MRCPUK
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Assessment

PACES23

Host Team Guide

revised 5 October 2026

Document Management

Version Control			
Version	**Author**	**Date**	**Changes**
1.0	Deborah Lipton	28.07.23	
2.0	Deborah Lipton	09.08.23	
3.0	Deborah Lipton	16.08.23	Final version 2023

Review Date	**Reviewer**	**Updates**
06/09/2024	Jane Chopping	Branding updated / web links updated / order of encounters in Station 3 confirmed
03/02/2025	Jane Chopping	Guidance on the use of patients in MRCP PACES who have previously participated in training courses
08/01/2026	Jane Chopping	Removal of patient armchair - Station 2 and 5
30/04/2026	Jane Chopping	Regulation added regarding candidates using electronic amplifying stethoscopes. Standard equipment list for all PACES stations and encounters revised and summary added. Dispensed with all references to simulated drug charts, however, a chart can be made available for a specific scenario if relevant. References to wall clocks removed as digital timers are provided. It is permissible for candidates to wear a fob watch should they so wish. Instruction given in regard to the five minute time allowed for reading written material outside stations must not commence until all candidates have rotated and are seated outside their next station. Travel between stations should normally take less than a minute, but this should always be in addition to the time allowed for reading.
05/10/2026	Jane Chopping	Removal of need for resuscitation trolley. Guidance added on post examination infection control issues.

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Introduction

This manual sets out all the steps you will need to know as a host or administrator to enable you to manage the process of hosting a PACES23 Examination.

This guide is set out systematically so that the information is in the order it is required. There is also a separate checklist to ensure the correct procedures have been undertaken in advance of, during and post an examination.

This guide covers the information you need to know to manage the stations, work with patients, candidates, and examiners and how to process examination documentation.

There are contact details in the relevant sections should you need to contact one of the colleges and/or Federation offices for clarification, and relevant documents can be found on the website https://www.thefederation.uk/examinations/paces

Please note, the wording in this document is based on running a single cycle PACES centre, please multiply where necessary for running doubles or additional days.

Information for Hosts and administrative teams involved in the organisation of the examination

1.	**Hospital Management and financial arrangements**
1.1	It is essential to the smooth conduct of the examination that the hospital management should be aware of the examination and their co-operation and assistance obtained if appropriate. The new hosts should ensure that the senior management in their hospital is agreeable to hosting the examination.
1.2	Host examiners will receive information of the financial arrangements from their organising college as part of the briefing documentation in advance of the examination.
1.3	Individual examiners may claim expenses direct from the organising college.
1.4	International examination hosts will receive instructions on how to send costs of examinations to MRCP(UK) Central Office.
2.	**Infection Control**
2.1	Centres should comply with the host hospital's infection-control policy and inform the organising college of any specific local regulations so that visiting examiners and candidates can be informed in advance.
2.2	If the host hospital requires other arrangements (e.g., hand washing using soap and water, or 'bare-below-the-elbows'), all examiners and candidates should fully comply. If it is anticipated that this could create difficulties in running the examination, please contact the organising college for advice.
2.3	Examiners should offer candidates alcohol sanitising gel between contacts with each patient. It is recommended that hands are cleaned at the bedside, so patients can see that it is being done.
3	**Facilities**
3.1	**General**
3.1.1	Key staff should be notified in advance that an examination is to take place, in particular the switchboard, the resuscitation team and those who would be involved if the patients had to be evacuated (for example, if the fire alarm sounds).
3.1.2	The location of the examination must be well signposted; additional signage in and around the hospital/venue may also be useful. Send a map of the location, together with any relevant travel instructions, to the Examination Department of the organising college who will forward it to the candidates and examiners. London: examinerservices@rcp.ac.uk Edinburgh: edinburghexaminers@rcpe.ac.uk Glasgow: pacesexaminers@rcpsg.ac.uk International: mrcpinternational.examiners@thefederation.uk

3.1.3	A waiting room for candidates, with convenient access to toilets, including facilities for those with disabilities. As candidates need to prove their identity using photo ID, a suitably private room should be available for any candidates wearing a veil. Candidates must not be able to overhear any discussion by examiners, organising staff or other candidates relating to clinical material that will be used in the cycle of the examination they are due to sit. All mobile phones or other electronic devices, including Smart watches, brought by candidates should be handed in for safekeeping.
3.1.4	College examination departments will provide sufficient advance notice of the requirements for any reasonable adjustments that have been granted for candidates sitting in the centre, for example additional reading time for scenarios. A separate room for any candidate requiring additional reading time should be available.
3.1.5	A meeting area for the examiners, with a computer, data projector, and screen. The computer will need to have Microsoft Excel to use the electronic Candidate Performance Summary (eCPS).
3.2	**Station organisation**
3.2.1	The furniture within the Stations should be arranged so that the examiners are sufficiently close to the candidate and patient to be able to observe but not so close as to impede the freedom of movement of the candidate and the patient.
3.2.2	Stations should, if possible, be in close proximity, but please ensure that there are adequate numbers of rooms to provide patient confidentiality. Stations 1 and 4 have two sections – it is mandatory that the two areas are immediately adjacent to each other.
3.3	**Station Requirements**
3.3.1	Stations 1a and 4a (Communication): one room with four chairs and a desk/table, with a candidate chair outside.
3.3.2	Stations 1b (Respiratory) and 4b (Abdominal): one room, one bed and immediately adjacent to the communication areas of these stations. NB. If the room is large enough and can be divided by a curtain or screen it is permissible to run both sections in the same room. The surrogate/patient used for the communication part of the station would leave the room at the end of the first 10 minutes.
3.3.3	Stations 2 and 5: one room with one bed and one chair (further chair if there is a surrogate), with a candidate chair outside.
3.3.4	Station 3: two to four beds (in one or more rooms), with a candidate chair outside.
3.3.5	Examiners at Stations 1b (Respiratory), 3 (Cardiology & Neurology), and 4b (Abdominal) should be notified of private areas, which they may use if they need to discuss diagnoses with the candidates, out of earshot of the patient.
3.3.6	Adequate space and good lighting are essential for all Stations. If fundoscopic examination is required at Station 2 and/or 5, ensure the lights can be dimmed.

4.	**Equipment**
4.1	**General**
4.1.1	Each Station must have a digital timing clock provided that the candidate can see.
4.1.2	All examiners should be supplied with a name badge which includes their examiner number.
4.1.3	Pencils, erasers, and sharpeners must be available for each examiner; spares should be available at each Station.
4.1.4	Each Station should have a 'post box' for the examiners to place their completed marksheets. Alternatively, a member of staff can be assigned to immediately gather the marksheets.
4.1.5	Observations charts should be provided for Station 2 and 5 scenarios as necessary. Generic drug names should be used.
4.1.6	Facilities for candidates and examiners to clean their hands must be available. These need to be accessible before a candidate proceeds to examine the next patient. Alcohol sanitising gel is usually most convenient.
4.1.7	Clipboards (per cycle) – at least 28; one per candidate, each with 16 marksheets; one per examiner, plus spare clipboards if there are trainee examiners; two at Stations 1, 2, 4 & 5 - one for each scenario and one for blank paper plus two spares.
4.2	**Examination Equipment**
4.2.1	Relevant examination equipment should be available at station, for those candidates who do not bring their own.
4.2.2	Ensure that a spare stethoscope, at least one working ophthalmoscope, a tendon hammer and tuning fork are available at the relevant Stations.
4.2.3	For testing sensory perception, candidates may only use equipment provided by the centre (e.g., 'Neurotips' or orange sticks), and a receptacle should be provided for their disposal.
4.2.4	Candidates may use equipment such as an electronic stethoscope or magnifying ophthalmoscope, but they must inform the centre of their intention as soon as they arrive to permit examiners to have the opportunity to assess patients using it should they wish to do so. If the candidate fails to declare their intention in good time, the host or chair of examiners can rule that the candidate may not use the equipment, and they should inform the candidate of the decision and the reason. An appropriate centre incident form should be completed in this scenario. Candidates who wish to use an electronic amplifying stethoscope may do so. The stethoscope must be declared to the host examiner on arrival. **Any facility within the stethoscope other than simple amplification such as recording, interpretation or wireless Bluetooth transmission must be disabled to the satisfaction of the host examiner before the candidate can be permitted to proceed with its use.** Candidates should be aware that examiners will normally have examined patients using a standard analogue stethoscope and that it will be the signs detected by that standard against which the candidate will be judged

	irrespective of the type of stethoscope that they use.
4.2.5	The host will have been notified about any candidates who will be using equipment as part of an agreed reasonable adjustment for a disability. These candidates are always permitted to use such equipment.
5.	**Personnel**
5.1	Different centres run the examination with differing numbers of support staff. The roles listed below should be considered when determining staff requirements.
5.2	**Specialty Trainee (Registrar) or equivalent** to help recruit patients and ideally be present throughout the examining day. The selection and documentation of cases is of great importance. Scenarios for Station 2 and 5 need particular thought and the host examiner is required to produce scenarios for these encounters many weeks in advance of the examination.
5.3	**Patient transport coordinator.**
5.4	**Lead time-keeper** with bell or equivalent (audible at all Stations).
5.5	**Ensure there are enough people to notify appropriate time signals for each Station**. The number required depends on the geography and spread of the individual Stations.
5.6	**Qualified nurses and/or helpers** to be present throughout. One or two qualified nurses are required to look after the needs of patients at an examination. Additional Allied Health Professionals (HCA's or similar) can also be utilised where appropriate to support patients alongside the nurses. Nurses/AHPs will only be paid at their working salary IF they are undertaking their clinical role at the examination. Other people (invigilators), where needed, can be used to assist with the running of the examination (timing, knocking, candidate movement etc).
5.7	**Secretarial support** (photocopying, producing scenarios, examiner folders etc.).
5.8	**Chaperones**, usually female; ask all patients if they wish a chaperone to be present.
5.9	**Foundation or IM trainees or locally employed non trainee doctors** who have not yet passed PACES may assist a centre to organise the examination, provided they are not a candidate at another centre in the current PACES diet unless specific permission has been given by the organising college.
5.10	College examination departments will provide sufficient advance notice of the requirements for any reasonable adjustments that have been granted for candidates sitting in the centre, for example additional reading time for scenarios.
5.11	All examination personnel should ensure their mobile phones are switched off and must be reminded that all material and information on the day is confidential and no materials must be removed from the centre after the examination.

6.	**Catering**
6.1	Water should be available for candidates, examiners, and patients before and during the cycle.
6.2	Lunch should be available for patients, staff, helpers, and examiners, and tea/coffee/soft drinks provided at breaks.
6.3	Any special dietary requirements should have been noted and catered for.

