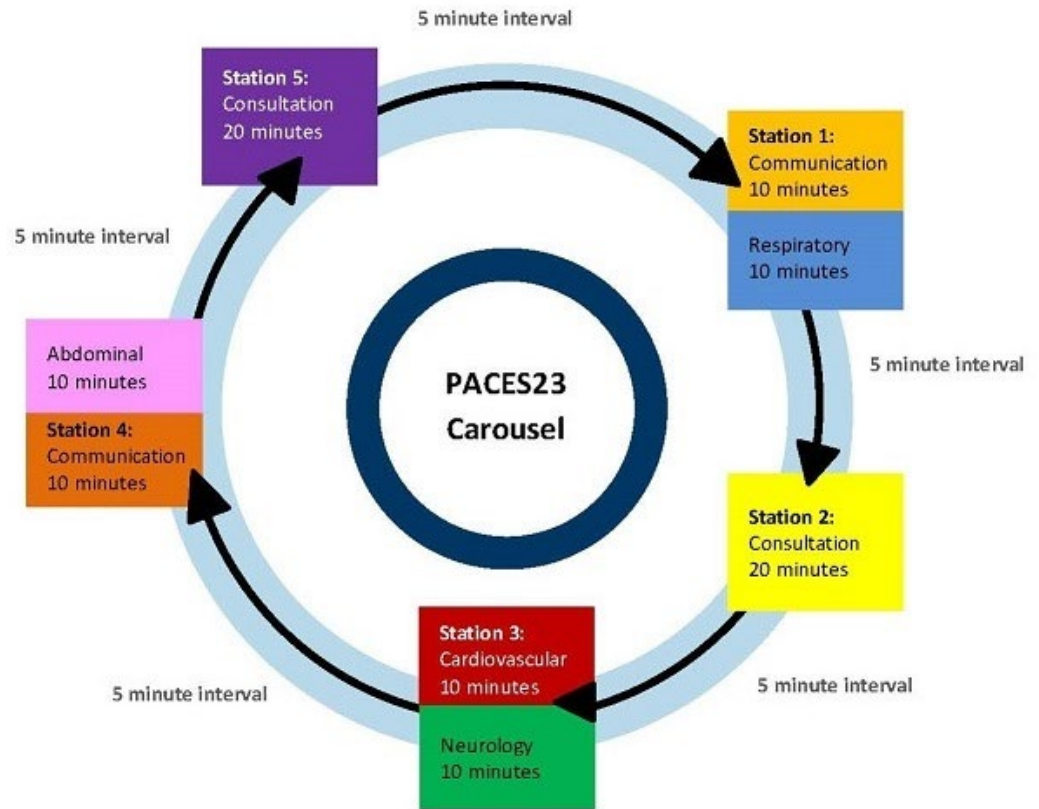
- **Physical Examination Encounters**
  - Four 10 minute physical examination encounters – 6 minutes examination and 4 minutes question and answer
  - CVS and Neurology paired in Station 3
  - Respiratory and Abdomen paired with and follow on from Communication Encounters in Stations 1 and 4

# 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



# Calibration

- The calibration process is crucial for reliability
- The standard for candidates in PACES is set at: *Level 3 (entrusted to act with indirect supervision)* as per the latest Internal Medicine Curriculum

# Calibration

- Examiners must agree the specific criteria that will be used to judge whether the candidate has met the standard for each skill assessed
- Criteria may include specific actions or items of information required of the candidate, and for Skills C and F broader qualities such as a fluent and adaptive interview style or an empathetic approach



# Calibration Physical Examination

- Examiners should calibrate the physical examination encounters independently and without prior knowledge of the patient's diagnosis or physical signs
- On completion of calibration Examiners should check their findings with information provided by the host
- Candidates should only be judged on signs that both examiners agree to be present

# 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

	Station Encounter	Patient Interaction (mins)	Reflection (mins)	Examiner Interaction (mins)	Advisory warning at (mins)	Comment
1	Communication 1	10	-	-	8	Marking is by observation alone
1	Respiratory	6	-	4	5	If candidate indicates they are finished before 6 minutes elapse, questioning can begin
2	Consultation 2	15	-	5	13	The full 15 mins must pass before questioning can begin.
3	Cardiovascular	6	-	4	5	If candidate indicates they are finished before 6 minutes elapse, questioning can begin
3	Neurological	6	-	4	5	
4	Communication 4	10	-	-	8	Marking is by observation alone
4	Abdominal	6	-	4	5	If candidate indicates they are finished before 6 minutes elapse, questioning can begin
5	Consultation 5	15	-	5	13	The full 15 mins must pass before questioning can begin

# Skill A

	Clinical Skill	Skill Descriptor
A	Physical Examination	Demonstrate correct, thorough, systematic, appropriate, fluent, and professional technique of physical examination.