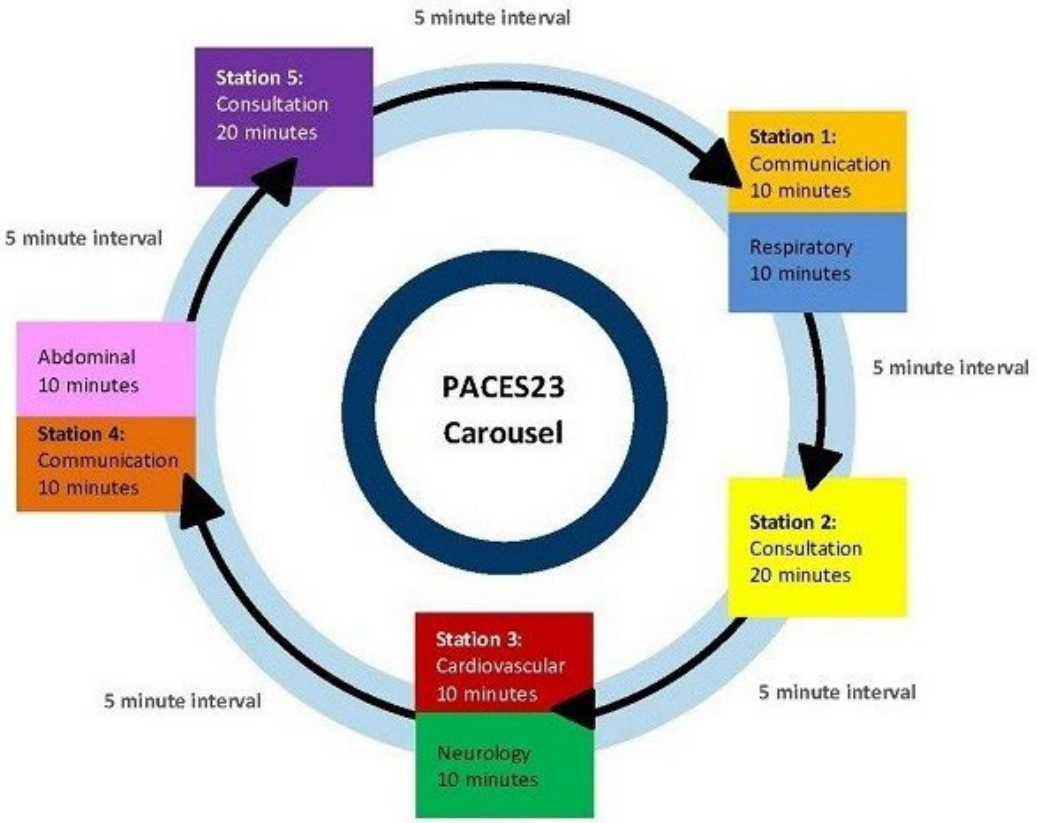
PACES 23 Examination

The Practical Assessment of Clinical Examination Skills (PACES) examination consists of five clinical assessment 'Stations' where a selection of core clinical skills are tested by pairs of examiners using an objective marking system. Real patients and simulated or surrogate patients may appear, and clinical skills are tested in the context of standardised problems set in a variety of systems and settings.

Examiners work in pairs to set the standard for each case ('calibration') but mark each candidate without conferring. Each candidate is asked to demonstrate seven clinical skills, in eight patient encounters, and is assessed by a total of ten examiners.

https://www.thefederation.uk/examinations/paces/format

Structure – the PACES cycle



The PACES Cycle

- There are eight encounters across five 20-minute stations: a 10-minute communication encounter and a 10-minute physical examination encounter at Stations 1 and 4; two 10-minute physical examination encounters at Station 3; and two 20-minute clinical consultations, at Stations 2 and 5 (one case will be acute and one will be non-acute).
- Two examiners assess each candidate at each station.
- The passage of five candidates through the cycle of five stations is known as a cycle of PACES.
- Each examiner pair remains at the same station for the whole cycle.
- Five candidates each start the examination at a different station, candidates **must** then progress through the other stations in ascending order (1-5).
- In Station 1 and 4 the communication encounter (1a, 4a) must precede the clinical encounter (1b, 4b).
- In Station 3 the cardiovascular encounter is to precede the Neurology encounter. There will be a requirement to inform the candidates during the preceding 5-minute sitting period if the order is to be reversed.
- Candidates will have 5 minutes to move between stations and read the scenario at Stations 1, 2, 4 and 5.
- The cycle of 5 stations takes 125 minutes to complete.

Carousel: Setting up the stations (INSIDE and OUT)

Station 1a & 4a - Communication

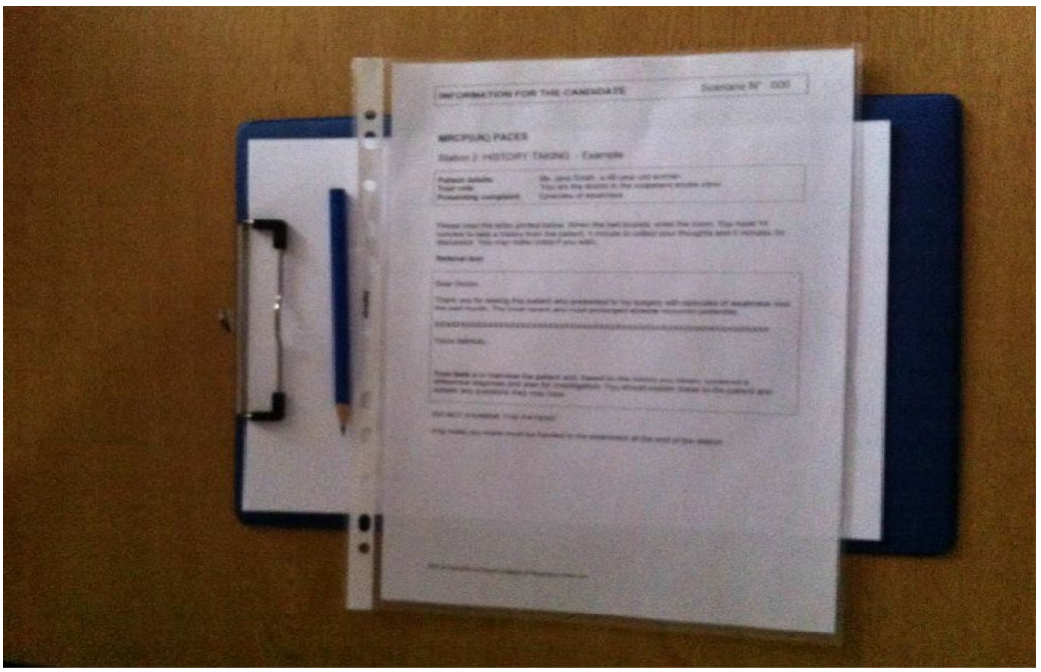
<table>
<tr><th colspan="2">Station 1a and 4a – Communication
(THE COMMUNICATION SECTION MUST ALWAYS PRECEDE THE CLINICAL SECTION OF STATION 1)</th></tr>
<tr><td>Patients or surrogates:
One simulated patient

Space: Interview room
Room with two chairs, and a small desk or table. Two further chairs set at right angles (out of candidates' line of vision)

NB. This room must be adjoining or combined with Station 1b and 4b respectively</td><td>Scenario information:
• Second copy of candidate information sheet from scenario (laminate or encased in plastic – candidates should not write on this)
• Copy of surrogate and candidate information for patient
• Copy of complete scenario for each examiner including trainees
Administrative equipment:
• Pencils and blank paper for candidates and examiners
• Station 1 Calibration sheets
• Station 1/4 Scenario Assessment Form (one per examiner pair, completed after relevant cycle – maximum 2 cycles per scenario)
• Hand-held digital clock (visible to candidate and Examiner)
Medical equipment:
• Alcohol hand sanitising gel
Container to hold:
• Pencils
• Erasers
• Sharpeners
Container for complete marksheets placed near door if required</td></tr>
<tr><td colspan="2">Station 1a/4a: Communication (Outside station)

Chair and desk (or equivalent) placed underneath or near relevant station sign.
One copy of candidate information sheet from scenario (laminate or encased in plastic – candidates should not write on this). Another copy of the same sheet (also laminated/encased in plastic) to be inside the station.
NB. Scenario information is confidential and should not be available until just before the examination starts.
Plain paper (clipboard if necessary)
Pencils
Cups and water nearby</td></tr>
</table>

Example of scenario candidate info – scenario should be face down until each candidate seated and given permission to start reading.



Station 1b and 4b

(This space must be adjoining or if the room is big enough combined with Station 1a and 4a: Communication)

<table>
<tr><th colspan="2">Station 1b and 4b: Respiratory & Abdominal System (Inside station)</th></tr>
<tr><td>Patients or surrogates:
One or two patients for respiratory system examination
One or two patients for abdominal system examination
Space:
Single rooms
OR
Ward space for at least 2 or mor patients. Each bed to be curtained or screened from the others</td><td>Medical Equipment:
Introductor for each patient (printed card)
Patient summaries for examiners (may alternatively be provided in examiner pack)
Alcohol hand sanitising gel
Pen torch
Stethoscope - if a candidate does not have their own
Administrative Equipment:
Station 1 & Station 4 Calibration sheets for respiratory and abdominal systems
Hand-held digital clock (visible to candidate and Examiner)
Container to hold:
Pencils
Erasers
Sharpeners
Container for complete marksheets placed near door</td></tr>
<tr><td colspan="2">Station 1b: Respiratory System
This room must be adjoining or combined with station 1a and 4a respectively: Communication</td></tr>
</table>

Stations 2 and 5

<table>
<tr><td colspan="2">Station 2 and 5: Consultation (Inside Station)</td></tr>
<tr><td>Patients or surrogates:
• One patient and/or surrogate (to give history in addition to the patient); on reserve

• Room with space for:

a. one bed
b. three/four ordinary chairs
c. table for equipment and stationery

• room may need to be darkened if scenario involves examination of the fundus</td><td>Medical Equipment:
• One copy of candidate information (laminate or encased in plastic - candidates should not write on this)
• Copy of complete scenario for each examiner including trainees
• Alcohol hand sanitising gel
• Pen torch
The following should also be available but does not need to be out for use unless felt necessary by examiners
• Container with water for patient – neck/thyroid/cranial nerve examination
• Printed material for simple assessment of visual acuity – eye/cranial nerve examination (Snellen chart optional)
• Ophthalmoscope – eye/cranial nerve examination
• Cotton wool – neurological examination
• Neurotips™ – neurological examination
• Tendon hammer – neurological examination
• Orange sticks or appropriate blunt ended object – neurological examination
Administrative equipment:
• Pencils and blank paper for the candidates and examiners
• Station 2/5 calibration sheets
• Station 2/5 scenario assessment form (one per examiner pair, completed after relevant cycle – maximum 2 cycles per scenario)
• Hand-held digital clock (visible to candidate and Examiner)
Container to hold:
• Pencils
• Erasers
• Sharpeners
• Container for completed marksheets</td></tr>
<tr><td colspan="2">Station 2 and 5: Consultation (Outside Station)

• Chair and desk (or equivalent) placed underneath or near relevant station sign.
• One copy of the candidate information sheet from the scenario (laminate or encased in plastic – candidates should not write on this). One further copy (also laminated/encased in plastic) should be inside the station.
• NB. Scenario information is confidential and should not be available until just before the examination starts.
• Plain paper (clipboard if necessary)
• Pencils
• Cups and water nearby</td></tr>
</table>

Station 3

<table>
<tr><th colspan="2">Station 3: Cardiovascular System and Neurological System (Inside station)</th></tr>
<tr><td>

- Single rooms

OR

- Double rooms

OR

- Ward space for more than 2 patients. Each bed to be curtained or screened from the others.

</td><td>

Medical Equipment (both systems):

- Introductor for each patient (printed card)
- Patient summaries for examiners (may alternatively be provided in examiner pack)
- Hand-held digital clock (visible to candidate and examiner)

Cardiology

- Alcohol hand sanitising gel
- Pen torch
- Stethoscope - *if a candidate does not have their own*

Neurology

- Alcohol hand sanitising gel
- Pen torch
- Printed material for simple assessment of visual acuity (Snellen chart optional)
- Tuning fork 128 Hz
- Cotton wool
- Neurotips™ or appropriate single-use, semi-sharp pins
- Tendon hammer
- Orange sticks or appropriate blunt ended object for testing plantar response
- Ophthalmoscope

Administrative equipment:

- Station 3 Calibration sheets for Cardiovascular and Neurology Systems
- Hand-held digital clock (visible to candidate and Examiner)

Container to hold:

- Pencils
- Erasers
- Sharpeners
- Container for complete marksheets placed near door

</td></tr>
<tr><td colspan="2">

Station 3: Cardiovascular System and Neurological System (Outside station)

- One chair placed underneath or near relevant station sign
- Cups and water nearby

</td></tr>
</table>

Introductors

- Case introductors for each patient at Stations 1, 3, and 4 should be produced. These can be modified by the examiners if they wish, but it is valuable to have a draft version available for each case at the start of the cycle. They should be displayed clearly by the bedside and be printed in a large font.
- The introductor must ask the candidate to solve a problem and outline what parts of the system examination are necessary.

A brief statement is required to be printed and clearly displayed to guide candidates in the right direction. These should be kept as simple as possible.

Example Introductors

Station	Introductor	Patient Diagnosis
Stations 1b and 4b - Respiratory & Abdominal System		
Station 1b – Respiratory	This patient has complained of breathlessness. Please examine the respiratory system.	
Station 4b – Abdominal	This patient has complained of abdominal pain. Please examine the abdomen.	
Station 3 - Cardiovascular System and Neurological System		
• Introductors for the neurological encounter should be clear and allow adequate time for the candidate to complete the task suggested or provide specific instructions to allow the candidate to focus the examination. • Direct the candidate to concentrate on either the upper or lower limbs, or cranial nerves. If there are complex physical signs to elicit, cut down the areas you expect the candidate to cover in the examination. • The following examples work well:		
Station 3 - Neurology	This patient has had difficulty walking. Please examine the neurology of the lower limbs	
	This patient has difficulty walking. Please examine the motor system in the lower limbs to establish the cause.	*This could be used for a patient with a hemiparesis or a localised lower motor neurone weakness.*
	This patient complains of tingling in the fingers. Please examine the motor and sensory systems in the upper limbs to establish the cause.	*This could be used for a peripheral neuropathy affecting the upper limbs.*
	This patient has had an episode of confusion. Please examine the cranial nerves and form a differential diagnosis.	*This could be used for a patient with cranial nerve signs.*
Station 3 – Cardiovascular Case	This patient was thought to have an abnormality at a routine insurance medical. Please examine the cardiovascular system.	

Standard equipment list for all PACES stations and encounters

Examiners should ensure that appropriate equipment relevant to individual patients is available. A candidate will not be penalised if equipment they wish to use for examination is not provided. Candidates are expected to bring their own stethoscope, but in the event that they do not the host centre should loan a stethoscope to the candidate at the beginning of the examination.

Station 1b – respiratory examination – mandatory items
Alcohol hand sanitising gel Pen torch
Station 3a – cardiovascular examination - mandatory items
Alcohol hand sanitising gel Pen torch
Station 3b – neurology examination - mandatory items
Alcohol hand sanitising gel Pen torch Printed material for simple assessment of visual acuity (Snellen chart optional) Tuning fork 128 Hz Cotton wool Neurotips™ or appropriate single-use, semi-sharp pins Tendon hammer Orange sticks or appropriate blunt ended object for testing plantar response Ophthalmoscope
Station 4b – abdomen examination - mandatory items
Alcohol hand sanitising gel Pen torch
Station 2 - Consultation
Station 5 - Consultation
The following must be inside both consultation stations 2 and 5
Copy of scenario candidate information sheet Alcohol hand sanitising gel Pen torch
The following should be available but does not need to be out for use unless felt necessary by examiners
Container with water for patient – neck/thyroid/cranial nerve examination Printed material for simple assessment of visual acuity – eye/cranial nerve examination (Snellen chart optional) Ophthalmoscope – eye/cranial nerve examination Cotton wool – neurological examination Neurotips™ – neurological examination Tendon hammer – neurological examination Orange sticks or appropriate blunt ended object – neurological examination
Station 1a - Communication
Station 4a - Communication
The following must be inside both communication stations 1a and 4a
Copy of scenario candidate information sheet Alcohol hand sanitising gel

Creating Generic Examiner Folders

Each examiner (including trainee examiners) will need an examiner folder, this should be kept as simple as possible.

All examiners need the following:

- A clipboard
- A pencil
- Copy of the examiner pairing sheet *(created with info sent from college/CO – see Examiner Pairing Sheet guide)*
- Copy of the candidate information sheet *(hard copy printed from e-mail sent from college/CO)*
- An examiner badge in a holder *(created from info from examiner pairing sheet)*
- Access to an eraser and a pencil sharpener

VERY IMPORTANT – Examiners MUST not be aware of candidate names

Important Information for Examiners to be available in each Station

Examiners in Stations 1b (Respiratory), 3 (Cardiovascular and Neurology) and 4b (Abdomen) need a copy of the clinical patient list including clinical signs (only as a guidance), which should only be consulted AFTER calibration. Examiners need to independently confirm and agree on any signs with their co-examiner during calibration.

This information is CONFIDENTIAL and should not be available in each station until the examiners are in place.

Examiners in Stations 1 (Communication), 2 (Consultation), 4 (Communication) and 5 (Consultation) need a printed copy of the relevant scenario – **ALL** pages must be included

This information is CONFIDENTIAL and should not be available in each station until the examiners are in place.

To see examples please read SOP for creating MRCP PACES examiner folders in section 4.

Calibration sheets

- Calibration sheets must be used by each examiner at each station.
- Each case's calibration requires one side of a sheet. These are provided by the college Examinations Departments.
- After the examination, the calibration sheets must be collected and destroyed in a secure manner.
- Trainee examiners will need calibration sheets for the stations they are shadow marking. Photocopies can be used for this purpose.

Station calibration sheets and scenario assessment forms:
Calibration sheets (all stations) plus scenario assessment forms for Stations 1 and 4 (Communication**)**, 2 and 5 (Consultation) can be placed, in a pile, in the relevant station. Examiners should be informed, at the briefing meeting before the examination starts that this documentation can be found in the individual stations.

Creating Scenario folders for Examiners

Examiner Scenario folders for:

- Stations 1a and 4a; Communication
- Stations 2 and 5; Consultation

MRCP(UK) – SOP for creating scenario folders (also read SOP for creating MRCP scenario folder on the weblink below which includes examples: PACES23 scenario videos - communication | The Federation

All examiners (including trainee examiners) in Stations 1,2, 4 and 5 will need a scenario folder.

Do not put scenarios into individual examiner folders.

- Create two copies each of the complete scenario (additional copies if a trainee examiner is going to be present) and put a cover sheet (see following pages) on the front. This will enable administrators to easily identify the day, cycle, and station the scenarios relate to – one copy for each examiner in the station.
- In addition, two copies of the candidate information sheet (1st page) to be available either laminated or placed in individual plastic sleeves – one copy to be placed in the station with the second copy outside to be available for the candidate to read in the reading period before the cycle starts.

Advantages:

- If the examiners are moved at the last minute the scenario is in the station and not in the ***wrong*** individual examiner folders.
- Only two (three if a trainee examiner is included) copies of each scenario is available – all copies can easily be accounted for after the cycle/examination has been completed.
- Only two copies of the candidate information sheet are available - both copies can easily be accounted for after the cycle/examination has been completed.

Number of patients/surrogates required for PACES

- **For centres running three cycles per day**: for the morning cycles, use two patients for each system. It is not necessary to change ALL the patients for the afternoon cycle however at least some MUST be replaced (either one or two patients per system). If you are using just one patient per system for the afternoon cycle, it is advisable to ask one of the morning patients if they will be able to stay for the afternoon in case the new patient does not attend on time, or to have a further reserve available.
- **For centres running two cycles per day:** the usual arrangement is to use two patients per system, with each patient attending for both cycles.

	Two-cycle day	Three-cycle day
Communication	1 surrogate 1 scenario	1–2 surrogates 2 scenarios
Respiratory	1-2 patients	3–4 patients
Consultation	1 patient 1 scenario	2 patients 2 scenarios
Cardiovascular	2 patients	3–4 patients
Neurological	2 patients	3–4 patients
Communication	1 surrogate 1 scenario	1–2 surrogates 2 scenarios
Abdominal	1-2 patients	3–4 patients
Consultation	1 patient 1 scenario	2 patients 2 scenarios

Selection of patients

- All organising staff must be aware of the need to maintain patient confidentiality at all times.
- It is the responsibility of the host examiner to ensure patients have been given appropriate written consent for their inclusion in the examination.
- The organising registrar or host examiner should explain in advance to each participating patient that details of their diagnosis, and the management thereof, will be discussed in some detail with the candidates. It is important that each patient is given the opportunity to accept or decline the invitation at this stage.
- Patients should be given a copy of the relevant Patient Information Leaflet when they are asked to take part in the examination, as this will answer many of their questions and explain what will happen in the examination (available from the college or at the MRCP(UK) website).
- The patient organiser must also indicate to the host examiner any clinical information of a particularly sensitive nature, e.g., an HIV-related diagnosis. If at all possible, such patients are best accommodated in a single room, or alternatively, examiners on the relevant station are advised to conduct all discussions out of the earshot of other patients or third parties. If the above arrangements cannot be guaranteed, alternative patients must be substituted.

- The patients attending the clinical stations should exhibit mainstream medical conditions. Patients with esoteric conditions are not suitable. Please consider infection control measures when recruiting patients for the examination. Some patients may not be suitable. Some patients may find the repeated exposure to candidates physically and mentally tiring, so it is important that only patients who are fit enough to fulfil their commitments to the examination timetable should participate.
- No two encounters should have as their focus a patient or surrogate with an identical diagnosis. This applies to potential overlap between respiratory, abdominal, cardiovascular, and neurological encounters, and encounters at Stations 1, 2, 4 and 5.
- The patients and surrogates should normally be at least 18 years old and never under 16 years of age. Centres wishing to use a 16- or 17-year-old should ensure that the parent/guardian has been consulted, written consent has been obtained, the patient will present a case that falls with the IM curriculum (i.e., is not a paediatric case) and that a chaperone is present during the examination.
- Consider the need for chaperones for all patients. Sufficient nursing or ancillary support should be available to provide a chaperone for any patient who requests or requires one.
- Identify suitable in-patients from the wards on the evening before the examination who could be used as reserves if required. Try to have a reserve for each system.
- If a patient does not attend or drops out at short notice and no reserve is available, it is acceptable to use a patient or volunteer with no abnormal physical signs at all stations as long as the case presented gives a realistic possibility of an abnormal physical sign not being present.
- Introductors should be prepared in advance and pose a clear problem for the candidate to address.
- After the examination, collect any confidential material containing patients' details (host examiner's notes for the examiners, calibration sheets and introductory statements) and dispose of them securely.

Patient welfare

- Appropriate nursing or support staff should be available to help patients undress and transfer off and on examination couches as necessary.
- If patients are in-patients, care should be taken to ensure that no prescribed medications are omitted during time spent at the examination.
- All patients should be asked if they wish a chaperone (other than an examiner) present when they are examined by examiners or candidates.
- Refreshments and food should be available at breaks between cycles.
- A medically qualified member of staff should be responsible for monitoring patients' wellbeing while they are in the Centre. If patients feel unwell, they should be attended to and, if necessary, other patients used for the examination.
- No patient who, for any reason, feels unable to continue to participate in the examination should be asked to do so. Hosts should ensure that the hospital's resuscitation team and switchboard know the time and place of the examination.

Scenarios

Scenarios for Stations 1a and 4a

- Standardised scenarios for Stations 1a and 4a are provided from the three organising colleges, and Federation central office for International centres.
- The three organising colleges and Federation central office will send the scenarios to their respective host centres at least four weeks before the examination. The scenarios will be sent in Adobe Acrobat PDF format, which is already installed on most PCs, and can also be downloaded free from: www.adobe.com/products/acrobat/readstep2.html
- Scenarios will be password protected. The organising college and Federation central office will inform you of the password.
- Information indicating the dates and times on which each scenario should be used will accompany the scenarios, along with male/female suitability details and age range data associated with each scenario.
- Two scenarios should be used for each of Stations 1 and 4 on a three-cycle day (one for the first two cycles and one for the third cycle) and one on a two-cycle day. A single scenario should always be used for an entire cycle.
- Host centres should recruit appropriate surrogates who fit the scenario and are available on the day.
- Note**:** it is not necessary to match the age exactly providing the surrogate can roughly pass for the age indicated in the scenario.
- Hosts should ensure that the surrogates are given copies of the scenario and trained in advance of the examination day.