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

# Skill B

	Clinical Skill	Skill Descriptor
B	Identifying Physical Signs	Identify physical signs correctly, and not find physical signs that are not present

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

	Clinical Skill	Skill Descriptor
C	Clinical Communication	<p>Elicit a clinical history relevant to the patient's complaints, in a systematic, thorough, fluent and professional manner.</p> <p>Explain relevant clinical information in an accurate, clear, structured, comprehensive, fluent and professional manner.</p>

# 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

	Clinical Skill	Skill Descriptor
D	Differential Diagnosis	Create a sensible differential diagnosis for a patient that the candidate has personally clinically assessed

The likely diagnoses should be agreed by the examiners during the pre-cycle calibration



# Skill E

	Clinical Skill	Skill Descriptor
E	Clinical Judgement	<p>Select or negotiate a sensible and appropriate management plan for a patient, relative or clinical situation.</p> <p>Select appropriate investigations or treatments for a patient that the candidate has personally clinically assessed.</p> <p>Apply clinical knowledge, including knowledge of law and ethics, to the case.</p>

# Skill E

- “Can apply clinical knowledge, including knowledge of law and ethics where relevant, to the case”
- Understand relevance of physical signs
- Appropriate investigations
- Solve a clinical problem
- Sum up and agree a plan with a patient

# Skill F

	Clinical Skill	Skill Descriptor
F	Managing Patients' Concerns	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

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

# Skill G

	Clinical Skill	Skill Descriptor
G	Maintaining Patient Welfare	Treat a patient or relative respectfully and sensitively and in a manner that ensures their comfort, safety and dignity.

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).



# Marking Skills B & D in Consultation Encounters

- No formal skills linkage as the diagnosis can often be ascertained from the history alone
- In some cases the diagnosis 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

## Marking Skill B in the absence of abnormal physical signs in Consultation encounters

- Examiners should agree at 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 there were no abnormal signs present would not in itself be sufficient
- Examiners may need to specifically enquire of the candidate as to the presence or absence of the signs agreed at calibration

# Consultation Encounters

- No formal linkage between Skill A and Skill B
- However an inadequate physical examination may result in the inability of a candidate to provide assurance as to the absence of specific physical signs
- This will result in inadequate performance in Skill B
  - *e.g assurance over the absence of a carotid bruit cannot be provided if the candidate has failed to auscultate the neck*

# Prior to the examination

- Allow up to 45 minutes to calibrate
- Calibrate blinded to signs and diagnosis
- Check calibrated findings with information provided by the host
- 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/examiners mobile phones are switched off during the exam

# 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)

# MARKSHEET

**CONSULT 2** ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM  
MRCP(UK) PACES EXAMINATION - CLINICAL MARKSHEET (E3)  
**STATION 2: Consultation**

Please use pencil only

RCP CODE NUMBER	EXAMINATION NUMBER	CENTRE NUMBER	SCENARIO NUMBER	EXAMINER NUMBER
01-01-01-01-01	01-01-01-01-01	01-01-01-01-01	01-01-01-01-01	01-01-01-01-01
02-01-01-01-01	02-01-01-01-01	02-01-01-01-01	02-01-01-01-01	02-01-01-01-01
03-01-01-01-01	03-01-01-01-01	03-01-01-01-01	03-01-01-01-01	03-01-01-01-01
04-01-01-01-01	04-01-01-01-01	04-01-01-01-01	04-01-01-01-01	04-01-01-01-01
05-01-01-01-01	05-01-01-01-01	05-01-01-01-01	05-01-01-01-01	05-01-01-01-01
06-01-01-01-01	06-01-01-01-01	06-01-01-01-01	06-01-01-01-01	06-01-01-01-01
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08-01-01-01-01	08-01-01-01-01	08-01-01-01-01	08-01-01-01-01	08-01-01-01-01
09-01-01-01-01	09-01-01-01-01	09-01-01-01-01	09-01-01-01-01	09-01-01-01-01

Brief description of the case:

Examiner initials:

Did candidate start at this station? Yes  No

Did you lead at this case? Yes  No

Please record your judgement for this candidate's performance on each of the clinical skills noted below. Any award of an unsatisfactory or borderline mark **MUST** be accompanied by comments.