Changes to scenarios at stations 1a and 4a

- If a suitable surrogate is not available for a particular scenario, the organising college or Federation central office for International centres must be contacted. They will change the age and/or sex details of the surrogate in the scenario where possible so that they match with those of the available surrogate.
- All change requests must be directed to the organising college or Federation central office who will edit the document and return an updated copy.
- In some cases, it is not permitted for changes to be made to a scenario; in these instances, the organising college or Federation central office will send an alternative scenario.
- If you identify any typographical, factual, or other error in a scenario, please inform the organising college or Federation central office as soon as possible.
- In the event of emergency changes being required to a scenario, the Chair of Examiners should be consulted.
- Any changes to standardised scenarios should be recorded by the Chair of Examiners and on the Scenario Assessment form. This is important because standardised scenarios are used at many examination centres worldwide and the details need to be consistent for all candidates to allow analysis of how the scenarios perform.

Scenarios for Station 2 and 5

- Please refer to the updated scenario guidance document available from the MRCP(UK) website PACES | The Federation

Administrative Instructions for examiners in advance of the examination day

Examiners

- All examiners must be given clear instructions by the host administrative team or college regarding the time they must arrive and the planned finish time for the examining day.
- In the event of an examiner withdrawing at a late stage, it may be possible to identify a reserve by contacting the Examinations Department of the organising college. The 11th examiner can be used as a last-minute reserve with a non-medical member of staff taking on the administrative duties of the 11th examiner.
- In the exceptional circumstance of only nine examiners being present, a single experienced examiner should assess candidates in Stations 2 or 5, and their marks should be duplicated.
- The examination cannot begin if there are less than nine examiners present. Please refer to the guidance from the organising college on cancelling on the day of the examination.

Pairing and rotation of examiners

- For UK centres, college examination departments will provide hosts with examiner pairing sheets for each day in advance of the examination. For international centres, the Host Examiner will provide examiner pairing sheets to the organising college in advance of the examination.
- New examiners should be paired with an experienced colleague.

Single day centres

- For a two-cycle day, examiners should normally stay in the same pairs at the same station.
- For a three-cycle day, examiners should normally stay in the same pairs at the same station for the first two cycles. For the third cycle one examiner from each pair should usually move forward one station (e.g., from Station 3 to 4) and one move back one station (e.g., Station 1 to Station 5), thus ensuring all examiners change station and partner.

Multi-day centres

- More complex templates are used in centres running for more than one day.
- Hosts should ensure that examiners move across the full range of Stations, examine with as many different colleagues as possible, and have a balance of 'sitting' and 'standing' stations.
- Hosts should adhere to the principle of examiners staying at the same station and in the same pair for the first two cycles of the day.

The following template showing the suggested examiner pairings for a centre running three cycles per day is given below. The eleven examiners are 'A' to 'K', with 'K' being the Host Examiner.

Day	Cycle	Station					11th Examine
		1	2	3	4	5	
1	1st	AB	CD	EF	GH	IJ	K
	2nd	AB	CD	EF	GH	IJ	K
	3rd	ID	AF	CH	EK	GB	J
2	1st	GF	IH	AK	CJ	ED	B
	2nd	GF	IH	AK	CJ	ED	B
	3rd	CK	EJ	GB	ID	AH	F
3	1st	DE	BG	IJ	AF	CK	H
	2nd	DE	BG	IJ	AF	CK	H
	3rd	HJ	FK	DG	BE	AI	C
4	1st	IK	AE	CH	JG	BF	D
	2nd	IK	AE	CH	JD	BF	G
	3rd	HC	FJ	DB	EK	GI	A

Trainee examiners

- No more than two trainee examiners may be present at a single cycle PACES day. No more than four trainee examiners may be present at a double cycle PACES day.
- The relevant paperwork will be sent by the college, but can also be downloaded from the Examiner training | The Federation. Trainee Examiner forms one and two will need to be completed by the by the trainee and the Chair.
- The Chair of Examiners will take responsibility for the trainees on the day.
- The Host should ensure trainees know the timings of the day, as with other examiners.
- Trainee examiners should shadow mark at least two cycles, each at a different station. They must spend one cycle at Station 1 or 4, one at Station 2 or 5. Trainee examiners should attend the morning examiners briefing and stay to attend a post cycle briefing, after each cycle.

Observers

- The organising college may ask if you are able to accommodate examination observers. These may be, for example, members of college staff or academic staff from other postgraduate examinations who are attending to become familiar with the format of the examination.
- All arrangements for the visit are made by the organising college.
- No more than two trainee examiners or observers in total should be present at any single cycle.
- No more than three individuals (other than the surrogate or the patient and their chaperone) should be present during candidate assessment.
- An observer should not follow a particular candidate around a cycle – if they rotate around the stations, this should be in the reverse order to that of the candidates.

- All examination personnel should ensure their mobile phones are switched off.
- All examination personnel must be reminded that all material and information on the day is confidential, and no materials should be removed from the centre after the examination.

Information for candidates on the day

- **'No ID, No Entry'**: Candidates will not be permitted to sit an MRCP(UK) examination if they are unable to produce suitable identification (ID) on the day of the examination. There will be no exceptions to this rule, unless a specific arrangement has been agreed with the organising college before the day of the examination.
- The MRCP(UK) Regulations specify appropriate ID to be an official document which contains a candidate's full name, signature, and photograph, e.g., a valid passport, national identity card or driving licence.
- If candidates are unable to provide one piece of ID which fits these specifications, they may provide more than one other form of ID in order to satisfy the requirements, such as a valid credit or debit card, valid student card with photograph, NHS ID card, paper driving licence, or certified copy of passport or driving licence.

Candidate welfare

- Candidates presenting for the PACES examination are often tense and anxious. Host personnel should do all they can to help them relax. Some will have sat before and may be very familiar with how the cycle should be run; others will have no previous experience.
- Explain the timings to candidates clearly and give as much notice as possible of any delay.
- Ensure each candidate understands how to fill in all their marksheets and has enough time to do so prior to the start of the examination.
- Ensure candidates are told at which station they will start.
- Make sure that drinking water is available for candidates.
- After each cycle the candidates should be encouraged to leave the premises as soon as possible. If segregation of candidates from different cycles cannot be guaranteed by virtue of their respective finish and start times, then candidates finishing a cycle should be 'quarantined' until subsequent groups of candidates are under supervision within the examination centre.
- Candidates who are clearly unwell should be appropriately advised on whether to attempt the examination. If the candidate chooses to take the examination, the illness would not be grounds for any appeal based on exceptional circumstances. Illness will need to be corroborated if the candidate applies for a refund.

Reasonable Adjustment Candidates

- The Host and Centre team should be made aware of any reasonable adjustment candidate(s) in advance of the examination.
- A candidate may need additional time to read the scenarios before the examination starts and the centre will need to ensure that they have a quiet room to do this along with an invigilator to keep time.
- Detail of any adjustments will be communicated by the College of Entry.

MandatoryRules

1. **No ID – No entry**. Candidates **MUST** sign the relevant "signing in" sheet in the presence of an administrator who will check ID. Any candidate without a correct form of ID will not be allowed to sit the examination.
2. **ALL** candidate, examiner and patient mobile phones **MUST BE SWITCHED OFF**.
3. **Station 1 and 4 –** the Communication section **MUST** always precede the Clinical section of this station.
4. **Timing: each section** of the examination runs for 20 minutes with clear signals being given at 10 and 15 minutes. The start time of each 20-minute section is flexible but once the section has started the timings are mandatory.
5. **Candidate scenario information** (laminated or protected) for Stations 1, 2, 4, and 5 **MUST** be available for the relevant candidates to read outside the station in the 5-minute breaks between sections. A copy should also be made available inside the station.
6. **Candidates are allowed to make notes as they read the scenario.** Candidates can take their hand-written notes into the station. Candidates are **NOT ALLOWED** to keep their hand-written notes after they have left the station. These notes must be collected by an administrator and disposed of securely.
7. **Completed candidate marksheets MUST** be collected during the cycle and the marks added to the relevant eCPS file. The marksheets **MUST** be collated by candidate in station number order (1–5) and ideally stored in individual folders while the examination is in progress.
8. **Examiners MUST not be aware of individual candidate names.**
9. **Inform candidates if the centre is running with nine examiners and explain that they have the option to withdraw prior to the examination starting.**

PLEASE NOTE:

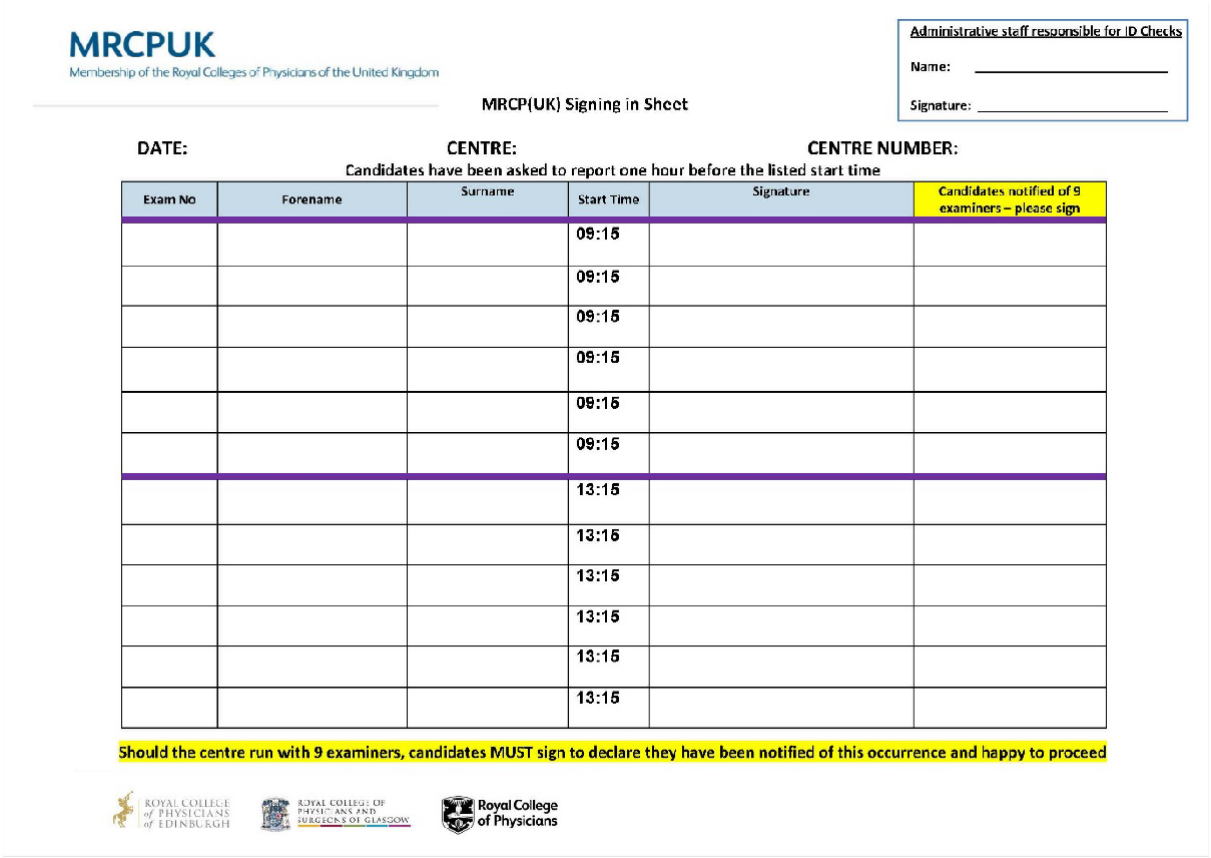
- the **marksheets** are the final source for the results.
- each candidate has 16 marksheets. Each marksheet **MUST** be accounted for before the examination boxes are returned to the relevant college office.
- marksheets **MUST** not be damaged (**please** no stickers, rips, paperclips, or rubber bands).
- marksheets **MUST** be scanned before sending the originals back to the organising college or Federation central office. Please await an email from the candidate services team before returning the original copies.

The eCPS files are VERY important and MUST be completed. The final versions must be returned electronically to the organising college. Electronic files **MUST NOT** be deleted until confirmation has been received that the files have been received and are legible.

Guidance and Procedures for the examination day(s)

Candidates signing "in", timing, running the cycles, e-CPS files

Each candidate MUST have their ID checked by an administrator and complete the signing in sheet. These two tasks **MUST** be done at the same time.



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

Administrative staff responsible for ID Checks
Name: _____
Signature: _____

MRCP(UK) Signing in Sheet

DATE: CENTRE: CENTRE NUMBER:

Candidates have been asked to report one hour before the listed start time

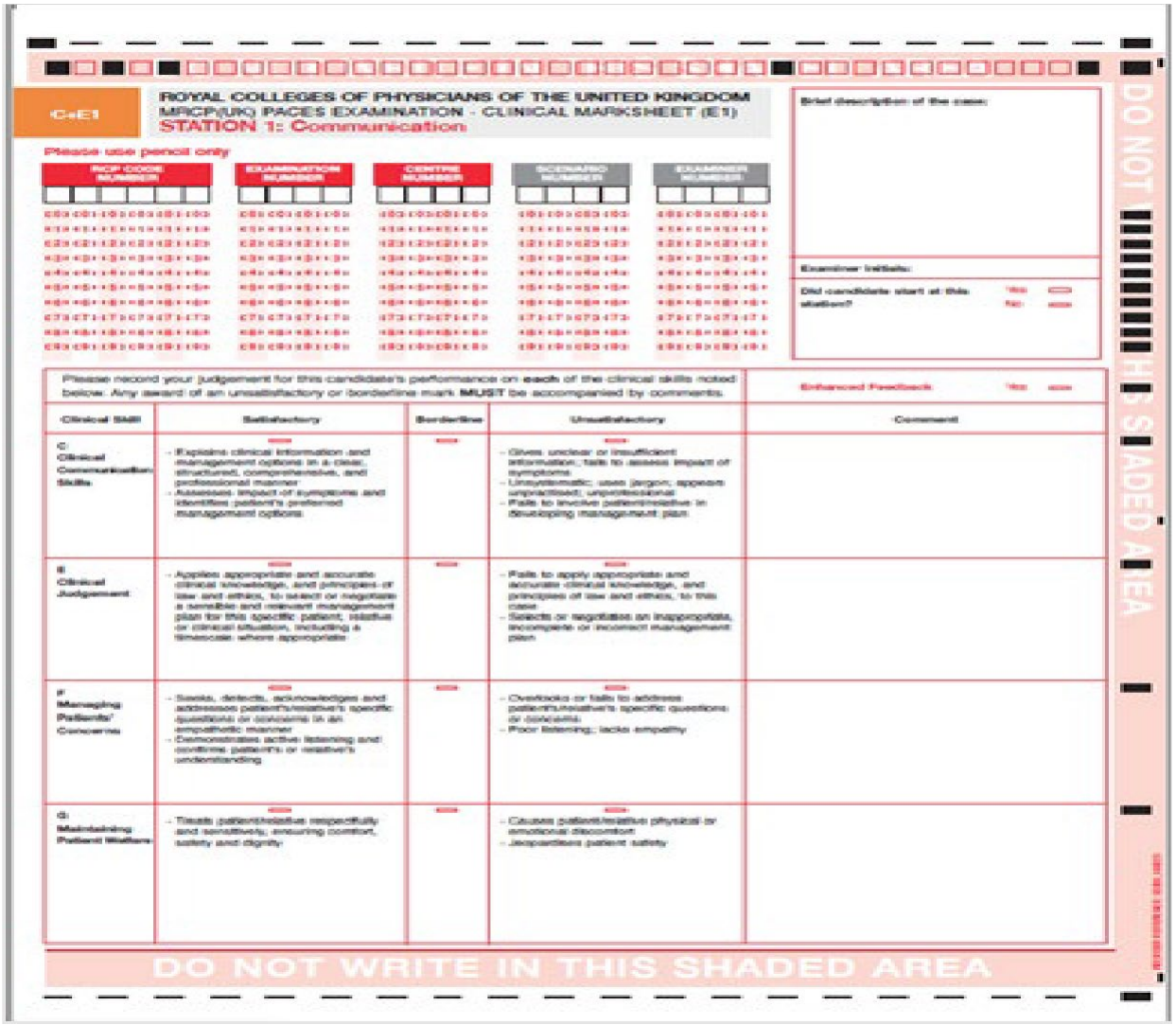
Exam No	Forename	Surname	Start Time	Signature	Candidates notified of 9 examiners – please sign
			09:15		
			09:15		
			09:15		
			09:15		
			09:15		
			09:15		
			13:15		
			13:15		
			13:15		
			13:15		
			13:15		
			13:15		

Should the centre run with 9 examiners, candidates MUST sign to declare they have been notified of this occurrence and happy to proceed

ROYAL COLLEGE of PHYSICIANS of EDINBURGH
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW
Royal College of Physicians

IMPORTANT: During the assessment the examiners must have no knowledge of the names of any candidate taking the examination.

Clinical marksheet example



Each candidate must complete the 16 marksheets, in **pencil**, with their:

a. Starting station (relevant lozenge to be completed and to be the same lozenge on all mark sheets)
b. MRCP(UK) code number (free text)
c. Examination number (plus corresponding number lozenges underneath)
d. Centre number (plus corresponding number lozenges underneath)
e. Date

NB. All the above information can be found on the candidate signing in sheet.

Timing

Timing and Administration Station

- This is usually a central point in the examination area.
- Spare paper, pencils, clipboards, erasers, sharpeners should be available.
- The main timer, the interval timer and a bell or equivalent should be kept at this station. Examiners can request a timer or clock. Invigilators are provided with a timer.
- The precise timings before the first examination section and between subsequent examination sections can be flexible. The host should always try and adhere to agreed start times, but it is important that in all stations, examiners, patients/surrogates and candidates are ready before the examination begins.

- Accurate timing of each 20-minute section is **MANDATORY**.
- Stations 1 and 4 (Communication) and 3 (Clinical) are given a 10-minute warning.
- Stations 2 and 5 are given a warning after 15 minutes.
- The bell rings at 20 minutes and the candidates moves station.
- The time lapse between sections is approximately 5 minutes to include moving and reading.

NB. Examiners must take responsibility for timing the interactions within each station and encounter and should be encouraged to use the digital clock that has been provided in each station.

Timing - Before and between cycles

- The precise timings before the first cycle and between subsequent cycles can be flexible. The host should always try and adhere to agreed start times, but it is important that examiners, patients, and candidates are ready at all stations before the examination starts.
- Each centre can request digital timers. They should be checked carefully before the examination and those responsible for the timing completely at ease with the working instructions.
- It is essential that the timings for the start and end of the assessment at each station are strictly observed by all participants.

During the cycle

- A bell, or equivalent, will sound to mark the beginning and end of each 20-minute station.
- Examiners should be asked to manage the timings within their own encounters using the digital clocks provided, but it is desirable for the centre support staff to additionally provide:
  - an indication of when ten minutes has elapsed at Station 1 and 4 (Communication) and 3. Examiners change lead at this point and move to the second encounter of the station.
  - an indication of when 15 minutes has elapsed at Stations 2 and 5. The surrogate may leave the station at this point.
- A tap on the door rather than a bell should mark these periods as the latter might confuse those working at the other stations.
- If at all possible, deviation from the time schedule within a station should be managed within that station. Examiners should note the precise nature of the time problem (e.g., a patient was at the toilet and the candidate lost one minute of examination time) on the marksheet and note whether they felt the timing incident had any impact on the candidate's performance. The chair and host examiner must also be informed at the post-cycle meeting and report any timing issues on the Centre Audit Form.
- However, if the timing issue is felt to be significant, the station should be extended by the appropriate time and the 11th examiner immediately informed of any need to extend the five-minute interval between stations for all candidates.
- If it is necessary to extend the five-minute interval between the stations for ALL candidates instruct the candidates who have been unaffected by the delay to sit in the chair outside the Station they have just completed. When the affected candidate has completed the relevant Station, all candidates can be moved to their next Station at the same time.

The five-minute interval between stations

- During this period candidates move between stations and, where relevant, read the scenario(s).
- Ensure that candidates are moved quickly and efficiently between stations.
- The five minute time allowed for reading written material outside stations must not commence until all candidates have rotated and are seated outside their next station. Travel between stations should normally take less than a minute, but this should always be in addition to the time allowed for reading.
- As above, inform the 11th examiner if a candidate is substantially delayed – a decision should be made to delay the start of the next station for all candidates if reading or preparation time has been compromised significantly.
- It is important to note that candidates waiting to enter Stations 1, 2, 4, and 5 will be reading and absorbing the detail of the scenario, so marksheets should be collected with minimal interruption and noise.

Indicative timetable for a 3-cycle day ***(see website for additional timetables)***

Time	Activity	Comments
07.45 – 08.00	**Examiners arrive**	Check the time you have been asked to arrive.
08.00 – 08.25	**Briefing meeting**	The Chair of Examiners and Host provide updates and reminders and highlight issues of local relevance.
08.25 – 09.10	**Examiner calibration**	In exceptional circumstances, if longer is required, the start of the examination should be delayed. Candidates should be informed of any delay.
09.10	**First cycle starts**	The candidates will be at their start station at 09.10 and enter the first station at 09.15.
11.15	**First cycle ends**	
11.15 – 11.40	**Examiner coffee and post-cycle meeting**	Patients and examiner pairings do not change, therefore further calibration is not required. Candidate performance is discussed.
11.40	**Second cycle starts**	The candidates will be at their start station at 11.40 and enter the first station at 11.45.
13.45	**Second cycle ends**	
13.45 – 14.55	**Examiner lunch, post-cycle meeting and calibration**	In exceptional circumstances, If longer is required, the start of the examination should be delayed.
14.55	**Third cycle starts**	The candidates will be at their start station at 14.55 and enter the first station at 15.00.
17.00	**Third cycle ends**	
17.00 – 17.30	**Post-cycle meeting**	
17.30	**Examination ends**	

Summary of timings at each station

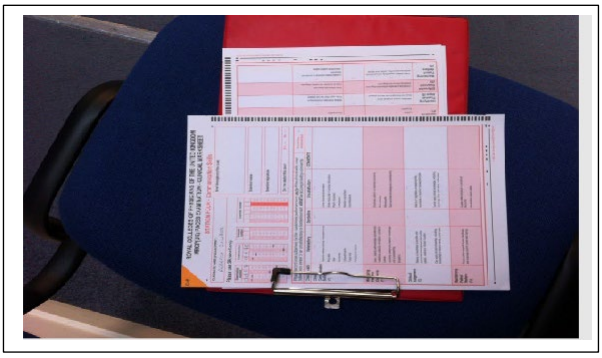
Within each station, and at each encounter, the following timings apply to the amount of time that the candidate should spend with the patient and examiner.