Clinical Skill	Satisfactory	Borderline	Unsatisfactory	Enhanced Feedback	Comment
<b>Physical Examination (A)</b>	- Professional, focused and systematic examination relevant to the specific case - Correct, thorough and fluent		- Incorrect technique/examines through clothing - Omits important part/s of examination - Unsystematic, hesitant; lacking in confidence; unprofessional	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Identifying Physical Signs (B)</b>	- Identifies correct physical signs		- Misses important clinical signs - Finds signs which are not present	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Clinical Communication Skills (C)</b>	- Elicits appropriate and comprehensive history relevant to the clinical presentation in a professional manner - Assesses impact of symptoms and identifies patient's preferred management options - Explains clinical information in a clear, structured, comprehensive and professional manner		- Omits important areas of history; fails to assess impact of symptoms - Unsystematic; uses jargon; appears unpractised - Gives unclear or insufficient information, unprofessional - Fails to involve patient in developing management plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Differential Diagnosis (D)</b>	- Constructs a sensible differential diagnosis, including the correct diagnosis		- Poor differential diagnosis - Fails to consider the correct diagnosis	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Clinical Judgement (E)</b>	- Applies appropriate and accurate clinical knowledge to select a sensible and relevant management plan for this specific patient, including a timescale where appropriate		- Fails to apply appropriate and accurate clinical knowledge to this case - Selects an inappropriate, incomplete or incorrect management plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Managing Patients' Concerns (F)</b>	- Seeks, detects, acknowledges and addresses patient's specific questions or concerns in an empathetic manner - Demonstrates active listening and confirms patient's/relative's understanding		- Overlooks or fails to address patient's/relative's specific questions or concerns - Poor listening, lacks empathy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Maintaining Patient Welfare (G)</b>	- Treats patient/relative respectfully and sensitively, ensuring comfort, safety and dignity		- Causes patient/relative physical or emotional discomfort - Jeopardises patient safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	

DO NOT WRITE IN THIS SHADED AREA

DO NOT WRITE IN THIS SHADED AREA

← 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

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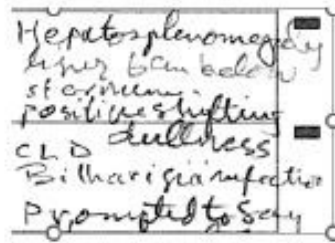
# Examiner errors – important!! These impact results release!

Common marksheet errors include:

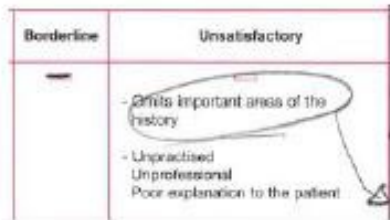


Missing '0'

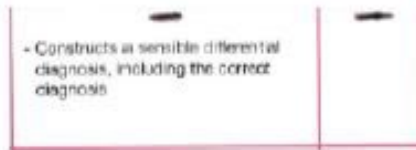
Ticked not filled



Comments/marks outside lines



Circling close to lozenge will be read as multiple mark



Multiple mark

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

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM  
MRCP(UK) PACES EXAMINATION - CLINICAL MARKSHEET (E8)  
STATION 5: Consultation

Brief description of the case:

Please use pencil only

RCP CODE NUMBER	EXAMINATION NUMBER	CENTRE NUMBER	SCENARIO NUMBER	EXAMINER NUMBER
01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

Examiner initials: **XX**

Did candidate start at this station? Yes  No

Did you lead at this case? Yes  No

Enhanced Feedback

Please record your judgement for this candidate's performance on each of the clinical skills noted below. Any award of an unsatisfactory or borderline mark **MUST** be accompanied by comments.