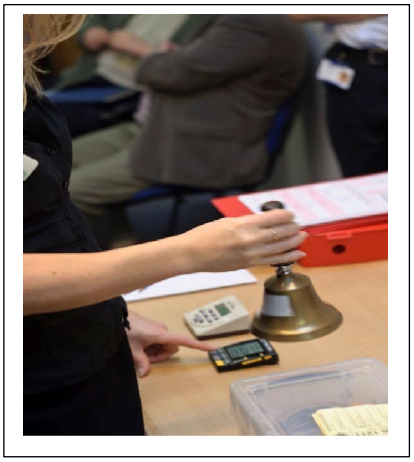
Stn	Encounter	Time for Candidate /Patient Interaction (minutes)	Time for Candidate/ Examiner Interaction (minutes)	Examiner give warning at (minutes)	Comment
1	Communication	10	n/a	8	No examiner/candidate interaction.
1	Respiratory	6	4	5	If a candidate indicates they are finished before 6 minutes elapse, questioning may start.
2	Consultation	15	5	13	The full 15 minutes must pass before questioning may start.
3	Cardiovascular	6	4	5	If a candidate indicates they are finished before 6 minutes elapse, questioning may start.
3	Neurology	6	4	5	If a candidate indicates they are finished before 6 minutes elapse, questioning may start.
4	Communication	10	n/a	8	No examiner/candidate interaction.
4	Abdominal	6	4	5	If a candidate indicates they are finished before 6 minutes elapse, questioning may start.
5	Consultation	15	5	13	The full 15 minutes must pass before questioning may start.

Running Each Cycle

Moving the candidates round the cycle

- The candidates will be focused on the examination and will probably need help moving from one station to the next.
- Ask candidates to leave their marksheets outside the station.
- During the 20-minute section sort the next set of marksheets:
    - 4 sheets for Stations 1 (Communication/Respiratory); 3 (Cardiovascular/Neurology); 4 (Communication/Abdominal)
    - 2 sheets for Stations 2 & 5.





During the 5-minute intervals

- As soon as the previous candidate has entered a communication station (1, 2, 4, or 5 make sure that the relevant scenario is ready (upside down) for the next candidate. A sheet of blank paper and a pencil must also be available.
- When the main time-keeper gives the "interval" signal make sure the candidate is aware and that they should start reading.
- As soon as the "waiting" candidate is settled and reading the relevant scenario the administrator responsible for that station should take the appropriate marksheets off the candidate clipboard and hand them to the examiners in the station.
- The administrator responsible for that particular station should collect the completed marksheets (belonging to the previous candidate) from the examiners in that station and ensure they are taken to the scoring room.

There should be minimal disruption during the reading of scenarios at Stations 1, 2, 4 and 5.

DISCOURAGE examiners from introducing themselves to the "waiting" candidate as this can not only interrupt the concentration of the specific candidate but also the concentration of other candidates in the cycle.

Security of the examination, eCPS files and collating the marksheets

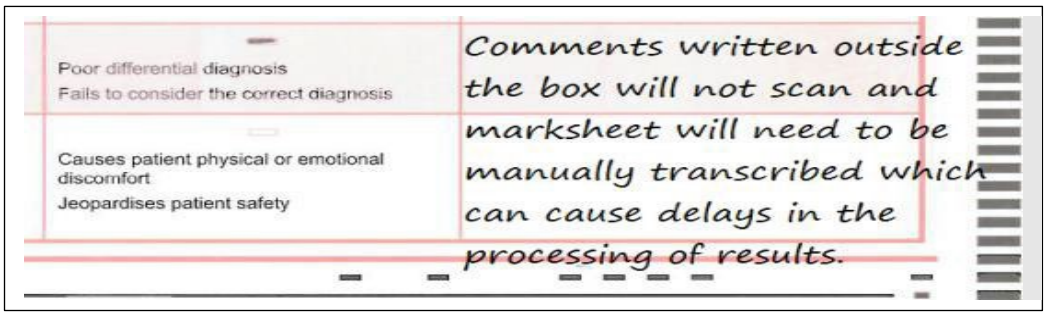
Security of the examination

- Hosts should ensure the security of all scenarios, introductors, and patient information lists before the examination.
- Standard cycle arrival, start, and finish times should preclude candidates from cycles one and two from making contact.
- If sufficient interchange of clinical material cannot be guaranteed between the morning and afternoon sessions of a three-cycle day, or in instances when there are additional security concerns, candidates from the morning cycles should be segregated after completing the examination in a manner which means they cannot contact candidates from the afternoon cycle.
- Printed or e-records of patient details or diagnoses and all scenarios used should be securely destroyed at the end of the examining day.
- All examination results are provisional and confidential within the examiner group.

Completing the Candidate Performance Summary eCPS

- The electronic Candidate Performance Summary (eCPS) for each cycle, must have the candidate and examiner information inserted before the marksheets scores can be added.
- The relevant marks should be put into the file as the cycle progresses. The file needs to be saved regularly.
- It is vital that the eCPS is completed fully and accurately. No information should be recorded on the eCPS that is not recorded on the marksheet. The eCPS is in Excel format and enables 11th examiners and hosts to easily tabulate and display candidates' marks.
- One eCPS should be completed for each cycle, and each file emailed back to the organising college.
- No electronic copies of the spreadsheets should be retained by the host **AFTER** the relevant college has confirmed receipt.
- The marks are confidential and must not be divulged.
- Please make sure:

a. The correct marksheets in Stations 3 have been used e.g., **cardiovascular** case has **NOT** been marked on the **neurology** marksheet. If this has happened replacement marksheets **MUST** be completed by the examiner in question at the end of the cycle.
b. Examiner initials and examiner number is correct on all relevant marksheets.
c. Comments **MUST** be included where a **borderline** or **unsatisfactory** mark has been awarded.
d. Comments are legible and are inside the red borders on the mark sheets.
e. The correct number of lozenges have been filled in. The mark sheets should NOT look like this:



f. **The rectangular marking boxes must be completed correctly – NO dots, vertical lines, diagonal strokes, thin horizontal lines, crosses or missing the marking box completely.**
g. **All erased marks must be done thoroughly to limit the chances of "double marking."**
h. **NEVER** use the "cut and paste" option when using the electronic file if a mistake has been made as this will remove the formula.
i. The eCPS files are VERY important and MUST be completed and checked**.**
j. **The scorer and deputy scorer must include their names on the e-CPS file.**
k. Failure to comply with these guidelines may constitute a breach of Data Protection legislation.

NB. If any of the above are incorrect or have been missed, please ask the examiner(s) in question to clarify their intentions and if need be complete new marksheets.

Example of eCPS (Candidate Performance Summary)

PACES Candidate Performance Summary (eCPS)

Save the marksheet regularly as eCPS__0/1/1900_.xlsm

Centre Name	
Centre Number	
Date	
Cycle	

	Starting Station	Examination #	Candidate Name (first, last)
Candidate 1	1		
Candidate 2	2		
Candidate 3	3		
Candidate 4	4		
Candidate 5	5		

Person 1 entering Data	Person 2 entering Data

Pass Mark by skill:	Pass Mark	Totals
A Physical Examination		out of 24
B Identifying Physical Signs		out of 24
C Clinical Communication Skills		out of 16
D Differential Diagnosis		out of 24
E Clinical Judgement		out of 32
F Managing Patients' Concerns		out of 16
G Maintaining Patient Welfare		out of 32
Pass Mark Total Score		out of 168

Examiners (in any order)

	Title	First name	Last Name	Examiner number	Examiner role
1					Chair
2					Co-Chair
3					Examiner
4					Examiner
5					Examiner
6					Examiner
7					Examiner
8					Examiner
9					Examiner
10					Examiner
11					Host

Trainee Examiners

	First Name	Last Name	Station
1			
2			
3			

Clear Entered Data

Clear All

Clear Cycle

Please note any examiner substitutions below

	Substituted Examiner no.	Replaced by examiner no.	Replaced by examiner (name)	For candidate	Station
1					
2					
3					
4					

PACES Candidate Performance Summary (eCPS)

Candidate Examination #	Centre ID	Cycle	Date
0	0		00/01/1900

Total	Overall Concordance: #N/A
0	No proposal for enhanced feedback

		Skills								
		Physical Examination	Identifying Physical Signs	Clinical Communication Skills	Differential Diagnosis	Clinical Judgement	Managing Patients' Concerns	Maintaining Patient Welfare	Total by encounter	Concordance
Encounters	Examiner	A	B	C	D	E	F	G		
Communication (1)	#N/A			0		0	0	0	0	
	#N/A			0		0	0	0	0	#N/A
Respiratory	#N/A	0	0		0	0		0	0	
	#N/A	0	0		0	0		0	0	#N/A
Consultation (1)	#N/A	0	0	0	0	0	0	0	0	
	#N/A	0	0	0	0	0	0	0	0	#N/A
Cardiovascular	#N/A	0	0		0	0		0	0	
	#N/A	0	0		0	0		0	0	#N/A
Nervous System	#N/A	0	0		0	0		0	0	
	#N/A	0	0		0	0		0	0	#N/A
Communication (2)	#N/A			0		0	0	0	0	
	#N/A			0		0	0	0	0	#N/A
Abdominal	#N/A	0	0		0	0		0	0	
	#N/A	0	0		0	0		0	0	#N/A
Consultation (2)	#N/A	0	0	0	0	0	0	0	0	
	#N/A	0	0	0	0	0	0	0	0	#N/A
	U	0	0	0	0	0	0	0		
	B	0	0	0	0	0	0	0		
	S	0	0	0	0	0	0	0		
	Maximum score	24	24	16	24	32	16	32	Total	
	Actual score	0	0	0	0	0	0	0	0	
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

Collating the marksheets during the cycle

- Marksheets are optically scanned in the MRCP(UK) Central Office. It is vital that all candidate and examiner details, and marking details, are complete and accurate, to minimise the need for manual checking and rescanning.
- The administrative support team and 11th examiner must ensure that all candidate details, centre details, examiner details, scenario numbers (at Stations 1, 2, 4 and 5) and marks have been entered as they are received from each examiner during the cycle.
- If a mark is missing, the examiner should be asked to enter it as soon as possible. If an examiner feels a skill is not tested, the Unsatisfactory lozenge should be shaded, and 'NT' written in the comments box. Examiners must be aware that any unshaded box will score zero marks for the candidate.
- Legible comments must be written in all cases of Borderline or Unsatisfactory judgements.
- The examiners mark each candidate separately.
- Examiners should be encouraged to take the station marksheets from the candidates at the start of the 5-minute interval between stations. This allows the examiners sufficient time to enter their details and the case description and ensures that the candidate has the examiners' full attention. At some centres, administrative staff take the marksheets from the candidate and pass them to the examiners.
- It is useful to allocate a staff member or members to collect marksheets from examiners at each station as soon as they have been completed. Alternatively, the 11th examiner may undertake this role.
- As the cycle runs the completed marksheets must be collated in individual candidate order.
- Once the cycle is complete the individual candidate marksheets must be collated in station number order (1-5).
- In total, there are 16 marksheets for each candidate. There are four marksheets per candidate at Stations 1, 3 and 4, and two per candidate at stations 2 and 5.
- The eCPS files are password protected (which is sent out from the organising college) and MUST be completed. The final versions MUST BE returned electronically to the organising college. Electronic files MUST NOT be deleted until confirmation has been received from the organising college that the files have been received and are legible.

After the examination

Packing and returning of completed mark sheets and other important information

1. Check that all the sheets are accounted for:

1) Each candidate's set of marksheets **MUST** be checked to ensure that all 16 have been accounted for.
2) The sheets need to be collated in an individual plastic pocket, by candidate, in station order (1-5).

2. Collating the marksheets before they are returned to the organising college:

1. When all marksheets have been accounted for the individual sets of candidate marksheets should be removed from the plastic sleeves arranged by examination number (ascending) order, regardless of cycle and placed in the rigid plastic box that has been provided by the organising college.

Place the individual composite candidate marksheet to one side*

The completed boxes must be returned to Central Office or the organising college as soon as possible – web results need to be published no more than 10 working days after the examination is taken.

To be able to analyse the results of the first few diets of PACES23, results will take between 3 and 12 weeks. More information on this process can be found here https://www.mrcpuk.org/mrcpuk-examinations/paces/paces23/paces23-results

PLEASE BE AWARE

- The marksheets are the only mechanism to produce the examination results.
- They will be scanned electronically by the Central Office team.
- **PLEASE DO NOT** return the marksheets folded, with paperclip or rubber bands. Additionally, please do not add any stickers or write anything additional on the marksheets.
- **The *"back up"* and completed eCPS files must be returned to MRCP(UK) Central Office or organising college electronically.**

3. *Items that MUST be photocopied and the COPIES retained securely before the examination boxes are returned to MRCP(UK) Central Office or organising college are:*

- Trainee examiner feedback sheets (if applicable)
- Completed candidate signing in sheets
- Completed Scenario assessment forms
- Completed candidate discussion sheets
- Copies (both sides of each sheet) of the complete set of mark sheets relating to a specific candidate who has been identified on a discussion sheet.

All photocopies must be retained securely and deleted only after MRCP(UK) Central Office have confirmed that the originals have arrived safely.

4. ***The HARD COPY items that MUST be returned to Central Office or organising college are:***

1. COMPLETED MARKSHEETS – stacked in candidate examination number order and packed in the rigid plastic box in which the marksheets were delivered.
2. Scenario Assessment forms for Stations 1 & 4 (Communication) and for Stations 2 & 5 (Consultation) – please make sure the relevant examiners complete these forms.
3. Completed "signing in" sheets – please note any absentees.
4. Candidate Discussion Sheets (if applicable).
5. Trainee examiner feedback sheets (if applicable).
6. Completed centre audit and incident forms.
7. The spare, unused, marksheets.

Checklists

Centre checklist is to ensure everything is in place and the examination runs smoothly on the day.

Tasks to complete in advance	Complete
☐ Inform the hospital switchboard where and when examination is occurring	
☐ Inform resuscitation team where examination is occurring	
☐ Organise/confirm the necessary catering, and ensure any special dietary requirements have been noted	
☐ Check all relevant documents have been received from organising college	
☐ Arrange transport for patients to and from the hospital	
☐ Consider arranging taxis to take the examiners from the hotel to the examination as necessary	
☐ Display signs to direct patients/candidates/examiners frommainreceptionto the examination location	
☐ Ensure enough pencils, erasers, sharpeners, and clipboards are available in each station	
☐ Ensure a hand-held clock (**one** for each station) and an extra timer (for the 5-minute interval between rotations) is available plus new batteries	
☐ Ensure a master timer (to record the 10, 15 and 20-minute mandatory markers) is available. Ensure that new batteries, if required, are available	
☐ Provide a bell or buzzer	
☐ Provide appropriate introductory statements for each encounter in Station 1, 3 and 4 (clearly worded and printed in a large font). The examiners may wish to change this introductory statement on the day of the examination. Please read "Creating patient introductory guide notes"	
☐ Provide brief and train the patients/surrogates for Stations 1, 2, 4 and 5	
☐ Ensure that two copies of the relevant "Candidate information" scenario sheets for Stations 1, 2, 4 and 5 are available. These must be laminated or encased in a plastic poly pocket. Candidates must not be able to write on these sheets. Please read "Creating Scenario Folder guide notes"	
☐ Ensure that any candidates with special requirements or disabilities are accommodated and that the Chair of Examiners is informed of these arrangements. The relevant information will have been supplied by the organising college	
☐ Supply each examiner with a file which contains a copy of the examiner pairing shee and a copy of the candidate list please read "Creating Examiner Folder guide notes"	
☐ Ensure a working computer and printer is available (to use during the cycle) and nearby	

Checklists: Host Examiner, organising Registrar and staff

For Host Examiner before the examination day and individual station checklists – see the host, administrator and registrars' guide to organising PACES at Hosting | The Federation

Host: on agreeing to run the examination
☐ Select an appropriate venue and set it up to ensure the smooth running of the examination
☐ Select and brief one or two medically qualified assistants (StR, SAS, or IMT) to help run the examination
☐ Recruit sufficient patients and surrogates for all stations
☐ Provide patients and surrogates with a copy of the relevant information leaflet, which explains the examination and their specific role
☐ Check surrogates match standardised scenarios for Stations 1 and 4
☐ Generate scenarios for Station 2 and 5 and ensure scenarios are vetted by the organising college
☐ Book accommodation for the examiners and ensure they are notified of travel and other local accommodation arrangements
☐ Inform hospital management that an examination is occurring

Host: before each cycle
☐ 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
☐ Ensure that patients/surrogates are in the relevant station to allow case calibration to start promptly
☐ Ensure examiners are happy with patient descriptors at Stations 1 (Respiratory); 3 (Cardiovascular and Neurology); Station 4 (Abdomen)
☐ Ensure appropriate candidate and examiner materials are available at each station (pencils, erasers, sharpeners, calibrations sheets, scenario assessment forms, blank paper, and clipboards)
☐ Ensure examiners understand that timing indications will be given at 10 and 15 minutes
☐ Ensure that the Chair of Examiners is informed of any problems which may affect the performance of examiners or candidates prior to the examination
☐ Ensure sterile wipes or hand-washing facilities are available at each station and that examiners and candidates are aware of specific local infection-control policies
☐ Ensure that all mobile phones and pagers of examiners, patients, surrogates and assisting staff are turned off before the examination starts, and that candidates' mobile phones and other electronic devices are removed for safekeeping when they arrive
☐ Ensure catering and refreshments for patients and examiners during and after each cycle has been organised and is available

Host Examiner: during each cycle
☐ Ensure timings are under control and the master clock is in operation.
☐ Ensure marksheets are given to examiners quickly at the start of each five-minute interval.
☐ Ensure candidates move quickly and efficiently between stations.
☐ Collect completed marksheets from examiners at the end of each station.
☐ Check completed marksheets for marking and information errors or omissions.
☐ Ensure that examiner mistakes/omissions are rectified as soon as possible.
☐ Enter/supervise candidate Skill marks into the electronic Candidate Performance Summary.
☐ Ensure that, at Stations 1, 2, 4, and 5, the candidate receives the correct instructions to read outside the examination in the preceding five minutes and that there is always a copy of the candidate instructions inside and outside the station during the cycle.
☐ Ensure candidates at Stations 1, 2, 4, and 5 have blank paper on which to take notes.
☐ Ensure candidates, examiners, and patients have access to water.

Host: after each cycle
☐ Thank participating patients/surrogates.
☐ Ensure that examiners who have inadvertently completed mark sheets incorrectly (marks on the wrong sheet) have filled in new sheets.
☐ Ensure electronic Candidate Performance Summaries are completed and double checked.
☐ Facilitate the post-cycle meeting (chaired by the Chair of Examiners).
☐ Record any procedural concerns from examiners or extraordinary occurrences which might have compromised candidate assessment. Complete the centre incident sheet even if there have been no inconsistencies.
☐ Ensure Scenarios Assessment forms are completed by examiners at Stations 1, 2, 4, and 5.
☐ Sort the marksheets in order of candidate number and, for each candidate, order the sheets starting with Station 1.
☐ Collect all the marksheets for each candidate, double check all sheets are present and complete, and collate with the electronic Candidate Performance Summary.

Host: before the end of the examination day
☐ Arrange patient transport.
☐ Arrange examiners' transport.

Host: at the end of the examination day
☐ Ensure the Centre Audit Form is completed with the Chair of Examiners (on last day for multi-day centres). Include any procedural issues encountered.
☐ Ensure badges, clocks and pencils are returned to the Examinations Department if requested by the organising college.
☐ Write to the patients thanking them for taking part in the examination.
☐ Ensure that all confidential material (scenarios, candidate notes and calibration sheets) have been securely destroyed.

Organising Registrar or administrative staff: for the pre-cycle briefing to candidates
☐ Meet and welcome the candidates.
☐ Check ID in accordance with MRCP(UK) regulations – No ID, No Entry.
☐ Collect any mobile phones or other electronic communication devices (e.g., tablet computers, pagers, etc) for safekeeping. Candidates may not take books or notes into the examination, with the exception of any notes made prior to entering Station 1,2,4, or 5.
☐ Check if any candidates wish to use their own electronic stethoscope or magnifying ophthalmoscope and notify the Host Examiner if this is the case so that the examiners have time to assess patients using it should they wish to do so.
☐ Give candidates their marksheets and instruct them to fill in their details (in digits and by crossing out the corresponding number in the column underneath) on each of the 16 marksheets with the pencil provided. Explain that the candidates should have the relevant marksheets ready on arrival at each station.
☐ Tell candidates which station they will start at and remind them that they will rotate around the cycle, and to ask for directions to the next station if in doubt. This information should be clear on the signing in sheets.
☐ Remind candidates of the timings for the stations.
☐ Explain that, at Stations 1, 2, 4, and 5, the scenario and blank paper for making notes will be outside the station – a further copy of the scenario will be inside the station.
☐ At Stations 1 (Respiratory); 3 (Cardiovascular and Neurology); 4 (Abdomen) the candidate should read the introductor about the case carefully and follow the instructions given. If they are in any doubt about what they are being asked to do, they should ask for clarification.
☐ Remind candidates to wash their hands between seeing patients, using alcohol gel or wash-hand basins. Explain the host centre's infection-control policy and highlight any local requirements.
☐ Answer any questions and try to calm nerves. Remind candidates to treat each task as a new opportunity and not to carry worries from one task/station to the next.

Checklists: 11th Examiner

It is suggested that the Host Examiner carry out this role for at least the first cycle on the first day. The 11th examiner must be prepared to fill in at short notice for any examiner who is late or temporarily indisposed, or for any examiner who feels unable to provide a totally impartial assessment of a candidate who is known to them.

11th examiner: during the cycle
☐ Supervise the arrangements for accurate timekeeping.
☐ Ensure that: ▪ at Stations 1, 2, 4, and 5, the candidate receives the correct instructions to read outside the examination in the preceding five minutes. ▪ blank paper is available for the candidate to take notes. ▪ That the two copies of the candidate instructions are not removed from the station.
☐ If there is an unresolved procedural or administrative query during the examination, following consultation with the Chair of Examiners and Host Examiner, the 11th examiner should telephone the Examinations Department/Clinical Co-ordinator of the organising college or Federation Central Office for International candidates.
☐ Check the marksheets from the stations as the cycle progresses.
☐ Correct or enter any missing candidate information (the candidates should have filled this in before the cycle). Check the correct marksheets have been used for the encounter examined.
☐ Check the examiner name, signature, and number. Check that individual skills are all marked.
☐ Check that comments are provided for Unsatisfactory and Borderline judgements or recommendations for counselling, and that they are legible.
☐ In the five-minute interval between candidates, or at the post-cycle meeting, return any sheets to examiners if they need to add to or correct what they have written.
☐ Complete the electronic Candidate Performance Summary for each candidate and present to the Chair of Examiners for each post-cycle briefing.

11th Examiner: at the post-cycle meeting
☐ Inform the meeting of any errors or omissions on the marksheets so they can be corrected.
☐ Inform the meeting of any procedural errors so they can be discussed and recorded on the Centre Audit Form by the Chair of Examiners.
☐ Inform the Examiners of each candidate's scores and any recommendations for counselling.
☐ Remind Examiners that the examination results are confidential and that examiners should not disclose them.

Checklists: Chair of Examiners (CoE)

The role of the Chair of Examiners is to support the host. He/she should be conversant with the MRCP(UK) regulations and guidance pertaining to the PACES examination. He/she is expected to liaise as necessary with the Host Examiner in advance, to provide advice and support in arranging the examination.