Clinical Skill	Satisfactory	Borderline	Unsatisfactory	Comment
Physical Examination (A)	- Professional, focused and systematic examination relevant to the specific case - Correct, thorough and fluent		- Incorrect technique/examines through clothing - Omits important parts of examination - Unsystematic, hesitant, lacking in confidence; unprofessional	XXXX
Identifying Physical Signs (B)	- Identifies correct physical signs		- Misses important clinical signs - Finds signs which are not present	x > < x
Clinical Communication Skills (C)	- Elicits appropriate and comprehensive history relevant to the clinical presentation in a professional manner - Assesses impact of symptoms and identifies patient's preferred management options - Explains clinical information in a clear, structured, comprehensive and professional manner		- Omits important areas of history; fails to assess impact of symptoms - Unsystematic; uses jargon; appears unpractised - Gives unclear or insufficient information, unprofessional - Fails to involve patient in developing management plan	
Differential Diagnosis (D)	- Constructs a sensible differential diagnosis, including the correct diagnosis		- Poor differential diagnosis - Fails to consider the correct diagnosis	XXXX
Clinical Judgement (E)	- Applies appropriate and accurate clinical knowledge to select a sensible and relevant management plan for this specific patient, including a timescale where appropriate		- Fails to apply appropriate and accurate clinical knowledge to this case - Selects an inappropriate, incomplete or incorrect management plan	XXXX
Managing Patients' Concerns (F)	- Seeks, detects, acknowledges and addresses patient's specific questions or concerns in an empathetic manner - Demonstrates active listening and confirms patient's/relative's understanding		- Overlooks or fails to address patient's/relative's specific questions or concerns - Poor listening, lacks empathy	XXXX
Maintaining Patient Welfare (G)	- Treats patient/relative respectfully and sensitively, ensuring comfort, safety and dignity		- Causes patient/relative physical or emotional discomfort - Jeopardises patient safety	

DO NOT WRITE IN THIS SHADED AREA

# Correct example

CONSULT 5

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM  
MRCP(UK) PACES EXAMINATION - CLINICAL MARKSHEET (E8)  
STATION 5: Consultation

Brief description of the case:

Please use pencil only

RCP CODE NUMBER	EXAMINATION NUMBER	CENTRE NUMBER	SCENARIO NUMBER	EXAMINER NUMBER
01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

Examiner initials: **XX**

Did candidate start at this station? Yes  No

Did you lead at this case? Yes  No

Please record your judgement for this candidate's performance on each of the clinical skills noted below. Any award of an unsatisfactory or borderline mark **MUST** be accompanied by comments.

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Managing Patients' Concerns (F)	- Seeks, detects, acknowledges and addresses patient's specific questions or concerns in an empathetic manner - Demonstrates active listening and confirms patient's/relative's understanding		- Overlooks or fails to address patient's/relative's specific questions or concerns - Poor listening, lacks empathy	
Maintaining Patient Welfare (G)	- Treats patient/relative respectfully and sensitively, ensuring comfort, safety and dignity		- Causes patient/relative physical or emotional discomfort - Jeopardises patient safety	

DO NOT WRITE IN THIS SHADED AREA



# 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 For Candidates

- Candidates are asked to dress in a smart and conservative manner in a way that allows easy performance of physical examination and communication with patients
- Inappropriately dressed candidates may be refused entry to the examination
- Candidates admitted to the examination must not be judged by examiners in any way on their dress or appearance

# Use of language other than English

- Patients may have insufficient command of English to understand simple instructions
- An interpreter may relay instructions given in English by the candidate to the patient. The interpreter should not be one of the examiners.
- If the candidate and patient share a common language the candidate may with permission converse in that language for the purpose of facilitating the physical examination only.
- Permission should only be withheld if neither examiner has an ability to understand the language
- All other interactions between the candidate and surrogate or patient in the Consultation and Communication encounters must be conducted exclusively in English

# Hot Topics

# Questions



# End of presentation

The MRCP(UK) is part of the Federation of the  
Royal Colleges of Physicians of the United Kingdom

**Royal College of  
Physicians of Edinburgh**

Educating doctors, improving care.



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



**Royal College  
of Physicians**