CoE: on examination day
☐ Ensure the examination is conducted according to regulations.
☐ Manage any untoward incidents in consultation with the Host Examiner.
☐ Supervise and instruct trainee examiners and others observing the examination. Further information will be circulated before the exam if trainee examiners are to attend.
☐ Before the cycle commences, check that all examiner pairs have completed calibration and that any necessary changes to the candidate introductors have been made.
☐ Remind examiners to perform calibration without prior knowledge of the physical signs and agree important features of each case as well as the standards they will use for marking each Skill. At all Stations, they should complete a calibration sheet. The examination should not start until each pair of examiners have fully completed calibration.
☐ The examiners should be sent to see their patients/surrogates in good time before the examination. For a centre running three cycles, the pre-cycle meeting starts at approximately 08.15, and should have ended by 08.30. This allows the examiners 40 minutes for patient calibration before candidates take their seats at 09.10.
☐ Conduct the pre- and post-cycle meetings together with the Host Examiner.
☐ Assist the Host Examiner with the post-exam administration and complete the Centre Audit Form and Centre Incident sheets.

CoE: at pre-cycle meeting
☐ Ensure that the day's timetable is followed, by starting and ending the meeting promptly.
☐ Welcome attendees and make introductions.
☐ Highlight any new features of the examination, and items from the Chair's Letter and Hot Topics.
☐ Mandatory - show the Chairs Briefing Slides.
☐ Inform the examiners of their pairing for the first cycle and which station they are allocated.
☐ Remind examiners to turn off their pagers and mobile phones.
☐ Remind examiners to use the time available to assess all skills relevant to each encounter. In particular, ensure that Clinical Judgement is assessed at Stations 1 (Respiratory); 3 (Cardiovascular and Neurology); 4 (Abdomen).
☐ Remind examiners that a borderline judgement can be awarded if the examiner feels that the skill has not been fully demonstrated, but that some credit should be given.
☐ Remind examiners that the marksheets include a box to indicate which examiner took the lead and the scenario number for Stations 1, 2, 4 and 5.
☐ Remind examiners of the need to see and agree the important features of each case they will be marking and agree the standards they will use for marking each skill. At all stations, they should complete a calibration sheet. If an examiner pair has not fully completed calibration, the examination should not start.

☐ Remind examiners of the criteria which trigger a recommendation for counselling on the marksheet – including specifically any candidate who has been judged to be rough in their clinical method (either physically or verbally) and caused the patient/relative discomfort, or who has suggested care that would jeopardise patient safety.
☐ Remind examiners to wash their hands after examining patients and encourage candidates to do the same. Tell the examiners if the hospital operates a 'bare-below-the-elbows' policy or requires hand-washing using soap and water rather than alcohol gel and explain whether any extra time is to be allowed for hand washing.
☐ If examiners wish to change the introductory sentence at their Station, assist in having the new instructions printed.
☐ The examiners should then be sent to see their patients/surrogates in good time before the examination. For a centre running three cycles, the pre-cycle meeting needs to start at approximately 08.00, and should have ended by 08.25. This allows the examiners 45 minutes for patient calibration before candidates take their seats at 09.10.
☐ Before the cycle commences, check that all examiner pairs have completed calibration and that any necessary changes to the candidate introductors have been made.
☐ For double cycles remind examiners to check each set of mark sheets, against the programme list and before the next candidate enters the station, to ensure they are expecting the correct candidate.

CoE: for post-cycle meeting
☐ Lead the meeting, assisted by the 11th examiner and Host Examiner.
☐ Ask about any problems or issues during the examination, noting in particular any circumstances that may have adversely affected candidate performance.
☐ Check with the 11th examiner on any administrative problems (marksheets not completed, missing signatures, missing comments, etc) for examiners to correct.
☐ Lead the discussion of each candidate, supported by the 11th examiner who will give the scores and overall result.
☐ Agree with the examiner body which candidates need to be recorded on the PACES Discussion Sheet, and complete one Discussion Sheet for each candidate, with as much detail as possible.
☐ Remind examiners that that the results must remain confidential.
☐ Give the pairings for the next cycle.
☐ Ensure the examiners from Stations 1, 2, 4, and 5 have completed a scenario assessment form and have handed in any copies of the scenario.
☐ Remind the examiners at Stations 1, 2, 4, and 5 to make sure they have been given the correct scenario and that the correct information has been placed outside the station ready for the next cycle.

CoE: for post-examination administration
☐ Complete the Centre Audit Form with the host and return it to the organising college with the other papers. Record any untoward events to the college, clearly indicating the nature and gravity of any event reported, and the likely impact on candidates.
☐ Confirm that the candidates' marks have been recorded on the eCPS.
☐ If scenarios for Stations 1, 2, 4, or 5 have been amended at short notice, ensure that the amended version has been retained to be returned to the organising college.

Troubleshooting Guidance for Hosts and Chairs of Examiners

Several problems can occur during the conduct of the PACES circuit which disrupt the smooth running of the examination. The following guidance is the Clinical Examining Board's recommended response.

Issue	Resolution
Failure of patients or a surrogate to arrive	Delay starting the cycle until at least one patient or surrogate per station or encounter is present and the examiners have seen them to agree the signs and Satisfactory/Unsatisfactory criteria.
Failure of examiner to arrive/illness of examiner prior to examination cycle	11th examiner acts as a substitute and administrative help to run the circuit is obtained from appropriate available personnel.
Failure of candidate to arrive	Delay the circuit for a maximum of ten minutes if the candidate has contacted the centre and is expected to arrive. If there is a spare slot later in the day, it can be offered to the candidate if the delay was beyond their control.
Candidate who is not able to comply with the No ID– No entry policy	A candidate is barred from sitting if he/she is unable to provide the correct ID. This situation will need to be dealt with sensitively by the host and Chair of Examiners.
Severe disruption to examination e.g., transport failure preventing patients, candidates, and/or examiners attending	Inform the organising college. Agree to cancel one or more cycles and decide with the host when the examination might begin. If candidates arrive, reschedule them during the day (if possible) or advise them that the examination is cancelled, giving reasons. and advising them to contact the college of entry for instructions.
Severe disruption during cycle e.g., fire alarm and need to evacuate building, or patient, candidate or examiner suddenly becoming unwell	Note the time. Comply with the instructions from hospital staff and the Host Examiner. Examiners should take the candidate at their station with them and segregate them from other candidates until the building is deemed safe and the examination can be restarted. Examiners should take the candidate back to the relevant station and patient. Please resume at the start of the station if interrupted in the first ten minutes, or at the mid ten-minute point for Station 1, 3 and 4 and the time of interruption for Stations 2 and 5. Then complete the cycle as usual. The Chair of Examiners should document any such disruption on the Centre Audit Form.

Issue	Resolution
Candidate given the wrong instruction at Stations 1, 2, 4, or 5	Give the candidate the correct scenario information and start the station for that candidate five minutes late. Interrupt the cycle for the four other candidates at the end of the programmed time and ask each one to sit in the chair allocated for the station they have just completed. As soon as the delayed candidate has finished the relevant station move all candidates onto the next station together thereby re-synchronising the cycle for all stations.
Timing errors during the cycle	The relevant candidate should have their timing re-set and the station continued. The remaining candidates, at the end of their programmed time, should be asked to sit in the chair allocated for the station they have just completed. As soon as the delayed candidate has finished the relevant station all candidates should be moved onto the next station together thereby re-synchronising the cycle for all stations. These are serious problems that need to be discussed at the post-cycle meeting and their potential impact on the candidate recorded on the Centre Audit Form by the Chair of Examiners to inform the Clinical Examining Board.
Candidate who is rough or inconsiderate to the patient/relative	The examiner may stop the candidate from examining the patient at any time if the candidate endangers the patient by rough examination, is abusive, bullies the patient, or otherwise behaves inappropriately. The marksheets must record the facts, which must also be discussed at the post-cycle meeting. The candidate must be recommended for counselling. If the offence is of serious concern, the candidate should be prevented from completing the cycle and warned that he/she will fail the examination and that the Clinical Examining Board will consider what further action is required, e.g., informing sponsors or even, for candidates working in the UK, the GMC.

Issue	Resolution
Inappropriate behaviour by an examiner	If an examiner is thought to have behaved inappropriately during the examination, it is the duty of the Chair of Examiners to discuss this with the examiner before the next cycle commences and agree a change of behaviour and/or change of future station allocation with the examiner and the Host Examiner. A report must be sent by the Chair of Examiners to the organising college by letter or email so that appropriate follow-up can be assured.
Illness of an examiner during the cycle	If possible, complete the station and arrange that the 11th examiner takes over until the sick examiner recovers. If the illness is severe, stop the cycle and arrange emergency treatment. If necessary, restart the station or encounter, while other candidates wait until the cycle is again synchronised. Please ensure unaffected examiners remain with their candidate to maintain security.
Illness of a candidate during the cycle	Any candidate unable to recover within five minutes and complete the station should be advised to withdraw from the examination and write to the organising college requesting the attempt be annulled and, if necessary, the PACES registration period extended – this is usually granted. This must be noted on the Centre Audit Form, including timings and stations involved.
Enforced last minute changes to scenarios for Stations 2, 4, and 5	To be agreed between the Chair of Examiners and the host. Changes to be recorded on the Scenario Assessment Form and Centre Audit Form with details of scenario identity, cycle date and specific changes made.
A patient/surrogate unable to continue and there is a need to find an uncalibrated substitute at short notice	Interrupt the cycle, for all candidates, at the end of a station. Ask the candidates to return to the seat allocated to the station they have just completed, explain the situation, and give them an approximate re-start time. The relevant examiners should calibrate the substitute patient/surrogate as quickly and efficiently as possible. The examination should continue as soon as the Chair Examiner has agreed that everything is in place.

Issue	Resolution
Chair of Examiners is unhappy with Host Examiner's arrangements	This must be discussed with the host as soon as possible (preferably before the start of the examination) and, if necessary, new arrangements made. The Chair of Examiners should report the problem(s) and any corrections made to the organising college on the Centre Audit Form and/or by separate letter as appropriate.

Guidance on the use of patients in MRCP PACES who have previously participated in training courses (September 2024)

In order to minimise the chance that a candidate encounters a patient in the live PACES exam whom they have previously seen informally or in a training course certain restrictions need to be in force over the selection of patients and allocation of candidates for PACES.

In general candidates are not allocated to be examined in a hospital or location where they currently work or have worked or seen patients in any capacity, including a previous attempt at PACES, within the previous 12 months.

Patients who appear in a PACES examination should not have participated in any formal training course, run either commercially or on a not for profit basis, in the preceding 24 months.

When selecting and allocating patients for a PACES examination the host or administrator must;

- Determine whether the patient has been used in any locally run PACES course during a period of 24 months running up to the date of the planned exam.
- Enquire of the patient as to whether they have participated in any training courses for candidates within a period of 24 months leading up to the planned exam

If the answer to either question is in the affirmative then the patient should not be used in any future PACES exam until the period of 24 months has elapsed

In order to simplify the administration of this rule centres should consider amending their patient databases to include a binary field – Participated in training course Y/N together with the date that the record was last verified. If Y the approximate date of last participation together with the date of verification.

Guidance on post examination infection control issues (June 2026)

On rare occasions it may become apparent after completion of a PACES Examination that those in attendance may have been exposed to an environmental hazard or infection risk. Examples include, but are not limited to, a case of tuberculosis or legionella found in the water supply.

In such circumstances the Host and Host Organisation should liaise with their local Public Health Service and must inform the Parent College responsible for the examination at the earliest opportunity.

The Host Organisation and Parent College will then agree on a communication strategy for those affected and any other specific actions required whilst adhering at all times to advice provided by the local Public Health service.

The precise nature of the actions required and communication strategy will vary according to the particular circumstance and must be formulated on an individual basis.